

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:** January 11, 2022, 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=rx00IEv3ntE>

**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 December 14, 2021 Meeting Minutes** (For possible action)

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

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Administration – Fleet Services	4	\$150,176
Department of Conservation & Natural Resources – Division of Environmental Protection	1	\$38,048
Department of Public Safety – State Fire Marshal Division	1	\$42,477
Department of Public Safety – State Fire Marshal Division	1	\$137,790
<b>Total</b>	<b>7</b>	<b>\$368,491</b>

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

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Daralyn Dobson to oversee and manage the Fiscal Management branch 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 contract with former employee Colleen Murphy to provide fiscal and administrative duties on either a full time or part-time basis to various agencies as needed through Master Service Agreement #18404 with HAT Limited Partnership, doing business as Manpower.

**C. Nevada Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Department of Transportation requests authority to contract with former employee Hoang Hong, presently employed by C.A. Group, Inc. to provide design and program support services for statewide projects within the Traffic Operations Center.

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

**Department of Indigent Defense Services**

Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$62,010 from the Interim Finance Contingency Account to fund a data analyst contract to conduct a wage salary survey, incentive program and oversight project for indigent defense services.

**7. Request Approval of Proposed State Administration Manual Changes** (For possible action)

Pursuant to NRS 353.040, the Governor's Finance Office, Budget Division requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapters of the State Administrative Manual.

1. Revisions subject to the Technology Investment Notification and Cloud Investment Notification process:
  - a. SAM Chapter 1618 Technology Investment
  - b. SAM Chapter 1622 Utilization of EITS Services Budgeted

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

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

**Department of Transportation**

The Department requests approval to pay a judgement in the amount of \$1,740,725.31 in the inverse condemnation matter of Jenifer Walker, Matthew Walker vs State of Nevada, ex rel. Department of Transportation, Eighth Judicial District Court Case No. A-18-782849-C. This amount constitutes payment of the judgement, interest, attorneys' fees and costs awarded by the court.

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

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

11. [Approval of Proposed Master Service Agreements](#) (For possible action)

12. [Approval of Proposed Work Plan](#) (For possible action)

13. [Information Item – Clerk of the Board Contracts](#)

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$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 November 19, 2021 through December 22, 2021.

14. **Information Item Reports**

**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 November 30, 2021.

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

Tort Claim Fund	\$ 5,047,004.50
Statutory Contingency Account	\$ 12,084,581.09
Stale Claims Account	\$ 2,872,252.72
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 7,005,618.81
IFC Unrestricted Contingency Fund General Fund	\$ 26,438,872.48
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

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

## **16. Adjournment**

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:** 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

### **MEMBERS PRESENT:**

Governor Steve Sisolak  
Secretary of State Barbara Cegavske  
Attorney General Aaron Ford

### **STAFF PRESENT:**

Tiffany Greenameyer, Clerk of the Board  
Kyle George, Board Counsel  
Dale Ann Luzzi, Board Secretary

### **OTHERS PRESENT:**

Susan Stewart, Construction Law Counsel, Attorney General's Office  
Frank Richardson, Administrator, Division of Human Resource Management  
Mandy Bowsmith, Deputy Administrator, Division of Human Resource Management

## MEETING MINUTES

### 1. Call to Order / Roll Call

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

**Board Secretary:** Governor Sisolak?

**Governor:** Here.

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

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

**Board Secretary:** Attorney General Ford?

**Attorney General:** Here.

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

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

**Governor:** Thank you very much. Moving on to item number two, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board on any item on today's agenda, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have anyone in Las Vegas for public comment? Do we have anyone in Carson City for public comment?

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

**Governor:** Thank you. Do we have any written public comments?

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

**3. Approval of the November 9, 2021 Meeting Minutes** (For possible action)

**Governor:** Moving on to item number three, *Approval of the November 9th, 2021 Meeting Minutes*. Do I have a motion for the minutes?

**Secretary of State:** Move for approval. This is Barbara.

**Governor:** We have a motion on the floor. Is there a second?

**Attorney General:** Second.

**Governor:** Is there any discussion on the motion made by Secretary Cegavske, seconded by General Ford? Hearing and seeing none. All in favor, signify by saying aye. Any opposed, please say nay. The motion passes.

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Conservation & Natural Resources – Division of Environmental Protection	1	\$27,337
<b>Total</b>	<b>1</b>	<b>\$27,337</b>

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

**Clerk of the Board:** Good morning. Agenda item number four is a request from the Department of Conservation and Natural Resources, Division of Environmental Protection to purchase one replacement vehicle for an amount of up to \$27,337. The vehicle being replaced has met the age and/or mileage requirements in the State Administrative Manual and funding is included in the legislatively approved budget. Are there any questions on this item?

**Governor:** I do not have any questions. Do we have any questions or motions?

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

**Governor:** We have a motion for approval. Is there a second?

**Secretary of State:** Yes, second.

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

## 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

**Governor:** Item number five, *Request for Approval to Pay a Tort Claim Pursuant to NRS. 41.036*.



**Clerk of the Board:** This item represents a \$100,000 claim for which the attorney general recommends payment from the Tort Claims Fund. A settlement agreement has been entered in the amount of \$100,000. Are there any questions on this item?

**Governor:** Do we have any questions?

**Secretary of State:** Yes, Governor. I would just like a little more clarification on this if I could, please.

**Governor:** Certainly.

**Clerk of the Board:** Certainly. We have Susan Stewart on the phone to answer any of the questions.

**Governor:** Ms. Stewart, can you give us a little explanation, please?

**Susan Stewart:** Yes, of course, Governor. This is a former employee who failed to yield at an intersection and unfortunately, caused some fairly significant injuries to Mr. Antolik. The tort cap here in this instance is warranted and Mr. Antolika has had to have surgery on his back. So, that is the general facts of the case. I'd be happy to answer any other questions.

**Secretary of State:** Thank you. I'll move approval.

**Governor:** We have a motion from Secretary Cegavske. Do we have a second?

**Attorney General:** I'll second.

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

## **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

**Governor:** Next item, *Collective Bargaining*.

**Clerk of the Board:** Item six is a settlement agreement under a collective bargaining agreement entered into by the state and the American Federation of State County Municipal

Employees (AFSCME), Local 4041 for an inclusion as an addendum to the Collective Bargaining Agreement. Do we have any questions on this item?

**Secretary of State:** Yes. I would like a little more explanation on that if you don't mind. I would just like to understand it better. I have been actively voting 'no' on the collective bargaining and I want to make sure that I'm understanding this correctly before I vote. Thank you.

**Governor:** Can you give us an overview, please?

**Frank Richardson:** Good morning, Governor, Attorney General, Madam Secretary. With me today is Deputy Administrator, Mandy Bowsmith, who oversees the Labor Relations Unit. I'm going to defer to Deputy Administrator Bowsmith who has been negotiating with AFSCME on this particular item.

**Mandy Bowsmith:** Good morning. AFSCME Local 4041 filed a grievance under Article 21 of the Collective Bargaining Agreement regarding shift differential pay and the language that was agreed to in the master Collective Bargaining Agreement during our initial negotiations for a foundation agreement. AFSCME asserted that members were being adversely affected by losing money because of the way that the bargaining agreement agreed that we would handle shift differential, which is different from Nevada Administrative Code (NAC) 284.210, which holds that all hours in a shift that has at least four between the hours of 7:00 p.m and 6:00 a.m. would be eligible for shift differentiation.

NAC 284.210 states that there's a qualifying period and when employees work during that qualifying period, which is 7:00 p.m to 6:00 a.m., if they work four hours of that shift or more within that qualifying period, they will be paid shift differential pay for all of the hours of their shift. In the Collective Bargaining Agreement between the State of Nevada and AFSCME, we agreed to a variation and that variation is that only the hours worked between 7:00 p.m. to 6:00 a.m. would be eligible for the differential and pay for the shift differential.

AFSCME came to us and said that their members were being adversely affected. We were able to reach a grievance resolution that you see before you and we are asking that this be included as an addendum to the Collective Bargaining Agreement. When and if this were to take effect, it would revert shift differential consideration and eligibility back to that in NAC 284.210. Thank you.

**Secretary of State:** Governor.

**Governor:** Go ahead, Secretary.

**Secretary of State:** Thank you. I just wanted to thank you for that explanation and I will be voting 'no.' Thank you.

**Governor:** Let me ask you a question. How did we negotiate something contrary to NRS?

**Mandy Bowsmith:** NRS 288.505, section 5, discusses conflicts in the law specifically with NRS and NAC 284 and in the case that there is a conflict between the Collective Bargaining Agreement and NAC or NRS 284, the contract governs.

**Governor:** Do we have any further questions on this one?

**Attorney General:** Mr. Governor, if I could. I just want to confirm that no retroactive pay is going to be due and that there will be no fiscal impact on the State. Is that correct?

**Mandy Bowsmith:** Yes, Mr. Attorney General, we believe that there will be no fiscal impact on the State.

**Attorney General:** Thank you so much. I move approval.

**Governor:** We have a motion on the floor. I'll second the motion. Is there any discussion? Hearing and seeing none. All in favor, signify by saying aye.

Aye.

**Attorney General:** Aye.

**Governor:** Those opposed, please say nay.

**Secretary of State:** Nay.

**Governor:** The motion passes.

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

**Governor:** Moving on to item number seven, *Approval of Proposed Leases*.

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

**Governor:** No questions. Do we have any questions about the leases?

Do I have a motion?

**Attorney General:** I move for approval.

**Governor:** We have a motion on the floor. Is there a second?

**Secretary of State:** Yes, I'll second it, Governor.

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

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

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

**Secretary of State:** There are 64 contracts for approval by the Board today. Are there any questions on these items?

**Governor:** No. Again, I want to thank you for the briefing where I had all my questions answered, which is extremely helpful for me to get through these. So, I do not have any questions. Do we have any questions on this item?

**Secretary of State:** No and Governor, I want to thank your staff as well. They responded to our questions and that's why we were able to make our decision. So, thank you very much.

**Governor:** Thank you. The staff did an incredible job.

Do we have a motion on item number eight?

**Attorney General:** Move approval.

**Governor:** We have a motion on the floor. Is there a second?

**Secretary of State:** I'll second it.

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

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

**Governor:** *Approval of Proposed Master Service Agreements*.

**Clerk of the Board:** There are five Master Service Agreements under agenda item nine for approval by the Board. Are there any questions on this item?

**Governor:** No questions from me. Are there questions?

Do I have a motion?

**Attorney General:** Not here. Move approval.

**Secretary of State:** I'll second.

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

## **10. 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.

**Governor:** Item number 10, *Information Item, Clerk of the Board Contracts*.

**Clerk of the Board:** There are 62 contracts over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board between October 19, 2021 and November 18, 2021. Are there any questions on any of these items?

**Governor:** No. Does anybody have any questions on this item? Hearing and seeing none.

## **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 with the report and its analysis regarding the report. This report covers the period of July 1, 2021 through September 30, 2021.

**Governor:** Moving to item number 11.

**Clerk of the Board:** There are two informational reports under this item.

The first is regarding lands or interest in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act Program as well as the quarterly report on the status of real property

or interest in real property transferred under the Lake Tahoe Mitigation Program. This report is for the quarter ending September 30, 2021. There were no acquisitions of land in this quarter however, there were two transfers of interest in real property totaling 1,500 square feet. Are there any questions on this report?

**Governor:** No. Do we have any questions from the Board on this report?

**Attorney General:** None here.

**Governor:** No. Go ahead.

**Clerk of the Board:** Moving on to the second report. This is a report on overtime accrued compensatory leave for the first quarter of fiscal year 2022. This has been summarized so, I'm not going to go into details but I'll go over some highlights. Overtime pay and accrued compensatory leave account for a total of approximately \$19.68 million for the first quarter of 2022 or 7.65% of base pay. By comparison, total overtime was approximately \$15.23 million in the same period in fiscal year 2021. This is a 29.2% increase from the first quarter of fiscal year 2021. The Department of Corrections had the highest amount of overtime and accrued compensatory leave at \$6.59 million or 17.7% of base pay, followed by the Department of Health and Human Services at \$4.8 million or 6.6% of base pay. Next is the Department of Public Safety at \$2.26 million or 11.48% of base pay. For the first quarter, as a percentage of base salary, the Department of Veterans Services had the highest overtime at 18.85% followed by the Department of Corrections at 17.7% and the Office of Military at 12.24%. Are there any questions on this report?

**Governor:** I do not have any questions. Do we have any questions about this report?

**Attorney General:** No, sir.

## 12. Public Comment

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

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

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

**Governor:** Do we have any written public comment? Hearing and seeing none.

## 13. Adjournment

**Governor:** We are adjourned. Thanks, everybody. Merry Christmas. Happy Holidays.

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: December 10, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Natasha Kephart, Executive Branch Budget Officer *NK*  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – FLEET SERVICES**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Department of Administration Services – Fleet Services Division requests approval to purchase four new fleet vehicles for a total amount not to exceed \$150,175.60 during Fiscal Year 2022.

Additional Information:

During the 2021 Legislative Session Fleet Services was approved to purchase new vehicles in decision units E720 and E721 for a total dollar amount of \$1,217,247 based on requests from the using agencies, including upgrades. The division went to BOE in October for approval of 28 vehicles. The manufacturer ordering has shut down and the division is seeking approval to purchase from a different vendor. The increased cost to purchase from Ford instead of Chevy is \$35,331.60.

Statutory Authority:

NRS 334.010

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

**Steve Sisolak**  
*Governor*



**Laura Freed**  
*Director*

**Colleen Murphy**  
*Deputy Director*

**Robbie Burgess**  
*Administrator*

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
**FLEET SERVICES DIVISION**  
750 E King St | Carson City, Nevada 89701  
Phone: (775) 684-1880 | [www.fleetservices.nv.gov](http://www.fleetservices.nv.gov) | Fax: (775) 684-1888

**Date:** December 10, 2021

**To:** Bruce McDaniel  
Budget Analyst

**From:** Robbie Burgess  
Administrator

A handwritten signature in black ink, appearing to be "RB", enclosed in a circular scribble.

**Subject:** December BOE Agenda Item Request

Please put the attached Board of Examiners (BOE) vehicle request on the December BOE agenda. This request is to purchase additional vehicles approved in the FY22 budget.

**Attachments:**

- BOE vehicle purchase form
- Requested vehicle list
- Quotes
- Vehicle Order Information Form





B/A	Agency	Loc	Rate Tier	Make	Model	Dealer	Vehicle Cost	Title Fee	Total Cost	Qty
3101	HHS-DPBH - RADIATION CONTROL	LAS VEGAS	PREMIUM	FORD	EXPLORER	CAPITAL FORD	31,754.90	28.25	31,783.15	1
NON-EXEC	STATE BOARD OF PHARMACY	RENO / CARSON	PREMIUM	FORD	EXPLORER XLT	CAPITAL FORD	39,435.90	28.25	39,464.15	1
NON-EXEC	STATE BOARD OF PHARMACY	RENO / CARSON	PREMIUM	FORD	EXPLORER XLT	CAPITAL FORD	39,435.90	28.25	39,464.15	1
NON-EXEC	STATE BOARD OF PHARMACY	RENO / CARSON	PREMIUM	FORD	EXPLORER XLT	CAPITAL FORD	39,435.90	28.25	39,464.15	1
									150,175.60	4

### 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 Explorer 4x4 Quote 10212021J		
<b>Dealer Name:</b>	Capital Ford		
<b>Delivery Location:</b>	Las Vegas		
<b>Vehicle Colors:</b> Unk	Exterior: Unk	Interior: Unk	<input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>BASE PRICE</b> (Reno, Carson City or Las Vegas delivery)	1	\$35,100.00+\$1,245.00 Location Charge <b>\$36,345.00</b>	<b>\$36,345.00</b>
<b>SPECIFY OPTIONS: (description)</b>	1		-\$4,590.10
GPC		-\$3,600.00	
Discount		-\$990.10	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>DELIVERY COST:</b> (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			<b>\$31,754.90</b>
DMV Title and DRS Fee's	1	\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$31,783.15</b>

<b>Registered Owner:</b>	Agency Name & Address: Fleet Services Division 750 E. King St Carson City NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Fleet Services Division 750 E. King St Carson City NV 89701
<b>County Vehicle Based In:</b>	Clark
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Robbie Burgess 775-684-1883



Prepared by: TIMOTHY SMITH  
11/03/2021

Capital Ford | 3660 South Carson Street Carson City Nevada | 897015579

**2022 Explorer 4dr 4x4 Base (K8B)**

Price Level: 220 | Quote ID: 10212021J

## Pricing Summary - Single Vehicle

		<b>MSRP</b>
<i>Vehicle Pricing</i>		
Base Vehicle Price		\$35,100.00
Options		\$0.00
Colors		\$0.00
Upfitting		\$0.00
Fleet Discount		\$0.00
Destination Charge		\$1,245.00
<b>Subtotal</b>		<b>\$36,345.00</b>
<i>Pre-Tax Adjustments</i>		
<b>Code</b>	<b>Description</b>	<b>MSRP</b>
56M	GPC	-\$3,600.00
<b>Subtotal</b>		<b>\$32,745.00</b>
<i>Discount Adjustments</i>		
Discount Adjustments		-\$990.10
<b>Subtotal</b>		<b>\$31,754.90</b>
<b>Total</b>		<b>\$31,754.90</b>

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Acceptance Date

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.

### 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 Explorer 4x4 XLT Quote 11012021C		
<b>Dealer Name:</b>	Capital Ford		
<b>Delivery Location:</b>	Carson City		
<b>Vehicle Colors:</b> Unk	Exterior: Unk	Interior: Unk	<input type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	\$37,250.00+\$1,245.00 Location Charge <b>\$38,495.00</b>	<b>\$115,485.00</b>
SPECIFY OPTIONS: (description)	3	\$940.90	\$2,822.70
XLT Pkg		\$3,540.00	
Co-Pilot		\$895.00	
GPC		-\$1,694.10	
Discount		-\$1,800.00	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			<b>\$118,307.70</b>
DMV Title and DRS Fee's	3	\$28.25	\$84.75
<b>GRAND TOTAL:</b>			<b>\$118,392.45</b>

<b>Registered Owner:</b>	Agency Name & Address: Fleet Services Division 750 E. King St Carson City NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Fleet Services Division 750 E. King St Carson City NV 89701
<b>County Vehicle Based In:</b>	Carson
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Robbie Burgess 775-684-1883



Prepared by: TIMOTHY SMITH  
11/01/2021

Capital Ford | 3660 South Carson Street Carson City Nevada | 897015579

2022 Explorer 4dr 4x4 XLT (K8D)

Price Level: 220 | Quote ID: 11012021C

## Pricing Summary - Single Vehicle

		MSRP
<i>Vehicle Pricing</i>		
Base Vehicle Price		\$37,250.00
Options		\$4,435.00
Colors		\$0.00
Upfitting		\$0.00
Fleet Discount		\$0.00
Destination Charge		\$1,245.00
<b>Subtotal</b>		<b>\$42,930.00</b>
<i>Pre-Tax Adjustments</i>		
<b>Code</b>	<b>Description</b>	<b>MSRP</b>
56M	GPC	-\$1,800.00
<b>Subtotal</b>		<b>\$41,130.00</b>
<i>Discount Adjustments</i>		
Discount Adjustments		-\$1,694.10
<b>Subtotal</b>		<b>\$39,435.90</b>
<b>Total</b>		<b>\$39,435.90</b>

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Acceptance Date

Prices and content availability as shown are subject to change and should be treated as estimates only. Actual base vehicle, package and option pricing may vary from this estimate because of special local pricing, availability or pricing adjustments not reflected in the dealer's computer system. See salesperson for the most current information.



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: December 6, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Richard Jacobs, Executive Branch Budget Officer   
Budget Division  
Subject: BOARD OF EXAMINERS **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 \$38,047.25.

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 2011 Ford Escape with a 2022 Dodge Ram 1500 Quad Cab for a total not to exceed \$38,047.25. The Division received vehicle funding of \$33,313.00 in decision unit E-713 during the 2021 Legislative Session. The increased cost of \$4,734.25 for the vehicle will be covered by a decrease in anticipated expenditures in category 10.

Statutory Authority:

NRS 334.010

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



NEVADA DIVISION OF  
**ENVIRONMENTAL  
PROTECTION**

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

Date: November 18, 2021  
To: Richard Jacobs, Governor's Finance Office  
From: Daren Winkelman, Chief Bureau of Sustainable Materials Management  
Subject: State Vehicle Purchase

The Nevada Department of Conservation and Natural Resources, Division of Environmental Protection, Bureau of Sustainable Materials Management (BSMM) is seeking approval from the State Board of Examiners pursuant to NRS 333.010 to purchase a new vehicle for the Bureau's use. The BSMM conducts Solid and Hazardous Waste inspections and staff is required to travel from the Carson City office to inspect facilities located in all 17 counties. To meet these requirements, staff needs a vehicle capable of reaching remote rural locations. The request for a 2022 Dodge Ram 1500 Quad Cab 4WD truck is attached and will satisfy the Bureau's needs. One of the Bureau's primary vehicles was damaged beyond repair in SFY20 creating a hardship to the Bureau. The Bureau is requesting this vehicle replacement to facilitate our statutory inspection requirements.

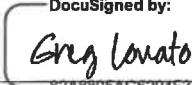
The vehicle purchase is an approved expense in the FY22 Legislatively Approved Budget in Category 10, Budget Account 3187, GL 8310. The approved budget is \$33,313.00 and the most reasonable quote received from local dealerships is \$38,047.25. This is a difference of \$4,734.25. However, due to the shortage of vehicles and COVID-19 challenges, the current cost of the vehicle is over the approved budget, but current projections (at this time) show Category 10 having sufficient funds to cover this purchase.

The required paperwork is attached, and we are requesting this purchase to be included on the January 11, 2022, Board of Examiners agenda. This request needs to be submitted no later than December 7, 2021 to meet agenda requirements.

Please feel free to call me if you have any questions regarding this request at 775-687-9366 or email me at [dwinkelman@ndep.nv.gov](mailto:dwinkelman@ndep.nv.gov).

Thank you for your consideration of our request.

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

<b>Agency Name:</b> NDEP - BSMM	<b>Budget Account #:</b> 3187
<b>Contact Name:</b> Daren Winkelman	<b>Telephone Number:</b> 775-687-9366
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p><b>Number of vehicles requested:</b> 1                      <b>Amount of the request:</b> \$38,047.25</p> <p><b>Is the requested vehicle(s) new or used:</b> New</p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b>                  2022 Ram 1500 Quad Cab, 6'4" Bed, DS1L41 Classic DS Body; V-8 Engine</p> <p><b>Mission of the requested vehicle(s):</b>                  Solid and Hazardous Waste Compliance and Inspection</p>	
<p><b>Were funds legislatively approved for the request?</b></p> <p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b>If yes, please provide the decision unit number:</b> E713</p> <p><b>If no, please explain how the vehicles will be funded?</b></p>
<p><b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b></p> <p><input type="checkbox"/> Addition(s)    <input checked="" type="checkbox"/> Replacement(s)</p>	
<p><b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b></p> <p>No, the vehicle to be based in Carson City and is best suited for compliance inspections per Bureau needs.</p>	
<p><b>Please Complete for Replacement Vehicles Only:</b>                  (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)</p> <p><b>Current Vehicle Information:</b>                  Vehicle #1 Model Year: 2011 Ford Escape                  Odometer Reading: N/A                  Type of Vehicle: SUV</p> <hr/> <p>Vehicle #2 Model Year:                  Odometer Reading:                  Type of Vehicle:</p>	<p>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</p> <p>Yes, this vehicle was damaged beyond repair in SFY20. The Bureau has been down a vehicle since its accident.</p> <hr/> <p>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</p>
<p><i>Please attach an additional sheet if necessary</i></p>	
<p><b>APPOINTING AUTHORITY APPROVAL:</b></p> <p>DocuSigned by:   Administrator                      12/2/2021   3:50 PM PST</p> <p>Agency Appointing Authority                      Title                      Date</p>	
<p><b>BOARD OF EXAMINERS' APPROVAL:</b></p> <p><input type="checkbox"/> Approved for Purchase    <input type="checkbox"/> Not Approved for Purchase</p> <hr/> <p>Board of Examiners                      Date</p>	

**Vehicle Order Information Form**

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2.9 2022 Ram 1500 Quad Cab 6'4 bed		
<b>Dealer Name:</b>	Carson Dodge Chrysler Jeep		
<b>Delivery Location:</b>	901 S Stewart St, Carson City, NV 89701		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Black	X Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 30,700.00	\$30,700.00
SPECIFY OPTIONS: (description)			\$7,319.00
Four Wheel Drive	1	\$3,100.00	
Keyless Entry	1	\$175.00	
Limited Slip Axle	1	\$456.00	
Full Size Spare Tire	1	\$184.00	
Daytime Running Lamps	1	\$36.00	
On Off Road Tires	1	\$231.00	
Extra Key	1	\$180.00	
32 Gallon Fuel Tank	1	\$409.00	
Spray In Bed Liner	1	\$548.00	
5.7L V8	1	\$2,000.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$38,019.00
DMV Title and DRS Fee's		\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$38,047.25</b>

<b>Registered Owner:</b>	Agency Name & Address: DCNR/NDEP/Bureau of Sustainable Materials Mgmt. 901 S Stewart St. Ste. 4004 Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: DCNR/NDEP/Bureau of Sustainable Materials Mgmt. 901 S Stewart St. Ste. 4004 Carson City, NV 89701
<b>County Vehicle Based In:</b>	Carson City
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Daren Winkelman 775-687-9366

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: December 20, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, Executive Branch Budget Officer *nr*  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – STATE FIRE MARSHAL DIVISION**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Public Safety – State Fire Marshal Division requests approval to purchase one replacement vehicle for a total amount not to exceed \$42,476.25 during fiscal year 2022.

Additional Information:

The agency is requesting to purchase one replacement vehicle that has developed significant mechanical issues that have rendered the vehicle unusable and/or unsafe to operate. While the vehicle meets the State's established vehicle replacement requirements, the vehicle was not requested in the agency's 2021 - 2023 Agency Request Budget to be replaced in this biennium. However, the agency's revised the fiscal year 2022 revenue and expenditure projections appear to show sufficient budgetary resources to support this unanticipated purchase. The vehicle is assigned to the State Fire Marshal and is used in the execution of his duties in the field.

Statutory Authority:  
NRS 334.010

REVIEWED: *my*

Steve Sisolak  
*Governor*



George Togliatti  
*Director*

Sheri Brueggemann  
*Deputy Director*

## Nevada State Fire Marshal Division

Mike Dzyak  
*State Fire Marshal*

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

### Memorandum

DATE: December 21, 2021

TO: Theresa Bawden, Budget Analyst  
DPS Director's Office

FROM: Brandi Salisbury, Management Analyst 3

SUBJECT: Approval to purchase a vehicle

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Attached are the forms and backup documentation as required by the Board of Examiners requesting approval to purchase a state vehicle pursuant to NRS 334.010. The cost of the vehicle is \$42,476.25 to include DMV Title and DRS Fees, and it will be stationed in Carson City. The Division had intended to use this vehicle until requesting a replacement vehicle next budget session. The Division had recently spent \$2,190 on a safety inspection and diagnostic for this vehicle, and soon after the vehicle began to overheat. To repair this issue, it would cost the division an estimated \$2,359. With the age of the vehicle as well as the mileage, the Chief has opted out of putting any more funding into this 2008 Dodge Ram truck. The Chief has relinquished his 2020 Ford F250 to the affected Officer. The vehicle the Division wishes to purchase is not a  $\frac{3}{4}$  ton pickup and does not require all the equipment that would normally be needed, saving the division substantially in loadout. Work Program C57405 has been submitted for review to increase the category 05 – Equipment utilizing projected saving from category 01 – Personnel. If you have any questions, please feel free to contact me.

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

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

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:  
**Number of vehicles requested:** 1 **Amount of the request:** \$42,476.25  
**Is the requested vehicle(s) new or used:** New  
**Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:**  
 (1) SUV 2022 Chevrolet Tahoe - CK10706  
**Mission of the requested vehicle(s):**  
 .

<b>Were funds legislatively approved for the request?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b>  <b>If no, please explain how the vehicles will be funded?</b> <small>No additional general funds are requested. Work program C57405 has been submitted utilizing budget savings in the Personnel Services Category to help fund this request.</small>
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**Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):**

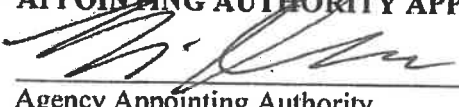
   Addition(s)     1 Replacement(s)

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

<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <u><b>Current Vehicle Information:</b></u> Vehicle #1 Model Year: 2008 Odometer Reading: 125,003 Type of Vehicle: Pick up  <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>  Yes          <hr/> <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>
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*Please attach an additional sheet if necessary*

**APPOINTING AUTHORITY APPROVAL:**


State Fire Marshal
11/4/21  
 Agency Appointing Authority                      Title                      Date

**BOARD OF EXAMINERS' APPROVAL:**

Approved for Purchase     Not Approved for Purchase

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



### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	5.3 – Sport Utility Vehicle: ½ Ton; 4X4; 4 Door; 5-6 Passengers; 2022 Chevrolet Tahoe – CK10706		
<b>Dealer Name:</b>	Champion Chevrolet		
<b>Delivery Location:</b>	Reno		
<b>Vehicle Colors:</b>	Exterior: Summit White	Interior: Jet Black	• Cloth
			□ Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 41,278.00	\$ 41,278.00
SPECIFY OPTIONS: (description)			\$
2 Additional Keys (4 Total)	1	\$ 595.00	
Floor Coverings: carpet front & rear w/mats	1	\$ 275.00	
Remote Start	1	\$ 300.00	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 42,448.00
DMV Title and DRS Fee's		\$28.25	\$ 28.25
<b>GRAND TOTAL:</b>			<b>\$ 42,476.25</b>

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



Item # 5.3 - Sport Utility 4 Wheel Drive Commercial

• Base Price -	\$41,278.00
• 2 Additional Keys(4 Total)	\$595.00
• Floor Coverings : carpet front and rear w/mats	\$275.00
• Remote Start	\$300.00
• Nevada DRS/Title Fee	\$28.25
Total	\$42,476.25

Fleet Manager

Kyle M. Outland

Steve Sisolak  
Governor




Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

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

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: December 20, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, Executive Branch Budget Officer   
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF PUBLIC SAFETY – STATE FIRE MARSHAL DIVISION**

Agenda Item Write-up:

Pursuant to NRS 334.010 the Department of Public Safety – State Fire Marshal Division requests approval to purchase one semi tractor truck for a total amount not to exceed \$137,790 during fiscal year 2022.

Additional Information:

The agency received approval from the November IFC to accept a \$500,000 grant from the U.S. Department of Homeland Security – Federal Emergency Management Agency to purchase a Mobile Live Fire Training System consisting of a live-fire simulator trailer and a semi-truck for hauling the trailer to various training sites. The grant requires \$220,000 match, which the agency has identified as being provided through the use of the State Emergency Response Commission and Nevada Environmental Protection.

The request for approval to purchase a semi-truck is due to the need to pull the new Live-fire training trailer. The trailer is too large for a regular truck and the current state contract for trailer transport to move the trailer would not be able to accommodate the anticipated training schedule.

The Nevada State Fire Marshal Training Bureau currently has a simulated fire prop training program, consisting of a Car Fire Prop, Mobile Investigations Burn Trailer, LP-Gas Prop, and a Self-Contained Breathing Apparatus confidence maze to train firefighters to respond safely to various emergencies that are offered statewide. The addition of a new live-fire training system would replace a gap in the Division's current

fire training program and would enhance Nevada's live-fire training capabilities to meet job performance standards and National Fire Protection Association (NFPA) 1403 Firefighter Training Standards regarding Live-Fire Training. In addition, this training equipment is needed to meet job performance standards and National Fire Protection Association (NFPA) 1403 Firefighter Training Standards regarding Live-Fire Training. The live-fire training system capabilities include flashover recognition and tactics, direct and indirect fire attack, fire suppression techniques, fire behavior, exterior fire attack, interior fire attack, variable room/wall interior configuration, search/rescue in low or limited visibility environments, ventilation, backdraft recognition and prevention, fire attack below grade (basement), forcible entry, Denver rescue, Rapid Intervention Team, tactics and strategies, and self-contained breathing apparatus (SCBA) use.

In the past to receive Live-Fire training the Division utilized the West Wendover Live-Fire Training Trailer. The Division stopped using the West Wendover Live-Fire Training Trailer on November 8, 2018, as West Wendover could not produce a Safety certificate from Draeger, the Live-Fire Training Trailer manufacture. The West Wendover Live-Fire Training Trailer is in disrepair and is seen as unusable. The West Wendover Live-Fire Trailer does not belong to the state. Since the trailer is in disrepair the need for this new trailer is critical for the State Fire Marshal's office to conduct Live-Fire Training that meets the NFPA 1043 Live Fire training requirements for Nevada's firefighters. This Live-Fire Training system would allow firefighters to receive the proper training to respond to fire emergencies, currently, many firefighters do not receive live-fire training until responding to an actual emergency.

Statutory Authority:  
NRS 334.010

REVIEWED: my

Steve Sisolak  
Governor



Nevada Department of  
**Public Safety**  
Dedication Pride Service

George Togliatti  
Director

Sheri Brueggemann  
Deputy Director

## Nevada State Fire Marshal Division

Mike Dzyak  
State Fire Marshal


Stewart Facility  
107 Jacobsen Way  
Carson City, Nevada 89711

Telephone (775) 684-7501 - Fax (775) 684-7518

### Memorandum

DATE: December 6, 2021

TO: Theresa Bawden, Budget Analyst  
DPS Director's Office


FROM: Brandi Salisbury, Management Analyst 3 

SUBJECT: Approval to purchase a vehicle

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Attached are the forms and backup documentation as required by the Board of Examiners requesting approval to purchase a state vehicle pursuant to NRS 334.010. The cost of the vehicle is \$137,790, and it will be stationed in Carson City. The funding will be from a federal grant, and the state match will be 50% SERC and 50% NDEP funds. Purchase of vehicle is contingent upon BOE approval. If you have any questions, please feel free to contact me.

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

<b>Agency Name:</b> DPS – State Fire Marshal Division	<b>Budget Account #:</b> 3816
<b>Contact Name:</b> Brandi Salisbury	<b>Telephone Number:</b> 775-684-7509
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p><b>Number of vehicles requested:</b> <u>1</u>      <b>Amount of the request:</b> <u>\$137,790.00</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>New</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> Peterbilt Tractor</p> <p><b>Mission of the requested vehicle(s):</b> This vehicle will be used to move the mobile Live-Fire Training System to training events all over the State of Nevada.</p>	
<b>Were funds legislatively approved for the request?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b>  <b>If no, please explain how the vehicles will be funded?</b> <small>Work Program C56899 has been submitted utilizing \$500,000 in federal funds and the state match of \$220,000 will be funded 50% SERC and 50% NDEP.</small>
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b> <input type="checkbox"/> _____ <input checked="" type="checkbox"/> <b>Addition(s)</b> <input type="checkbox"/> _____ <b>Replacement(s)</b>	
<b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.</b>  No, this is a specialty vehicle that would not be covered under the normal vehicle contract.	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <u><b>Current Vehicle Information:</b></u> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:  <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>     If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
<b>APPOINTING AUTHORITY APPROVAL:</b>	
 _____ Agency Appointing Authority	<u>ALY</u> _____ Title
_____ Date	
<b>BOARD OF EXAMINERS' APPROVAL:</b>	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
_____ Board of Examiners	_____ Date

## Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	Model 579, Tractor, 579 Day Cab, MX13		
<b>Dealer Name:</b>	Peterbilt Trk Pts & Eq.		
<b>Delivery Location:</b>	Reno		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Gray	• Cloth
			Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 137,790	\$137,790
SPECIFY OPTIONS: (description)		\$	\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$ 137,790
DMV Title and DRS Fee's		\$	\$
<b>GRAND TOTAL:</b>			<b>\$ 137,790</b>



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



Peterbilt Trk Pts & Eq. (P400)  
 2272 Larkin Circle  
 Sparks, Nevada 89431

State Of Nevada Public Safety  
 107 Jacobsen Way  
 Carson City, Nevada 89711  
 United States of America

Jay Sears  
 Cell Phone: 775-376-3515  
 Office Phone: 775-359-8840  
 Email: jsears@peterbilttpe.com

Richard Mcknight  
 Cell Phone: 7756847522  
 Office Phone: 775-684-7522  
 Email: richardmcknight@dps.state.nv.us

## Customer Quote

### Equipment

Quantity:	1
Truck Price:	\$218,699
Dealer Options:	\$0
Extended Warranty:	\$2,220
Equipment Price:	\$170,618
Surcharges Not Subject to Discount:	(\$500)
Options Not Subject to Discount:	\$0
Factory Freight Cost:	\$2,825

Total Equipment Price: \$170,723

**NET Sale Price:** **\$137,790**

### Miscellaneous

FET Tire Credit:	\$0
Net Chassis FET:	\$0
State Tax:	\$0
Body/Trailer/Accessories FET:	\$0
Fees:	\$0
Other:	\$0

**Quotation Total:** **\$137,790**

This quotation worksheet is provided to aid dealers in their pricing efforts. Since PACCAR Inc and its truck divisions have no control over data input and various transactional circumstances that may affect the FET calculation, it is not to be considered tax advice. The dealer should consult his own tax advisor for the proper calculation of any taxes under the variety of circumstances, which may occur.

Unpublished options may require review/approval.

Dimensional and performance data for unpublished options may vary from that displayed.

Price Level: January 1, 2022

Date: December 06, 2021

Deal: 579 DAY CAB

Quote Number: QUO-892377-M8J8FD

Printed On: 12/6/2021 8:30:33 AM

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: December 7, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Dustin Speed, Executive Branch Budget Officer   
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Daralyn Dobson to oversee and manage the fiscal management section for the Division of Environmental Protection through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

Additional Information:

Ms. Dobson retired from the Division of Environmental Protection on April 3, 2021 and is receiving pension benefits. Her training and experience are needed to oversee the Fiscal Management branch and assist with training the newly hired Administrative Services Officer II. The division intends to contract with Ms. Dobson from January 24, 2022 through July 25, 2022 on a part-time basis for approximately 16 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

December 7, 2021

**MEMORANDUM**

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

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

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

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

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



NEVADA DIVISION OF  
**ENVIRONMENTAL  
PROTECTION**

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

Date: December 07, 2021  
To: Annette Morfin, Purchasing Officer  
Department of Administration, Purchasing Division  
From: Sheryl Fontaine, Chief, Bureau of Administrative Services  
Nevada Division of Environment Protection  
Subject: Authorization to Contract with a Former Employee

---

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

We are requesting to contract with Ms. Dobson due to her expertise and experience overseeing and managing the Fiscal Management Branch within the Bureau of Administrative Services. This branch provides critical fiscal services and support to the entire Division, and her experience is needed to assist with training our newly hired Administrative Services Officer II (underfilling for Administrative Services Officer III).

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

A blue ink digital signature of Sheryl Fontaine, consisting of stylized initials and a surname.

Digitally signed by  
Sheryl Fontaine  
Date: 2021.12.07  
11:26:57 -08'00'



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Daralyn Dobson		
<b>Former Employee ID Number:</b>	004638		
<b>Former Job Title:</b>	Administrative Services Officer III		
<b>Former Employee Agency:</b>	Conservation and Natural Resources, Division of Environmental Protection		
<b>Former Class and Grade:</b>	<b>Class:</b>	07.216	<b>Grade:</b> 41
<b>Former Employment Dates:</b>	<b>From:</b>	9/6/1993	<b>To:</b> 4/3/2021
<b>Requesting Agency:</b>	Conservation and Natural Resources, Division of Environmental Protection		
<b>Vendor:</b>	Marathon		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	<b>Summarize scope of contract work.</b>
<b>A</b>	Report to Sheryl Fontaine, Chief Bureau of Administrative Services 1. Assist with training new ASO III, to include: a. Budget preparation b. Fiscal note drafting c. Work program development d. Indirect cost allocation calculation e. Contract development and management f. Federal grant oversight, including tracking, draws, fiscal reporting and SARFs g. Self-Assessment Questionnaires
	<b>Document former job description.</b>
<b>B</b>	The employee worked as an ASO III in the Bureau of Administrative Services, overseeing the Fiscal Management branch staff and work products, including 1a through 1f above.

<b>C</b>	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>Yes, Ms. Dobson has the specialized training to perform the duties. During her 13 years working with the Bureau of Administrative Services, Ms. Dobson served as branch supervisor, overseeing the work of the Fiscal Management team. This branch is currently understaffed, with two of the six positions vacant. Although the existing staff that report to the ASO III will assist with training the new ASO, it is unreasonable to expect the budget analysts and accounting technicians/assistants to train their new supervisor, especially when they are already performing the duties of the two other vacant positions. Ms. Dobson has received all the formal training for performing the ASO III duties and is willing and capable of training new staff. Ms. Dobson will be engaging with the new ASO as part of the contract work to ensure work products developed and expertise utilized is transferred.</p>
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>There are only two other ASO III staff within NDEP, and both work in separate programs with their own job duties. No other staff have the training or expertise required to oversee the Fiscal Management team. In addition, this position (ASO III) has proven unusually challenging to fill; several recruiting attempts in spring and summer 2021 resulted in no qualified and desirable candidates. As a result, NDEP decided to underfill the ASO III position with an ASO II, which increases the need for effective and efficient training.</p>
<b>E</b>	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p> <p>N/A</p>
<b>F</b>	<p><b>List contractors' hourly rate.</b></p> <p>\$59.91</p>
<b>G</b>	<p><b>List the range of comparable State employee rates.</b></p> <p>\$31.91 - \$47.97</p>
<b>H</b>	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b></p> <p>The employee will be paid \$47.97 which was Ms. Dobson's pay rate when she left state service. The vendor will invoice Bureau of Administrative Services \$59.91 per hour, which includes their 24.9% markup under state contract. The contract term includes time to train the new ASO through the next biennial budget building process.</p>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>The Fiscal Management branch in the Bureau of Administrative Services provides critical financial support for all eleven bureaus that comprise the Division of Environmental Protection. Staffing vacancies in part related to the COVID-19 pandemic have resulted in a significant staff shortage in the Fiscal Management branch. The routine tasks normally performed by eight staff are currently being distributed among five, three of whom were hired within the past two years. In addition, the biennial budget building process will begin in a few months, adding even more work. Recruiting is on-going to address the vacancies; however, training new staff adds to the already increased workload. Finally, due to recruitment challenges, NDEP made the decision to underfill the ASO III position with an ASOII, making the need for effective and efficient training even more critical. The Division does not currently have any staff qualified to conduct this training.</p>
<b>J</b>	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes</p>

<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	No longer than six months; 01/24/2022 – 07/25/2022
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part time, estimated to average 16 hours per week
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	N/A

**Comments – Provide any additional comments:**




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

DocuSigned by:  
  
92AB805AC6304F3...  
Signature of Agency Head Authorizing Request

12/7/2021  
Date

  
Purchasing Administrator Signature (if a Statewide Contract)

12/7/21  
Date

  
Budget Analyst Signature

12/13/2021  
Date

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

\_\_\_\_\_  
Date

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

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

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

Date: December 23, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Melanie Young, Budget Administrator *my*  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Colleen Murphy to provide fiscal and administrative duties on either a full time or part time basis to various agencies as needed through Master Service Agreement #18404 with HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Murphy retired from the Department of Administration on April 17, 2021 and is receiving pension benefits. Her skills and experience are needed to assist with fiscal management and budget building. The Governor's Finance Office intends to contract with Ms. Murphy upon approval until May 31, 2023.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Colleen Murphy		
<b>Former Employee ID Number:</b>	013698		
<b>Former Job Title:</b>	Deputy Director		
<b>Former Employee Agency:</b>	Department of Administration		
<b>Former Class and Grade:</b>	<b>Class:</b>	U4305	<b>Grade:</b> Unclassified
<b>Former Employment Dates:</b>	<b>From:</b>	08/08/1994	<b>To:</b> 4/17/2021
<b>Requesting Agency:</b>	Governor's Finance Office		
<b>Vendor:</b>	Manpower		


Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Contractor will provide support related to work programs, contracts, budget building, caseload and special projects as assigned.
<b>B</b>	<b>Document former job description.</b> Ms Murphy, was the Deputy Director for the Department of Administration overseeing 12 Divisions that provide internal support to State of Nevada agencies, employees to include purchasing, information technology, fleet services, mail services, risk management, public works and library and archives.
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b> N/A
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>

	The contractor will be used to reduce backlog, reduce overtime and assist with special projects that require additional assistance for a short period of time.
E	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	No
F	<b>List contractors' hourly rate.</b>
	\$55.12 per hour
G	<b>List the range of comparable State employee rates.</b>
	\$31.91 - \$55.12 Executive Branch Budget Officer I and II and Administrative Services Officer 4
H	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	N/A
I	<b>Document justification for hiring contractor.</b>
	The contract is needed for various jobs at multiple state agencies to help with specialized projects, reduce backlog, fill in for staff vacancies and reduce overtime.
J	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
K	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Upon Board of Examiners approval anticipated to be January 11, 2022 to 5/31/2023 <i>mg</i>
L	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Full time or Part time depending on the need of the contracting agency.
M	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No

**Comments – Provide any additional comments:**

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

Melanie Y Budget Administrator 12/22/2021  
Signature of Agency Head Authorizing Request Date

 Gideon Davis, Purchasing Officer 3  
for Kevin Doty, Purchasing Administrator 12/22/2021  
Purchasing Administrator Signature (if a Statewide Contract) Date

 12.23.21  
Budget Analyst Signature Date

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

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenmeyer  
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: December 13, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, Executive Branch Budget Officer *JR*  
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.

**NEVADA DEPARTMENT OF TRANSPORTATION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Transportation (NDOT) requests authority to contract with former employee Hoang Hong, presently employed by C.A. Group, Inc. to provide design and program support services for statewide projects within the Traffic Operations Center.

Additional Information:

The agency indicates that currently, there are insufficient staff and expertise within the agency to successfully manage the workload, size and scope of the Statewide Traffic Operation's needs for design and engineering services. Mr. Hong retired from the NDOT as a Manager 1 Professional Engineer in the Traffic Operations Center effective November 4, 2021, and his extensive experience with developing, reviewing, evaluating and managing on-call and future project agreements are critical skill needed to ensure the various statewide roadway projects stay on schedule and adhere to all roadway design requirements. Mr. Hong has joined the CA Group as an engineering management staffing team member and will be utilized to support various NDOT project and on-call service provider agreements through December 31, 2022.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____



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

## MEMORANDUM

September 29, 2021

**To: State of Nevada Board of Examiners**  
**From: Kristina Swallow, Director**  
**Subject: Authorization to Contract with a Former Employee – Hoang N. Hong**

### SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Hoang Hong. Mr. Hong is retiring from state service on November 3<sup>rd</sup>, 2021. He is anticipating employment with C.A. Group, Inc., who is proposing to utilize Hoang to work on various project agreements and through current and future On-Call Service Provider Agreements within NDOT's Traffic Operations Division. The current agreement, P662-18-016, provides design services and program support for statewide projects as detailed below, terminating on December 31, 2022. Mr. Hong has worked with C.A. Group (and many other consultant firms) during his tenure with the department but was not involved in the procurement process for any of the current on-call agreements.

### BACKGROUND

There are insufficient staff and expertise to successfully manage the workload, size and scope of the Statewide Traffic Operations needs for design and engineering services. In July of 2018, NDOT issued a Request for Proposals (RFP) to engage service providers to perform engineering needs in signs, striping, traffic control, signals, lighting, ITS, traffic operations programs and projects, traffic analysis, and traffic modeling. This agreement, one of three, includes providing Project Managers, Design Leads, Technical Leads, and support personnel, to ensure the design and engineering of the statewide projects are accomplished in conformance with the policies, guidelines, manuals, and standards.

Mr. Hong will be retiring from NDOT as a Manager I, Professional Engineer in the Traffic Operations Division. His many tasks in this role provide a wide range of skills required for CA Group, Inc. to utilize in the on-call agreement and future project agreements. These skills include but are not limited to: supervising engineering associates and staff, providing traffic and roadway engineering design, assistance in conducting micro and macro simulation modelling, signing and striping design, and reviewing of traffic engineering documents produced by CA Group.

### RECOMMENDATION

We respectfully request your consideration for approval for CA Group, Inc. to engage Mr. Hoang Hong as a member on their staffing team to augment NDOT's management of statewide projects via the design services provided from the Traffic Operations On-Call Master Agreement and future agreement projects for NDOT and Traffic Operations.

DocuSigned by:  
  
Kristina Swallow, P.E., Director



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Hoang N. Hong		
<b>Former Employee ID Number:</b>	00624		
<b>Former Job Title:</b>	Manager 1, Registered Professional Engineer		
<b>Former Employee Agency:</b>	Nevada Department of Transportation		
<b>Former Class and Grade:</b>	<b>Class:</b>		<b>Grade:</b> 43-10
<b>Former Employment Dates:</b>	<b>From:</b>	October 1996	<b>To:</b> November 2021
<b>Requesting Agency:</b>	Nevada Department of Transportation		
<b>Vendor:</b>	CA Group		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>Assist CA Group in providing traffic and roadway engineering design on various projects. Role will include assistance in conducting micro and macro simulation modelling, signing and striping design, and review of traffic engineering documents produced by CA Group.</p>
<b>B</b>	<p><b>Document former job description.</b></p> <p>Supervise Traffic Operations divisional team members, consultant engineering firm's personnel to ensure compliance with all established policies and procedures. Responsible for providing guidance for the development and implementation of national/statewide guidance, policy and processes, development of standards, and the advancement of the concepts of highway operations. Ensuring federal/state policies and operational guidance for traffic congestion mitigation measures are being developed and implemented to promote safe and reliable transportation systems. Reviewing, commenting on and/or approving Operational and Safety Study Processes associated with proposed developments, freeway interchanges, freeway corridors and other roadway segments. This includes ensuring that the appropriate geometric recommendations are provided in a timely manner for roadway design project based on operational analysis results.</p>
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b>



	Employee is being hired for his knowledge of overall Federal, State, and local agency requirements and policies and procedures. All information related to NDOT is public information with no confidential/specialized processes.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>
	NDOT frequently contracts work and solicits requests for proposals to the consultant community to due to limited resources at the Department.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	None.
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$63
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	\$34.90 - \$52.61 (Grade 43)
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	Proposed contract rate is comparable to the average private consultant rate for Hoang's qualifications and experience. There is no specific contract term for Hoang's employment with CA Group
<b>I</b>	<b>Document justification for hiring contractor.</b>
	CA Group has a need for someone with Hoang's expertise and knowledge for both NDOT and other public works contracts that CA Group performs through the Western United States.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes.
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Start Date: November 15, 2021 End Date: December 31, 2022
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Full time.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No.

**Comments – Provide any additional comments:**

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

DocuSigned by:  
Kristina Swallow 10/15/2021  
Signature of Agency Head Authorizing Request Date

n/a  
Purchasing Administrator Signature (if a Statewide Contract) Date

Melanie Yz Budget Administrator 12/23/2021  
Budget Analyst Signature Date

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

Steve Sisolak  
Governor




Susan Brown  
Director

Tiffany Greenmeyer  
Deputy Director

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

Melanie Young  
Administrator

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

Date: December 6, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Melanie Young, Budget Administrator  
Governor's Finance Office, Budget Division   
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF INDIGENT DEFENSE SERVICES**

Agenda Item Write-up:

Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$62,010 from the Interim Finance Contingency Account to fund a data analyst contract to conduct a wage salary survey, incentive program and oversight project for indigent defense services.

Additional Information:

The Department of Indigent Defense Services was established during the 2019 Legislative Session to provide services to rural counties and implement statewide policies for indigent defense. The American Civil Liberties Union has an open lawsuit against the state for violating the constitutional rights of people in rural counties. To assist the State in settlement discussions for the lawsuit, the department requested additional funding to support a wage study, appropriate attorney workload, a data analyst to analyze rural county defender data, a training program to assist in rural indigent defense departments in meeting their constitutional obligation of providing effective assistance of counsel, and a timekeeping and caseload tracking software system.

In fiscal year 2020, the agency received \$100,000 in contingency funding from the Interim Finance Committee to hire the data analyst to conduct these services, which was not completed due to the pandemic and time restrictions on the funds. The agency

expended \$37,990 of the original funds. This request will resume the work previously started. Relates to work program C55696.

Statutory Authority:  
BOE approval required pursuant to NRS 353.268

<b>REVIEWED:</b> _____
------------------------



**STATE OF NEVADA**  
**DEPARTMENT OF INDIGENT DEFENSE SERVICES**

896 W. Nye, Suite 202 | Carson City, NV 89703  
(775) 687-8490 | [www.dids.nv.gov](http://www.dids.nv.gov)

**Memorandum**

DATE: October 29, 2021  
TO: Susan Brown, Director, Governor's Finance Office, State of Nevada  
FROM: Marcie Ryba, Executive Director, Department of Indigent Defense Services  
SUBJECT: Request for IFC Contingency Funds

---

This memorandum serves as a request for approval of the Department of Indigent Defense to seek additional funding of \$62,010 from the Interim Finance Committee Contingency Account to contract with an Indigent Defense Research and Data Analyst to:

1. Perform a Wage Salary Survey.
2. Incentive Program Review; and
3. Review the Oversight Procedures.

The purpose of the Wage Salary Survey is to determine whether Indigent Defense Providers are compensated similarly to the compensation of prosecutors in the same county and with comparable experience. Such a survey will take into consideration that prosecutors do not pay for overhead or expenses out of their compensation. The survey will also review the compensation amounts of NRS 7.125 and determine whether the amount needs to increase or decrease to provide parity with prosecutors. The survey would also review whether a financial incentive would encourage indigent defense providers to provide indigent defense representation in Nevada's rural counties.

The purpose of the Incentive Program Review would determine whether there is a shortage of indigent defense providers across the State, with an emphasis on whether there is a shortage in the rural counties. If there is a shortage, the review would try to determine the root causes of the shortage. Finally, the review would seek to propose an incentive program that would fit Nevada's needs to fix this shortage and encourage indigent defense providers to practice in the great state of Nevada.

Finally, the consultant would review the Department's Oversight Procedures pursuant to NRS 180 and determine whether 1) there is sufficient staff within the Department to provide effective and efficient oversight and assist the Department with finalizing

oversight process which complies with the statues as well as the *Davis* “Stipulated Consent Judgment.”

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



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: December 10, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Heather Field, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION**

Agenda Item Write-up:

Pursuant to NRS 353.040 the Governor's Finance Office, Budget Division requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapters of the State Administrative Manual (SAM).

1. Revisions subject to the Technology Investment Notification and Cloud Investment Notification process
  - a. SAM Chapter 1618 Technology Investment
  - b. SAM Chapter 1622 Utilization of EITS Services Budgeted

Additional Information:

Request for changes to the SAM and recommended language attached.

Statutory Authority:

NRS 353.040

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



## REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 180 Enterprise IT Services

Department: Administration

Division (if applicable): Enterprise IT Services

Appointing authority: Laura Freed

Agency contact (name, phone and e-mail): Tim Galluzi, 684-5898, tim.galluzi@admin.nv.gov

Budget Division Analyst (name, phone and e-mail): Mike Rankin, mjrankin@finance.nv.gov

Proposed BOE date: December 14, 2021

Proposed effective date: Upon BOE Approval

### 1. Reason/purpose for requested change:

- To revise SAM sections 1618 and 1622 to update language for the Technology Investment Notification (TIN) and Cloud Investment Notification (CIN) processes and clarify other required budget processes.
- To update antiquated terminology and include up-to-date technology examples.
- To include required processes previously published in all-agency memos, budget instructions and other division's manuals.
- These changes are required to update SAM with accurate policy.

### 2. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable):

This change will reduce confusion and the corrections necessary due to processes not followed by agencies per NRS and in published instructions. This includes when to fulfil the TIN and CIN form completion requirements and instructions to use biennial budgeted and work program funds for approved EITS services.

### 3. Will recommended change have a fiscal impact (if yes, explain):

No. The changes are to improve adherence to required fiscal processes.

4. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed). (please provide requested change as an attachment):

Please see attached redline version revising SAM 1618 and 1622.

Appointing Authority:



10/26/21

BOARD OF EXAMINERS APPROVAL DATE: \_\_\_\_\_

(for BOE use only)

## 1618 Technology Investments

A Technology Investment is defined as the implementation of IT improvements, enhancements, replacements or other expenditures (e.g., cloud services, computer, telecommunications, or other information technology services or equipment) through any funding mechanism or added value using IT services provided by a vendor, the Division or an agency. Technology investments can be for existing systems or new solutions. Contact the Technology Investment Notification (TIN) Administrator with any questions. Refer to TIN procedures and instructions posted on the Division's IT Investments website at [http://it.nv.gov/tin/ea\\_home/](http://it.nv.gov/tin/ea_home/).

Any Executive Branch agency wishing to invest in an IT project that costs more than \$50,000 must develop a business case with the TIN form.

The TIN forms addressed in the posted instructions are required for Executive Branch agencies as part of their biennial budget process as well as for interim funding of IT projects. This Technology Investment information is required regardless of the funding source (including grant funding), as well as in situations where the funding already exists and the agency is requesting authority for expenditure. This also applies to projects mandated by either the federal government or the Nevada State Legislature. Agencies with federally funded and mandated interim projects should contact the Division for guidance on how to best proceed regarding potentially concurrent TIN and Procurement Request for Proposal (RFP) processes.

Agencies preparing IT contracts for the BOE should contact the Division regarding TIN requirements. New contracts related to an IT project may require a TIN and other additional information. In cases when work programs fund more than \$50,000 of an IT project, the agency should consult with the Division to see if technology investment forms are required.

All IT Investments in cloud services less than the \$50,000 Technology Investment Notification (TIN) threshold are to be reported to the Division via the Cloud Investment Notification (CIN) process due to potential security ramifications and the possibility of solution duplication without adequate review. IT Investments in cloud services include, but are not limited to:

- Software-as-a-Service – applications;
- Platform-as-a-Service – application platforms;
- Function-as-a-Service; and
- Infrastructure-as-a-Service – cloud infrastructure.

Refer to CIN procedures and instructions posted on the Division's IT Investments website at <http://it.nv.gov>.

Every agency submitting a request for a Technology Investment that is:

- An investment of \$500,000 in value or more, or
- Critical in nature to State operations, or
- Significant risk of adverse consequences to the State of Nevada

must present its project to the Nevada IT Strategic Planning Committee (ITSPC). During the biennial budget session, this committee will submit its recommendations to the Governor's Finance Office regarding the prioritization and inclusion of IT projects in the biennial budget.

## **1622 Utilization of EITS Services as Budgeted**

Executive Branch agencies that have approved EITS funding, whether through the legislative budget process or via work programmed funds added in the interim, must use the funding for that purpose.

If an agency believes an exception is warranted, the agency must submit a written request to the Administrator of the Division of Enterprise Information Technology Services. The Administrator and the Governor's Finance Office must approve this request. The Governor's Finance Office will notify the requesting agency of the decision.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

There are a number of reasons why the world's population is growing so rapidly. One of the main reasons is that the number of children born to each woman has increased. This is due to a number of factors, including the fact that women are now having children at a younger age, and that there is a higher birth rate in developing countries.

Another reason why the world's population is growing so rapidly is that the number of people who are surviving to old age has increased. This is due to a number of factors, including the fact that people are now living longer, and that there is a higher death rate in developing countries.

There are a number of other factors that are contributing to the world's population growth, including the fact that there is a higher birth rate in developing countries, and that there is a higher death rate in developing countries.

The world's population is growing so rapidly that it is expected to reach 8 billion by the year 2025. This is a significant increase from the 5 billion people who lived in the world in 1987.

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## 1618 Technology Investments Request

*A Technology Investment ~~An IT project~~ is defined as the implementation of IT improvements, enhancements, replacements or other expenditures (e.g. cloud services, computer, telecommunications, or other information technology ~~services or equipment improvements~~) through any funding mechanism or added value using IT services provided by a vendor, the Division or an agency. Technology investments can be for existing systems or new solutions. Contact the Technology Investment Notification (TIN) Administrator with any questions. ~~or enhanced capabilities using IT services (Vendor, EITS or agency) within a defined period of time (i.e. not maintenance or ongoing IT services and support). Refer to TIN procedures and instructions posted on the Division's IT Investments website at [http://it.nv.gov/tin/ea\\_home/](http://it.nv.gov/tin/ea_home/).~~*

Any Executive Branch agency wishing to invest in an IT project that costs more than \$50,000 must develop a business case with *the TIN form*. ~~a Technology Investment Request (TIR) form.~~

*The TIN forms addressed in the posted instructions* ~~TIRs~~ are required for Executive Branch agencies as part of their biennial budget process as well as for interim funding of IT projects. ~~They apply~~ *This Technology Investment information is required* regardless of the funding source (including grant funding), as well as in situations where the funding already exists and the agency is requesting authority for expenditure. This also applies to projects mandated by either the federal government or the Nevada State Legislature. Agencies with federally funded and mandated interim projects should contact *the Division EITS* for guidance on how to best proceed regarding potentially concurrent ~~TIR-TIN~~ and *Procurement Request for Proposal (RFP)* processes.

~~The TIR must be submitted to EITS for review and approval prior to submittal to the Budget Division.~~

Agencies preparing IT contracts for the *BOE* should contact *EITS the Division* regarding ~~TIR TIN~~ requirements. New contracts related to an IT project may require a *TIN and other additional information* ~~TIR~~. ~~Contract amendments may require a TIR Waiver for Enhancements (TWE).~~ In cases when work programs fund more than \$50,000 of an IT project, *the agency should consult with the Division should be consulted to see if a TIR or TWE* technology investment forms are required.

*All IT Investments in cloud services less than the \$50,000 Technology Investment Notification (TIN) threshold are to be reported to the Division via the Cloud Investment Notification (CIN) process due to potential security ramifications and the possibility of solution duplication without adequate review. IT Investments in cloud services include, but are not limited to:*

- *Software-as-a-Service – applications;*
- *Platform-as-a-Service – application platforms;*
- *Function-as-a-Service; and*
- *Infrastructure-as-a-Service – cloud infrastructure.*

*Refer to CIN procedures and instructions posted on the Division's IT Investments website at <http://it.nv.gov>.*

Every agency submitting a request for a Technology Investment that is:

- An investment of \$500,000 *in value* or more, or
- Critical in nature to State operations, or
- Significant risk of adverse consequences to the State of Nevada

~~will~~ *must present its project make a presentation* to the Nevada IT Strategic Planning Committee (*ITSPC*). During the biennial budget session, this committee will submit its recommendations to the Governor's *Finance Office* regarding the prioritization and inclusion of IT projects in the biennial budget.

## **1622 Utilization of EITS Services as Budgeted**

Executive Branch agencies that receive funding for EITS services, as part of their biennial budget request *or subsequent work programs*, must use the funding for that purpose.

If an agency believes an exception is warranted, ~~they~~ *the agency* must submit a written request to the *Administrator of the Division of Enterprise Information Technology Services Chief Information Officer of the Division of Enterprise Information Technology Services*. Both the *Administrator Chief Information Officer* and the *Governor's Finance Office Director of the Department of Administration* must approve the request. The *Governor's Finance Office Chief Information Officer* will notify the requesting agency of the decision.

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenmeyer  
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: December 20, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Jim Rodriguez, Executive Branch Budget Officer *JR*  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**Request to Pay a Cash Settlement/Judgment**

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

**Department of Transportation (NDOT)**

**Agenda Item Write-up:**

The Department requests approval to pay a judgment in the total amount of \$1,740,725.31 in the inverse condemnation matter of Jenifer Walker, Matthew Walker vs State of Nevada, ex rel. Department of Transportation, Eight Judicial District Court Case No. A-18-782849-C. This amount constitutes payment of the judgment, interest, attorneys fees and costs awarded by the court.

**Additional Information:**

The total settlement of \$1,740,725.31 is a combination of a jury award of \$410,000 for just compensation on April 14, 2021, court awarded interest in the amount of \$875,466.80 for the period of May 08, 2008, through April 15, 2021, the additional accumulating interest of \$188.27 per day every day past April 15, 2021, until paid, reasonable costs in the amount of \$29,140.61 and attorney fees in the amount of \$375,285.




In or around 2008, NDOT completed construction of a public highway and drainage control facility adjacent to the Landowners' property, which added additional water flows into a natural wash that bisects the property. Trial in this matter commenced on April 12, 2021, and on April 14, 2021, the Court issued its findings of fact and conclusions of law and order determining that the Landowners were entitled to just compensation for NDOT's taking of a permanent drainage easement through a portion of the property without just compensation.

The judgement was filed on September 09, 2021 and accrues interest at a rate of \$188.27 per day until the judgement is paid in full. The amount of interest included in this request calculated interest through January 11, 2022, the anticipated date of the January BOE.

Statutory Authority:

Article 5, Section 21 of the Nevada Constitution

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

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

Transportation Division  
1263 South Stewart Street, Room 315  
Carson City, Nevada 89712

December 13, 2021

Hand Delivered

RECEIVED

DEC 13 2021

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Mr. Jim Rodriguez  
Budget and Planning Division  
Board of Examiners  
209 East Musser Street, Rm 200  
Carson City, Nevada 89701

Re: Agenda Item for January 11, 2022 Meeting of the Board of Examiners  
Payment of Judgment in Inverse Condemnation  
*Jenifer Walker; Matt Walker vs. State of Nevada, ex rel. Department of  
Transportation*  
Eighth Judicial District Court Case No. A-18-782947-C

Enclosed is the Nevada Department of Transportation's submittal for the January 11, 2021 Board of Examiners board agenda. As per my December 8, 2021 email with you, we are requesting that this be placed on the January agenda due to running interest. This agenda request memorandum has been signed by the Director of the Nevada Department of Transportation, Kristina Swallow.

Should you have any questions regarding this information, please don't hesitate to call our office and speak to Senior Deputy Attorney General, Gordon Goolsby at (702) 730-3404.

Sincerely,

A handwritten signature in blue ink that reads "Alice Coffman".

Alice Coffman  
Supervising Legal Secretary  
(775) 888-7412  
[acoffman@ag.nv.gov](mailto:acoffman@ag.nv.gov)

/agc  
Enclosures



1263 South Stewart Street  
Carson City, Nevada 89712  
Phone: (775) 888-7420  
Fax: (775) 888-7309

## MEMORANDUM

RECEIVED

**DATE:** December 13, 2021

**TO:** Board of Examiners  
Governor Steve Sisolak  
Attorney General Aaron D. Ford  
Secretary of State Barbara K. Cegavske

**FROM:** Kristina L. Swallow, Director, Nevada Department of Transportation  
Dennis Gallagher, Chief Deputy Attorney General  
Joe Vadala, Special Counsel

**SUBJECT:** Payment of Judgment in Inverse Condemnation  
*Jenifer Walker; Matt Walker vs. State of Nevada, ex rel. Department of Transportation*  
Eighth Judicial District Court Case No. A-18-782947-C

DEC 13 2021

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

DocuSigned by:

Kristina Swallow  
C4B612FC2C1E4FB...

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### SUMMARY

The Nevada Department of Transportation ("NDOT") is requesting approval to make payment of Judgment in Inverse Condemnation in the amount of \$1,740,725.31. The funds will be paid from the highway fund as the result of judgment after a jury trial.

### THE ACTION

The payment of this judgment concludes a matter that began with a complaint in inverse condemnation filed by Jenifer and Matthew Walker (the "Landowners") in the Eighth Judicial District Court on October 17, 2018. By the filing of their complaint, the Landowners sought just compensation for NDOT's diversion of additional flood waters onto the Landowners' property located in Searchlight, Nevada, and recognized by the Clark County Recorder's Office as APN 243-34-701-028; 243-34-601-009; APN 243-34-301-009; and APN 243-34-201-008 ("Property").

In or around 2008, NDOT completed construction of a public highway and drainage control facility adjacent to Landowners' Property which added additional water flows into a natural wash that bisects the Property. Trial in this matter commenced on April 12, 2021, and on April 14, 2021, the Court issued its findings of fact and conclusions of law and order determining that the Landowners were entitled to just compensation for NDOT's taking of a permanent drainage easement through a portion of the Property without just compensation.

On April 15, 2021, the jury in the matter returned a verdict for just compensation totaling \$410,000.00 ("Jury Verdict"). Additionally, through subsequent orders, the Court awarded the Landowners' interest in the amount of \$875,466.80 for the period commencing May 8, 2008 and running through April 15, 2021, and accruing interest at the rate of \$188.27 per day from April 16, 2021 until paid; reasonable costs and

Board of Examiners  
Payment of Judgment  
*Jenifer Walker; Matt Walker vs. State of Nevada, ex rel. Department of Transportation*  
December 8, 2021  
Page 2

expenses in the amount of \$29,140.61; and attorney's fees in the amount of \$375,285.00.

As a result of the Jury Verdict, interest, attorney fees and costs, a judgment in inverse condemnation was entered and must be paid as follows:

(a) Verdict: \$ 410,000.00;  
(b) Interest: \$ 926,299.70 through January 11, 2022;  
(c) Costs: \$ 29,140.61  
(d) Attorney Fees: \$ 375,285.00

TOTAL AWARD: \$1,740,725.31

#### **RECOMMENDATION**

NDOT will pay the amount of judgment in accordance with the attached Judgment in Inverse Condemnation.

#### **FISCAL NOTE STATEMENT**

NDOT has not yet determined whether it will seek reimbursement from the Federal Highway Administration for the judgment.

Attachment: *Judgment in Inverse Condemnation filed 09/03/2021*

Electronically Filed  
09/03/2021 10:37 AM  
*Amanda L. Linn*  
CLERK OF THE COURT

APNS: 243-34-701-028; 243-34-301-009

1 **JDCD**

2 **AMY L. SUGDEN, ESQ.**

3 Amy L. Sugden, Bar No. 9983

4 9728 S. Gillespie St.

5 Las Vegas, Nevada 89183

6 Telephone: (702) 307-1500

7 Facsimile: (702) 507-9011

8 *Attorneys for Plaintiffs*

9 *Jenifer Walker and Matt Walker*

10 EIGHTH JUDICIAL DISTRICT COURT

11 CLARK COUNTY, NEVADA

12 \*\*\*\*\*

13 JENIFER WALKER, wife as joint tenant; )

14 MATT WALKER, husband as joint tenant, )

Case No.: A-18-782947-C

15 Plaintiffs, )

Dept. No.: Department 11

16 vs. )

17 THE STATE OF NEVADA, on relation of its )

18 Department of Transportation; DOE )

19 GOVERNMENT AGENCIES I-X; DOE )

20 INDIVIDUALS I-X; DOE CORPORATIONS I- )

21 X; and DOE PARTNERSHIPS I-X, )

22 Defendants. )

23 JUDGMENT IN INVERSE CONDEMNATION

24 The above-entitled matter having come before the Court for entry of Judgment in Inverse  
25 Condemnation as a result of the April 15, 2021, jury verdict on behalf of Plaintiffs JENIFER  
26 WALKER and MATT WALKER (collectively "Plaintiffs" or "Landowners"), in the amount of Four  
27 Hundred Ten Thousand Dollars (\$410,000.00), as well as subsequent post-trial pleadings, the Court  
28 having considered all papers, pleadings and documents on file herein, and the Court being fully  
advised, it is hereby ORDERED, ADJUDGED and DECREED as follows:

1. On or about October 17, 2018, the Landowners filed their Complaint in Inverse Condemnation ("Complaint").

1           2.       By the filing of their Complaint, the Landowners sought just compensation for the State  
2 of Nevada on relation of its Department of Transportation (“**NDOT**”)’s diversion of additional flood  
3 waters onto the Landowners’ property located in Searchlight, Clark County, Nevada, and recognized  
4 by the Clark County Recorder’s Office as APN 243-34-701-028; APN 243-34-601-009; APN 243-  
5 34-301-009 and APN 243-34-201-008 at the time the Complaint was filed (the “**Property**”).

6           3.       On April 14, 2021, the Court issued its Findings of Fact, Conclusions of Law and Order  
7 determining that the Landowners are entitled to just compensation for NDOT’s taking of a drainage  
8 easement through a portion of the Property without just compensation (“**Taking**”). The Taking is of  
9 a permanent drainage easement which is not specifically defined by a metes and bounds/legal  
10 description, but is visually depicted by the red circle in the aerial photo attached hereto as **Exhibit “1”**  
11 and is hereby condemned by NDOT. The use to which the Taking is to be applied is a public use and  
12 the Taking is necessary for that public use.

13           4.       Thereafter, the jury was charged with determining the amount of just compensation for  
14 the Taking.

15           5.       On April 15, 2021, the jury in this matter returned a verdict awarding Zero Dollars  
16 (\$0.00) for a Permanent Easement, One Hundred Ten Thousand Dollars (\$110,000.00) for a  
17 Temporary Construction Easement and Three Hundred Thousand Dollars (\$300,000.00) for Cost to  
18 Cure, for a total just compensation award of Four Hundred Ten Thousand Dollars (\$410,000.00)  
19 (“**Jury Verdict**”).

20           6.       On April 19, 2021, the Landowners filed a Motion to Determine Interest to be Awarded  
21 in Conjunction With Jury Verdict (“**Interest Motion**”) and NDOT filed its Opposition and Counter-  
22 Motion to Reduce Jury Verdict to Conform to Evidence as a Matter of Law on May 3, 2021  
23 (“**Counter-Motion**”). The Court issued an Order Granting the Landowners’ Interest Motion and  
24 Denying NDOT’s Counter-Motion on June 4, 2021 (“**6/04/21 Order**”). As set forth in the 6/04/21  
25 Order, the Court awarded the Landowners interest in the amount of Eight Hundred Seventy-Five  
26 Thousand Four Hundred Sixty-Six Dollars and Eighty Cents (\$875,466.80) for the period  
27  
28

1 commencing May 8, 2008 and running through April 15, 2021 based upon a 9.25% interest rate for  
2 the entire period, compounded annually, and with interest thereafter continuing on the Jury Verdict,  
3 until the date this Judgment in Inverse Condemnation is satisfied, at the per diem (daily) rate of One  
4 Hundred Eighty-Eight Dollars and Twenty-Seven Cents (\$188.27). *See* NRS 37.175. In that same  
5 Order, the Court stated that the jury's finding that a temporary construction easement occurred during  
6 a portion of the relevant period for which the jury could award damages.

7           7. On April 21, 2021, the Landowners filed their Verified Memorandum of Costs ("**Costs**  
8 **Memorandum**") and NDOT filed its Motion to Retax and Settle Costs on April 26, 2021 ("**Motion**  
9 **to Retax**"). The Court issued an Order Granting in Part NDOT's Motion to Retax on June 10, 2021  
10 ("**6/10/21 Order**"). As set forth in the 6/10/21 Order, the Court awarded the Landowners Twenty-  
11 Seven Thousand One Hundred Forty Dollars and Sixty-One Cents (\$27,140.61) in reasonable costs  
12 and expenses.

13           8. On or about July 23, 2021, the Landowners subsequently received an invoice from  
14 Clark County, Eighth Judicial District, for jury service fees in the amount of Two Thousand Dollars  
15 (\$2,000.00); and thus, were not aware of such expense when the Landowners applied to the Court for  
16 the reimbursement of their costs in April 2021. Therefore, the Landowners and NDOT stipulated and  
17 agreed that juror fees and expenses are defined as "Costs" under NRS 18.005(2); and that this Court  
18 previously ruled that Landowners are entitled to an award of their reasonable costs and expenses  
19 actually incurred. *See* 6/10/21 Order (at 2:2-4). The parties further stipulated and agreed to amend  
20 the 6/10/21 Order to include the Two Thousand Dollar (\$2,000.00) jury services cost as an allowable  
21 and recoverable cost by the Landowners.

22           9. An Amended Order Regarding NDOT's Motion to Retax and Settle Costs was  
23 therefore entered on August 12, 2021 ("**8/12/21 Amended Order**") ordering the total costs to be  
24 returned to the Landowners in the amount of Twenty-Nine Thousand One Hundred Forty Dollars and  
25 Sixty-One Cents (\$29,140.61).

26  
27 //

28

1           10.     On June 15, 2021, NDOT filed its Motion to Reconsider 6/04/21 Order and the Court's  
2 April 14, 2021 Findings of Fact, Conclusions of Law and Order ("FFCL"), to which the Landowners  
3 filed an Opposition on June 29, 2021. The Court issued an Order denying NDOT's Motion to  
4 Reconsider 6/04/21 Order and FFCL on July 30, 2021.

5           11.     On July 6, 2021, the Landowners filed a Motion for Attorney's Fees ("**Fees Motion**").  
6 The Court issued an Order granting the Fees Motion on August 31, 2021 ("**8/31/21 Order**") and  
7 setting a reasonable hourly attorney's fees rate at \$500.00 per hour for a total of Three Hundred  
8 Seventy-Five Thousand Two Hundred Eighty-Five Dollars (\$375,285.00) in attorney's fees.

9           12.     As a result of the Jury Verdict, 6/04/21 Order, 8/12/21 Amended Order, and 8/31/21  
10 Order, the total amount of this Judgment is One Million Six Hundred Eighty-Nine Thousand Eight  
11 Hundred Ninety-Two Dollars and Forty-One Cents (\$1,689,892.41), which is calculated as follows:

- 12                   (a)     Verdict: \$410,000.00;
- 13                   (b)     Interest: \$875,466.80 through April 15, 2021;
- 14                   (c)     Costs: \$29,140.61;
- 15                   (d)     Attorney Fees: \$375,285.00;

16 plus ongoing interest that accrues from April 16, 2021 until paid at a rate of \$188.27 per day, on the  
17 Jury Verdict until the date this Judgment in Inverse Condemnation is satisfied. See NRS 37.175.

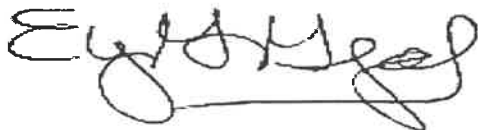
18           13.     This Judgment is entered pursuant to NRS 37.009(3) and NRS 37.040.

19 //  
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1 14. Upon payment of the judgment, NDOT shall be entitled to and this Court shall enter a  
2 final order of condemnation, which upon recording shall vest ownership of the drainage easement as  
3 depicted in the attached Exhibit 1 in NDOT. NRS 37.160. **Dated this 3rd day of September, 2021**

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



5  
6 

---

DISTRICT COURT JUDGE  
7 **B39 E6F 2E7B 02BC**  
8 **Elizabeth Gonzalez**  
9 **District Court Judge**

10 Prepared and respectfully submitted by:

11 *Approved as to form and content, reserving all*  
12 *objections:*

13 By:       /s/ Amy L. Sugden  
14 AMY L. SUGDEN, ESQ.  
15 Sugden Law  
16 9728 Gilespie Street  
17 Las Vegas, Nevada 89183  
18 *Attorneys for Plaintiffs Jenifer Walker*  
19 *And Matt Walker*

20 By: \_\_\_\_\_  
21 JOE VADALA, ESQ.  
22 Special Counsel  
23 GORDON GOOLSBY  
24 Senior Counsel  
25 1184 Western Avenue, Building 3  
26 Las Vegas, Nevada 89102  
27 *Attorneys for Defendant State of Nevada*  
28 *ex rel. its Department of Transportation*

**EXHIBIT "1"**

**EXHIBIT "1"**



1 CSERV

2  
3 DISTRICT COURT  
4 CLARK COUNTY, NEVADA

5  
6 Jenifer Walker, Plaintiff(s) | CASE NO: A-18-782947-C  
7 vs. | DEPT. NO. Department 11  
8 State of Nevada, Defendant(s)

9  
10 **AUTOMATED CERTIFICATE OF SERVICE**

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

14 Service Date: 9/3/2021

15 Linda Kapcia	lkapcia@ag.nv.gov
16 Juanita McClinton	jmccclinton@ag.nv.gov
17 Gordon Goolsby	ggoolsby@ag.nv.gov
18 Lorelei Huntley	lhuntley@ag.nv.gov
19 Brian Padgett	brian@briancpadgett.com
20 Janet Merrill	jmerrill@ag.nv.gov
21 Joe Vadala	jvadala@ag.nv.gov
22 Amy Sugden	amy@sugdenlaw.com
23 Catherine Ramsey	cathy@briancpadgett.com
24 Kira Harris	info@briancpadgett.com

25  
26  
27  
28

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF ADMINISTRATION – ENTERPRISE IT SERVICES	JBL LIMITED PARTNERSHIP, DBA LAMONICA PROPERTIES	\$207,360
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>02/01/2022</b> – <b>01/31/2027</b>	<b>Located in Moundhouse</b>
2.	DEPARTMENT OF BUSINESS AND INDUSTRY – FINANCIAL INSTITUTIONS DIVISION	AIRPORT SQUARE, LLC	\$97,700
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>02/01/2022</b> – <b>01/31/2027</b>	<b>Located in Reno</b>
3.	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION – NEVADA EQUAL RIGHTS COMMISSION	JS PARK SAHARA, LLC	\$112,765
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>02/01/2022</b> – <b>01/31/2024</b>	<b>Located in Las Vegas</b>
4.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES	CHARBONNEAU FAMILY TRUST	\$498,000
		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 Pahrump</b>
5.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES	S. AND A. FRESHMAN FAMILY PROPERTIES, LLC DBA NORTHGATE PLAZA	\$202,264
		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 Carson City</b>
6.	STATE OF NEVADA CERTIFIED COURT REPORTERS BOARD	RAWHIDE HOLDINGS, LLC	\$32,962
		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 North Las Vegas</b>
7.	DEPARTMENT OF SENTENCING POLICY	HUB GROUP, LLC	\$86,518
		This is an expansion to the existing lease.	
	<b>Term of Lease:</b>	<b>10/01/2021</b> – <b>04/30/2025</b>	<b>Located in Carson City</b>

12  
12/20

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:	DL/12/20
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Administration  
Enterprise IT Services  
100 North Carson Street, Suite 100  
Carson City, Nevada 89701  
Patrick Sheehan  
T: 775.684.5854 E:pmsheehan@admin.nv.gov

Remarks: This is a renewal of an existing lease.

Exceptions/Special notes:

2. Name of Lessor: JBL Limited Partnership, dba Lamonica Properties

3. Address of Lessor: c/o Coldwell Banker Select  
187 Sonoma Street  
Carson City, Nevada 89701

4. Property contact: Terry Yeager  
P: 775.882.3211 E: terryyeager@carsoncommercial.com

5. Address of Lease property: 12 Industrial Parkway, Unit D  
Moundhouse, Nevada 89706

a. Square Footage:  Rentable  Usable 8,000 plus, approximately 50' x 100' exterior storage yard and a communication tower

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
\$ 3,360.00	12	\$ 40,320.00	February 1, 2022 - January 31, 2023	\$0.00	\$0.00	\$0.42
2.38% \$ 3,440.00	12	\$ 41,280.00	February 1, 2023 - January 31, 2024	\$0.00	\$0.00	\$0.43
0.00% \$ 3,440.00	12	\$ 41,280.00	February 1, 2024 - January 31, 2025	\$0.00	\$0.00	\$0.43
2.33% \$ 3,520.00	12	\$ 42,240.00	February 1, 2025 - January 31, 2026	\$0.00	\$0.00	\$0.44
0.00% \$ 3,520.00	12	\$ 42,240.00	February 1, 2026 - January 31, 2027	\$0.00	\$0.00	\$0.44
\$ -	60	\$ -	February 1, 2022 - January 31, 2027	\$0.00	\$0.00	\$0.00

storage yard

c. Total Lease Consideration: 60 \$ 207,360.00

d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No 365 Renewal terms: One (1) Identical Term

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

g. Term: 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

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

l. Comparable Area Market Rate Average: \$0.70

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

n. Lease will be paid for by Agency Budget Account Number: 1388

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

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DEC 07 2021

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

We understand that the Agency will be assessed for the services of the Public Works Division / Leasing Services, through the life of the lease and I hereby agree to pay such assessment.

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  Dep Unit \_\_\_\_\_

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

[Signature] 11/30/2021  
 Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? *If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLO <input checked="" type="checkbox"/>	INO <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number: NV20041286482		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: TB1021387		
j. Is this an Arms Length Transaction (No Conflict of Interest) *If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature] 12/7/21  
 Authorized Signature Date  
 Public Works Division

For Board of Examiners  YES  NO

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

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i> 12-7-21
Reviewed by:	<i>[Signature]</i> 12/9/21
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Business and Industry.  
Financial Institutions Division  
1830 College Parkway, Suite 100  
Carson City, Nevada 89706  
Budd Milazzo  
T: 775.684.2987 E: budd.milazzo@business.nv.gov

Remarks: This lease renewal had a downsizing of square footage by 699 sf.

Exceptions/Special notes:

2. Name of Lessor: Airport Square, LLC

3. Address of Lessor: c/o CBRE  
Leahna Chapman  
6900 South McCarran Boulevard, Suite 3000  
Reno, Nevada 89509

4. Property contact: Nevada Commercial Services, Inc.  
Jennifer Vogt  
1475 Terminal Way, Suite A  
Reno, Nevada 89502  
T: 775.851.3666 E: jvogt@ncsreno.com

5. Address of Lease property: 1755 East Plumb Lane, Suite 243  
Reno, Nevada 89502

a. Square Footage:  Rentable  Usable 1,087

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 1,576.15	12	\$ 18,913.80	February 1, 2022 - January 31, 2023	\$0.00	\$0.00	\$1.45
3% \$ 1,619.63	12	\$ 19,435.56	February 1, 2023 - January 31, 2024	\$0.00	\$0.00	\$1.49
0% \$ 1,619.63	12	\$ 19,435.56	February 1, 2024 - January 31, 2025	\$0.00	\$0.00	\$1.49
3% \$ 1,663.11	12	\$ 19,957.32	February 1, 2025 - January 31, 2026	\$0.00	\$0.00	\$1.53
0% \$ 1,663.11	12	\$ 19,957.32	February 1, 2026 - January 31, 2027	\$0.00	\$0.00	\$1.53
		60	\$ 97,699.56			

c. Total Lease Consideration: 60 \$ 97,699.56

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: \$2.14

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

n. Lease will be paid for by Agency Budget Account Number: 3835

6. This lease constitutes:

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

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

**RECEIVED**

DEC 07 2021

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION



**STATEWIDE LEASE INFORMATION**

We understand that the Agency will be assessed for the services of the Public Works Division / Leasing Services, through the life of the lease and I hereby agree to pay such assessment.

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

[Signature]  
Authorized Agency Signature

11/5/21  
Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain...	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain...	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20201734454	Exp: 3/31/2022
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T27043488	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature]  
Authorized Signature  
Public Works Division

12/6/21  
Date

For Board of Examiners  YES  NO

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

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

**STATEWIDE LEASE INFORMATION  
SECOND AMENDMENT**

**1. Agency:** Department of Employment, Training and Rehabilitation  
Nevada Equal Rights Commission  
500 East Third Street  
Carson City, Nevada 89701  
Brandon Taylor  
T: 775.684.3901 F: 775.684.3848 E: btaylor@nvdepr.org

**Remarks:** This is an amendment extending the lease an additional 2 years, rate based on short term renewal.

**Exceptions/Special notes:**

**2. Name of Lessor:** JS Park Sahara, LLC

**3. Address of Lessor:** c/o Optima Asset Management  
1600 Dove Street, Suite 301  
Newport Beach, California 92660

**4. Property contact:** Ken Braswell  
T: 949.862.0800 F: 949.762.6113 E: ken@optimaasset.com

**5. Address of Lease property:** 1820 East Sahara Avenue, Suites 314 & 315  
Las Vegas, Nevada 89104

**a. Square Footage:**  Rentable  Usable 3,720

**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
\$ 4,623.96	12	\$ 55,487.52	February 1, 2022 - January 31, 2023	\$0.00	\$0.00	\$1.24
3% \$ 4,773.12	12	\$ 57,277.44	February 1, 2023 - January 31, 2024	\$0.00	\$0.00	\$1.28
<b>c. Total Lease Consideration:</b>		24	\$ 112,764.96			
<b>d. Total Improvement Cost:</b>				\$0.00		
<b>e. Option to renew:</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One (1) identical term	
<b>f. Holdover notice:</b>		# of Days required	30	Holdover terms:	5%/90	
<b>g. Term:</b>		Two (2) Years				
<b>h. Pass-thrus/CAM/Taxes:</b>		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
<b>i. Utilities:</b>		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
<b>j. Janitorial:</b>		<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)				
<b>k. Repairs:</b>		Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
<b>l. Comparable Area Market Rate Average:</b>		\$2.23				
<b>m. Specific termination clause in lease:</b>		Breach/Default lack of funding				
<b>n. Lease will be paid for by Agency Budget Account Number:</b>		2580				

**STATEWIDE LEASE INFORMATION**

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

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

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

\_\_\_\_\_

Authorized Agency Signature \_\_\_\_\_ Date 11/15/21

For Public Works Information:

**7. State of Nevada Business License Information:**

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? *If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20051400133	Exp: 6/30/2022
g. Is the Lessor's Name the same as the Legal Entity Name? *If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T28007659	
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 David Patrick Date 12/6/21  
Public Works Division

For Board of Examiners  YES  NO

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

For Budget Division Use Only	
Reviewed by:	HRF 12-20-21
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
Division of Welfare and Supportive Services  
1470 College Parkway  
Carson City, Nevada 89706  
Shannon Jones  
T: 775.684.0676 E: sxjones@dwss.nv.gov

Remarks: This is a renewal of a current lease. This renewal includes requested improvements.

Exceptions/Special notes: This renewal creates a savings of \$3,660.00 in the first year.

2. Name of Lessor: Charbonneau Family Trust

3. Address of Lessor: 5851 Keomah Street  
Pahrump, Nevada 89061

4. Property contact: Mabel Charbonneau  
T: 775.727.4138

5. Address of Lease property: 1840 Pahrump Valley Boulevard  
Pahrump, Nevada 89048

a. Square Footage:  Rentable  
 Usable 5,000

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
	\$ 8,100.00	12	\$ 97,200.00	January 1, 2022 - December 31, 2022	\$0.00	\$0.00	\$1.62
0%	\$ 8,100.00	12	\$ 97,200.00	January 1, 2023 - December 31, 2023	\$0.00	\$0.00	\$1.62
3%	\$ 8,350.00	12	\$ 100,200.00	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$1.67
0%	\$ 8,350.00	12	\$ 100,200.00	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.67
3%	\$ 8,600.00	12	\$ 103,200.00	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.72
		60	\$ 498,000.00				

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No 365 Renewal terms: One (1) Identical Term

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

g. Term: 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: \$1.91

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

n. Lease will be paid for by Agency Budget Account Number: 3233

6. This lease constitutes:

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

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

**RECEIVED**

DEC 07 2021

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

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

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

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

\_\_\_\_\_

Authorized Agency Signature \_\_\_\_\_ Date \_\_\_\_\_  
27

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 type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Sole Proprietor	
f. Nevada Business ID Number:	NV20131080991	Exp: _____
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:	T29004195	
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

*David Patich* \_\_\_\_\_ 12/6/21  
Authorized Signature Date  
Public Works Division

# For Board of Examiners  YES  NO

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

For Budget Division Use Only	
Reviewed by:	ARF 12-20-21
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
 Division of Welfare and Supportive Services  
 1470 College Parkway  
 Carson City, Nevada 89706  
 Shannon Jones  
 T: 775.684.0676 E: sxjones@dws.nv.gov

Remarks: This is a renewal of a current lease for warehouse space to store files.

Exceptions/Special notes: Lessor to provide minimal janitorial services to include quarterly vacuuming/mopping of floors and dusting, plus annual cleaning of windows.

2. Name of Lessor: S. and A. Freshman Family Properties, LLC dba Northgate Plaza

3. Address of Lessor: c/o Standard Management Company  
 5901 West Century Boulevard, Suite 1010  
 Los Angeles, California 90045

4. Property contact: Michelle Sabido  
 T: 310.410.2300 x 5323 F: 310.410.2919 E: msabido@standardmanagement.com

5. Address of Lease property: 2593 North Carson Street  
 Carson City, Nevada 89706

a. Square Footage:  Rentable  Usable 3,412

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	\$ 3,309.64	12	\$ 39,715.68	January 1, 2022 - December 31, 2022	\$0.00	\$0.00	\$0.97
1%	\$ 3,343.76	12	\$ 40,125.12	January 1, 2023 - December 31, 2023	\$0.00	\$0.00	\$0.98
1%	\$ 3,377.88	12	\$ 40,534.56	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$0.99
0%	\$ 3,377.88	12	\$ 40,534.56	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$0.99
2%	\$ 3,446.12	12	\$ 41,353.44	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.01
c. Total Lease Consideration:		60	\$ 202,263.36				

d. Total Improvement Cost: \$0.00

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

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

g. Term: 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: \$1.17

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

n. Lease will be paid for by Agency Budget Account Number: 3233

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

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

**RECEIVED**

DEC 07 2021

GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

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

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

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

\_\_\_\_\_

Authorized Agency Signature \_\_\_\_\_ Date \_\_\_\_\_  
0

For Public Works Information:

**7. State of Nevada Business License Information:**

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV19991099231	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:	T27027378	
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

*Robert Ferguson for Steve A. Fisher* 11/08/2021  
Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Public Works Division

W For Board of Examiners  YES  NO

**STATEWIDE LEASE INFORMATION**

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

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

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

\_\_\_\_\_

\_\_\_\_\_  
Authorized Agency Signature                      Date  
0

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV19991099231	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:	T27027378	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

Shawn Patrick                                              12/6/21  
Authorized Signature                                              Date  
Public Works Division

//  
For Board of Examiners             YES             NO



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

**REAL PROPERTY LEASE SUMMARY  
(FOR BOARDS - COMMISSIONS - STORAGE)**

1. Tenant: Department: State of Nevada Certified Court Reporters Board  
 Division  
 Address: 5135 Camino Al Norte, Suite 270  
 City, Nevada zip: North Las Vegas, Nevada 89031  
 Contact persons name: Debbie Uehara - Executive Secretary  
 T: 702-489-8787 E: NVCCRB@gmail.com

Remarks:

Exceptions/Special notes:

2. Name of Lessor: Rawhide Holdings, LLC

3. Address of Lessor: 6140 Brent Thurman Way, Suite 140 Las Vegas, Nevada 89148

4. Property Contact: Sun Property Management  
 Address if different than Lessor information  
 Contact persons name: Jillyn Matthiesen  
 T: 702-234-0700 E: jillynm@sunpm.net

5. Address of Lease property: 5135 Camino Al Norte, Suite 270 North Las Vegas, Nevada 89031

a. Square Footage:  Rentable 252  
 Usable

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 or Approximate cost per square foot
\$ 491.40	24	\$ 11,793.60	January 1, 2022 - December 31, 2023	\$1.95		\$1.95
15% \$ 567.00	24	\$ 13,608.00	January 1, 2024 - December 31, 2025	\$2.25		\$2.25
11% \$ 630.00	12	\$ 7,560.00	January 1, 2026 - December 31, 2026	\$2.50		\$2.50
0%		\$ -				
0%		\$ -				
0%		\$ -				
0%		\$ -				
0%		\$ -				
0%		\$ -				
0%		\$ -				
0%		\$ -				
	60	\$ 32,961.60				

c. Total Lease Consideration: 60 \$ 32,961.60  
 d. Total Improvement Cost: \$0.00

e. Option to renew:  Yes  No Renewal terms:  
 f. Holdover notice: # of Days required Holdover terms:  
 g. Term: 60 Months  
 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:  
 m. Specific termination clause in lease:  
 n. Lease will be paid for by Agency Budget Account Number:

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)
  - Other

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

**REAL PROPERTY LEASE SUMMARY  
(FOR BOARDS - COMMISSIONS - STORAGE)**

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 X No \_\_\_\_\_ Dec Unit \_\_\_\_\_

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



12/21/2021

Authorized Agency Signature

Date

staff count

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):		
f. Nevada Business ID Number: NV20181786994	Exp: Perpetual	
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
h. 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

For Board of Examiners  YES  NO



State of Nevada  
**CERTIFIED COURT REPORTERS BOARD**  
5135 Camino Al Norte, Suite 270 North Las Vegas, Nevada 89031  
Phone: 702-489-8787  
Email: NVCCRB@gmail.com Website: www.crptr.nv.gov

**PEGGY ELIAS – Chairperson**  
*Court Reporter Member*

**HEIDI KONSTEN – Vice Chairperson**  
*Court Reporter Member*

**DAN WAITE – Board Member**  
*Attorney Member*

**VACANT**  
*Court Reporter Member*

**VACANT**  
*Public Member*

December 23, 2021

The State of Nevada Certified Court Reporters Board utilizes the services of Leasing Services – Department of Administration to negotiate our office lease. With the last renewal, there were periods of no response from our property management and a lack of follow up from the Leasing Services. Subsequently, our lease expired. Please see timeline below:

- |                  |                                                                                                                                                                                                                                                                                                                                                            |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| August 3, 2020   | Submitted Space Request to Leasing Services to renew office lease KFRE Office Suites, LLC. Lease was up for renewal on February 1, 2021.                                                                                                                                                                                                                   |
| January 12, 2021 | Received lease renewal from the Leasing Services and presented to the Board at our January 12, 2021 open meeting. The lease was approved by the Board.                                                                                                                                                                                                     |
| January 15, 2021 | Submitted signed lease to the Leasing Services. A couple of months later, I requested a copy of the signed lease for my files. Leasing Services informed me they could not reach KFRE Office Suites, LLC to finalize the lease and they would continue to reach out to them.                                                                               |
| January 31, 2021 | Lease expires. Begin paying month-to-month.                                                                                                                                                                                                                                                                                                                |
| July 2, 2021     | I discovered the building had a new landlord and property management company, Sun Properties Management, and I informed Leasing Services of the updates. Leasing Services had to negotiate another lease.                                                                                                                                                  |
| October 27, 2021 | Received lease from the Leasing Services and presented to the Board at our October 27, 2021 open meeting. The lease was approved by the Board.                                                                                                                                                                                                             |
| November 3, 2021 | Submitted signed lease to the Leasing Services.                                                                                                                                                                                                                                                                                                            |
| November 4, 2021 | Leasing Services informed me the lease was not approved. When I questioned why they would provide me a lease that was not approved? Their response, they assumed the lease was approved since they did not hear back from the property manager. Leasing Services informed me I could remain in the office on a month-to-month until we remedied the lease. |

November 10, 2021 Received letter from the property manager that our month-to-month lease will not be continued and I must vacate the premises by December 31, 2021. Since receiving the notice, I worked with Leasing Services, personally searched for office space and utilized a commercial real estate agent. There are no other spaces that would be economical. The best option is to remain in our current building. I am working directly with our property management company. I am submitting our new lease for your review and approval.

NK  
12-9-21

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:	NK 12-13-21
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION  
FIRST AMENDMENT**

1. Agency: Department of Sentencing Policy  
625 Fairview Drive, Suite 121  
Carson City, Nevada 89701  
Victoria Gonzalez  
T: 775.684.7377 E: vfgonzalez@ndsp.nv.gov

Remarks: This First Amendment is for the office expansion to accommodate the 2021 Legislative Session's approval for an additional employee. This amendment does not extend the term of the lease or change the approximate cost per square foot. *increases sqft by 525*

Exceptions/Special notes:

2. Name of Lessor: Hub Group, LLC

3. Address of Lessor: c/o John Uhart Commercial Real Estate Property  
301 West Washington Street, Suite 1  
Carson City, Nevada 89703

4. Property contact: John Uhart  
T: 775.884.1896 F: 775.884.4896 E: jfuhart@ccim.net

5. Address of Lease property: 625 Fairview Drive, Suites 107 - 109  
Carson City, Nevada 89701

a. Square Footage:  Rentable  
 Usable 1,484

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improve-ment cost per square foot	Base Rent cost per square foot	Approx. Cost per square foot
	\$ 1,929.20	7	\$ 13,504.40	October 1, 2021 - April 30, 2022	\$0.00	\$0.00	\$1.30
Increase % 4%	\$ 2,003.40	12	\$ 24,040.80	May 1, 2022 - April 30, 2023	\$0.00	\$0.00	\$1.35
0%	\$ 2,003.40	12	\$ 24,040.80	May 1, 2023 - April 30, 2024	\$0.00	\$0.00	\$1.35
4%	\$ 2,077.60	12	\$ 24,931.20	May 1, 2024 - April 30, 2025	\$0.00	\$0.00	\$1.40
c. Total Lease Consideration:		43	\$ 86,517.20				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One (1) Identical Term			
f. Holdover notice:	# of Days required	30	Holdover terms:	5%/90			
g. Term:	No change from original lease						
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:	\$1.64						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	1010						

**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

Victoria Gural 9/20/21  
 Authorized Agency Signature Date  
 5

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?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
*If Yes, explain... _____		
c. Does the Lessor have a current Nevada State Business License?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain... _____		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20141709685	Exp: 11/30/2021
g. Is the Lessor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain... _____		
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:	T29042890	
j. Is this an Arms Length Transaction (No Conflict of Interest)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain... _____		

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

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

// For Board of Examiners  YES  NO

Steve Sisolak  
Governor



Victoria Gonzalez  
Executive Director

**STATE OF NEVADA  
DEPARTMENT OF SENTENCING POLICY**

625 Fairview Drive, Suite 109 | Carson City, NV 89701-5430  
Phone: (775) 684-7390  
<http://sentencing.nv.gov>

**DATE:** December 8, 2021

**TO:** Natasha Kephart, Governor's Finance Office

**FROM:** Victoria Gonzalez, Executive Director, Nevada Department of Sentencing Policy

**SUBJECT:** Retro Memo for amended lease for new office space

---

The Department of Sentencing Policy needed a new space to properly accommodate the existing staff, equipment, furniture, and the addition of another FTE. It is difficult to break a lease, and an office space with the existing landlord that would accommodate the needs of the Department presented itself. The Department was also in the process of filling all the vacant positions, which is difficult to do. As a small agency, vacancies are exceptionally difficult so the Department was trying to fill those positions as soon as possible and moved into the office space that would accommodate everyone.

A handwritten signature in cursive script that reads "Victoria Gonzalez".

Executive Director

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE	TALUS ANALYTICS, LLC	FEDERAL	\$400,000	Professional Service
	Contract Description:	This is a new contract to provide COVID-19 analysis as the pandemic continues to highlight the importance of collecting, analyzing, and effectively communicating the results of that analysis to decision-makers from across government to drive an informed and effective response.				
		Term of Contract:	09/01/2021 – 01/12/2022	Contract # 25314		
2.	010	GOVERNOR'S OFFICE - GOVERNOR'S WASHINGTON, DC OFFICE	CASSIDY & ASSOCIATES, INC.	OTHER: AGENCY TRANSFERS	\$504,000	
	Contract Description:	This is the second amendment to the original contract that serves the Governor as an advocate and representative for the State in the Washington, DC Office, responsible for identifying, monitoring, and providing information on selected federal issues of high priority. This amendment extends the termination date from January 31, 2022 to December 31, 2023 and increases the maximum amount from \$504,000 to \$1,008,000 due to the continued need for these services.				
		Term of Contract:	01/01/2020 - 12/31/2023	Contract # 22631		
3.	012	GOVERNOR'S OFFICE - NUCLEAR PROJECTS OFFICE	URBAN ENVIRONMENTAL RESEARCH, LLC	HIGHWAY	\$400,000	
	Contract Description:	This is a new contract to provide expert services, research, information, and testimony in support of state licensing challenges and intervention, and assessments and monitoring of impacts associated with the proposed Yucca Mountain nuclear waste repository and related activities.				
		Term of Contract:	Upon Approval - 12/31/2023	Contract # 25258		
4.	030	ATTORNEY GENERAL'S OFFICE - SPECIAL LITIGATION FUND	EGAN FITZPATRICK MALSCH & LAWRENCE, PLLC	GENERAL	\$5,100,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing services for outside counsel to assist with the Yucca Mountain litigation and for representation for the state before the U.S. Nuclear Regulatory Commission on issues related to the proposed Yucca Mountain high-level radioactive repository program.				
		Term of Contract:	03/01/2022 - 03/01/2024	Contract # 25265		
5.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	CLINICAL PHARMACOLOGY SERVICES, INC.	OTHER: TORT CLAIM FUNDS	\$75,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing expert witness services for case number USDC 3:21-cv-00176-RFB-CLB for Zane Floyd. This amendment increases the maximum amount from \$25,000 to \$100,000 due to the continued need for these services.				
		Term of Contract:	06/25/2021 - 06/30/2023	Contract # 24508		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	KIRVIN DOAK COMMUNICATIONS	OTHER: TRANSFER FROM ENDOWMENT ACCOUNT	\$594,760	
	Contract Description:	This is the first amendment to the original contract which provides advertising, marketing and media services. This amendment extends the termination date from January 31, 2022 to January 31, 2023 and increases the maximum amount from \$589,000 to \$1,183,760 due to the continued need for these services.				
		Term of Contract:	01/15/2020 – 01/31/2023	Contract # 22643		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS – NON-EXEC	CORE WEST, INC.	BONDS 50% OTHER: NEVADA SYSTEM OF HIGHER EDUCATION 50%	\$55,146,987	Professional Service
	Contract Description:	This is a new contract to provide owner construction manager at risk services for the University of Nevada, Las Vegas, College of Engineering Academic and Research Building, CIP Project No. 21-C05; SPWD Contract No. 114584.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25271		
8.	082	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS – NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	BONDS 26% FEDERAL 74%	\$3,691,270	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard - Floyd Edsall Training Center General Instruction Building Advance Planning CIP project, to include program validation, schematic design, design development, construction documents, bidding services, and submittal fees for the general instruction building advanced planning: CIP Project No. 21-P05; SPWD Contract No. 114556.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 25239		
9.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	SHI INTERNATIONAL CORPORATION	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$181,084	
	Contract Description:	This is a new service agreement under master service agreement #99SWC-NV18-417 which provides cloud services. This service agreement provides ongoing electronic health record services software for state staff use for patient care, medical record and billing management.				
		Term of Contract:	10/01/2021 – 09/30/2023	Contract # 25025		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	WESTED	FEDERAL	\$300,000	Exempt
	Contract Description:	This is a new contract to provide a study to review, analyze and provide a recommendation of potential adjustments to the State's current cost model of preschool services, and assess how the current cost point matches current needs with a focus on equity issues.				
		Term of Contract:	Upon Approval - 06/30/2023	Contract # 25282		
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	CARSON CITY SCHOOL DISTRICT	OTHER: REVENUE	\$2,018,299	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share for school health services, medical screening and diagnostic services for children who are Nevada Medicaid/Check-Up eligible.				
		Term of Contract:	07/01/2022 – 06/30/2026	Contract # 25115		
12.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	CHURCHILL COUNTY SCHOOL DISTRICT	OTHER: REVENUE	\$940,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share for school health services, medical screening and diagnostic services for children who are Nevada Medicaid/Check-Up eligible.				
		Term of Contract:	07/01/2022 – 06/30/2026	Contract # 25161		
13.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY – INTER-GOVERNMENTAL TRANSFER PROGRAM	LYON COUNTY SCHOOL DISTRICT	OTHER: REVENUE	\$887,882	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share for school health services, medical screening and diagnostic services for children who are Nevada Medicaid/Check-Up eligible.				
		Term of Contract:	07/01/2022 – 06/30/2026	Contract # 25113		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER - GOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNIVERSITY OF NEVADA, RENO SCHOOL OF MEDICINE	OTHER: REVENUE	\$6,672,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share for the Practitioner Upper Payment Limit supplemental payment program.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25211		
15.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	BOULDER CITY FIRE DEPARTMENT	FEDERAL	\$2,784,600	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 # 24823		
16.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	CENTRAL LYON COUNTY FIRE PROTECTION DISTRICT	FEDERAL	\$4,524,975	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 # 24825		
17.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NORTH LAS VEGAS FIRE DEPARTMENT	FEDERAL	\$30,166,500	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 # 24830		
18.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	STOREY COUNTY FIRE PROTECTION DISTRICT	FEDERAL	\$2,204,475	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 # 24858		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	TAHOE DOUGLAS FIRE PROTECTION DISTRICT	FEDERAL	\$1,392,300	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 # 24859		
20.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH – FACILITY FOR THE MENTAL OFFENDER	WASHOE COUNTY	OTHER: REVENUE	\$1,506,400	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide competency evaluations, risk assessments, substance abuse evaluations, and mental health court assessments.				
		Term of Contract:	07/01/2021 – 06/30/2025	Contract # 24394		
21.	431	OFFICE OF THE MILITARY	NATIONAL GUARD BUREAU	FEDERAL	\$45,289,545	
	Contract Description:	This is a new contract to provide an updated military construction cooperative agreement between the National Guard Bureau and the state providing funding authority for the National Guard Readiness Center additional CIP project.				
		Term of Contract:	Upon Approval - 12/31/2027	Contract # 25017		
22.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	CGL COMPANIES, LLC	GENERAL	\$289,000	
	Contract Description:	This is a new contract to provide a staffing study of various positions to include, an analysis of vacancy and turnover rates, comparisons of salaries and benefits with other states, and ways to improve recruitment and retention.				
		Term of Contract:	Upon Approval - 06/30/2022	Contract # 25256		
23.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	NARDONE BROTHERS BAKING COMPANY	FEDERAL	\$2,132,769	
	Contract Description:	This is the second amendment to the original contract which provides breakfast and lunch products for the National School Lunch and Breakfast programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$3,750,000 to \$5,882,769 due to the increased need for these services.				
		Term of Contract:	12/04/2018 – 06/30/2022	Contract # 21210		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	702	DEPARTMENT OF WILDLIFE - HABITAT	USDA, FOREST SERVICE, BOISE NATIONAL FOREST	FEE: SPORTSMEN REVENUE 50% FEDERAL 50%	\$400,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide habitat restoration and rehabilitation services.				
		Term of Contract:	Upon Approval - 11/30/2025	Contract # 25130		
25.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES – STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	DUBE GROUP ARCHITECTURE	FEE: UTILITY 42.9% OTHER: STATE PARK MAINTENANCE 57.1%	\$105,563	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the rehabilitation of the Spring House building at Spring Mountain Ranch State Park.				
		Term of Contract:	Upon Approval - 12/30/2022	Contract # 25252		
26.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - INDUSTRIAL SITE CLEANUP	DESERT RESEARCH INSTITUTE	OTHER: SETTLEMENT INCOME	\$323,335	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing assistance in evaluating and enhancing groundwater flow and transport models of the Black Mountain Industrial site in Henderson.				
		Term of Contract:	Upon Approval - 01/10/2026	Contract # 25242		
27.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER POLLUTION CONTROL	BROADBENT & ASSOCIATES, INC.	FEE: WATER PERMIT 46% FEDERAL 54%	\$367,880	
	Contract Description:	This is a new contract to provide on-site technical assistance and on-site/virtual training to wastewater treatment plant operators and managers under the Nevada Circuit Rider Program.				
		Term of Contract:	Upon Approval - 01/10/2026	Contract # 25210		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25314**

Agency Name: **GOVERNOR'S OFFICE**

Agency Code: **010**

Appropriation Unit: **1000-15**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Talus Analytics, LLC

Contractor Name: **Talus Analytics, LLC**

Address: **1855 57th CT S STE 200**

City/State/Zip: **BOULDER, CO 80301-2816**

Contact/Phone: 303-997-5367

Vendor No.: T32010088

NV Business ID: NV20201893131

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **Yes**

If "Yes", please explain

3. Termination Date: **01/12/2022**

Contract term: **133 days**

4. Type of contract: **Contract**

Contract description: **COVID analysis**

5. Purpose of contract:

**This is a new contract to provide COVID-19 analysis as the pandemic continues to highlight the importance of collecting, analyzing, and effectively communicating the results of that analysis to decision-makers from across government to drive an informed and effective response.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$100,000.00 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The COVID-19 pandemic continues to highlight the importance of collecting, analyzing, and effectively communicating the results of that analysis to decision-makers from across government to drive an informed and effective response within the Governor's Office.

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

Do not have the necessary 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: **Professional Service (As defined in NAC 333.150)**

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

This vendor was currently working with the Governor's Office and DHHS during the COVID-19 pandemic and this contract expands the scope to add additional scope.

d. Last bid date: Anticipated re-bid date: No

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Yvanna Cancela, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcarlo4	12/20/2021 14:03:59 PM
Division Approval	tmilazz1	12/20/2021 14:19:41 PM
Department Approval	tmilazz1	12/20/2021 14:19:44 PM
Contract Manager Approval	ssands	12/21/2021 10:31:59 AM
Budget Analyst Approval	tgreenam	01/05/2022 16:39:31 PM
BOE Agenda Approval	tgreenam	01/05/2022 16:39:34 PM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval#:	211201 @ (u)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>only</u> the contact(s) listed below:		
	<b>ENTER STATE AGENCY NAME:</b>	<i>Governor's Office</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Yvanna Cancela, Chief of staff	702-524-8384	YCancela@Gov.NV.Gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Talus Analytics
	Contact Name:	Ellie Graeden
	Complete Address: City, State, and Zip Code	1855 S 57th Ct Boulder, CO 80301
	Telephone Number:	(541) 207-7318
Email Address:		egraeden@talusanalytics.com

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	Contract:	Start Date:	Jan. 2022	End Date: Jan. 2023

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	ARP funds
	Grant Funds:	



Other (Explain):
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<i>Purchasing Use Only:</i>	
Approval #:	#211201 @ (2)

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$1,200,000

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p>The COVID-19 pandemic continues to highlight the importance of collecting, analyzing, and effectively communicating the results of that analysis to decision makers from across government to drive an informed and effective response within the Governor’s Office. As the virus shifts and the response activities focus on iterative cycles of spread, vaccination mandates, mitigation measures, and school re-openings while addressing the economic impacts of the pandemic, the need for an in - depth research and analysis effort to integrate and communicate these impacts to the Governor’s Office is critical. This research effort the and the results will serve the foundation for the work already underway to support the current information needs of the COVID-19 response and recovery in the state.</p> <p><b>Talus Analytics will perform on-going research and complex data analysis to inform the real-time emergency decisions needed to respond effectively to the COVID-19 pandemic and address its impacts to the state economy.</b> These results will be based on integrated analysis from across the agencies informing the critical emergency needs of the COVID-19 response and recovery, focused on the intersection between the health and economic impacts of the pandemic in Nevada. Building on existing data collection and analysis efforts, especially those that have been redoubled during the COVID-19 pandemic, this project will facilitate analysis and integration of data from across key agencies in the state to support sharing and communication of research and analysis results to key stakeholders in the Governor’s Office and between state agencies. This new effort and the results, communicated through interactive visualizations to promote effective application of the findings, will help the Governor’s Office, including the new Public Health Resource Office, maintain continuity of information and communication for COVID-19, including the new variant, into the upcoming flu season; support new requirements linked to Federal pandemic funding for expanding statewide disease identification and management including specifically addressing impacts to underserved and underrepresented populations; and position the Office to use, share, and communicate analytical and research results to prevent further deleterious impacts to the health and economy of the State and its citizens.</p> <p>The core of this work will be to perform in-depth research and analysis with the results to be communicated using interactive visualizations that can be rapidly and immediately updated with new data as needed. The research will be focused specifically on the Governor’s Office’s key decisions related to the COVID-19 response, public health policy, and the economic impacts and recovery in Nevada. Research will focus on aggregate analysis, using data collated and integrated from across Nevada agencies, including the Department of Health and Human Services (Epidemiology, Immunization, Medicare, Medicaid, the Exchange); the Governor’s Office of Economic Development; the Department of Employment, Training, and Rehabilitation; the Silver State Exchange, and Department of Education. When combined with contextual information from national public sources (e.g., US HHS, CDC, Census), the results will be disseminated in the form of interactive visualizations designed to inform Governor’s-level COVID-19 response coordination and economic impacts as recovery expands.</p>

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**What are the unique features/qualifications required for this service or good that are not available from any other vendor:**

Talus Analytics is uniquely qualified to support this effort based on their extensive experience supporting real-time public health emergencies at the international, Federal, and State levels. The team is staffed and led by PhD-level biologists and researchers trained at MIT, Columbia, Johns Hopkins, Cornell, Georgetown, and the NIH. Talus draws from their expertise in data analysis and research and has developed unique experience in leadership decision making specifically in the context of emergency response, public health, and global health governance. They have performed research and informed decisions at the intersection of health and economics for the World Bank, the G20, and the global fund; their rigorous health and policy research has been presented to the United National Biological Weapons Convention, been used by the US White House National Security Council, the Centers for Disease Control and Prevention, FEMA, and wide range of non-governmental organizations.

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In addition to their specialized expertise in the field, Talus has ongoing and in-depth experience supporting the health crisis response for COVID-19 in Nevada since mid-2020. The Talus team has developed relationships with leadership while managing the COVID-19 pandemic and helped lead the state emergency response. The team has developed deep working relationships with the leadership at each of the key partner agencies across the state in health and economics that cannot be replicated due to the unique nature of having been partners and embedded in the unprecedented state response required. Talus has identified, worked with, used, and helped refine the data from across state agencies, while translating those data through in-depth real-time research and analysis to the immediate response requirements of the Governor’s Office. This existing knowledge is not held by any other vendors nor could be replaced by due to the length, depth, and breadth of their prior support for the State. This unique localized knowledge, paired with their global experience and relationships, is truly unique.

The success of this project hinges on relationships, knowledge, and a clear understanding of the Governor’s office needs. Talus is distinctly equipped to deliver on all those fronts.

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

Nevada is in still in the midst of the COVID-19 pandemic. The longer this project is delayed, the longer it will take to use its potential to ensure Nevada’s recovery is informed by critical cross-agency data. We don’t have time to lose. With new variants on the horizon and billions of federal dollars to be allocated, Nevada needs expertise and processes to help analyze complex data. Nevada is, again, in the middle of a critical phase of the COVID 19 response and recovery effort, for which the Federal ARPA dollars are specifically intended. Nationally, cases and hospitalizations are hitting yet another peak. (The US has now had more COVID deaths in 2021 than it did in all of 2020.) We are still in the middle of the response. Simultaneously, the state is trying to recover and prevent the widespread unemployment and economic impacts that caused crippling damage to communities across the state in 2020. With the spread of the Omicron variant threatening yet another round of travel restrictions

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and economic impacts, the Governor's Office is critically lacking the research and analysis needed to inform policy at the intersection of health and economics. The work on this effort started this summer specifically to address gaps in analysis at the cross-section of health and economic impacts that the Governor's Office critically needed to support the on-going COVID response and the inherent trade-offs therein. That need has still not been met. The information communicated through the research and visualization of this effort is a critical lynchpin in guiding the on-going response effort and establishing a robust foundation for recovery in the state. Any delay significantly damages the State's ability to make critical policy decisions related to additional business and industry closures, testing and vaccination policy, and economic support for Nevadans. Only Talus can use their existing and unique Nevada experience to deliver the information needed for this moment.

	<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>		
5	<p>Talus has been working with Nevada and the Governor's Office throughout the pandemic response and the work proposed is a critical next step to ensuring on-going expert support as the emergency response and recovery effort. Talus has both the unique relationships and experience working with Nevada to provide continuity at a critical transition in the response. Their work throughout the pandemic response has been instrumental in saving lives through policy recommendations based on the best available data. This ability to integrate health and economics data to provide nuanced, policy-relevant guidance hinges on their established expertise during the Nevada COVID-19 response thus far and relationships with key agency partners across the state. Talus is the only provider with the combination of experience needed to such an important and hyper-localized system. It would take any other vendor a minimum of 12-18 months to close this gap in expertise. The Governor's Office need the research and support before the end of the 2021 calendar year to inform immediate policy priorities; Talus can provide the support needed on that timeline.</p>		

<i>Purchasing Use Only:</i>	
Approval #:	211201 (C) (5)

	<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 <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i>				X
	a. <i>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:</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	The delay involved in going to a competitive bid process in the midst of a pandemic and in the face of a potentially very dangerous variant would be catastrophic to the State both in terms of public health and the economy. Without the insight and decision facilitation of this project, the Governor's Office will be at a distinct disadvantage when crafting policies and directing resources to respond to the pandemic and steer the recovery. Furthermore, the competitive bid process will leave the Governor's Office without critical research and analysis support needed for the COVID response and recovery efforts <i>now</i> . Talus Analytics is the only group who can rapidly and effectively provide the type of forward-looking and integrated information to support the Office immediately and with the depth of expertise required.

	<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	The rationale underlying our belief in the lack of competition has been outlined above. No other vendor has the experience and relationships built across the state to support this effort for the immediate needs of the Governor's Office in the middle of as critical time in the on-going COVID response and recovery. Talus's pricing throughout the pandemic response has been fair, reasonable, and commiserate with their expertise and level of effort. The current contract represents a similar level of value to the State. In addition to this State-level experience, their pricing and business practices have been evaluated and validated by numerous Federal agencies with whom they have had extensive contracting relationships.

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

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

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

Yvanna Cancela  
 \_\_\_\_\_  
 Agency Representative Initiating Request

Yvanna Cancela 12/3/2021  
 \_\_\_\_\_  
 Print Name of Agency Representative Initiating Request Date

*Yvanna D Cancela* 12/3/2021  
 \_\_\_\_\_  
 Signature of Agency Head Authorizing Request Date

Yvanna Cancela 12/3/2021  
 \_\_\_\_\_  
 Print Name of Agency Head Authorizing Request Date

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

\_\_\_\_\_  
 Name of agency or entity who provided information or review:

\_\_\_\_\_  
 Representative Providing Review

\_\_\_\_\_  
 Print Name of Representative Providing Review Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which

#211201 (C) (7)

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:

*Keim D. Ostry*

\_\_\_\_\_  
Administrator, Purchasing Division or Designee

*12/6/21*

\_\_\_\_\_  
Date

STEVE SISOLAK  
GOVERNOR



STATE OF NEVADA  
OFFICE OF GOVERNOR STEVE SISOLAK  
One Hundred One North Carson Street  
Carson City, Nevada 89701

## MEMORANDUM

**Date:** 20 December 2021

**To:** Tiffany Greenameyer, Deputy Director, Governor's Finance Office, Budget Division

**From:** Yvanna Cancela, Chief of Staff, Governor's Office *YC*

**Subject:** Request BOE retroactive approval for attached revenue agreement

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Talus has been working with the state over the last year as part of Nevada's COVID response team. Specifically, the company has assisted with data analytics, worked closely on policy creation and implementation, embedded with the HHS and Governor's Offices, and been a key source of information and guidance through the pandemic.

As a result of that work, in September 2021 the Governor's Office asked Talus to begin looking at ways for Nevada to assess the intersection of economic and health data as part of the COVID recovery efforts. The pandemic revealed a clear need to efficiently and effectively integrate and communicate data between agencies and to aggregate and analyze that data so that it can be used to decide on and prioritize recovery policies.

Talus began this work, given that time is of the essence to respond to the ongoing pandemic and to manage recovery policies. However, the processing and execution of the contract for this work was delayed due to changes in the Chief of Staff and Senior Advisor positions, which occurred in the same timeframe.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of September 1, 2021.

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>22631</b>	Amendment Number: <b>2</b>
Agency Name: <b>GOVERNOR'S OFFICE</b>	Legal Entity Name: <b>CASSIDY &amp; ASSOCIATES INC</b>
Agency Code: <b>010</b>	Contractor Name: <b>CASSIDY &amp; ASSOCIATES INC</b>
Appropriation Unit: <b>1011-10</b>	Address: <b>607 14TH ST NW STE 400</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WASHINGTON, DC 20005-2073</b>
If "No" please explain: Not Applicable	Contact/Phone: Kai Anderson 202/281-5621
	Vendor No.: T29042705
	NV Business ID: NV20191645307

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

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

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

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**  
 Anticipated BOE meeting date 01/2022  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **01/31/2022**  
 Contract term: **4 years**  
 4. Type of contract: **Contract**  
 Contract description: **Advocacy and Federal**

5. Purpose of contract:  
**This is the second amendment to the original contract that serves the Governor as an advocate and representative for the State in the Washington, DC Office, responsible for identifying, monitoring, and providing information on selected federal issues of high priority. This amendment extends the termination date from January 31, 2022 to December 31, 2023 and increases the maximum amount from \$504,000 to \$1,008,000 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:	\$504,000.00	\$504,000.00	\$504,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$504,000.00	\$504,000.00	\$504,000.00	Yes - Action
3. New maximum contract amount:	\$1,008,000.00			
and/or the termination date of the original contract has changed to:	12/31/2023			

**II. JUSTIFICATION**

7. What conditions require that this work be done?



The Governor requires an advocate located in the Washington DC Office.

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 the agency employees cannot perform.

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 #01GO-S815, and in accordance with NRS 222, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 09/17/2019 Anticipated re-bid date: 08/01/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	mgassawa	12/14/2021 11:24:13 AM
Division Approval	tmilazz1	12/16/2021 15:49:46 PM
Department Approval	ssands	12/16/2021 16:12:05 PM
Contract Manager Approval	aalvare1	12/16/2021 16:12:24 PM

Budget Analyst Approval  
BOE Agenda Approval

tgreenam  
tgreenam

12/28/2021 09:26:08 AM  
12/28/2021 09:26:12 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25258**

Agency Name: <b>NUCLEAR PROJECTS OFFICE</b>	Legal Entity Name: <b>URBAN ENVIRONMENTAL RESEARCH, LLC</b>
Agency Code: <b>012</b>	Contractor Name: <b>URBAN ENVIRONMENTAL RESEARCH, LLC</b>
Appropriation Unit: <b>1005-11</b>	Address: <b>337 S. GOLDEN KEY DR.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>GILBERT, AZ 85233-6312</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Paul Washeba 702-469-3332</b>
	Vendor No.: <b>T27024803A</b>
	NV Business ID: <b>NV20061689932</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>100.00 %</b>	Other funding	0.00 %

Agency Reference #: 012

2. Contract start date:

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

Anticipated BOE meeting date 01/2022

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: **Nuclear Expert Svcs**

5. Purpose of contract:

**This is a new contract to provide expert services, research, information, and testimony in support of state licensing challenges and intervention, and assessments and monitoring of impacts associated with the proposed Yucca Mountain nuclear waste repository and related activities.**

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$150.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

US Department of Energy's activities related to the siting, characterization, and licensing of the proposed Yucca Mountain nuclear waste repository in southern Nevada and the US Nuclear Regulatory Commission licensing hearing.

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

There is a lack of expertise in this agency and/or other state agencies to carry out the type of research and analyses required by this contract.  
Pursuant to RFP #01GO-S1765, and in accordance with NRS 333, the selected vendor was the only vendor that submitted a proposal. An internal review was done by the Agency for Nuclear Projects.

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):

Broadbent & Associates  
Mesa Associates  
Tierra Right of Way

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the only one that submitted a proposal.

d. Last bid date: 10/01/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

2018 Agency for Nuclear Projects  
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	jvictor	12/09/2021 11:41:26 AM
Division Approval	tmilazz1	12/09/2021 14:17:28 PM
Department Approval	ssands	12/09/2021 15:27:57 PM
Contract Manager Approval	mvietti	12/09/2021 15:45:03 PM
Budget Analyst Approval	rjacob3	12/17/2021 13:55:24 PM
BOE Agenda Approval	laaron	12/20/2021 14:16:10 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: **25265**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>EGAN FITZPATRICK MALSCH &amp; LAWRENCE PLLC</b>
Agency Code: <b>030</b>	Contractor Name: <b>EGAN FITZPATRICK MALSCH &amp; LAWRENCE PLLC</b>
Appropriation Unit: <b>1031-12</b>	Address: <b>7500 RIALTO BLVD STE 250 BLD 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>AUSTIN, TX 78735-8556</b>
If "No" please explain: Not Applicable	Contact/Phone: 210/496-5001
	Vendor No.: T81097647
	NV Business ID: NV20111527531

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2022**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/01/2024**

Contract term: **2 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

**This is a new contract to provide ongoing services for outside counsel to assist with the Yucca Mountain litigation and for representation for the state before the U.S. Nuclear Regulatory Commission on issues related to the proposed Yucca Mountain high-level radioactive repository program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,100,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This vendor assists the Attorney General's office with the long standing Nevada policy to block development of the proposed high level nuclear water repository at Yucca Mountain. They also assist in the US Nuclear Regulatory Commission licensing and nuclear specific litigation efforts.

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 high level nuclear expertise to represent the State of Nevada with these issues.

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

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

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

**Not Applicable**

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	12/06/2021 10:03:10 AM
Division Approval	jhoba2	12/06/2021 10:03:14 AM
Department Approval	jhoba2	12/06/2021 10:03:18 AM
Contract Manager Approval	Iramire7	12/13/2021 11:12:24 AM
Budget Analyst Approval	jcoope8	12/13/2021 11:51:12 AM
BOE Agenda Approval	hfield	12/13/2021 13:04:23 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: **24508** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **Clinical Pharmacology Services, Inc.**

Agency Code: **030** Contractor Name: **Clinical Pharmacology Services, Inc.**

Appropriation Unit: **1348-15** Address: **6285 E. Fowler Ave**

Is budget authority available?: **Yes** City/State/Zip: **Temple Terrace, FL 33617-3304**

If "No" please explain: **Not Applicable** Contact/Phone: **813-983-1500**

Vendor No.: **T32011170**

NV Business ID: **NV20212112324**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/25/2021**

Anticipated BOE meeting date: **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 5 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing expert witness services for case number USDC 3:21-cv-00176-RFB-CLB for Zane Floyd. This amendment increases the maximum amount from \$25,000 to \$100,000 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:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#1):	\$75,000.00	\$75,000.00	\$100,000.00	Yes - Action
3. New maximum contract amount:	\$100,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This contractor will perform consulting services, document review, clinical and forensic studies, and medical research, assist with case meetings, court documents, hearings, deposition, trials and trial testimony in this matter.**

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

**State employees do not have this type of expertise.**

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

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

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

Not Applicable

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	12/01/2021 10:13:00 AM
Division Approval	jhoba2	12/01/2021 10:13:04 AM
Department Approval	jhoba2	12/01/2021 10:13:09 AM
Contract Manager Approval	Iramire7	12/02/2021 12:01:16 PM
Budget Analyst Approval	jcoope8	12/10/2021 08:52:09 AM
BOE Agenda Approval	hfield	12/13/2021 13:08:36 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: <b>22643</b>	Amendment Number: <b>1</b>
Agency Name: <b>TREASURER - COLLEGE SAVINGS TRUST</b>	Legal Entity Name: <b>KIRVIN DOAK COMMUNICATIONS</b>
Agency Code: <b>051</b>	Contractor Name: <b>KIRVIN DOAK COMMUNICATIONS</b>
Appropriation Unit: <b>1092-20</b>	Address: <b>5230 W PATRICK LN</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-2851</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Debbi Greer 702/737-3100</b>
	Vendor No.: <b>T27041943</b>
	NV Business ID: <b>NV19991143853</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 % Transfer from Endowment Account</b>

Agency Reference #: **RFP # 05TO-S867**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/15/2020**  
 Anticipated BOE meeting date **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **01/31/2022**

Contract term: **3 years and 17 days**

4. Type of contract: **Contract**

Contract description: **Marketing**

5. Purpose of contract:

**This is the first amendment to the original contract which provides advertising, marketing and media services. This amendment extends the termination date from January 31, 2022 to January 31, 2023 and increases the maximum amount from \$589,000.00 to \$1,183,760.00 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:	\$589,000.00	\$589,000.00	\$589,000.00	Yes - Action
2. Amount of current amendment (#1):	\$594,760.00	\$594,760.00	\$594,760.00	Yes - Action
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$1,183,760.00  01/31/2023			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 353B.370 authorizes the College Savings board to contract with qualified entities for the day to day operations of the Nevada College Savings Programs as the program administrator for the management of the marketing of the program(s).

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

The State Treasurer's office is seeking the services of a professional marketing firm which is outside the scope of the expertise of staff members.

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 #05TO-S867, 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: 10/03/2019 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:

Nevada Department of Public Safety Dec 2017; November 2021 - Satisfactory; State Treasurer's Office Jan. 2020 to 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:

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	alaw1	12/09/2021 11:45:55 AM
Division Approval	alaw1	12/09/2021 11:45:58 AM
Department Approval	alaw1	12/09/2021 11:46:02 AM

Contract Manager Approval	rmorse	12/10/2021 11:17:41 AM
Budget Analyst Approval	dlenzner	12/28/2021 10:35:33 AM
BOE Agenda Approval	dlenzner	12/28/2021 10:35:35 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25271**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CORE WEST, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>CORE WEST, INC.</b>
Appropriation Unit: <b>1510-77</b>	Address: <b>7150 CASCADE VALLEY CT.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-0455</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-794-0953</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 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>50.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>50.00 % NSHE</b>

Agency Reference #: 114584

2. Contract start date:

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

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 180 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 University of Nevada Las Vegas College of Engineering Academic and Research Building CIP project: CIP Project No. 21-C05; SPWD Contract No. 114584.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,146,987.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

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

**Not Applicable**

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

LEWIS, WILL, PROJECT MANAGER Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/06/2021 14:30:19 PM
Division Approval	nmann	12/06/2021 14:30:22 PM
Department Approval	nmann	12/06/2021 14:30:24 PM
Contract Manager Approval	lwildes	12/06/2021 14:33:13 PM
Budget Analyst Approval	nkephart	12/08/2021 09:41:55 AM
BOE Agenda Approval	jrodrig9	12/16/2021 19:21:03 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25239**

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

Agency Code: **082**

Appropriation Unit: **1558-14**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS PC**

Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS PC**

Address: **8882 SPANISH RIDGE AVE.**

City/State/Zip: **LAS VEGAS, NV 89148-1303**

Contact/Phone: **702-251-8896**

Vendor No.: **T80997582**

NV Business ID: **NV19871041301**

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>74.00 %</b>	<b>X</b> Bonds	<b>26.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114556

2. Contract start date:

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

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 180 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 - Floyd Edsall Training Center General Instruction Building Advance Planning CIP project, to include program validation, schematic design, design development, construction documents, bidding services, and submittal fees for the general instruction building advanced planning: CIP Project No. 21-P05; SPWD Contract No. 114556**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,691,270.00**

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	12/01/2021 13:55:22 PM
Division Approval	nmann	12/01/2021 13:55:25 PM
Department Approval	nmann	12/01/2021 13:55:27 PM
Contract Manager Approval	lwildes	12/06/2021 07:27:07 AM
Budget Analyst Approval	nkephart	12/08/2021 09:30:39 AM
BOE Agenda Approval	jrodrig9	12/16/2021 19:21:46 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25025**

Agency Name:	<b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name:	SHI INTERNATIONAL CORPORATION
Agency Code:	<b>240</b>	Contractor Name:	<b>SHI INTERNATIONAL CORPORATION</b>
Appropriation Unit:	<b>2561-26</b>	Address:	<b>PO BOX 952121</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Dallas, TX 75395</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Nick Grappone 303/723-525
		Vendor No.:	PUR001595A
		NV Business ID:	NV20131129294

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % Private/County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **Yes**

If "Yes", please explain

**It was necessary to continue this service without interruption as the electronic healthcare records system is critical to the daily operation of the Southern Nevada State Veterans Home. The process for switching to the services agreement took longer than anticipated and facilitating communication between the old provider with the new provider was time consuming pushing us past the September BOE deadline.**

3. Termination Date: **09/30/2023**Contract term: **1 year and 364 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **E-Health Records**

5. Purpose of contract:

**This is a new service agreement under master service agreement #99SWC-NV18-417 which provides cloud services. This service agreement provides ongoing electronic health record services software for state staff use for patient care, medical record, and billing management.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$181,084.48**

Other basis for payment: Monthly, as invoiced by the Contractor and approved by the State

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Southern Nevada State Veterans Home must comply with federal requirements for certified electronic medical records as they relate to the American Recovery and Reinvestment Act of 2009.

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 that have the technical ability to perform this function.

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?

Services to be provided under Statewide contract #99SWC-NV18-417 form solicitation performed by State Purchasing.

d. Last bid date: 07/14/2021 Anticipated re-bid date: 07/06/2023

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The is a master contract provided thru State Purchasing and services have been satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	10/01/2021 09:11:40 AM
Division Approval	jtheil1	10/01/2021 09:11:43 AM
Department Approval	jtheil1	10/01/2021 09:11:54 AM
Contract Manager Approval	cbenham	10/01/2021 09:21:05 AM
EITS Approval	msmi40	10/04/2021 14:46:20 PM
Budget Analyst Approval	kanders2	12/21/2021 14:32:48 PM
BOE Agenda Approval	afrantz	12/21/2021 14:35:59 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 1

**FROM:** Joseph Theile, Management Analyst III

**DATE:** September 21, 2020

**SUBJECT:** Request for Retroactive Approval –SHI International Corporation  
CETS: 25025

---

NDVS respectfully requests this contract be made retroactive to October 1, 2021, as it was necessary to continue this service without interruption as the electronic healthcare records system is critical to the daily operation of the Southern Nevada State Veterans Home. The process for switching to the services agreement took longer than anticipated and facilitating communication between the old provider with the new provider was time consuming pushing us past the September 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.



**Joseph Theile, Deputy CFO**

Nevada Department of Veterans Services

6630 S. McCarran Blvd., Bldg. C, Suite 204

Reno, NV 89509

Phone: (775) 825-9752 Fax: (775) 688-1656

[www.veterans.nv.gov](http://www.veterans.nv.gov)

*"Serving Nevada's Heroes"*



**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:** Katherine Miller, Director, NDVS  
Brandon Torres, IT Manager, NDVS  
Christopher Benham, Management Analyst II, NDVS  
Joseph Theile, Deputy CFO, NDVS

**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 - NDVS – 302 – Nevada Department of Veterans Services SHI contract for PCC – 2561

**DATE:** October 4, 2021

We have completed the review for NDVS' - SHI contract for PCC - TIN 302.

The submitted TIN is for an estimated value of \$180,000.000 in the current biennium (65% Federal Fees and 35% Private insurance, client direct payments) to renew or update a maintenance, licensing, or consulting agreement already in place and supports CETS contract #25025.

NDVS plans to enter a contract with SHI to provide the medical records software Point Click Care. This is the State of Nevada Southern Home billing and patient management system.

This contract provides the home with the ability to collect revenue from Medicare and Medicaid and houses all their residents' medical records. It is an essential part of operating the Southern Veterans Home.

*NDVS is switching vendors and moving to SHI under a Master Service Agreement.*

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: **25282**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>WestED</b>
Agency Code: <b>300</b>	Contractor Name: <b>WestED</b>
Appropriation Unit: <b>2709-21</b>	Address: <b>730 HARRISON ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SAN FRANCISCO, CA 84107-1271</b>
If "No" please explain: Not Applicable	Contact/Phone: 415/565-3000
	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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2023**Contract term: **1 year and 179 days**4. Type of contract: **Contract**Contract description: **PRE-K STUDY**

5. Purpose of contract:

**This is a new contract to provide a study to review, analyze and provide a recommendation of potential adjustments to the State's current cost model of preschool services, and assess how the current cost point matches current needs with a focus on equity issues.**

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?

As required by the Nevada Legislature: It is the intent money committees that the Nevada Department of Education provide and update on its work with WestEd to examine equity adjustments for pre-K program funding over the 2021-22 interim

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

WestEd has the expertise to do this in-depth cost study.

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

WestEd has the expertise to do this in-depth cost 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?

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	mbro28	12/07/2021 16:13:11 PM
Division Approval	carnol1	12/07/2021 16:55:13 PM
Department Approval	carnol1	12/07/2021 16:55:16 PM
Contract Manager Approval	mbro28	12/13/2021 09:00:59 AM
Budget Analyst Approval	mranki1	12/20/2021 07:57:22 AM
BOE Agenda Approval	dlenzner	12/20/2021 08:08:55 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: **25115**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: Carson City School District
Agency Code: <b>403</b>	Contractor Name: <b>Carson City School District</b>
Appropriation Unit: <b>3157-00</b>	Address: <b>PO Box 603</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89702</b>
If "No" please explain: Not Applicable	Contact/Phone: Dr. Christine Lenox 775-283-2359
	Vendor No.: T40231500
	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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **School Health Svcs**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide funds for the non-federal share for school health services, medical screening and diagnostic services for children who are Nevada Medicaid/Check Up eligible.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,018,299.18**

Other basis for payment: FY23 - \$434,884.55; FY24 - \$478,373; FY25 - \$526,210.30; FY26 - \$578,831.33

#### II. JUSTIFICATION

7. What conditions require that this work be done?

School Health Services are medical services provided for children who attend public schools in Nevada that are Medicaid eligible students. SHS are medically necessary services listed in the student's Plan of Care and/or preventive services that are under Early Periodic Screening, Diagnostic, and Treatment as defined in 42 Code of Federal Regulations (CFR) 440.40(b).

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

SHS services must be provided by a qualified health care provider working within their scope of practice under state and federal regulations.

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

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

DHCFP 2014 - current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	11/19/2021 14:07:59 PM
Division Approval	dmartin3	11/19/2021 14:21:40 PM
Department Approval	pburrel1	12/01/2021 07:45:31 AM
Contract Manager Approval	ltuttl1	12/09/2021 14:47:32 PM
Budget Analyst Approval	laaron	12/09/2021 14:49:21 PM
BOE Agenda Approval	laaron	12/09/2021 14:49:23 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: **25161**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Churchill County School District
Agency Code:	<b>403</b>	Contractor Name:	<b>Churchill County School District</b>
Appropriation Unit:	<b>3157-00</b>	Address:	<b>690 S. Main Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Fallon, NV 89406</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Brenda Boone 775-423-5187
		Vendor No.:	PUR0005216
		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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **School Health Svcs**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide funds for the non-federal share for school health services, medical screening and diagnostic services for children who are Nevada Medicaid/Check Up eligible.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$940,000.00**

Other basis for payment: FY23 - \$220,000; FY24 - \$230,000; FY25 - \$240,000; FY26 - \$250,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

School Health Services are medical services provided for children who attend public schools in Nevada that are Medicaid eligible students. SHS are medically necessary services listed in the student's Plan of Care and/or preventive services that are under Early Periodic Screening, Diagnostic, and Treatment as defined in 42 Code of Federal Regulations (CFR) 440.40(b).

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

SHS services must be provided by a qualified health care provider working within their scope of practice under state and federal regulations.

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

Was the solicitation (RFP) done by the 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 2009 - 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:

Rossana Dagdagan, Social Services Program Spec 2 Ph: null

Gladys Cook, Social Services Program Spec 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	11/19/2021 14:16:15 PM
Division Approval	ltuttl1	11/19/2021 16:23:47 PM
Department Approval	pburrel1	12/01/2021 07:45:57 AM
Contract Manager Approval	dmartin3	12/01/2021 16:01:47 PM
Budget Analyst Approval	laaron	12/10/2021 14:07:37 PM
BOE Agenda Approval	laaron	12/10/2021 14:07:40 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25113**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Lyon County School District
Agency Code:	<b>403</b>	Contractor Name:	<b>Lyon County School District</b>
Appropriation Unit:	<b>3157-00</b>	Address:	<b>25 E. Goldfield Ave.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Yerington, NV 89447</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Alyce Pagniello 775-463-6800
		Vendor No.:	
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2026</b>		

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

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

Contract description: **School Health Svcs**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide funds for the non-federal share for school health services, medical screening and diagnostic services for children who are Nevada Medicaid/Check Up eligible.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$887,882.00**

Other basis for payment: FY23 - \$185,984; FY24 - \$204,576; FY25 - \$225,033; FY26 - \$272,289

#### II. JUSTIFICATION

7. What conditions require that this work be done?

School Health Services are medical services provided for children who attend public schools in Nevada that are Medicaid eligible students. SHS are medically necessary services listed in the student's Plan of Care and/or preventive services that are under Early Periodic Screening, Diagnostic, and Treatment as defined in 42 Code of Federal Regulations (CFR) 440.40(b).

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

SHS services must be provided by a qualified health care provider working within their scope of practice under state and federal regulations.

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

Was the solicitation (RFP) done by the 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 1998-2010 / 2018 to current. Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Rossana Dagdagan, Social Services Program Spec 2 Ph: null

Gladys Cook, Social Services Program Spec 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	11/18/2021 07:12:17 AM
Division Approval	ltuttl1	11/18/2021 08:22:15 AM
Department Approval	pburrel1	11/18/2021 10:31:51 AM
Contract Manager Approval	ltuttl1	11/18/2021 10:46:56 AM
Budget Analyst Approval	laaron	12/09/2021 16:01:41 PM
BOE Agenda Approval	laaron	12/09/2021 16:01:43 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25211**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Board of Regents, Nevada System of Higher Education
Agency Code:	<b>403</b>	Contractor Name:	<b>University of Nevada, Reno School of Medicine</b>
Appropriation Unit:	<b>3157-00</b>	Address:	<b>Pennington Medical Education Building 332</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89557</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Melissa Piasecki 775-784-6001
		Vendor No.:	
		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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 01/2022

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: **Supplemental Pymt**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide funds for the non-federal share for the Practitioner Upper Payment Limit supplemental payment program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,672,000.00**

Payment for services will be made at the rate of \$1,668,000.00 per year

Other basis for payment: Administrative Fee: 5% of total Supplemental Payment per quarter; estimated at \$50,000/quarter (included in annual cost)

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.**

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

**DHCFP does not have the staff or expertise required to provide these services.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

DHCFP since 2016 - Satisfactory

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

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

Not Applicable

15. The contractor is 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	11/23/2021 13:42:08 PM
Division Approval	ltuttl1	11/29/2021 10:10:33 AM
Department Approval	pburrel1	12/01/2021 07:46:35 AM
Contract Manager Approval	dmartin3	12/06/2021 10:30:42 AM
Budget Analyst Approval	laaron	12/15/2021 10:15:39 AM
BOE Agenda Approval	laaron	12/15/2021 10:15:41 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: **24823**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Boulder City Fire Department
Agency Code:	<b>403</b>	Contractor Name:	<b>Boulder City Fire Department</b>
Appropriation Unit:	<b>3243-24</b>	Address:	<b>1101 Elm Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Boulder City, NV 89005</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Will Gray 702-589-9641
		Vendor No.:	T81025966
		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 01/2022

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: **CPE GEMT**

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: **\$2,784,600.00**

Other basis for payment: FY23 - \$600,000; FY24 - \$660,000; FY25 - \$726,000; FY26 - \$798,600

#### 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	11/10/2021 15:51:45 PM
Division Approval	dmartin3	11/10/2021 15:53:51 PM
Department Approval	pburrel1	11/12/2021 09:32:12 AM
Contract Manager Approval	ltuttl1	11/12/2021 10:26:08 AM
Budget Analyst Approval	laaron	12/09/2021 11:53:04 AM
BOE Agenda Approval	laaron	12/09/2021 11:53:06 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: **24825**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b> Agency Code: <b>403</b> Appropriation Unit: <b>3243-24</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: Central Lyon County Fire Protection District Contractor Name: <b>Central Lyon County Fire Protection District</b> Address: <b>246 Dayton Valley Road Suite 106</b> City/State/Zip: <b>Dayton, NV 89403</b> Contact/Phone: Rich Harvey 775-246-6209 Vendor No.: T80993305 NV Business ID: Governmental Entity
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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 01/2022

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: **CPE GEMT**

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: **\$4,524,975.00**

Other basis for payment: FY23 - \$975,000; FY24 - \$1,072,500; FY25 - \$1,179,750; FY26 - \$1,297,725

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Fire Districts perform Medicaid Emergency Transportation services to Medicaid recipients. As a local governmental entity, the contractor is eligible to receive Certified Public Expenditures reimbursement methodology which allows the contractor to receive payment based on actual costs to provide services instead of the posted fee schedule. This reimbursement allows the state to maximize Medicaid federal funding for Nevada.

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

The State does not have the resources or expertise to provide these services.

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

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

DHCFP since 2018 - Satisfactory

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	11/16/2021 15:42:03 PM
Division Approval	dmartin3	11/16/2021 16:50:15 PM
Department Approval	pburrel1	11/18/2021 10:31:27 AM
Contract Manager Approval	ltuttl1	11/18/2021 10:47:42 AM
Budget Analyst Approval	laaron	12/09/2021 11:35:18 AM
BOE Agenda Approval	laaron	12/09/2021 11:35:20 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: **24830**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>City of North Las Vegas</b>
Agency Code: <b>403</b>	Contractor Name: <b>North Las Vegas Fire Department</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>4040 Losee Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>North Las Vegas, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Travis Anderson 702-633-1102</b>
	Vendor No.: <b>T81105862</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 01/2022

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: **CPE GEMT**

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: **\$30,166,500.00**

Other basis for payment: FY23 - \$6,500,000; FY24 - \$7,150,000; FY25 - \$7,865,000; FY26 - \$8,651,500

#### 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	11/09/2021 12:03:02 PM
Division Approval	dmartin3	11/09/2021 12:09:05 PM
Department Approval	pburrel1	11/11/2021 11:15:30 AM
Contract Manager Approval	dmartin3	11/12/2021 08:12:09 AM
Budget Analyst Approval	laaron	12/09/2021 12:15:01 PM
BOE Agenda Approval	laaron	12/09/2021 12:15:02 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **24858**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Storey County Fire Protection District
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:	Not Applicable	Contact/Phone:	Jeremy Loncar 775-847-0954
		Vendor No.:	T81074830
		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 01/2022

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: **CPE GEMT**

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: **\$2,204,475.00**

Other basis for payment: FY23 - \$475,000; FY24 - \$522,500; FY25 - \$574,750; FY26 - \$632,225

**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	11/12/2021 11:42:56 AM
Division Approval	ltuttl1	11/12/2021 12:03:04 PM
Department Approval	pburrel1	11/12/2021 15:10:43 PM
Contract Manager Approval	ltuttl1	11/12/2021 15:13:21 PM
Budget Analyst Approval	laaron	12/09/2021 12:24:29 PM
BOE Agenda Approval	laaron	12/09/2021 12:24:35 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24859**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: Tahoe Douglas Fire Protection District
Agency Code: <b>403</b>	Contractor Name: <b>Tahoe Douglas Fire Protection District</b>
Appropriation Unit: <b>3243-24</b>	Address: <b>P.O. Box 919</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Zephyr Cove, NV 89448</b>
If "No" please explain: Not Applicable	Contact/Phone: Scott Lindgren 775-588-3591
	Vendor No.: T81010933
	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 01/2022

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: **CPE GEMT**

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: **\$1,392,300.00**

Other basis for payment: FY23 - \$300,000; FY24 - \$330,000; FY25 - \$363,000; FY26 - \$399,300

#### 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	12/01/2021 14:51:40 PM
Division Approval	dmartin3	12/01/2021 15:15:07 PM
Department Approval	pburrel1	12/02/2021 09:36:57 AM
Contract Manager Approval	ltuttl1	12/02/2021 10:12:37 AM
Budget Analyst Approval	laaron	12/09/2021 12:04:53 PM
BOE Agenda Approval	laaron	12/09/2021 12:04:55 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: **24394**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>WASHOE COUNTY</b>
Agency Code: <b>406</b>	Contractor Name: <b>WASHOE COUNTY</b>
Appropriation Unit: <b>3645-00</b>	Address: <b>1001 E 9TH ST, A201</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89512</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Kate Thomas 775/328-2008</b>
	Vendor No.: <b>T40283400</b>
	NV Business ID: <b>N/A</b>

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

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

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

Agency Reference #: **C 17731**

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 **01/2022**

Retroactive? **Yes**

If "Yes", please explain

**There was a change in Washoe County management after the original agreed upon contract was submitted to the county for review. The management requested changes to the contract on Attachment A, Scope of Work for Veterans Court, and re-evaluation upon request. These items were negotiated between the staff for both the county and the state. The negotiations were finalized in August 2021.**

**The future contract process will be started earlier to allow time for negotiations.**

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

Contract term: **4 years**

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

Contract description: **Risk Assessments**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide competency evaluations, risk assessments, substance abuse evaluations, and mental health court assessments.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,506,400.00**

Other basis for payment: Per Attachment B: Fee Schedule

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Washoe County requests Lake's Crossing Center to provide evaluation services per NRS 176A and NRS 178.

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

Lake's Crossing Center staff is providing evaluation services for Washoe County per their request.

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

Was the solicitation (RFP) done by the 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, any one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Ongoing vendor with the State of Nevada, 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:

Andy Chao, ASO II Ph: 775-688-2033

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Isherych	12/03/2021 15:51:00 PM
Division Approval	Isherych	12/03/2021 15:51:03 PM
Department Approval	Isherych	12/03/2021 15:51:07 PM
Contract Manager Approval	rmille8	12/07/2021 09:56:59 AM
Budget Analyst Approval	kanders2	12/16/2021 09:25:26 AM
BOE Agenda Approval	afrantz	12/16/2021 11:14:52 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

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



Lisa Sherych  
Administrator

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

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## MEMORANDUM

DATE: September 21, 2021

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

THROUGH: Kitty DeSocio, Administrative Services Officer IV  
Division of Public and Behavioral Health

FROM: Theresa Wickham, Agency Manager for Lake's Crossing Center  
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – Washoe County (CETS #24394)

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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: **Washoe County**
- Services to be provided: **Inmate mental health evaluation and risk assessment for Washoe County District Court**
- Funding source and expenditure category: **BA 3645 – CAT 00; GFUND**
- Requested start date of work: **July 1, 2021**
- Expected execution date of agreement: **December 2021**
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - **This contract was initially drafted in September 2020. There was a change in Washoe County management after the original agreed upon contract was submitted to the county for review. The Washoe County management requested changes to the contract on Attachment A, Scope of Work for Veteran's Court, and re-evaluation upon request. These items were negotiated between the staff for both the county and the State. The negotiations were finalized in August 2021.**
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement:
    - **This is a revenue contract for Lake's Crossing Center and if not allowed to be retroactive, will prevent Lake's Crossing Center from providing needed services to Washoe County.**
  - Explain how the program/bureau will prevent future retroactive requests:
    - **The future contract process will be started earlier to allow time for negotiations.**

If you have any questions, please contact Theresa Wickham at (775) 688-6652 or [twickham@health.nv.gov](mailto:twickham@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: **25017**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>NATIONAL GUARD BUREAU</b>
Agency Code: <b>431</b>	Contractor Name: <b>NATIONAL GUARD BUREAU</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>2452 FAIRVIEW DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89701</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-887-7824</b>
	Vendor No.: <b></b>
	NV Business ID: <b>N/A</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2028</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 #: 431

2. Contract start date:

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

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **12/31/2027**Contract term: **6 years**4. Type of contract: **Cooperative Agreement**Contract description: **MCCA Nevada Guard**

5. Purpose of contract:

**This is a new cooperative agreement to provide for the addition to the National Guard Readiness Center: CIP Project No. 21-C03.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,289,545.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Existing facilities are undersized and need to be expanded. Using federal funds to make sure the facilities meet the need of the Nevada National Guard.

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

N/A

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

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

**Not Applicable**b. Solicitation Waiver: **Not Applicable**

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

[Empty text box]

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: 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	csnido1	09/29/2021 15:15:22 PM
Division Approval	csnido1	09/29/2021 15:15:24 PM
Department Approval	csnido1	09/29/2021 15:15:26 PM
Contract Manager Approval	csnido1	11/17/2021 16:10:31 PM
Budget Analyst Approval	pokeefe	11/19/2021 15:56:25 PM
BOE Agenda Approval	jrodrig9	11/30/2021 12:26:56 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25256**

Agency Name: **DEPARTMENT OF CORRECTIONS**  
Agency Code: **440**  
Appropriation Unit: **3710-79**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **CGL Companies, LLC**  
Contractor Name: **CGL Companies, LLC**  
Address: **5200 Blue Lagoon Drive  
SUITE 430**  
City/State/Zip: **Miami, FL 33126**  
Contact/Phone: **Brad Sassatelli 916-678-7890**  
Vendor No.: **T29044867**  
NV Business ID: **NV20171589285**

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

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

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

Agency Reference #: 440

2. Contract start date:

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

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **179 days**

4. Type of contract: **Contract**

Contract description: **Staffing Analysis**

5. Purpose of contract:

**This is a new contract to provide a staffing study of various positions to include, an analysis of vacancy and turnover rates, comparisons of salaries and benefits with other states, and ways to improve recruitment and retention.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$289,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Per the legislatively approved budget for 3710 decision unit E229 Efficiency and Innovation, funding was appropriated for a department-wide staffing study analysis to be performed by an independent contractor.**

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

**No NDOC employee performs this work. No other State agency performs this work.**

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

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

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

**CGL Companies, LLC  
O'Ready LLC  
Pinnacle Consulting & Advisors**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #44DOC-S1759 and in accordance with NRS 333, the selected vendor provided the highest scoring proposal as determined by an independently appointed evaluation committee.

d. Last bid date: 10/07/2021 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:

Yes. Nevada Juvenile Justice System - May 2018 - June 2018. Work performed deemed satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amonro1	12/02/2021 15:07:21 PM
Division Approval	amonro1	12/02/2021 15:07:24 PM
Department Approval	amonro1	12/02/2021 15:07:27 PM
Contract Manager Approval	aroma2	12/02/2021 15:30:02 PM
Budget Analyst Approval	pokeefe	12/08/2021 09:41:26 AM
BOE Agenda Approval	jrodrig9	12/16/2021 18:26:25 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>21210</b>	Amendment Number: <b>2</b>
Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>NARDONE BROTHERS BAKING, CO.</b>
Agency Code: <b>550</b>	Contractor Name: <b>NARDONE BROTHERS BAKING, CO.</b>
Appropriation Unit: <b>1362-21</b>	Address: <b>420 NEW COMMERCE BLVD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HANOVER, PA 18706-1445</b>
If "No" please explain: Not Applicable	Contact/Phone: Vincent Nardone 570-823-0141
	Vendor No.: T32004302
	NV Business ID: NV20161538227

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 **12/04/2018**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 208 days**

4. Type of contract: **Contract**

Contract description: **USDA-Pizza**

5. Purpose of contract:

**This is the second amendment to the original contract which provides breakfast and lunch products for the National School Lunch and Breakfast programs using USDA commodities as ingredients. This amendment increases the maximum amount from \$3,750,000 to \$5,882,769 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:	\$3,750,000.00	\$3,750,000.00	\$3,750,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$2,132,769.00	\$2,132,769.00	\$2,132,769.00	Yes - Action
3. New maximum contract amount:	\$5,882,769.00			

#### 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):

Schwans Food Service  
Rose & Shore  
Nardone Brothers  
The Tony Roberts Company

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #55AGR-S311, 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: 08/21/2018 Anticipated re-bid date: 01/02/2021

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

NDA has contracted with this vendor since 2017. They have been a satisfactory vendor.

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

**No** If "Yes", please provide details of the litigation 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	btait	11/23/2021 16:49:25 PM
Division Approval	tdoucett	11/23/2021 16:52:06 PM
Department Approval	tdoucett	11/23/2021 16:52:12 PM
Contract Manager Approval	melli2	11/29/2021 15:58:04 PM
Budget Analyst Approval	laaron	12/20/2021 10:54:49 AM
BOE Agenda Approval	laaron	12/20/2021 10:54:52 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25130**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>USDA, FOREST SERVICE, BOISE NATIONAL FOREST</b>
Agency Code: <b>702</b>	Contractor Name: <b>USDA, FOREST SERVICE, BOISE NATIONAL FOREST</b>
Appropriation Unit: <b>4467-13</b>	Address: <b>LUCKY PEAK NURSERY 15169 E HIGHWAY 21L BOISE, ID 83716-9307</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>BOISE, ID 83716-9307</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>SARA WILSON 208-343-1977</b>
	Vendor No.: <b>PUR0001345</b>
	NV Business ID: <b>GOVERNMENTAL 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 %	<b>X</b>	Fees	<b>50.00 % SPORTSMEN REVENUE</b>
<b>X</b> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 22-38

2. Contract start date:

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

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2025**

Contract term: **3 years and 334 days**

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

Contract description: **Seedlings**

5. Purpose of contract:

**This is a new interlocal agreement to provide habitation restoration and rehabilitation services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Inability to purchase seedlings in bulk at economical pricing for habitat restoration and rehabilitation projects. This contract provides needed seeds and growth of plants at a reduced bulk cost to the agency.

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 specific equipment and space necessary for seedling growth.

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

Was the solicitation (RFP) done by the 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:

BRITTANY TRIMBLE, HABITAT BIOLOGIST 3 Ph: 775-777-2393

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	10/20/2021 14:21:52 PM
Division Approval	jneubau2	10/21/2021 11:41:07 AM
Department Approval	bvale1	12/07/2021 11:00:08 AM
Contract Manager Approval	jwilkin3	12/07/2021 11:18:40 AM
Budget Analyst Approval	dspeed1	12/14/2021 10:20:25 AM
BOE Agenda Approval	laaron	12/20/2021 10:10:45 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25252**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4605-15**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **THE DUBE GROUP, INC.**  
Contractor Name: **DUBE GROUP ARCHITECTURE**  
Address: **458 COURT ST**  
City/State/Zip: **RENO, NV 89501-1709**  
Contact/Phone: **Pete Dube 775-323-1001**  
Vendor No.: **T81026981**  
NV Business ID: **NV19991421705**

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

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

General Funds	0.00 %	<b>X</b>	Fees	<b>42.90 %</b>	<b>Utility</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>57.10 %</b>	<b>State Park Maintenance</b>

2. Contract start date:

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

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/30/2022**

Contract term: **363 days**

4. Type of contract: **Contract**

Contract description: **Construction**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the rehabilitation of the Spring House building at Spring Mountain Ranch State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$105,563.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Specialty in historical architecture.

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

No historical architectures 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?

NAC 333.150 exemption for registered architect.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

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	kcopelan	11/30/2021 10:20:13 AM
Division Approval	kcopelan	11/30/2021 10:20:15 AM
Department Approval	kcopelan	11/30/2021 10:20:17 AM
Contract Manager Approval	kcopelan	11/30/2021 10:20:20 AM
Budget Analyst Approval	rjacob3	12/10/2021 09:57:24 AM
BOE Agenda Approval	laaron	12/20/2021 10:06:45 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25242**

Agency Name:	<b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION</b>
Agency Code:	<b>709</b>	Contractor Name:	<b>DESERT RESEARCH INSTITUTE</b>
Appropriation Unit:	<b>3175-75</b>	Address:	<b>2215 RAGGIO PKWY</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>RENO, NV 89512-1095</b>
If "No" please explain: Budget authority is requested at the IFC meeting December 9, 2021 via WPC#55746.		Contact/Phone:	<b>Diane Samuel 702-862-5593</b>
		Vendor No.:	<b>T29034539</b>
		NV Business ID:	<b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>
------------------------------------------------------------	------------------

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

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

Agency Reference #: **DEP#22-026**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **01/2022**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **01/10/2026**Contract term: **4 years and 10 days**4. Type of contract: **Interlocal Agreement**Contract description: **DRI Groundwater-NERT**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing assistance in evaluating and enhancing groundwater flow and transport models of the Black Mountain Industrial site in Henderson.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$323,335.00**

Payment for services will be made at the rate of \$323,335.00 per null

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Black Mountain Industrial (BMI) complex in Henderson, Nevada has been the site of industrial chemical production since 1942 by various companies including the U.S. Government for the World War 2 effort. A contaminant from these activities, perchlorate, was discovered in the Las Vegas Wash and prompted further investigation by NDEP. NDEP's planned future remediation activities will require the data from DRI that will be provided through this agreement.

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

The NV Division of Environmental Protection does not have the staffing, instrumentation or expertise to perform these services. The Desert Research Institute has the scientists, equipment and expertise to provide the products, data and services required.

9. Were quotes or proposals solicited?

**No**

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

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

Not Applicable

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

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

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

65% per approved rate 6/21/2021.

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

**No**

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

**No**

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

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

Not Applicable

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

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

NDEP has worked with DRI since December, 2016 and has been satisfied with the quality of service provided.

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

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

Not Applicable

15. The contractor is 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:

Pineda, Alan, Professional Engineer Ph: 702-668-3925

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kbradle1	11/22/2021 14:08:50 PM
Division Approval	jdotchin	11/30/2021 07:59:51 AM
Department Approval	jdotchin	11/30/2021 07:59:55 AM
Contract Manager Approval	sgotta	11/30/2021 08:01:13 AM
Budget Analyst Approval	rjacob3	12/13/2021 10:56:29 AM
BOE Agenda Approval	laaron	12/14/2021 13:43:59 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25210**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>BROADBENT &amp; ASSOCIATES, INC.</b>
Agency Code: <b>709</b>	Contractor Name: <b>BROADBENT &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>3186-78</b>	Address: <b>5450 LOUIE LN # 101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-1832</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Douglas Guerrant 775-322-7969</b>
	Vendor No.: <b>T80989610B</b>
	NV Business ID: <b>NV19891031637</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>46.00 % Water Permit</b>
<b>X</b> Federal Funds	<b>54.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 70CNR-S1733**

2. Contract start date:

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

Anticipated BOE meeting date **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/10/2026**

Contract term: **4 years and 10 days**

4. Type of contract: **Contract**

Contract description: **Nevada Circuit Rider**

5. Purpose of contract:

**This is a new contract to provide on-site technical assistance and on-site/virtual training to wastewater treatment plant operators and managers under the Nevada Circuit Rider Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$367,880.00**

Other basis for payment: **Monthly based on work performed**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This project will provide on-site technical assistance and on-site/virtual training to Nevada wastewater treatment plant operators and managers by an experienced certified wastewater operator with at least a Nevada Grade III Certification**

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 and certified individuals 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):



EN Engineering, LLC  
Resource Concepts, Inc.  
Geosyntec Consultants, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S1733, 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?

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

Broadbent contracted with the Nevada Division of Environmental Protection from 2013-2019. The level of service was satisfactory.

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Mark Kaminski, Professional Engineer Ph: 775-687-9424

Katrina Pascual, Professional Engineer Ph: 775-687-9435

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	12/07/2021 12:45:38 PM
Division Approval	eharriso	12/07/2021 13:41:41 PM
Department Approval	eharriso	12/07/2021 13:41:44 PM
Contract Manager Approval	bbeac2	12/07/2021 13:43:10 PM
Budget Analyst Approval	rjacob3	12/07/2021 14:38:16 PM
BOE Agenda Approval	laaron	12/14/2021 13:54:27 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	HR SUPPORT	OTHER: VARIOUS AGENCIES	\$24,000,000	
	Contract Description:	This is the second amendment to the original contract which provides COVID-19 test collection site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 due to the increased need for these services.				
	Term of Contract:	10/13/2020 - 08/31/2024	Contract # 23576			
2.		VARIOUS STATE AGENCIES	OPPORTUNITY VILLAGE	OTHER: VARIOUS AGENCIES	\$10,000,000	Exempt
	Contract Description:	This is a new contract to provide ongoing labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, ply-bagging, and shrink wrapping services.				
	Term of Contract:	Upon Approval - 01/31/2026	Contract # 25240			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23576** Amendment Number: **2**  
 Legal Entity Name: **HR Support**  
 Agency Name: **MSA MASTER SERVICE AGREEMENTS** Contractor Name: **HR Support**  
 Agency Code: **MSA** Address: **6143 Mount Diablo Court**  
 Appropriation Unit: **9999 - All Categories** City/State/Zip: **Castro Valley, CA 94552-1948**  
 Is budget authority available?: **Yes** Contact/Phone: **Gary Fanger 484-280-8133**  
 If "No" please explain: **Not Applicable** Vendor No.: **T32010166**  
 NV Business ID: **NV20201884661**  
 To what State Fiscal Year(s) will the contract be charged? **2021-2025**  
 What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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

Agency Reference #: **99SWC-S1284 GD**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/13/2020**  
 Anticipated BOE meeting date **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2024**  
 Contract term: **3 years and 323 days**

4. Type of contract: **MSA**  
 Contract description: **COVID-19 Testing**

5. Purpose of contract:  
**This is the second amendment to the original contract which provides COVID-19 test collection site services. This amendment increases the maximum amount from \$1,000,000 to \$25,000,000 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$24,000,000.00	\$24,000,000.00	\$24,000,000.00	Yes - Action
3. New maximum contract amount:	\$25,000,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
 State agencies and local governments are currently providing COVID-19 testing using a combination of National Guard staff, employees, temporary staff, and volunteers. These contracts will give entities additional options to provide test collection services if additional sites are needed or if current sites need to be transition to a contracted model.

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

Some using agencies do not have staffing resources or proper training to operate test collection sites, others are operating sites but need additional resources in preparation for a surge in COVID-19 cases.

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

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

b. Solicitation Waiver: **Not Applicable**

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

The Statewide solicitation is a request for qualifications, and all qualified vendors are awarded contracts. Using entities can solicit proposals from multiple contracted vendors.

d. Last bid date: 08/12/2020 Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/07/2021 17:09:42 PM
Division Approval	gdavi6	12/07/2021 17:09:45 PM
Department Approval	ldeloach	12/08/2021 08:56:37 AM
Contract Manager Approval	gdavi6	12/08/2021 11:59:47 AM
Budget Analyst Approval	dspeed1	12/08/2021 15:14:03 PM
BOE Agenda Approval	laaron	12/20/2021 11:27:40 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: **25240**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>OPPORTUNITY VILLAGE</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>OPPORTUNITY VILLAGE</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>6050 S BUFFALO DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89113</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Edyta Jankowski 702-839-4757</b>
	Vendor No.: <b>PUR0005506</b>
	NV Business ID: <b>NV19911030328</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>

2. Contract start date:

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

Anticipated BOE meeting date: 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2026**

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

4. Type of contract: **MSA**

Contract description: **Labor Services**

5. Purpose of contract:

**This is a new contract to provide labor services such as shredding and document destruction, mailing services, packaging and assembly, sewing, production of promotional material, ply-bagging and shrink wrapping services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00**

Other basis for payment: Upon invoiced by the Contractor and approval by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides an option for state agencies to employ disabled persons for many of the services they seek at a competitive rate.

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

The State of Nevada does not have the staffing to perform these services.

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

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

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

**Not Applicable**

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

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

NRS 333.375 authorizes the award of a contract to an organization for training and employment of persons with mental or physical disabilities, without complying with the requirements for competitive bidding.

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

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Opportunity Village is currently under contract with the State of Nevada. Agencies are pleased with their services provided, and continue to use them on an as needed basis.

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/07/2021 17:10:28 PM
Division Approval	gdavi6	12/07/2021 17:10:30 PM
Department Approval	ldeloach	12/08/2021 08:50:36 AM
Contract Manager Approval	gdavi6	12/08/2021 11:59:33 AM
Budget Analyst Approval	dspeed1	12/08/2021 15:12:15 PM
BOE Agenda Approval	laaron	12/13/2021 15:39:13 PM
BOE Final Approval	Pending	

# WORK PLAN SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - APPLICATION SUPPORT	CARAHSOFT TECHNOLOGY CORPORATION	FEE: USER FEES 35% OTHER: GENERAL FUND LOAN 65%	\$2,733,513	
	Contract Description:	This is a new work plan under Master Service Agreement contract #18855 to provide a cloud-hosted, commercial off-the-shelf digital experience platform to support the State's web presence in replacing the on-premises Ektron web content management system platform currently in use.				
	Term of Contract:	Upon Approval - 06/30/2025		Contract # 25275		



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25275**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>CARASOFT TECHNOLOGY CORPORATION</b>
Agency Code: <b>180</b>	Contractor Name: <b>CARASOFT TECHNOLOGY CORPORATION</b>
Appropriation Unit: <b>1365-26</b>	Address: <b>1890 PRESTON WHITE DR STE 201</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>703/871-8500</b>
	Vendor No.: <b>PUR0004357</b>
	NV Business ID: <b>NV20151127305</b>

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

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

General Funds	0.00 %	<b>X</b>	Fees	<b>35.00 % User Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>65.00 % General Fund Loan</b>

2. Contract start date:

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

Anticipated BOE meeting date: 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 180 days**

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

Contract description: **Digital Platform**

5. Purpose of contract:

**This is a new work plan under Master Service Agreement contract #18855 to provide a cloud-hosted, commercial off-the-shelf (COTS) digital experience platform (DXP) to support the State's web presence in replacing the on-premises Ektron web content management system (CMS) platform currently in use.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,733,512.59**

Other basis for payment: \$1,775,092.75 through 6/30/2023; SFY24-SFY25- \$958,439.64 -covers licensing and support of the platform.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Enterprise Web Team has been working towards a resolution for our State CMS replacement, Ektron. Currently, we are on Ektron Version 8.7 SP3 and are looking to migrate off after the Ektron merger with EPI Server in 2014. At that time, we were told that Ektron would eventually reach the end of life. Currently, we are past the end of life for the Ektron Version 8.7 SP3. On this platform, we have stopped receiving security updates and software patches for bugs and enhancements.

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

State workers do not have the expertise to provide this project.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

The State of Nevada has a Statewide contract with Carahsoft which allows agencies to utilize the services under contract number 99SWC-NV18-421.

d. Last bid date: 09/16/2021 Anticipated re-bid date: 09/15/2026

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:

Eric Pennington, PMO Manager Ph: 775-684-4726

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcarlso4	12/07/2021 13:27:13 PM
Division Approval	tmilazz1	12/07/2021 13:39:51 PM
Department Approval	ssands	12/07/2021 13:40:31 PM
Contract Manager Approval	ssands	12/07/2021 13:40:34 PM
EITS Approval	msmi40	12/07/2021 14:40:20 PM
Budget Analyst Approval	mranki1	12/20/2021 07:58:18 AM
BOE Agenda Approval	dlenzner	12/20/2021 11:27:00 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor



Deonne E. Contine  
Director

Michael Dietrich  
State Chief Information Officer  
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

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

**TO:** Deonne Contine, Director, DOA  
Suzie L. Block, AITS Chief, EITS, DOA  
Michele Lynn, Management Analyst III, EITS, DOA

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

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

**SUBJECT:** TIN Review Completed: EITS – Content Management System Replacement - TIN: T180190610081751

**DATE:** September 20, 2019

We completed the review of EITS's – *Content Management System Replacement* TIN.

The submitted TIN, for the estimated investment of \$2,936,500, represents the ongoing initiative/effort to replace the current Content Management System (CMS), Ektron.

This TIN represents a planned and approved budget item to replace Ektron. Ektron is definitely aged and is causing maintenance issues. A new solution will help move the state forward into a more modern approach for content management as well as provide better support for ADA Compliance. EITS Project Management Office will manage the efforts to aid in the mitigation of risk.

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

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

# 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	MCNUTT LAW FIRM	OTHER: STATUTORY CONTINGENCY	\$50,000	
	Contract Description:	This is a new contract to provide outside counsel services for case number A-20-807953-C Kobler v. Taxicab Authority.				
		Term of Contract:	10/26/2021 - 12/31/2022	Contract # 25277		
2.	040	SECRETARY OF STATE'S OFFICE	GARTNER, INC.	GENERAL	\$85,000	
	Contract Description:	This is a new service agreement under master service agreement 99SWC-NV21-8568 which provides rapid customer experience management maturity assessment services. This service agreement provides for a gap analysis of the Secretary of State customer support experience versus industry best practices.				
		Term of Contract:	12/09/2021 - 02/15/2022	Contract # 25255		
3.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	KENNY GUINN CENTER FOR POLICY PRIORITIES	OTHER: COLLEGE SAVINGS ENDOWMENT ACCOUNT	\$75,000	
	Contract Description:	This is a new contract to provide a comprehensive report based upon the findings of the study on the effectiveness of publicly funded higher education scholarships and grants in the State of Nevada.				
		Term of Contract:	12/09/2021 - 03/31/2022	Contract # 25179		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ARROW AIR CONDITIONING & SHEET METAL, LLC DBA AIR SERVICES	OTHER: BUILDINGS RENTAL INCOME REVENUE	\$37,620	
	Contract Description:	This is a new contract to provide ongoing maintenance and repairs of heating, ventilation, and air conditioning and controls equipment to state-owned buildings throughout southern Nevada.				
		Term of Contract:	11/19/2021 - 11/03/2025	Contract # 25189		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CASHMAN EQUIPMENT COMPANY	OTHER: BUILDINGS RENTAL INCOME REVENUE	\$10,934	
	Contract Description:	This is a new contract to provide ongoing repair services on the Uninterruptible Power Supplies equipment located at Nevada Highway Patrol in Reno and the Bryan building in Carson City.				
		Term of Contract:	12/15/2021 - 11/30/2025	Contract # 24980		

# 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 - BUILDINGS AND GROUNDS	HILOW SERVICES, LLC	OTHER: BUILDINGS RENTAL INCOME REVENUE	\$48,430	
	Contract Description:	This is a new contract to provide weed control and pest control management for state-owned buildings throughout northern Nevada.				
		Term of Contract:	12/07/2021 - 10/31/2025	Contract # 24976		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JOHNSON CONTROLS, INC.	OTHER: BUILDING RENTAL INCOME REVENUE	\$58,759	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation, and air conditioning services to state-owned buildings throughout southern Nevada.				
		Term of Contract:	12/07/2021 - 10/31/2025	Contract # 25178		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MAGEL AIR CONDITIONING, DBA GOLD MEDAL SERVICE	OTHER: BUILDINGS RENTAL INCOME REVENUE	\$28,305	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation, and air conditioning services to state-owned buildings throughout southern Nevada.				
		Term of Contract:	11/19/2021 - 10/31/2025	Contract # 25172		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MDK, LLC DBA WESTERN ENVIRONMENTAL TESTING LAB	OTHER: BUILDING RENTAL INCOME REVENUE	\$13,049	
	Contract Description:	This is a new contract to provide laboratory sump water testing for drinking water for the Nevada State Library and Archives, the Attorney General's Office, the Frankie Sue Del Papa building and the Supreme Court buildings in Carson City.				
		Term of Contract:	12/01/2021 - 11/06/2022	Contract # 25196		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	RO ANDERSON ENGINEERING, INC.	GENERAL 11% BONDS 89%	\$17,472	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center Pavement Preservation and Maintenance CIP project, to include construction documents and bidding assistance for the ADA parking improvements and required pavement maintenance: CIP Project No.19-S05-2A; SPWD Contract No. 114566.				
		Term of Contract:	12/13/2021 - 06/30/2023	Contract # 25244		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	PAUL CAVIN ARCHITECT, LLC	OTHER: AGENCY FUNDED CIP	\$59,980	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Army National Guard STARBASE Building Renovation Building 76 CIP project, to include structural, mechanical, and electrical engineering services, architecture and project management for the building renovation: CIP Project No. 22-A006; SPWD Contract No. 114559.				
		Term of Contract:	12/17/2021 - 06/30/2025	Contract # 25241		
12.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - STATE SMALL BUSINESS CREDIT INITIATIVE	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNIVERSITY OF NEVADA, RENO	OTHER: COLLATERAL REPAYMENTS	\$57,500	Exempt
	Contract Description:	This is the fourth amendment to the original interlocal agreement which provides ongoing administration of the Battle Born Venture Capital Program. This amendment extends the termination date from December 31, 2021 to June 30, 2022 and increases the maximum amount from \$501,111 to \$558,611 due to the continued need for these services.				
		Term of Contract:	05/09/2017 - 06/30/2022	Contract # 18529		
13.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	ON TRACK NORTH AMERICA	GENERAL	\$24,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides materials and presentations regarding the California, Nevada, and Utah Supply Chain Alliance, in support of the 2021 Nevada State Rail Plan, and identifies potential grant funding opportunities. This amendment extends the termination date from December 31, 2021 to March 31, 2022 and increases the maximum amount from \$25,000 to \$49,000 due to the continued need for these services.				
		Term of Contract:	07/29/2021 - 03/31/2022	Contract # 24591		
14.	130	DEPARTMENT OF TAXATION	MOVE4LESS, LLC	GENERAL	\$11,520	
	Contract Description:	This is the first amendment to the original contract which provides moving services for the relocation and consolidation of the southern Nevada offices. This amendment increases the maximum amount from \$8,480 to \$20,000 due to the continued need for these services.				
		Term of Contract:	10/12/2021 - 06/30/2022	Contract # 25028		
15.	150	COMMISSION ON ETHICS	COMPLETE DOCUMENT MANAGEMENT SOLUTIONS	GENERAL 28% OTHER: LOCAL GOVERNMENTS 72%	\$32,550	Sole Source
	Contract Description:	This is a new contract to provide an ongoing hosted database.				
		Term of Contract:	07/01/2021 - 06/30/2025	Contract # 25150		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - OFFICE OF THE CHIEF INFORMATION OFFICER	GARTNER, INC.	FEE: USER	\$16,254	
	Contract Description:	This is a new Work Plan under Master Service Agreement #18964 which provides research and advisory services related to information technology.				
		Term of Contract:	01/01/2022 - 06/30/2022	Contract # 25292		
17.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - COMPUTER FACILITY	INGERSOLL - RAND COMPANY DBA TRANEUS, INC.	FEE: USER	\$37,015	
	Contract Description:	This is a new contract to provide ongoing repair and maintenance services for the chillers, cooling towers, water pumps and compressors.				
		Term of Contract:	11/30/2021 - 10/15/2025	Contract # 25039		
18.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	WEST EDNA ASSOCIATES DBA MOJAVE ELECTRIC	FEE: 35% FEDERAL 65%	\$17,146	
	Contract Description:	This is a new contract to provide electrical cabling and power for a wander guard system.				
		Term of Contract:	09/01/2021 - 12/31/2021	Contract # 25147		
19.	270	CANNABIS COMPLIANCE BOARD -MARIJUANA REGULATION AND CONTROL ACCOUNT	MOVE 4 LESS, LLC	FEE: EXCISE TAX	\$11,720	
	Contract Description:	This is the second amendment to the original contract which provides moving services for office relocation. This amendment increases the maximum amount from \$17,156.25 to \$28,876.25 to complete the move and for the reassembly of furniture at the new location.				
		Term of Contract:	10/06/2021 - 06/30/2022	Contract # 25050		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	300	DEPARTMENT OF EDUCATION - COVID19 FUNDING	INTERNATIONAL INSTITUTE FOR RESTORATIVE PRACTICES	FEDERAL	\$67,795	
	Contract Description:	This is a new contract to provide virtual statewide training for Restorative Justice Practices for Educators training, specifically for the campus or district leader/educator who wishes to become a Restorative Practices Trainer of Staff in Tier 1, 2 and 3 supports and interventions schoolwide and classrooms.				
	Term of Contract:	11/30/2021 - 06/30/2023	Contract # 25246			
21.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	FEDERAL EDUCATION GROUP, PLLC	FEDERAL	\$99,500	
	Contract Description:	This is a new contract to provide the Nevada Department of Education federal title programs with assistance in developing technical support, documents and guidance for the federal programs within the offices of Student and School Support and Career Readiness, Adult Learning, and Education Options.				
	Term of Contract:	12/10/2021 - 09/30/2023	Contract # 25285			
22.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	BRUSTEIN & MANASEVIT, PLLC	FEDERAL	\$24,800	Professional Service
	Contract Description:	This is a new contract to provide legal interpretations advice and guidance on education grant requirements and allowances.				
	Term of Contract:	12/06/2021 - 01/31/2022	Contract # 25157			
23.	331	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - MUSEUMS AND HISTORY - NEVADA STATE MUSEUM, LAS VEGAS	RELIANCE SECURITY, INC.	GENERAL 49% OTHER: TRANSFER FROM TOURISM/LODGING TAX 51%	\$30,240	
	Contract Description:	This is a new contract to provide temporary security services.				
	Term of Contract:	12/09/2021 - 06/30/2022	Contract # 25225			
24.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	ACE FIRE SYSTEMS, LLC	GENERAL 51% FEDERAL 49%	\$18,000	
	Contract Description:	This is a new contract to provide ongoing fire sprinkler system, fire extinguisher, fire hydrant inspection and, repair services.				
	Term of Contract:	01/01/2022 - 12/31/2025	Contract # 25218			



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	JRW CONSULTING, LLC	GENERAL 50% FEDERAL 50%	\$25,000	Professional Service
	Contract Description:	This is a new contract to provide consulting services for review and analysis and recommendations for budget, federal reporting, staff training, accounting, and fiscal processes.				
		Term of Contract:	12/15/2021 - 06/30/2022	Contract # 24988		
26.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	HIGH QUALITY CONCEPTS, INC. DBA BEST JANITORIAL SERVICES OF NEVADA	GENERAL	\$60,360	
	Contract Description:	This is a new contract to provide janitorial services.				
		Term of Contract:	04/01/2022 - 03/31/2026	Contract # 25070		
27.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	STRONG SOURCE, LLC DBA G3 ELECTRICAL TECHNOLOGIES	GENERAL	\$25,000	
	Contract Description:	This is a new contract to provide ongoing electrical system maintenance.				
		Term of Contract:	03/01/2022 - 02/29/2024	Contract # 25044		
28.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	BITFOCUS, INC.	FEDERAL	\$25,000	Sole Source
	Contract Description:	This is a new contract to provide services to maintain the Homeless Management Information System.				
		Term of Contract:	09/30/2021 - 09/30/2022	Contract # 25067		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	NECCO, LLC	FEDERAL	\$18,414	
	Contract Description:	This is a new contract to provide pre and post-adoptive services to fulfill the requirements placed on adoption by Ohio Interstate Compact for the Placement of Children.				
		Term of Contract:	12/09/2021 - 10/31/2022	Contract # 25219		
30.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	NEVADA PEP, INC.	GENERAL	\$31,412	
	Contract Description:	This is a new contract to provide ongoing supportive services for the Washoe County and Rural Regional Children's Mental Health Consortia.				
		Term of Contract:	11/24/2021 - 06/30/2023	Contract # 24635		
31.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	SIMPLE LEARNING SYSTEMS	FEDERAL	\$24,000	
	Contract Description:	This is a new contract to provide a mandated reporter training for Nevada and host it online with a Learning Management System to track participation.				
		Term of Contract:	12/07/2021 - 10/31/2022	Contract # 25164		
32.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	ACTION FOR CHILD PROTECTION	FEDERAL	\$28,800	
	Contract Description:	This is a new contract to provide an assessment of the progress toward implementing the Safety Assessment and Family Evaluation model as intended based on practice standards.				
		Term of Contract:	12/13/2021 - 09/30/2022	Contract # 25144		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	CARR LAW RESOLVE, LLC	FEDERAL	\$15,000	
		<p>Contract Description: This is a new contract to provide attorney services for case closure or guardianships.</p> <p>Term of Contract: 11/24/2021 - 12/31/2023</p> <p>Contract # 25154</p>				
34.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	INTERACTIVE VOICE APPLICATIONS, INC.	OTHER: FEDERAL	\$12,500	Sole Source
		<p>Contract Description: This is the second amendment to the original contract which provides ongoing training and hosting of the Smart Random Moment Sampling system. This amendment extends the termination date from December 31, 2021 to March 31, 2022 and increases the maximum amount from \$75,000 to \$87,500 due to the continued need for these services.</p> <p>Term of Contract: 07/01/2020 - 03/31/2022</p> <p>Contract # 23150</p>				
35.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	TOGETHER FACING THE CHALLENGE	FEDERAL	\$33,800	
		<p>Contract Description: This is the first amendment to the original contract which provides training in an evidence-based model of specialized foster care. This amendment extends the termination date from November 30, 2021 to November 30, 2022 and increases the maximum amount from \$33,800 to \$67,600 due to the continued need for these services.</p> <p>Term of Contract: 01/12/2021 - 11/30/2022</p> <p>Contract # 23729</p>				
36.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	AD CREATIVE	FEDERAL	\$24,900	
		<p>Contract Description: This is a new contract to provide the development of a website for the Pediatric Mental Health Care access project.</p> <p>Term of Contract: 12/13/2021 - 09/29/2023</p> <p>Contract # 24817</p>				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	431	OFFICE OF THE MILITARY	AIR GUYS, LLC	GENERAL 50% FEDERAL 50%	\$43,535	
	Contract Description:	This is a new contract to provide exhaust and hood system cleaning, repair and/or maintenance services for facilities in Reno and Carson City.				
		Term of Contract:	12/01/2021 - 09/30/2025	Contract # 25187		
38.	431	OFFICE OF THE MILITARY	INTERMOUNTAIN ELECTRICAL CONTRACTORS, INC.	GENERAL 50% FEDERAL 50%	\$65,112	
	Contract Description:	This is a new contract to provide electrical service, repair and installations for military facilities throughout Nevada.				
		Term of Contract:	12/09/2021 - 12/31/2025	Contract # 25248		
39.	431	OFFICE OF THE MILITARY	RAY HEATING PRODUCTS, INC. DBA RHP MECHANICAL SYSTEMS	GENERAL 50% FEDERAL 50%	\$15,950	Professional Service
	Contract Description:	This is a new contract to provide repairs to a cracked heat exchanger on the water heating systems at the Office of the Adjutant General.				
		Term of Contract:	01/29/2021 - 06/30/2022	Contract # 24754		
40.	431	OFFICE OF THE MILITARY	SOPHIA MACIAS	GENERAL 25% FEDERAL 75%	\$23,870	
	Contract Description:	This is a new contract to provide haircutting services for cadets at the Battle Born Youth Challenge Academy.				
		Term of Contract:	12/15/2021 - 06/30/2022	Contract # 25247		
41.	431	OFFICE OF THE MILITARY	TECHNICAL INSPECTION AGENCY	GENERAL 50% FEDERAL 50%	\$46,780	
	Contract Description:	This is a new contract to provide ongoing elevator inspection services for facilities statewide.				
		Term of Contract:	12/01/2021 - 10/31/2025	Contract # 25221		
42.	440	DEPARTMENT OF CORRECTIONS – CASA GRANDE TRANSITIONAL HOUSING	WESTERN COMMERCIAL SERVICES	GENERAL	\$55,558	
	Contract Description:	This is a new contract to provide ongoing service for steam cleaning kitchen exhaust systems at Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp.				
		Term of Contract:	11/19/2021 - 06/30/2025	Contract # 25129		
43.	440	DEPARTMENT OF CORRECTIONS – HIGH DESERT STATE PRISON	INNOVATIVE SYSTEM SERVICES, LLC DBA MECHANICAL PRODUCTS NEVADA	GENERAL	\$18,985	
	Contract Description:	This is a new contract to provide cleaning and repair services for the evaporative culinary cooler.				
		Term of Contract:	11/19/2021 - 04/30/2022	Contract # 24958		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	500	COMMISSION ON MINERAL RESOURCES - DIVISION OF MINERALS	3SAURUS, LLC	FEE: MINING CLAIM	\$49,499	
	Contract Description:	This is a new contract to design, fabricate, deliver and install a geology-related (rock and mineral) museum exhibit at the Reno Discovery Museum.				
		Term of Contract:	12/20/2021 - 04/30/2022	Contract # 24990		
45.	500	COMMISSION ON MINERAL RESOURCES - DIVISION OF MINERALS	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNIVERSITY OF NEVADA, RENO	FEE: MINING CLAIM	\$37,800	Exempt
	Contract Description:	This is a new interlocal agreement to provide a geologic map and report of Railroad Valley in Nye County.				
		Term of Contract:	12/14/2021 - 06/30/2023	Contract # 25223		
46.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	UNISYS CORPORATION	OTHER: PROGRAM FEES 90% GENERAL 10%	\$51,869	
	Contract Description:	This is the second amendment to the contract that provides computer programming and related service for the replacement of the Nevada Criminal Justice Information System. This amendment increases the maximum amount from \$36,237,516 to \$36,289,385 due to project scope changes that include the elimination of the Firearms Prohibited Person File Project and the addition of the DMV Web Services Interface and the Driver's License Query Index projects.				
		Term of Contract:	07/01/2020 - 06/30/2027	Contract # 23205		
47.	702	DEPARTMENT OF WILDLIFE - HERITAGE - NON-EXEC	SPEEDGOAT WILDLIFE SOLUTIONS, LLC	OTHER: HERITAGE FUND 85% FEDERAL 15%	\$37,500	
	Contract Description:	This is a new contract to provide an integrated population model for large ungulates including pronghorn antelope and mule deer.				
		Term of Contract:	12/01/2021 - 06/30/2024	Contract # 24837		
48.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	CONSERVATION VISIONS, LLC	OTHER: RESOURCE ENHANCEMENT STAMP 50% LICENSE PLATE 50%	\$49,000	
	Contract Description:	This is the first amendment to the original contract which provides a custom-built database that will facilitate harvest comparisons between different species as part of the Wild Harvest Initiative. This amendment extends the termination date from November 14, 2021 to November 14, 2022 and increases the maximum amount from \$196,000 to \$245,000 due to the continued need for these services.				
		Term of Contract:	12/12/2017 - 11/14/2022	Contract # 19284		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
49.	702	DEPARTMENT OF WILDLIFE - FISHERIES MANAGEMENT	KASF CONSULTING	FEE: AQUATIC INVASIVE SPECIES	\$40,000	
	Contract Description:	This is the first amendment to the original contract which provides aquatic invasive species microscopy. This amendment extends the termination date from December 31, 2021 to August 17, 2025 and increases the maximum amount from \$4,400 to \$44,400 due to the continued need for these services.				
		Term of Contract:	08/18/2021 - 08/17/2025	Contract # 24625		
50.	702	DEPARTMENT OF WILDLIFE - HABITAT	CARSON VALLEY CONSERVATION DISTRICT	FEE: HABITAT CONSERVATION	\$50,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide habitat improvement projects on private and public lands.				
		Term of Contract:	12/08/2021 - 10/31/2025	Contract # 25060		
51.	702	DEPARTMENT OF WILDLIFE - HABITAT	EARTHFORT, LLC	FEE: SPORTSMEN REVENUE 50% FEDERAL 50%	\$20,000	
	Contract Description:	The is a new contract to provide soil laboratory biological testing services for soil samples taken to assist in planning and assessing habitat rehabilitation and restoration projects.				
		Term of Contract:	12/07/2021 - 09/30/2025	Contract # 25033		
52.	702	DEPARTMENT OF WILDLIFE - HABITAT	MASON VALLEY CONSERVATION	FEE: HABITAT CONSERVATION	\$45,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide habitat improvement projects on private and public lands.				
		Term of Contract:	12/07/2021 - 06/30/2024	Contract # 24168		
53.	702	DEPARTMENT OF WILDLIFE - HABITAT	PARADISE SONOMA CONSERVATION DISTRICT	FEE: UPLAND GAME STAMP, HABITAT CONSERVATION, AND DUCK STAMP 75% OTHER: HABITAT INDUSTRIAL DEVELOPMENT FUND 25%	\$37,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide habitat improvement projects on private and public lands.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25091		
54.	810	DEPARTMENT OF MOTOR VEHICLES - DIRECTOR'S OFFICE	THE ABBI AGENCY	FEE: 34% HIGHWAY 66%	\$15,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing marketing and buying services. This amendment increases the maximum amount from \$1,502,696 to \$1,517,969 and revises the scope of work to include promoting the court-ordered technology fee refund program.				
		Term of Contract:	07/01/2019 - 06/30/2023	Contract # 21920		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
55.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - VOCATIONAL REHABILITATION	ODYSSEY CHARTER SCHOOL OF NEVADA	FEDERAL	\$28,800	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services to disabled youths, ages 16-22, by providing the tools that will enable them to seek and retain employment.				
		Term of Contract:	12/01/2021 - 12/31/2022	Contract # 25199		
56.	902	DEPARTMENT OF EMPLOYMENT TRAINING AND REHABILITATION - GOVERNOR'S OFFICE OF WORKFORCE INNOVATION	GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT	FEDERAL	\$73,422	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 \$230,000.00 to \$303,421.71 due to the increased need for these services. This amendment also adds the Cares Act quarterly report requirements.				
		Term of Contract:	01/12/2021 - 09/29/2023	Contract # 23817		
57.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	NEVADA HELP DESK, LLC	FEDERAL	\$23,310	Professional Service
	Contract Description:	This is a new contract for the development and final production of four agency-specific project management training videos using agency workflows and templates based on best practices of the project initiation, project planning, project execution & monitor, and project closeout processes.				
		Term of Contract:	11/19/2021 - 01/31/2022	Contract # 25181		
58.	950	PUBLIC EMPLOYEES BENEFITS PROGRAM	AON CONSULTING, INC.	OTHER: PREMIUM REVENUE 73% STATE SUBSIDY 27%	\$50,000	
	Contract Description:	This is the fifth amendment to the original contract which provides actuarial services. This amendment increases the maximum amount from \$3,601,585 to \$3,651,585 due to the addition of a claims data warehouse solution including reporting and analytics.				
		Term of Contract:	07/01/2016 - 06/30/2022	Contract # 17596		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
59.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHITECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	NATIONAL COUNCIL OF ARCHITECTURAL REGISTRATION BOARDS	FEE: LICENSURE	\$21,000	
	Contract Description:	This is a new contract to provide updates to the residential design examination through exam development, delivery, and standard setting for each section of the exam.				
	Term of Contract:	12/13/2021 - 10/31/2022	Contract # 25227			
60.	B024	LICENSING BOARDS AND COMMISSIONS - PODIATRY	CARRARA GROUP, LLC	FEE: LICENSURE	\$40,000	
	Contract Description:	This is a new contract to provide professional services related to legislative issue responses, lobbying, and assistance with statute and regulation adoption.				
	Term of Contract:	12/21/2021 - 12/31/2023	Contract # 25092			
61.	B036	LICENSING BOARDS AND COMMISSIONS - MASSAGE THERAPISTS	PLATT LAW GROUP	FEE: LICENSURE	\$49,000	Professional Service
	Contract Description:	This is a new contract to provide legal services.				
	Term of Contract:	12/06/2021 - 11/30/2023	Contract # 25261			



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25277**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>McNutt Law Firm</b>
Agency Code: <b>030</b>	Contractor Name: <b>McNutt Law Firm</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>114441 Allerton Park Dr#100</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>702-384-1170</b>
	Vendor No.: <b>T32011245</b>
	NV Business ID: <b>NV20041603581</b>
To what State Fiscal Year(s) will the contract be charged?	<b>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 % Statutory Contingency</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 01/2022

Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract to be retroactive to October 26, 2021 due to the nature of the current litigation forcing the Office of the Attorney General to immediately secure outside counsel and narrowing the timeframe for timely submission.**

3. Termination Date: **12/31/2022**

Contract term: **1 year and 66 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

**This is a new contract to provide outside counsel services for case number A-20-807953-C Kobler v. Taxicab Authority.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is involved in ongoing litigation that requires the services of outside counsel due to a conflict.

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

State employees do not have the expertise needed for this matter.

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	12/07/2021 13:58:41 PM
Division Approval	jhoba2	12/07/2021 13:58:43 PM
Department Approval	jhoba2	12/07/2021 13:58:46 PM
Contract Manager Approval	Iramire7	12/10/2021 13:56:50 PM
Budget Analyst Approval	jcoope8	12/13/2021 09:04:18 AM

AARON D. FORD  
*Attorney General*

CAROLINE BATEMAN  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



JESSICA L. ADAIR  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

## MEMORANDUM

**Date:** December 7, 2021

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

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

**Subject:** Retroactive Approval for contract # 25277 McNutt Law Firm

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We are requesting this contract to be retroactive to October 26, 2021 due to the nature of the current litigation forcing the Office of the Attorney General to immediately secure outside counsel and narrowing the timeframe for timely submission.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25255**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>GARTNER, INC</b>
Agency Code: <b>040</b>	Contractor Name: <b>GARTNER, INC</b>
Appropriation Unit: <b>1050-23</b>	Address: <b>980 9TH STREET, SUITE 2150</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SACRAMENTO, CA 95814</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Yvette Toledo 619-819-0365</b>
	Vendor No.: <b>PUR0005339</b>
	NV Business ID: <b>NV19941112701</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022</b>	

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

<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 #: **040**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/09/2021**

Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/15/2022**

Contract term: **68 days**

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

Contract description: **CX Management Asmt**

5. Purpose of contract:

**This is a new service agreement under master service agreement 99SWC-NV21-8568 which provides rapid customer experience management maturity assessment services. This service agreement provides for a gap analysis of the Secretary of State customer support experience verses industry best practices.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Direct feedback from business owners to the Secretary, Chief Deputy, Deputy of Commercial Recordings, and Portal administrator indicates that improvement is necessary in the customer support aspect of the total customer experience. Gartner expertise in this area is essential to targeting preferred behavior. Their expertise in the ITIL framework for service delivery will play a big part in the gap analysis, and thus in designing a roadmap for the Secretary of State office to improve processes/tools which will then improve the overall customer experience. We expect that the improved customer experience will position the State of Nevada to get more "conversion filings" which will also generate more revenue for the State.

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

State employees lack the time, knowledge, and expertise to conduct this analysis. An outside group of experts like Gartner is the only way to make this initiative successful.

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

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

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

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

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

[Empty text box]

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	shudder	11/30/2021 14:44:01 PM
Division Approval	shudder	11/30/2021 14:44:05 PM
Department Approval	shudder	11/30/2021 14:44:10 PM
Contract Manager Approval	adale	11/30/2021 14:50:32 PM
Budget Analyst Approval	hfield	12/09/2021 16:14:21 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25179**

Agency Name:	<b>TREASURER - COLLEGE SAVINGS TRUST</b>	Legal Entity Name:	<b>KENNY GUINN CENTER FOR POLICY PRIORITIES</b>
Agency Code:	<b>051</b>	Contractor Name:	<b>KENNY GUINN CENTER FOR POLICY PRIORITIES</b>
Appropriation Unit:	<b>1092-04</b>	Address:	<b>GUINN CENTER 3200 E. CHEYENNE AVENUE NORTH LAS VEGAS, NV 89030</b>
Is budget authority available?:	<b>No</b>	Contact/Phone:	<b>Nancy Brune 702-427-7509</b>
If "No" please explain: Contingent upon December 2021 IFC work program C57412.		Vendor No.:	<b>T27039031</b>
		NV Business ID:	<b>NV20131262985</b>

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Endowment Account 1094</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/09/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2022**

Contract term: **111 days**

4. Type of contract: **Contract**

Contract description: **Scholarship Study**

5. Purpose of contract:

**This is a new contract to provide a comprehensive report based upon the findings of the study on the effectiveness of publicly funded higher education scholarships and grants in the State of Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

Other basis for payment: Monthly invoicing with hours worked on tasks as outlined in the cost proposal, as reviewed and approved by the Treasurer's Office.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Senate Bill 128 of the 81st regular Legislative Session, the Nevada State Treasurer's Office has been tasked with hiring a qualified vendor(s) to conduct a comprehensive study concerning the effectiveness of publicly funded higher education scholarships and grants.

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

State employees do not possess the skills, experience or time to perform the tasks required to execute the necessary components required for this project.

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

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

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

Sumnu Marketing, LLC  
Alpine Testing Solutions  
RFx Analyst, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #OST001, 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: 10/06/2021 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:

The Treasure's Office as well as the Nevada Housing Coalition, Division of Health Care Financing & Policy and the Nevada Grant Lab have used this vendor on numerous contracts 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 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	alaw1	11/03/2021 15:30:04 PM
Division Approval	alaw1	11/03/2021 15:30:07 PM
Department Approval	alaw1	11/03/2021 15:30:09 PM
Contract Manager Approval	rmorse	11/03/2021 15:30:20 PM
Budget Analyst Approval	dlenzner	12/09/2021 10:24:45 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: **25189**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ARROW AIR CONDITIONING &amp; SHEET METAL LLC DBA AIR SERV</b>
Agency Code: <b>082</b>	Contractor Name: <b>ARROW AIR CONDITIONING &amp; SHEET METAL LLC DBA AIR SERV</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>657 MIDDLEGATE RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89011</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jeff Barnard 702-565-4610</b>
	Vendor No.: <b>T32002612</b>
	NV Business ID: <b>NV20011095515</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 Rent Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/19/2021**

Anticipated BOE meeting date **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/03/2025**

Contract term: **3 years and 350 days**

4. Type of contract: **Contract**

Contract description: **HVAC Services**

5. Purpose of contract:

**This is a new contract to provide ongoing maintenance and repairs of heating, ventilation, and air conditioning and controls equipment to State owned buildings throughout Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,620.40**

Payment for services will be made at the rate of \$105.00 per hour

Other basis for payment: Time and a half on labor when called out on all major holidays. Parts and Materials 5%-20% mark up with written prior approval.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC systems controls the overall climate in a building, maintains good indoor air quality, adequate ventilation with filtration that provides occupants a comfortable environment. HVAC service is important for the safety, health and working conditions for all State employees and public.

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

Lack of manpower.

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):



Gold Medal Service  
Arrow Air Conditioning and Sheet Metal DBA Aire Serv  
Johnson Controls

b. Solicitation Waiver: **Not Applicable**

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

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

10. Does the contract contain any IT components?  No

### III. OTHER INFORMATION

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

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

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

**No**

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

**No**

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

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

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

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

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

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

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702/486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	11/03/2021 08:19:02 AM
Division Approval	tmilazz1	11/03/2021 11:17:24 AM
Department Approval	ssands	11/10/2021 08:44:13 AM
Contract Manager Approval	aalvaro1	11/10/2021 08:58:22 AM
Budget Analyst Approval	nkephart	11/19/2021 12:16:10 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24980**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CASHMAN EQUIPMENT COMPANY</b>
Agency Code: <b>082</b>	Contractor Name: <b>CASHMAN EQUIPMENT COMPANY</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>600 GLENDALE AVE</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>Shaun Barrios 801-678-6345</b>
	Vendor No.: <b>PUR0000249A</b>
	NV Business ID: <b>NV196010000406</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/15/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2025**

Contract term: **3 years and 351 days**

4. Type of contract: **Contract**

Contract description: **UPS EQUIP REPAIR**

5. Purpose of contract:

**This is a new contract that provides continued repair services on the Uninterruptible Power Supplies equipment located at Nevada Highway Patrol in Reno and the Bryan building in Carson City, on an as-needed basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,933.51**

Other basis for payment: Service will be at a rate of \$135 per hour between 8am and 5pm. Overtime and after hours rate at \$202.50 per hour. Holiday rate \$270.00 per hour.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Equipment must be maintained for safety and integrity of the equipment.**

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

**Lack of manpower 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):

**Millennium UPS  
Capital Control Systems  
Tri-City Power**

b. Solicitation Waiver: **Not Applicable**

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

[Empty text box]

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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:  
Nevada Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Noel A. Lopez, Program Officer I Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	09/20/2021 09:55:50 AM
Division Approval	tmilazz1	09/21/2021 11:02:44 AM
Department Approval	ssands	10/27/2021 14:47:36 PM
Contract Manager Approval	mvietti	12/09/2021 16:27:27 PM
Budget Analyst Approval	nkephart	12/15/2021 09:42:52 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24976**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HILOW SERVICES LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>HILOW SERVICES LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>3983 S MCCARRAN BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-7510</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-386-2206</b>
	Vendor No.: <b>T29042358</b>
	NV Business ID: <b>NV20191341856</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 % Building Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/07/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**

Contract term: **3 years and 328 days**

4. Type of contract: **Contract**

Contract description: **Weed & Pest Control**

5. Purpose of contract:

**This is a new contract to provide weed control and pest control management for various state buildings in Northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,430.00**

Other basis for payment: Weed control will be \$325 per acre for post emergent, \$423 per acre for both pre and post emergent. General Pest service will be at a rate of \$145/per hour between 8 am and 5 pm. After hours rate will be \$185/per hour. Material cost plus 10% will be added to rate fee.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

State offices require weed control and abatement to maintain grounds

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):

Cutting Edge Lawn and Landscape  
Nevada Outdoors  
Jobs Peak Weed Control  
Integrated Pest Management

b. Solicitation Waiver: **Not Applicable**

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

Best price

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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:  
Nevada Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Noel A. Lopez, Program Officer I Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	09/17/2021 08:01:30 AM
Division Approval	tmilazz1	09/22/2021 16:54:53 PM
Department Approval	ssands	11/19/2021 15:29:13 PM
Contract Manager Approval	mvietti	11/19/2021 15:58:13 PM
Budget Analyst Approval	nkephart	12/07/2021 13:13:04 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25178**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1349-12</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>JOHNSON CONTROLS INC</b> Contractor Name: <b>JOHNSON CONTROLS INC</b> Address: <b>PO BOX 730068</b> City/State/Zip: <b>DALLAS, TX 75373-0068</b> Contact/Phone: Sharon Iannucci 702-948-1839 Vendor No.: T10346500A NV Business ID: NV19571000769
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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 % BUILDING RENTAL INCOME REVENUE</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/07/2021**  
 Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**  
 Contract term: **3 years and 328 days**

4. Type of contract: **Contract**  
 Contract description: **HVAC Service**

5. Purpose of contract:  
**This is a new contract to provide ongoing heating, ventilation, and air conditioning services to State owned buildings throughout Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$58,759.48**

Other basis for payment: 10 percent discount on the noted labor rates for all State of Nevada Buildings and Grounds facilities for the contract period. Control Technician regular hourly rate: \$209.00, overtime rate: \$313.50, Sunday/Holiday rate: \$418.00. Other rates outlined in Attachment DD: Vendor Proposal

#### II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC systems control the overall climate in a building, maintain good indoor air quality, adequate ventilation with filtration that provides occupants a comfortable environment. HVAC service is important for the safety, health and working conditions for all State employees and public.

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

Lack of manpower 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):

Johnson Control  
Gold Medal Service  
Aire Serv

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contracts for HVAC service on file. Per SAM 0338.0 each contractor will be contracted to submit bids for available jobs.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 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:

Noel Lopez, Program Officer I Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	10/28/2021 13:50:02 PM
Division Approval	tmilazz1	11/03/2021 11:49:23 AM
Department Approval	ssands	11/19/2021 15:52:37 PM
Contract Manager Approval	mvietti	11/19/2021 16:03:23 PM
Budget Analyst Approval	nkephart	12/07/2021 13:25:08 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: **25172**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>MAGEL AIR CONDITIONING DBA GOLD MEDAL SERVICE</b>
Agency Code: <b>082</b>	Contractor Name: <b>MAGEL AIR CONDITIONING DBA GOLD MEDAL SERVICE</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>3355 CLAYTON ST STE 13</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89032-8007</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>TANA MAGEL 702-489-2100</b>
	Vendor No.: <b>T32010286</b>
	NV Business ID: <b>NV20101779932</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/19/2021**

Anticipated BOE meeting date **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**

Contract term: **3 years and 346 days**

4. Type of contract: **Contract**

Contract description: **HVAC Service**

5. Purpose of contract:

**This is a new contract to provide ongoing heating, ventilation, and air conditioning services to State owned buildings throughout Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,304.87**

Payment for services will be made at the rate of \$79.00 per hour

Other basis for payment: After hour rate \$118.50, Holiday rate \$158.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC systems control the overall climate in a building, maintain good indoor air quality, adequate ventilation with filtration that provides occupants a comfortable environment. HVAC service is important for the safety, health and working conditions for all State employees and public.

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

Lack of manpower 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):



Aire Serve  
Johnson Controls  
Gold Medal Service

b. Solicitation Waiver: **Not Applicable**

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

This is one of multiple contracts for HVAC service on file. Per SAM 0338.0 each contractor will be contracted to submit bids for available jobs.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Noel Lopez, Program Officer I Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	11/03/2021 09:10:42 AM
Division Approval	tmilazz1	11/03/2021 11:45:53 AM
Department Approval	ssands	11/10/2021 08:54:22 AM
Contract Manager Approval	aalvare1	11/10/2021 08:59:33 AM
Budget Analyst Approval	nkephart	11/19/2021 12:15:03 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: **25196**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>MDK LLC DBA WESTERN ENVIRONMENTAL TESTING LAB</b>
Agency Code: <b>082</b>	Contractor Name: <b>MDK LLC DBA WESTERN ENVIRONMENTAL TESTING LAB</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>475 E GREG ST STE 119</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431-8517</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-741-9965</b>
	Vendor No.: <b>T81201715</b>
	NV Business ID: <b>NV20151665199</b>

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

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

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

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 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/06/2022**

Contract term: **339 days**

4. Type of contract: **Contract**

Contract description: **Water Analysis**

5. Purpose of contract:

**This is a new contract to provide laboratory sump water testing for drinking water for the Nevada State Library and Archives, the Attorney General's Office, the Frankie Sue Del Papa building and the Supreme Court buildings in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,049.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Test for safe drinking water

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

Lack of trained personnel and testing 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):

Nevada Analytical  
Broadbent  
MDK LLC dba WETLabs

b. Solicitation Waiver: **Not Applicable**

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

MDK is the only vendor to test drinking water from the vendors contacted.

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Noel Lopez, Program Officer I Ph: 775/684-1801

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	11/04/2021 16:32:17 PM
Division Approval	tmilazz1	11/05/2021 10:03:11 AM
Department Approval	tmilazz1	11/23/2021 13:35:48 PM
Contract Manager Approval	mvietti	11/23/2021 14:15:35 PM
Budget Analyst Approval	nkephart	12/01/2021 16:07:08 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: **25244**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>RO ANDERSON ENGINEERING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>RO ANDERSON ENGINEERING, INC.</b>
Appropriation Unit: <b>1585-64</b>	Address: <b>1603 ESMERALDA AVE.</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>775-782-2322</b>
	Vendor No.: <b>T29003022A</b>
	NV Business ID: <b>NV19921072789</b>

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

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

<input checked="" type="checkbox"/> General Funds	<b>11.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	<b>89.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114566

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/13/2021**  
Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 198 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Caliente Youth Center Pavement Preservation and Maintenance CIP project, to include construction documents and bidding assistance for the ADA parking improvements and required pavement maintenance: CIP Project No.19-S05-2A; SPWD Contract No. 114566**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,472.00**

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:  
McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/30/2021 16:10:44 PM
Division Approval	nmann	11/30/2021 16:10:47 PM
Department Approval	nmann	11/30/2021 16:10:50 PM
Contract Manager Approval	lwildes	12/01/2021 07:18:23 AM
Budget Analyst Approval	nkephart	12/13/2021 15:44:43 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25241**

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>All Appropriations</b>	Address:	<b>1575 DELUCCHI LN STE 120</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>RENO, NV 89502-6581</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 24, STARBASE Program.		Contact/Phone:	<b>775-284-7083</b>
		Vendor No.:	<b>T29033842</b>
		NV Business ID:	<b>NV20131182382</b>

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

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

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

Agency Reference #: 114559

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/17/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 195 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 STARBASE Building Renovation Building 76 CIP project, to include structural, mechanical, and electrical engineering services, architecture and project management for the building renovation: CIP Project No. 22-A006; SPWD Contract No. 114559**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,980.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/01/2021 11:38:08 AM
Division Approval	nmann	12/01/2021 11:38:10 AM
Department Approval	nmann	12/01/2021 11:38:12 AM
Contract Manager Approval	lwildes	12/01/2021 11:56:31 AM
Budget Analyst Approval	nkephart	12/17/2021 13:46:47 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: **18529** Amendment Number: **4**

Agency Name: **GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT** Legal Entity Name: **BOARD OF REGENTS-UNR**

Agency Code: **102** Contractor Name: **BOARD OF REGENTS-UNR**

Appropriation Unit: **1521-10** Address: **Ansari Business Building Room 411**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89557-0032**

If "No" please explain: **Not Applicable** Contact/Phone: **Winnie Dowling 775-784-4062**

Vendor No.: **D35000816**

NV Business ID: **88-6000024**

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2017**

Anticipated BOE meeting date: **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **5 years and 53 days**

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

Contract description: **Program Management**

5. Purpose of contract:

**This is the fourth amendment to the original interlocal agreement which provides ongoing administration of the Battle Born Venture Capital Program. This amendment extends the contract end date from December 31, 2021 to June 30, 2022 and increases the contract amount by \$57,500 from \$501,111 to \$558,611. There is no change to the scope of work.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$230,000.00	\$230,000.00	\$230,000.00	Yes - Action
a. Amendment 1:	\$110,924.00	\$110,924.00	\$110,924.00	Yes - Action
b. Amendment 2:	\$105,187.00	\$105,187.00	\$105,187.00	Yes - Action
c. Amendment 3:	\$55,000.00	\$55,000.00	\$55,000.00	Yes - Action
2. Amount of current amendment (#4):	\$57,500.00	\$57,500.00	\$57,500.00	Yes - Info
3. New maximum contract amount:	\$558,611.00			
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?

Nevada needs to diversify its economic base, and utilizing available federal funds to provide venture capital to entrepreneurs and small business will help spur economic growth.

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

This work requires specialized skills and abilities the agency does possess. NSBDC has a statewide network of offices and resources dedicated to small business development, and the program manager they hire will have extensive experience in growth escalation and identifying and verifying investment opportunities.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Not applicable.

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

10. Does the contract contain any IT components? No

## III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Icopelan	12/17/2021 14:01:19 PM
Division Approval	Icopelan	12/17/2021 14:01:22 PM
Department Approval	Icopelan	12/17/2021 14:01:25 PM
Contract Manager Approval	Icopelan	12/17/2021 14:01:28 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>24591</b>	Amendment Number: <b>1</b>
Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name: <b>OnTrackNorthAmerica</b>
Agency Code: <b>102</b>	Contractor Name: <b>OnTrackNorthAmerica</b>
Appropriation Unit: <b>1526-24</b>	Address: <b>1700 Sansom Street, Suite 500</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Philadelphia, PA 19103</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michael Sussman 215-564-3122</b>
	Vendor No.: <b>T32011269</b>
	NV Business ID: <b>NV20212169875</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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/29/2021**  
 Anticipated BOE meeting date: 12/2021  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2021**  
 Contract term: **245 days**

4. Type of contract: **Contract**  
 Contract description: **Rail Alliance**

5. Purpose of contract:

**This is the first amendment to the original contract which provides materials and presentations regarding the California, Nevada, and Utah Supply Chain Alliance, in support of the 2021 Nevada State Rail Plan, and identifies potential grant funding opportunities. This amendment extends the termination date from December 31, 2021 to March 31, 2022 and increases the maximum amount from \$25,000 to \$49,000 due the continued need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#1):	\$24,000.00	\$24,000.00	\$49,000.00	Yes - Info
3. New maximum contract amount:	\$49,000.00			
and/or the termination date of the original contract has changed to:	03/31/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

GOED seeks to develop a California, Nevada, and Utah rail supply chain alliance to promote economic development.

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

With over 35 years of experience in strategic rail planning across all 50 states, OnTrackNorthAmerica is uniquely positioned to assist Nevada in the establishment of the California, Nevada, Utah Supply Chain Alliance. State employees do not have the experience needed to adequately complete this specialized study.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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 #: 211003**

**Approval Date: 10/19/2021**

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

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

The contractor performed work with NDOT dba Strategic Rail Finance with OTNA registered as a sub. The work was performed satisfactorily.

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

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

Not Applicable

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

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	Icopelan	11/15/2021 17:21:40 PM
Division Approval	Icopelan	11/15/2021 17:21:43 PM

Department Approval	Icopelan	11/15/2021 17:21:45 PM
Contract Manager Approval	Icopelan	11/15/2021 17:27:54 PM
Budget Analyst Approval	mlynn	11/30/2021 11:44:39 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>	<b>211003</b>

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>only</u> the contact(s) listed below:		
	<b>ENTER STATE AGENCY NAME:</b>	<i>Governor's Office of Economic Development</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Leandra Diosa, Director of Administration</i>	<i>775-687-9910</i>	<i>ldiosa@diversifynevada.com</i>

<b>1b</b>	<b>Vendor Information:</b>	
	<b>Vendor Name:</b>	<i>On Track North America</i>
	<b>Contact Name:</b>	<i>Michael Sussman</i>
	<b>Complete Address: City, State, and Zip Code</b>	<i>1700 Sansom Street, Suite 500 Philadelphia, PA, 19103</i>
	<b>Telephone Number:</b>	<i>215-564-3122, ext. 101</i>
	<b>Email Address:</b>	<i>msussman@ontracknorthamerica.org</i>

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

<b>1d</b>	<b>Contract Information:</b>			
	<b>Is this a new Contract? Check One:</b>	Yes:	No:	<b>X</b>
	<b>Amendment Number:</b>	<i>#1</i>		
	<b>Enter CETS Number:</b>	<i>#24591</i>		

<b>1e</b>	<b>Term:</b>			
	<b>One (1) Time Purchase? Check One:</b>	Yes:	<b>X</b>	No:
	<b>Contract:</b>	<b>Start Date:</b>	<i>07/29/2021</i>	<b>End Date:</b> <i>3/31/2022</i>

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

*Revision - Rec'd 10/25/21*

Purchasing Use Only:

Approval #:

211003 ①

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$24,000

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p>In September of 2021, GOED in partnership with On Track North America (OTNA) launched the Southwest Supply Chain Coalition (SSCC). The coalition is comprised of stakeholders in Nevada, California, Utah, and Arizona.</p> <p>The additional scope of work includes:</p> <ul style="list-style-type: none"><li>• Identifying all relevant stakeholders in each of the four states and entering them into our SSCC relational database per the stakeholder group(s) each of them belongs in.</li><li>• Meeting scheduling and facilitation with critical stakeholders, state governors' offices, statewide economic development agencies, California ports, Union Pacific Railroad and BNSF Railway, Utah Inland Port, and each state's DOT.</li><li>• Create four video presentations of the Southwest Supply Chain Coalition—2 minutes, 5 minutes, and 30 minutes. These will be conceived and created by the end of October, to be used for all the education and enrollment tasks that we are engaged in across the four states.</li><li>• Prepare presentations for the National Association of Governors and the Council of State Governors and the American Association of State Highway and Transportation Official engagement and follow-up.</li><li>• Reach out to the US Department of Transportation and the Federal Railroad Administration officials and brief them on the SSCC. We are about to be scheduled by FRA staff to meet with the incoming Director about the SSCC.</li><li>• Design and build a website to present and house all the SSCC activities.</li></ul>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<p>In September of 2021, GOED in partnership with On Track North America (OTNA) launched the Southwest Supply Chain Coalition. The coalition is comprised of stakeholders in Nevada, California, Utah, and Arizona and is focused on enhancing supply chain management and investment in the southwest. OTNA is the nonprofit extension of Strategic Rail Finance who worked over a 26-month period on the state of Nevada's 2021 Rail Plan that was just released in January. They have established coalitions throughout Nevada focused on advancing rail enabled economic development and are assisting GOED with outreach in each of the coalition states.</p>

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>
	<p>This service provider has almost 3 years of continuous contractual service to NDOT and now GOED focused on rail enabled economic development in Nevada. Their expertise on Nevada's supply chain and strategic rail development is unmatched.</p>

5	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
			X

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

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

GOED has established a partnership with OTNA to launch the Southwest Supply Chain Coalition this request is to ensure that we can continue our efforts through the end of 2021 while pursuing federal funding in conjunction with OTNA. Utilizing another vendor would result in significant delays while they studied the state, assembled the necessary stakeholders, and brought themselves up to date with what's currently being done between GOED and OTNA. Seeking another vendor at this juncture in the process would undermine the coalitions success and cost the state more recourses.



Purchasing Use Only:

Approval #:

2110030

	Has the agency purchased this service or commodity in the past? Check One:			Yes	No
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <b>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</b></i>			X	
6	a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:				
	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #
	Start Date	End Date			
	07/29/21	12/31/21	\$25,000	Rail Alliance	210604
			\$		
			\$		
			\$		
		\$			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>If the request is denied, costs would increase dramatically as an alternative service provider worked to catch up with both local and state agencies in Nevada, California, and Utah that have been in discussions with OTNA for 2 years. Further, an alternative service provider would need to familiarize themselves with the Nevada State Rail Plan and work with OTNA to understand Us scope completely and fully and how NDOT and GOED have structured the operationalization of the plan. In other words, an alternative service provider would be compensated to revisit what has already been done for Nevada so that they could sufficiently meet the expectations of this contract.</i>

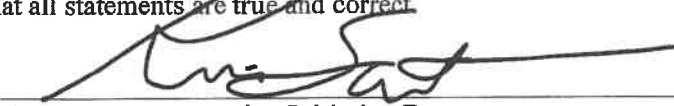
8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>Other vendors lack a sufficient understanding of the state's rail plan, would not fully understand the methodologies guiding the establishment of the supply chain alliance, and would not have the proper access to private sector (C- suit) industrial leaders that would be essential to successfully organizing the alliance.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<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.			

*At this time, GOED does not intend to contract with the vendor in the foreseeable future; however, GOED would like to reserve the right to contract with the vendor if future projects and funding arise.*

<i>Purchasing Use Only:</i>	
Approval #:	2110030

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

Kristopher Sanchez

10/12/2021

Print Name of Agency Representative Initiating Request

Date



Leandra Diossa  
2021.10.11  
17:54:38 -07'00'

Signature of Agency Head Authorizing Request

Leandra Diossa

10/11/2021

Print Name of Agency Head Authorizing Request

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

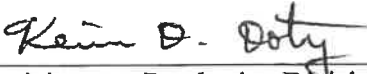
Print Name of Representative Providing Review

Date

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

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

Approved by:



Administrator, Purchasing Division or Designee

10/19/21

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>25028</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF TAXATION</b>	Legal Entity Name: <b>MOVE4LESS, LLC</b>
Agency Code: <b>130</b>	Contractor Name: <b>MOVE4LESS, LLC</b>
Appropriation Unit: <b>2361-04</b>	Address: <b>STE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89113-1949</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Maggie Kolesar 702/889-6683</b>
	Vendor No.: <b>T29027965</b>
	NV Business ID: <b>NV20041105072</b>

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

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

<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 **10/12/2021**  
Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **261 days**

4. Type of contract: **Contract**

Contract description: **Office Move**

5. Purpose of contract:

**This is the first amendment to the original contract, which provides moving services for the relocation and consolidation of the Department's two Southern Nevada offices. This amendment increases the maximum amount from \$8,480 to \$20,000 due to the continuing need for these services, as the office move and consolidation has not been completed.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$8,480.00	\$8,480.00	\$8,480.00	No
2. Amount of current amendment (#1):	\$11,520.00	\$20,000.00	\$20,000.00	Yes - Info
3. New maximum contract amount:	\$20,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is required for implementation of Senate Bill No. 415, passed during the 2021 Legislative Session. SB415 is a one-shot appropriation from the General Fund for the relocation and consolidation of the two Department of Taxation offices in the Las Vegas Valley into one office in Southern Nevada.

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

State employees and agencies do not have the equipment and training required to move the volume of furniture, equipment, and other items for the entire office.

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the quote that best met the needs of the Department for this job.

d. Last bid date: 09/30/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**Yes** If "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 was under contract with the Department of Taxation in July 2021 for a different job, and the service provided has been verified as satisfactory.

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

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

Not Applicable

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

LLC

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jgrimmer	12/06/2021 15:11:56 PM
Division Approval	jgrimmer	12/06/2021 15:11:59 PM
Department Approval	jgrimmer	12/06/2021 15:12:01 PM
Contract Manager Approval	lhans4	12/06/2021 15:15:38 PM
Budget Analyst Approval	hfield	12/09/2021 11:35:25 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25150**

Agency Name: <b>COMMISSION ON ETHICS</b>	Legal Entity Name: COMPLETE DOCUMENT MGMT SOL
Agency Code: <b>150</b>	Contractor Name: <b>COMPLETE DOCUMENT MGMT SOL</b>
Appropriation Unit: <b>1343-26</b>	Address: <b>PRECISION DOCUMENT IMAGING</b>
Is budget authority available?: <b>Yes</b>	<b>2440 Vassar Street, Suite 1</b>
If "No" please explain: Not Applicable	City/State/Zip: <b>RENO, NV 89503</b>
	Contact/Phone: Justin Long 775/337-1987
	Vendor No.: PUR0002739
	NV Business ID: NV20031298906
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.

<input checked="" type="checkbox"/> General Funds	<b>28.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>72.00 % Local Governments</b>

2. Contract start date:

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

Anticipated BOE meeting date 01/2022

Retroactive? **Yes**

If "Yes", please explain

**Based upon staff vacancies, turn-over and vendor negotiations, this agreement has been delayed in processing and submission to the GFO with sufficient time to review and approve.**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Case Mgmt Database**

5. Purpose of contract:

**This is a new contract to provide an ongoing hosted opinion database, acknowledgment of ethical standards form database and internal user interface, a hosted electronic form database, public access solutions, and a limited hosted document management system for internal processing of complaints and advisory opinions request.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,550.00**

Payment for services will be made at the rate of \$600.00 per month

Other basis for payment: Cost is \$600/per month=\$7,200/year x 4 years = \$28,800 plus \$3,750 if needed, for any additional work over the 4 years.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

An electronic case management/database system will ensure compliance with state law as established in Senate Bill 84 (2017), Assembly Bill 60 (2015), and Assembly Bill 236 (2013), including efficiencies in Complaint and Advisory Opinion management.

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

The Commission has limited fiscal and staff resources.

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

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

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

**Approval #: null**

**Approval Date: 11/09/2021**

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

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

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Tracy Chase, Acting Executive Director Ph: 775/687-5469

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	10/27/2021 08:21:48 AM
Division Approval	tmilazz1	11/09/2021 16:23:25 PM
Department Approval	ssands	11/18/2021 10:59:22 AM
Contract Manager Approval	aalvare1	11/18/2021 13:14:57 PM
Budget Analyst Approval	hfield	11/29/2021 12:27:30 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>	
<b>Approval#:</b>	211103 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>only</u> the contact(s) listed below:		
	ENTER STATE AGENCY NAME: <i>Nevada Commission on Ethics</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Tracy L. Chase, Acting Executive Director/Commission Counsel</i>	<i>(775) 687-5469</i>	<i>tchase@ethics.nv.gov</i>
	<i>Kari Pedroza, Executive Assistant</i>	<i>(775) 687-5469</i>	<i>k.pedroza@ethics.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>Complete Document Management Solutions, Inc. DBA Precision Document Imaging</i>
	Contact Name:	<i>Justin Long</i>
	Complete Address: City, State, and Zip Code	<i>2440 Vassar Street Suite 1 Reno NV 89502</i>
	Telephone Number:	<i>(775) 337-1987</i>
	Email Address:	<i>jlong@precisionpdi.com</i>

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

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	Amendment Number:	<i>N/A</i>		
	Enter CETS Number:	<i>#18520</i>		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	<i>7/1/2021</i>	End Date: <i>6/30/2025</i>

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>28% - \$9,114</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>72% - \$23,436 (Local Governments)</i>



Purchasing Use Only:	
Approval #:	21103 (C)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$32,550

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Licensing, hosting and technical support for case management system software and on-line filing platform</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>This is a new contract to continue the use of the software license and technical support for PDI's specially created software platform that coordinates filing of public documents via the Commission's website, including the following on-line filings: (1) complaint filings from members of the public; (2) confidential advisory opinion requests filed by public officers/employees; (3) Ethics Acknowledgement Forms required to be filed by certain public officers; and (4) public records requests.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>In 2017, the Commission and PDI contracted to have the vendor design, install, and host a database with internal user interface (web application) including technical support for its case management system and on-line filing forms, which software remains in PDI's ownership and is licensed to the Commission for use. The hosted database and associated software have been in use since 2017. This vendor is on the only one that can perform the associated technical and hosting services and provide a license to use its unique software package specifically created for the Commission.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		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>The hosted data base was a custom build and interfaces with the Commission's website. It processes and stores all form filings which are retrievable with the software, tracks statutory deadlines, and provides case related reports. A custom product was required due to the unique statutory deadlines and requirements for these filings. The license and technical support are essential to continued use of the customized software package, which meets the needs of the agency. The cost of software design and the cost of packaged software has substantially increased in the past few years and the Commission does not have budgetary funds for a new customized product or an over-the-counter software alternative, which package software would not have the functionality to meet the needs of the agency. Further, the system's interface and the database house a substantial portion of the agency's records and maintaining continued access to these records is essential.</i>			

Purchasing Use Only:	
Approval #:	

<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. <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>				
	<i>April 17, 2017</i>	<i>June 30, 2021</i>	<i>\$25,350</i>	<i>Hosted Database with internal use interface (web application)</i>	<i>Agency Procurement</i>	
	<i>May 1, 2018</i>	<i>June 30, 2021</i>	<i>\$25,350</i>	<i>Licensing and technical support for Case Management System</i>	<i>Agency Procurement</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>
	<i>Increased costs, record processing delays, accessibility issues, additional positions could be needed because the Commission does not have internal IT staff to maintain a records database and technical support.</i>

<b>8</b>	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>At each annual conference for COGEL (Council of Government Ethics Laws) held in December of 2018, 2019 and 2020, Commission staff reviews available marketed (packaged) software vendors to determine if an over-the-counter software package would meet the needs of the agency. The software licenses are more expensive than continuing the use of the PDI custom software, do not include in-state technical support, have less functionality and would not be customized to meet the statutory requirements under which the Commission is required to process its cases and filings.</i>

<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	X
	a. <i>If yes, please provide details regarding future obligations or needs.</i>		
<i>This is a continued licensing and hosting contract with PDI. If the Commission receives funding approved by the Legislature and the Governor in future fiscal sessions, then the Commission may choose to continue services after the term of this contract by initiating a new contract with PDI at that time.</i>			

**Purchasing Use Only:**

Purchasing Use Only:

Approval #:

#2111030

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

*K. Pedroza*

Agency Representative Initiating Request

*Kari Pedroza*

Print Name of Agency Representative Initiating Request

*11/2/2021*

Date

*Tracy L. Chase, Acting Executive Director*

Signature of Agency Head Authorizing Request

*TRACY L. CHASE*

Print Name of Agency Head Authorizing Request

*11/2/2021*

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

*Kevin D. Ooty*

Administrator, Purchasing Division or Designee

*11/9/21*

Date

Kim Wallin, CPA, CMA, CFM  
Chair

Brian Duffrin  
Vice-Chair



Tracy L. Chase, Esq.  
Acting Executive Director  
(D) 775-687-4313  
[tchase@ethics.nv.gov](mailto:tchase@ethics.nv.gov)

**State of Nevada**  
**COMMISSION ON ETHICS**  
704 W. Nye Lane, Suite 204  
Carson City, Nevada 89703  
(775) 687-5469 • Fax (775) 687-1279  
<http://ethics.nv.gov>

**MEMORANDUM**

To: Michael Rankin, Executive Branch Budget Officer  
Governor's Finance Office

From: Tracy Chase, Acting Executive Director, Nevada Commission on Ethics

Date: November 2, 2021 *JLC*

Subject: Justification for Retroactive Contract for Complete Document Management Solutions, Inc., DBA Precision Document Imaging ("PDI")

---

The Commission contracted in 2017 with PDI to design, install, and host a database with internal user interface (web application) including technical support for its case management system and on-line filing forms, which contract had two amendments extending the end deadline to June 30, 2021.

Based upon staff vacancies, turn-over and vendor negotiations, this agreement has been delayed in processing and submission to the Governor's Finance Office with sufficient time to review and approve with a July 1, 2021, start date. Due to the critical need for the use of the hosted database, the vendor continued to provide all services under the prior contract, as amended, so the Commission operations would be maintained without interruption.

Your time and assistance are most appreciated. Should you have any questions, please contact me by email at [tchase@ethics.nv.gov](mailto:tchase@ethics.nv.gov).

Kim Wallin, CPA, CMA, CFM  
Chair

Brian Duffrin  
Vice-Chair



Tracy L. Chase, Esq.  
Acting Executive Director  
(D) 775-687-4313  
[tchase@ethics.nv.gov](mailto:tchase@ethics.nv.gov)

**State of Nevada**  
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704 W. Nye Lane, Suite 204  
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(775) 687-5469 • Fax (775) 687-1279  
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**MEMORANDUM**

To: Michael Rankin, Executive Branch Budget Officer  
Governor's Finance Office

From: Tracy Chase, Acting Executive Director, Nevada Commission on Ethics

Date: November 2, 2021

Subject: Justification for Retroactive Contract for Complete Document Management Solutions, Inc., DBA Precision Document Imaging ("PDI")

---

The Commission contracted in 2017 with PDI to design, install, and host a database with internal user interface (web application) including technical support for its case management system and on-line filing forms, which contract had two amendments extending the end deadline to June 30, 2021.

Based upon staff vacancies, turn-over and vendor negotiations, this agreement has been delayed in processing and submission to the Governor's Finance Office with sufficient time to review and approve with a July 1, 2021, start date. Due to the critical need for the use of the hosted database, the vendor continued to provide all services under the prior contract, as amended, so the Commission operations would be maintained without interruption.

Your time and assistance are most appreciated. Should you have any questions, please contact me by email at [tchase@ethics.nv.gov](mailto:tchase@ethics.nv.gov).

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25292**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>GARTNER INC</b>
Agency Code: <b>180</b>	Contractor Name: <b>GARTNER INC</b>
Appropriation Unit: <b>1373-26</b>	Address: <b>PO BOX 911319</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DALLAS, TX 75391-1319</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>239/561-4815</b>
	Vendor No.: <b>PUR0005339A</b>
	NV Business ID: <b>NV19941112701</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022</b>	

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

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % User</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 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **179 days**

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

Contract description: **Advisory Services**

5. Purpose of contract:

**This is a new Work Plan under Master Service Agreement #18964 which provides research and advisory services related to information technology. This Work Plan is for the Gartner IT Leaders services which provide various deliverables to advise and assist IT Leaders and Advisors.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,253.50**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Enterprise IT Services (EITS) continues to pursue Information Technology (IT) advancements that will have statewide benefits. To ensure EITS stays current with rapidly advancing IT changes, Gartner has been identified as a leading resource of expertise on IT advancement in both government and private sectors. Gartner's breadth of expertise will continue to avoid false starts as the State implements cloud-based services, document production, commence development of mobile applications, contemplates replacement of key enterprise software, and considers the most efficient design of future networks.

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

State employees do not have the expertise

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

Work Plan to existing MSA # 18964

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Jared Franco, MAIII Ph: 671-2482

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rsanche6	12/09/2021 10:27:53 AM
Division Approval	tmilazz1	12/09/2021 10:38:59 AM
Department Approval	ssands	12/09/2021 10:44:27 AM
Contract Manager Approval	ssands	12/09/2021 10:44:30 AM
Budget Analyst Approval	mranki1	12/20/2021 14:22:36 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: **25039**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>INGERSOLL RAND COMPANY DBA</b>
Agency Code: <b>180</b>	Contractor Name: <b>INGERSOLL RAND COMPANY DBA</b>
Appropriation Unit: <b>1385-07</b>	Address: <b>TRANEUS INC</b>
Is budget authority available?: <b>Yes</b>	<b>PO BOX 98167</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>CHICAGO, IL 60693-8167</b>
	Contact/Phone: <b>Travis Jackson 312/974-6660</b>
	Vendor No.: <b>PUR0001609B</b>
	NV Business ID: <b>NV20201848976</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/30/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/15/2025**

Contract term: **3 years and 319 days**

4. Type of contract: **Contract**

Contract description: **HVAC Service**

5. Purpose of contract:

**This is a new contract to provide continued ongoing repair and maintenance services for the chillers, cooling towers, water pumps and compressors at the Computer Facility located in Carson City, NV.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,015.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The mainframe computer system, related components, and computer servers will not function without the proper temperature and humidity. The State is responsible for repairs to the computers if damage is caused by the environment in the computer room.

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

State employees are not trained for this type of work.

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

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

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

Ingersoll Rand/ Trane US  
Carrier Corporation  
RHP Mechanical Systems  
American Chiller Services



b. Solicitation Waiver: **Not Applicable**

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

Best price per submitted quotes.

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

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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:

John Hannah, Facility Supervisor III Ph: 775/684-4343

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rsanche6	10/04/2021 14:35:07 PM
Division Approval	tmilazz1	10/11/2021 09:41:52 AM
Department Approval	tmilazz1	11/24/2021 08:11:15 AM
Contract Manager Approval	mvietti	11/30/2021 11:46:35 AM
Budget Analyst Approval	mranki1	11/30/2021 13:24:00 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: **25147**

Agency Name:	<b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name:	West Edna Associates DBA Mojave Electric
Agency Code:	<b>240</b>	Contractor Name:	<b>West Edna Associates DBA Mojave Electric</b>
Appropriation Unit:	<b>2561-07</b>	Address:	<b>Mojave Electric 3755 W Hacienda Ave Las Vegas, NV 89118</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89118</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jeff Link 702 798 2970
		Vendor No.:	T80975069
		NV Business ID:	NV20081583981

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>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 %</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 01/2022

Retroactive? **Yes**

If "Yes", please explain

**This contract establishes power to the wander management system which provides safety to our memory care residents. The wander management system was purchased and delivered. Due to a miscommunication, it was assumed a contract was in place for installation and the service was initiated.**

3. Termination Date: **12/31/2021**

Contract term: **121 days**

4. Type of contract: **Contract**

Contract description: **Electric wanderguard**

5. Purpose of contract:

**This is a new contract to provide new electrical cabling and provide power for a wanderguard system at the Southern Nevada Veterans Home.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,146.00**

Other basis for payment: inspected work and signed off invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This work is to install electric conduit and establish power for a wanderguard system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Neither the state nor agency has the expertise or personnel to install the electrical system to power the wanderguard system.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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:  
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	11/05/2021 11:27:48 AM
Division Approval	jtheil1	11/05/2021 11:27:52 AM
Department Approval	dgree6	11/05/2021 14:05:03 PM
Contract Manager Approval	cbenham	11/05/2021 14:05:59 PM
Budget Analyst Approval	afrantz	12/09/2021 10:01:02 AM

STEVE SISOLAK  
Governor



STATE OF NEVADA

**NEVADA DEPARTMENT OF VETERANS SERVICES**

6630 South McCarran Blvd, Building C, Suite 204

Reno, Nevada 89509

(775) 688-1653 • Fax (775) 688-1656

**MEMORANDUM**

**TO:** Aaron Frantz, Executive Branch Budget Officer

**FROM:** Christopher Benham, Management Analyst II

**DATE:** November 2, 2021

**SUBJECT:** Request for Retroactive Approval –West Edna Associates DBA Mojave  
CETS: 25147

---

NDVS respectfully requests this contract be made retroactive to September 1, 2021. This contract establishes power to the wander management system which provides safety to our memory care residents. The wander management system was purchased and delivered. Due to a miscommunication, it was assumed that a contract was in place for installation and the service was initiated.

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: **25050** Amendment Number: **2**

Agency Name: **CANNABIS COMPLIANCE BOARD** Legal Entity Name: **MOVE 4 LESS, LLC.**

Agency Code: **270** Contractor Name: **MOVE 4 LESS, LLC.**

Appropriation Unit: **4207-19** Address: **6630 ARROYO SPRINGS ST STE 200**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89113-1949**

If "No" please explain: **Not Applicable** Contact/Phone: **Maggie Kolesar 702/381-1200 702-381-1200**

Vendor No.: **T29027965**

NV Business ID: **NV20041105072**

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 % Excise Tax</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **267 days**

4. Type of contract: **Contract**

Contract description: **Move to Warm Springs**

5. Purpose of contract:

**This the second amendment to to the original contract which provides moving services for office relocation. This amendment increases the maximum amount from \$17,156.25 to \$28,876.25 to complete the move and for the reassembly of furniture at the new location.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,750.00	\$12,750.00	\$12,750.00	Yes - Info
a. Amendment 1:	\$4,406.25	\$4,406.25	\$17,156.25	No
2. Amount of current amendment (#2):	\$11,720.00	\$16,126.25	\$28,876.25	Yes - Info
3. New maximum contract amount:	\$28,876.25			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is required to implement the relocation of the CCB as approved during the 2021 Legislative Session. Funding for this relocation was approved for and placed into special use category 19.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees and agencies do not have the equipment and training required to move the volume of furniture from one location to another.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Aaction Movers of Nevada, Inc.  
Ace Worldwide Elite Relocation Services  
Move4Less

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the quote that best met the needs of the CCB for this job.

d. Last bid date: 09/30/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jgiesle2	12/02/2021 16:42:37 PM
Division Approval	jgiesle2	12/02/2021 16:42:41 PM
Department Approval	jgiesle2	12/02/2021 16:42:43 PM
Contract Manager Approval	jgiesle2	12/02/2021 16:42:46 PM
Budget Analyst Approval	dlenzner	12/07/2021 15:01:33 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25246**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: International Institute for Restorative Practices
Agency Code: <b>300</b>	Contractor Name: <b>International Institute for Restorative Practices</b>
Appropriation Unit: <b>2710-13</b>	Address:
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Bethlehem, PA 10818</b>
If "No" please explain: Not Applicable	Contact/Phone: 610-653-5113
	Vendor No.:
	NV Business ID: NV20212257877

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 **11/30/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 211 days**

4. Type of contract: **Contract**

Contract description: **Restorative Justice**

5. Purpose of contract:

**This is a new contract to provide virtual statewide trainings for Restorative Justice Practices for Educators training, specifically for the the campus or district leader/educator who wishes to become a Restorative Practices Trainer of Staff in Tier 1, 2 and 3 supports and interventions schoolwide and in classrooms.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$67,795.20**

Other basis for payment: Upon receipt of invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with NRS 392.4644 and passage of the School Safety omnibus bills, Senate Bill 89 and Assembly Bill 168, during the 2019 Session of the Nevada Legislature, each school district shall complete Restorative Discipline Plans, formally known as Progressive Discipline Plans.

Restorative Practices is an alternative to exclusionary disciplinary practices, which removed students from the academic environment; instead, restorative justice seeks to repair the harm done when a standard of conduct is violated.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This training allows the opportunity to focus on Tier I, II and III for Restorative Practices to educators throughout the state, which many districts have been requesting. This training is built specifically for the campus or district leader/educator who wishes to become a Restorative Practices Trainer for Staff in Tier I, II, and III supports and interventions schoolwide.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Restorative Group  
Restorative Justice Education  
National Educators for Restorative Practices  
International Institute for Restorative Practices  
Bureau of Education and Research

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen because they offer a Train the Trainer model as requested by the state in a MTSS framework. The pricing and tiers allow for flexibility in meeting the state's training needs based on the tiered-trainings offered. This vendor has been in business for 21 years; has a research study to support their training; and are an accredited graduate program.

d. Last bid date: 08/09/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

**First time doing business in Nevada.**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**No** b. If "NO", please explain.

**First time doing business in Nevada.**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hsakelar	11/23/2021 13:23:11 PM
Division Approval	hsakelar	11/23/2021 13:23:14 PM
Department Approval	hsakelar	11/23/2021 13:23:17 PM
Contract Manager Approval	hsakelar	11/23/2021 13:23:21 PM
Budget Analyst Approval	mranki1	12/10/2021 07:43:42 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25285**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	FEDERAL EDUCATION GROUP PLLC
Agency Code:	<b>300</b>	Contractor Name:	<b>FEDERAL EDUCATION GROUP PLLC</b>
Appropriation Unit:	<b>2712-50</b>	Address:	<b>STE 400 1455 PENNSYLVANIA AVE NW WASHINGTON, DC 20004-1017</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>WASHINGTON, DC 20004-1017</b>
If "No" please explain:	Not Applicable	Contact/Phone:	202/349-1439
		Vendor No.:	T29042516
		NV Business ID:	NV20191551821

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 **12/10/2021**  
Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **1 year and 293 days**

4. Type of contract: **Contract**

Contract description: **CONSULTING RETAINER**

5. Purpose of contract:

**This is a new contract to support the federal programs within the offices of Student and School Supports and Career Readiness, Adult Education Options.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Since ESSA's passage, the U.S. Department of Education has finalized assessment regulations, repealed and removed regulations related to accountability and supplement no supplant, and released various guidance documents on how the law should be implemented, including recent guidance on supplement no supplant and equitable services. Also, UGG changes took place in 2020, and recently-purposed UGG changes will lead to additional updates to EDGAR. Adding to that confusion are the federal relief packages.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Legal education consultation for federal programs is a specialty that our state employees are not qualified in.

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):

Federal Education Group, PLLC  
Brustein and Manasvit

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The cost was significantly lower with the same level of knowledge and history of working with the agency.

d. Last bid date: 07/10/2021 Anticipated re-bid date: 01/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	12/07/2021 16:36:11 PM
Division Approval	carnol1	12/07/2021 16:55:45 PM
Department Approval	carnol1	12/07/2021 16:55:47 PM
Contract Manager Approval	mbro28	12/07/2021 16:56:19 PM
Budget Analyst Approval	mranki1	12/10/2021 16:17:47 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: **25157**

Agency Name:	<b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name:	<b>BRUSTEIN &amp; MANASEVIT PLLC</b>
Agency Code:	<b>315</b>	Contractor Name:	<b>BRUSTEIN &amp; MANASEVIT PLLC</b>
Appropriation Unit:	<b>2711-13</b>	Address:	<b>1023 15TH ST NW STE 500</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>WASHINGTON, DC 20005-2602</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Tiffany W. Kessler 202/965-3652
		Vendor No.:	T27009273
		NV Business ID:	NV20141168490

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/06/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2022**

Contract term: **56 days**

4. Type of contract: **Contract**

Contract description: **Attorney services**

5. Purpose of contract:

**This is a new contract to provide legal interpretations, advice, and guidance on education grant requirements and allowances.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,800.00**

Payment for services will be made at the rate of \$310.00 per hour

Other basis for payment: plus actual out-of-pocket expenses

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The SPCSA was designated a Local Educational Agency (LEA) by legislation enacted during the 2019 session. This new designation and the fact that the SPCSA does not operate like the 17 other LEAs in Nevada has presented some challenges in administration of some education grants. It is critical that the SPCSA have access to legal interpretation and guidance on how to navigate and comply with specific grant requirements. Brustein & Manasevit, PLLC is a nationally recognized law firm with subject matter expertise in the area federal education grants and can assist the SPCSA with the necessary advice.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not employ attorneys with education grants 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?

Pursuant to NAC 333.150(2)(b)(4), competitive selection for the award of this contract is not necessary.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 engaged under contract with the Department of Education; services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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:

Susan Hohn, Management Analyst III Ph: 775-687-9165

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbauer	12/01/2021 16:32:02 PM
Division Approval	jbauer	12/01/2021 16:32:05 PM
Department Approval	jbauer	12/01/2021 16:32:07 PM
Contract Manager Approval	jbauer	12/01/2021 16:32:12 PM
Budget Analyst Approval	vfajota	12/06/2021 12:01:21 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25225**

Agency Name:	<b>DTCA - MUSEUMS AND HISTORY DIVISION</b>	Legal Entity Name:	RELIANCE SECURITY INC
Agency Code:	<b>331</b>	Contractor Name:	<b>RELIANCE SECURITY INC</b>
Appropriation Unit:	<b>2943-04</b>	Address:	<b>3656 N RANCHO DR</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>LAS VEGAS, NV 89130</b>
If "No" please explain: WORK PROGRAM C57231 HAS BEEN SUBMITTED ALONGSIDE THIS CONTRACT TO ESTABLISH AUTHORITY FOR THIS CONTRACT.		Contact/Phone:	702-553-9412
		Vendor No.:	T32011531
		NV Business ID:	NV20131454948

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	<b>49.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>51.00 % TRANSFER FROM TOURISM/LODGING TAX</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/09/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **202 days**

4. Type of contract: **Contract**

Contract description: **NSMLV Security**

5. Purpose of contract:

**This is a new contract for temporary security services at the Nevada State Museum Las Vegas**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,240.00**

Payment for services will be made at the rate of \$840.00 per Week

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The need for this contract is due to required security guard services that cannot be fulfilled by the current two FTE that are currently paid through Category 01. In September 2021, one of the two security guards was placed on paid administrative leave due to personnel issues with no clear date, or even a guarantee of return. For the past two months the museum has had to exhaust its entire year's budget appropriation to cover a contract security guard for the four days per week the museum is open to the public. If we are unable to have security officers on site, the museum cannot be open to the public out of an abundance of caution and standard risk management practices. Forced museum closure has happened in the past on occasion and the lack of adequate security staff creates a risk of closure in the future.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Personnel issues have resulted in the agency's State security staff unable to perform these duties. Temporary contract security are required to cover for the lack of service available in order for museum to remain open.

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):

OSS Services  
Reliance Security  
Allied Security

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor that had staffing available to provide service.

d. Last bid date: 09/15/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

HOLLIS GILLESPIE, MUSEUM DIRECTOR Ph: 702/822-8739

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cedlefse	11/16/2021 09:51:50 AM
Division Approval	cedlefse	11/18/2021 09:38:58 AM
Department Approval	amathies	11/30/2021 16:49:58 PM
Contract Manager Approval	amathies	12/02/2021 10:12:09 AM
Budget Analyst Approval	jcoope8	12/09/2021 11:33:33 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25218**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>ACE FIRE SYSTEMS LLC</b>
Agency Code: <b>402</b>	Contractor Name: <b>ACE FIRE SYSTEMS LLC</b>
Appropriation Unit: <b>3279-07</b>	Address: <b>2620 WESTERN AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89109-1112</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Karsten Smith 702/384-2932</b>
	Vendor No.: <b>T80975068</b>
	NV Business ID: <b>NV19931069414</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>51.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>49.00 %</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 **01/01/2022**

Anticipated BOE meeting date 01/2022

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 Fire Prevention**

5. Purpose of contract:

**This is a new contract that continues ongoing fire sprinkler system, fire extinguisher, fire hydrant inspection and repair services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Other basis for payment: As Invoiced per Attachment BB

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 477.335 Inspections (NRS 477.030)  
1. All pre-engineered or engineered fixed fire extinguishing systems, fire alarm systems, standpipe systems or sprinkler systems must be inspected in accordance with schedules recommended in the appropriate adopted standards as published by the N.F.P.A. Those inspections, other than a required inspection and certification, may be conducted by any person, including an employee of a firm, who, in the opinion of the authority having jurisdiction, has sufficient knowledge of the system to conduct such an inspection and who will maintain an accurate record of such inspections of the system in the designated place for each system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees, within Desert Regional Center, are neither trained or certified to perform these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was the only one to respond on the bid solicitation.

d. Last bid date: 09/01/2021 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?

Yes If "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, this vendor has been paid by the State since 1999-Current.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	sewart	11/10/2021 16:23:41 PM
Division Approval	amanocha	11/10/2021 16:31:46 PM
Department Approval	dschmid5	11/15/2021 10:03:34 AM
Contract Manager Approval	maceved1	11/15/2021 10:48:37 AM
Budget Analyst Approval	bmacke1	11/24/2021 10:28:49 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: **24988**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>JRW Consulting, LLC</b>
Agency Code: <b>403</b>	Contractor Name: <b>JRW Consulting, LLC</b>
Appropriation Unit: <b>3158-04</b>	Address: <b>4368 Hidden Meadow Drive</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Carson City , NV 89701</b>
If "No" please explain: <b>Work Program C57199</b>	Contact/Phone: <b>James R. Wells 775-887-9699</b>
	Vendor No.: <b>T32007385</b>
	NV Business ID: <b>NV20181703518</b>

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>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 **12/15/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **196 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide consulting services for review, analysis, and recommendations for budget, federal reporting, staff training, accounting, and fiscal processes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$125.00 per hour

Other basis for payment: Per Attachment AA - Scope of Work and Deliverables; contract not to exceed 200 hours

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Previous contract (CETS #22445) effective 12/10/19 began services just before the start of the pandemic. Due to the pandemic the contract was suspended, leaving critical work to be performed incomplete, and the contract has terminated as of 6/30/21. DHCFFP fiscal services have had significant staffing changes since the start of the pandemic. This new contract will continue the work from previous efforts prior to the pandemic to identify and provide recommendations and enhancements that result in operational efficiencies and fiscal program development.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State lacks resources and does not have the staffing or expertise available 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: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

NAC 333.150(2)(b)(5)

d. Last bid date:

Anticipated re-bid date:

10. Does the contract contain any IT components?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 2019. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrezaie	10/15/2021 10:04:19 AM
Division Approval	ltuttl1	10/15/2021 10:09:01 AM
Department Approval	pburrel1	10/15/2021 16:14:01 PM
Contract Manager Approval	ltuttl1	10/15/2021 16:43:33 PM
Budget Analyst Approval	laaron	12/15/2021 10:38:15 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: **25070**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b> Agency Code: <b>406</b> Appropriation Unit: <b>3161-07</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: High Quality Concepts, Inc dba Best Janitorial Services of Nevada Contractor Name: <b>High Quality Concepts, Inc dba Best Janitorial Services of Nevada</b> Address: <b>2545 Chandler Ave., Ste 7</b> City/State/Zip: <b>Las Vegas, NV 89120</b> Contact/Phone: Rafael Romano 702-210-3835 Vendor No.: T29044601 NV Business ID: NV20011238130
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b>	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP S1650 Agency #C 17929

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 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is a new contract to provide janitorial services at the Laughlin clinic.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,360.00**

Other basis for payment: Upon receipt of invoice and approval of services.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 331.080 authorizes expenditures for maintenance and repair for the health and well being of staff, clients and visitors. It is necessary to have janitorial services to keep the buildings clean.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Southern Nevada Adult Mental Health Services does not have the staff or resources available to provide this after hour 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):

Accurate Building Maintenance  
Best Janitorial Services  
Priority Building Services  
One Source Maintenance

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #40DHHS-S1650, 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: 08/05/2021 Anticipated re-bid date: 09/05/2025

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:

DPBH contract to start 2/1/2022 for the SNAMHS campus at 6161 W. Charleston Blvd., Las Vegas, NV

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Edward Ackerman, Facilities Manager Ph: 7024865135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	11/02/2021 18:08:27 PM
Division Approval	kquinter	11/02/2021 18:08:34 PM
Department Approval	Isherych	11/04/2021 14:59:07 PM
Contract Manager Approval	rmille8	11/04/2021 15:32:00 PM
Budget Analyst Approval	afrantz	11/22/2021 13:56:22 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25044**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	<b>STRONG SOURCE, LLC DBA</b>
Agency Code:	<b>406</b>	Contractor Name:	<b>STRONG SOURCE, LLC DBA</b>
Appropriation Unit:	<b>3161-07</b>	Address:	<b>G3 ELECTRICAL TECHNOLOGIES 1951 Stella Lake St. #34</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:	Tiesha Moore 702/916-3355
		Vendor No.:	T27042025A
		NV Business ID:	NV20101427416

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 17925

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2022**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/29/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical system maintenance to various buildings on the southern campus.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: \$65 hourly labor rate; \$97.50 hourly overtime rate

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission Accreditation Standards, facility maintenance is required and the campus needs continuous maintenance service available when a problem arises with the electrical systems both at Rawson Neal Hospital and the other SNAMHS campus buildings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have staff available with the training, equipment or expertise to perform this work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Par Electrical  
Canyon Electric  
Bombard Electrical  
Strong Source dba G3 Electrical

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: 09/21/2021 Anticipated re-bid date: 08/21/2023

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 DETR since 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:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Edward Ackerman, Facilities Manager Ph: 7024865135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jborrowm	11/16/2021 16:12:13 PM
Division Approval	jborrowm	11/16/2021 16:12:16 PM
Department Approval	lsherych	11/17/2021 13:35:21 PM
Contract Manager Approval	rmille8	11/18/2021 08:07:35 AM
Budget Analyst Approval	afrantz	11/22/2021 15:51:28 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: **25067**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: Bitfocus, Inc.
Agency Code: <b>406</b>	Contractor Name: <b>Bitfocus, Inc.</b>
Appropriation Unit: <b>3170-36</b>	Address: <b>5940 South Rainbow, Ste. 400</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89118</b>
If "No" please explain: Not Applicable	Contact/Phone: Robert Herdzik 702-605-6870
	Vendor No.: T29033528
	NV Business ID: NV20031461398

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 #: C17918

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **Yes**

If "Yes", please explain

**This delay was due to the change in SAM 326 which removed the authority for agencies to enter into a maintenance agreement directly, program was unable to extend the current agreement. The solicitation waiver request was not approved until October 19, 2021 by the Purchasing Division which at that time the contract was submitted to vendor for approval. DPBH did not receive contract back from vendor until November 5, 2021.**

3. Termination Date: **09/30/2022**

Contract term: **1 year**

4. Type of contract: **Contract**

Contract description: **HMIS System**

5. Purpose of contract:

**This is a new contract to provided service to maintain the Homeless Management Information Systems which collects data on the services they provide to people experiencing homelessness and people who are at risk for homelessness.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Upon receipt of invoice and approval of services.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This work is required for appropriate management of the HMIS system used in the PATH Program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have sufficient training or expertise of the HMIS system in order to manage or train PATH Providers.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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 #: 211002**

**Approval Date: 10/19/2021**

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:

Vendor with DPBH since 2014, satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jborrowm	11/16/2021 16:12:41 PM
Division Approval	jborrowm	11/16/2021 16:12:45 PM
Department Approval	lsherych	11/17/2021 13:34:58 PM
Contract Manager Approval	rmille8	11/22/2021 09:19:57 AM
EITS Approval	msmi40	11/22/2021 11:02:00 AM
Budget Analyst Approval	afrantz	11/22/2021 13:50:09 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#:	211002@

**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: <i>Bureau of Behavioral Health Wellness and Prevention</i>		
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Vanessa Diaz, Program Officer</i>	<i>(702) 544-2042</i>	<i>vdiaz@health.nv.gov</i>
	<i>Ronda Miller, MA III</i>	<i>(775) 684-5932</i>	<i>rondamiller@admin.nv.gov</i>

1b	<b>Vendor Information:</b>	
	Vendor Name:	<i>BitFocus</i>
	Contact Name:	<i>Robert Herdzick</i>
	Complete Address: City, State, and Zip Code	<i>Seattle, WA</i>
	Telephone Number:	<i>(702) 605-6870</i>
	Email Address:	<i>robh@bitfocus.com</i>

1c	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	<i>Sole Source</i>
	Professional Service Exemption:	professional service not adaptable to competitive selection

1d	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>	
	Amendment Number:	#		
	Enter CETS Number:	#		

1e	<b>Term:</b>				
	One (1) Time Purchase? Check One:	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>		
	Contract: C 17918	Start Date:	<i>September 30, 2021</i>	End Date:	<i>September 30, 2022</i>

*\* - Retro - \**

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	<i>Project for Assistance in Transition from Homelessness (PATH) Funds</i>
	Other (Explain):	

*Dec 10/12/21*

Purchasing Use Only:

Approval #:

211002 (C)

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$25,000

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p>BitFocus to maintain the Nevada CMIS module of the SAMSHA PATH project. The PATH module consists of PATH Data Element maintenance, the Data Reporting and Auditing component ensures that the data is reportable and extracted in the format specified by SAMSHA for the PATH Annual Performance Report, and allows auditing of the data to ensure successful and accurate submission. Furthermore, the CMIS Training task ensures that all PATH Providers are trained in the use of PATH within CMIS.</p> <p>A Homeless Management Information System (HMIS) is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.</p>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<p>A Community and Homeless Management Information System (CMIS/HMIS) is an online database that enables organizations to collect data on the services they provide to people experiencing homelessness and people who are at risk for homelessness.</p> <p>The CMIS/HMIS has state-of-the art security features that ensure data remains strictly confidential; data is only provided to other agencies upon the permission of the client.</p> <p>The State of Nevada uses this data to generate numerous types of reports that improve the ability of local organizations to provide access to housing and services, and strengthen our efforts to end homelessness. No identifiable information is included in these reports.</p> <p><b>The State of Nevada CMIS/HMIS uses data and reporting to meet the following objectives:</b></p> <ol style="list-style-type: none"><li>1. Help those experiencing homelessness in Nevada achieve economic self sufficiency.</li><li>2. Help those at risk of homelessness maintain economic self sufficiency.</li><li>3. Preserve community funding and resources.</li></ol> <p>You can now access the following program configuration options from the <i>Program Resources</i> sidebar (if applicable/enabled):</p> <ul style="list-style-type: none"><li>• Overview</li><li>• Eligibility</li><li>• Funding Sources</li><li>• Assigned Services</li><li>• Bed &amp; Unit Inventory Information</li><li>• Sites</li><li>• Default Goals</li><li>• Auto Service Placement</li><li>• Documentation Requirements</li></ul>

- Program Assessments
- Cascade Assessment
- Chart Fields
- Client Forms
- Departments
- Exit Screen Fields Due to Inactivity
- Exit Screen Fields When Permanent Destination Exit
- Orphaned Settings
- Attendance
- Responsible Staff

**4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**

The U.S. Department of Housing and Urban Development (HUD) requires any organization that provides services to homeless persons or those at risk of homelessness to enter data into the State of Nevada CMIS/HMIS.

Several examples include:

- Emergency shelters
- Transitional housing providers
- Permanent supportive housing providers
- Outreach Programs
- Drop-in centers
- Food Shelves

The goal is incorporate the data collected from all of these organizations in order to create a comprehensive view of homelessness in the State of Nevada so that we can better serve those in need.

<b>5</b>		<b>Check One:</b>	
		Yes	No
			<b>X</b>
	<p><b>Were alternative services or commodities evaluated?</b></p>		
	<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>The U.S. Department of Housing and Urban Development (HUD) requires any organization that provides services to homeless persons or those at risk of homelessness to enter data into the State of Nevada CMIS/HMIS.</p>		

<b>Purchasing Use Only:</b>	
Approval #:	211002 (C)

	<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. 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>				
	10/1/20	09/30/21	\$25,000	HMIS/Clarity maintenance		
	10/1/19	09/30/20	\$25,000	HMIS/Clarity maintenance		
			\$			
			\$			
		\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	The U.S. Department of Housing and Urban Development (HUD) requires any organization that provides services to homeless persons or those at risk of homelessness to enter data into the State of Nevada CMIS/HMIS. Nevada would not be in compliance with federal guidelines if this system were not continued to be funded.

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>
	This is a maintenance award for the HMIS Nevada System.

	<b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b>			Yes	No
	<i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i>			X	
9	a. If yes, please provide details regarding future obligations or needs.				
	The U.S. Department of Housing and Urban Development (HUD) requires any organization that provides services to homeless persons or those at risk of homelessness to enter data into the State of Nevada CMIS/HMIS. Nevada would not be in compliance with federal guidelines if this system were not continued to be funded. This is the software management provider the Continuum's of Care are all using.				

<b>Purchasing Use Only:</b>	
Approval #:	211002 (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.

*Ronda Miller*

Agency Representative Initiating Request

Ronda Miller

Print Name of Agency Representative Initiating Request

10/4/2021

Date

*Kelli Quintero*

Signature of Agency Head Authorizing Request

Kelli Quintero

Print Name of Agency Head Authorizing Request

10/12/21  
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: \_\_\_\_\_

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

10/19/21  
Date

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: October 19, 2021

TO: Aaron Frantz, Budget Officer  
Governor's Finance Office

THROUGH: Kitty DeSocio, Administrative Services Officer IV  
Division of Public and Behavioral Health

FROM: Vanessa Diaz, Program Officer I  
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – BitFocus Contract C#17918 CETS #25067

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This memorandum requests that the following contract C17918 be approved for a retroactive start.

The following information is required:

- Name of Subrecipient: BitFocus.
- Services to be provided: HMIS training and data management to all PATH program providers.
- Funding source and expenditure category: BA# 3170 - CAT 36; PATH
- Requested start date of work: September 30, 2021
- Expected execution date of agreement: November 16, 2021
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely: Due to the change in SAM 326 which removed the authority for agencies to enter into a maintenance agreement directly, program was unable to extend the current agreement. The solicitation waiver request was not approved until October 19, 2021 by the Purchasing Division.
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: These services provide crucial training and management for day to day functioning ensuring grant compliance. A pause in these services would negatively impact our PATH providers and likely lead to mismanagement of data as well as misuse of the HMIS data collection system affecting grant compliance on both the provider and bureau's side.
  - Explain how the program/bureau will prevent future retroactive requests: Since the SAM 326 change, the Division has changed its tracking log to ensure the waiver process is completed in a timely manner.

If you have any questions, please contact Vanessa Diaz at (702) 544-2042 or [vdiaz@health.nv.gov](mailto:vdiaz@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: **25219**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>Necco LLC</b>
Agency Code: <b>409</b>	Contractor Name: <b>Necco LLC</b>
Appropriation Unit: <b>3145-31</b>	Address: <b>415 Glensprings Drive, Suite 2</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Cincinnati, OH 45246</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sarah DeKelaita 513-771-9600</b>
	Vendor No.: <b>T32011569</b>
	NV Business ID: <b>Out of State Vendor</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/09/2021**

Anticipated BOE meeting date **02/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2022**

Contract term: **325 days**

4. Type of contract: **Contract**

Contract description: **OOS Visitation-Pre**

5. Purpose of contract:

**This is a new contract to provide pre and post adoptive services to fulfill the requirements placed on an adoption by Ohio Interstate Compact for the Placement of Children (ICPC).**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,414.00**

Payment for services will be made at the rate of \$682.00 per Child per Month

Other basis for payment: Negotiated Flat Rate of \$682 x 3 Children = \$2,046 per month x 9 months=\$18,414

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To fulfill requirements placed on an adoption by Ohio ICPC and to provide services for a pre-adoptive family; NRS requires that children, who are in a pre-adoptive placement, be supervised for a minimum of 6 months prior to finalization of an adoption.

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 function.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The agency that completed the Adoption Home Study is the agency that must provide services to the family until the adoption is finalized; a private adoption agency is completing the Home Study we must pay them to supervise the placement prior to adoption finalization.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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 will be performed in Ohio.

16. a. Is 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 will be performed in Ohio.

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

All services will be performed in Ohio.

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	11/16/2021 15:25:51 PM
Division Approval	hbugg	11/16/2021 15:25:53 PM
Department Approval	rarmstr3	11/22/2021 14:33:47 PM
Contract Manager Approval	sknigge	12/09/2021 11:51:04 AM
Budget Analyst Approval	bmacke1	12/09/2021 14:13:18 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: **24635**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Nevada PEP Inc.
Agency Code: <b>409</b>	Contractor Name: <b>Nevada PEP Inc.</b>
Appropriation Unit: <b>3145-14</b>	Address: <b>7211 W. Charleston Blvd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89117-1638</b>
If "No" please explain: Not Applicable	Contact/Phone: Karen Taycher 702-388-8899
	Vendor No.: T80975409
	NV Business ID: NV19931063169

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 **11/24/2021**  
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 217 days**

4. Type of contract: **Contract**  
Contract description: **Consortia Support**

5. Purpose of contract:  
**This is a new contract to provide ongoing supportive services for the Washoe County and Rural Regional Children's Mental Health Consortia.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,411.52**  
Payment for services will be made at the rate of \$5,511.11 per Year per WCCMHC Admin. Support  
Other basis for payment: \$3,500 per year RCMHC Admin. Support; \$600 per year WCCMHC Meeting Facilitation; \$4,931.26 per year RCMHC Meeting Facilitation; \$1,163.39 per year 8% Indirect Rate

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The work to be contracted by each of the Consortia in in NRS 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? **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):

Manpower  
NV PEP  
Marathon Staffing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the lowest responsible vendor to respond.

d. Last bid date: 05/24/2021 Anticipated re-bid date: 04/10/2023

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?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor 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 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:

Kristen Rivas, Clinical Program Planner 2 Ph: 775-688-3764

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	creeve1	07/08/2021 13:07:51 PM
Division Approval	knielsen	11/12/2021 19:37:45 PM
Department Approval	rarmstr3	11/22/2021 14:31:10 PM
Contract Manager Approval	sdotte1	11/23/2021 09:06:09 AM
Budget Analyst Approval	bmacke1	11/24/2021 11:49:38 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: **25164**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Simple Learning Systems
Agency Code: <b>409</b>	Contractor Name: <b>Simple Learning Systems</b>
Appropriation Unit: <b>3145-12</b>	Address: <b>200 Auburn Folsom Road Suite 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Auburn , CA 95603</b>
If "No" please explain: Not Applicable	Contact/Phone: Natalie Santana 887-476-4769
	Vendor No.: T27044585
	NV Business ID: NV20212200703

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 **12/07/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2022**

Contract term: **327 days**

4. Type of contract: **Contract**

Contract description: **Mandatory Reporter**

5. Purpose of contract:

**This is a new contract to develop a Mandated Reporter Training for Nevada and host it online with a Learning Management System to track participation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$24,000.00 per Entire Project

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada is in need of a standardized Mandated Reporter Training that can be available at any time to all citizens in Nevada. The training will provide consistent information to individuals who are mandated to report child abuse and neglect and increase their knowledge, skills and abilities. The training will need to be online with a Learning Management System to track participation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division and other agencies do not have a readily available Learning Management System that can be accessed by the public nor the ability to develop the courseware for an online Mandated Reporter Training video.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

CASAT  
Simple Learning Solutions  
eLearning Company  
Center for the Study of Community Change LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected due to low cost for the State, no ongoing costs to support and manage the Learning Management System, and the vendor's experience in similar projects.

d. Last bid date: 08/12/2021 Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Beverly Brown, Social Service Program Spec. 3 Ph: 775-684-7293

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	10/30/2021 12:55:14 PM
Division Approval	knielsen	11/12/2021 19:23:44 PM
Department Approval	rarmstr3	11/22/2021 14:32:00 PM
Contract Manager Approval	sdotte1	11/23/2021 10:22:28 AM
EITS Approval	msmi40	11/23/2021 14:00:12 PM
Budget Analyst Approval	bmacke1	12/07/2021 17:20:21 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25144**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>ACTION FOR CHILD PROTECTION</b>
Agency Code: <b>409</b>	Contractor Name: <b>ACTION FOR CHILD PROTECTION</b>
Appropriation Unit: <b>3229-44</b>	Address: <b>2101 SARDIS RD N STE 204</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CHARLOTTE, NC 28227-7805</b>
If "No" please explain: Not Applicable	Contact/Phone: Kay Thomas 704/845-2121
	Vendor No.: T29038059
	NV Business ID: NV20181184852

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 **12/13/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2022**

Contract term: **290 days**

4. Type of contract: **Contract**

Contract description: **SAFE@Home Assessmnt.**

5. Purpose of contract:

**This is a new contract to assess progress toward implementing the Safety Assessment and Family Evaluation (SAFE) model as intended based on practice standards. The assessment will conclude with findings regarding SAFE model intervention fidelity, effectiveness of practice supports, barriers to implementation and recommendations for targeting specific implementation drivers.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,800.00**

Payment for services will be made at the rate of \$10,800.00 per Case Reviews (includes travel at GSA rates)

Other basis for payment: \$9,000 fess for assessment interviews (includes travel at GSA rates) and \$9,000 for reports for 2 regions (separate reports for each region)..

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Since the implementation of SAFE Child Welfare Practice Model in Nevada, the Division continues to build its fidelity to the Nevada Safety Model. This assessment will evaluate the SAFE practice and decision-making from a quantitative and qualitative perspective, assess delivery of the model to support least intrusive safety management; consider the impact on practice outcomes; and to assess progress toward addressing implementation drivers such as organizational paradigm, specialist competency, and external systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not yet experts in the SAFE Child Welfare Practice Model.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Action for Child Protection  
University of South Florida  
The Child Protective Services Training Institute, Cornell University

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The developer of the model is the only qualified vendor to assess the implementation of the model.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been under contract with the Division in 2018 and 2019. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

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 12:48:30 PM
Division Approval	knielsen	12/03/2021 09:57:11 AM
Department Approval	rarmstr3	12/07/2021 12:39:11 PM
Contract Manager Approval	sknigge	12/08/2021 11:57:38 AM
Budget Analyst Approval	bmacke1	12/13/2021 13:03:17 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25154**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Carr Law Resolve, LLC
Agency Code: <b>409</b>	Contractor Name: <b>Carr Law Resolve, LLC</b>
Appropriation Unit: <b>3229-44</b>	Address: <b>PO Box 52</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Golconda, NV 89414</b>
If "No" please explain: Not Applicable	Contact/Phone: Gabrielle Carr 775-636-3534
	Vendor No.: T32011319
	NV Business ID: NV20212103782

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 **11/24/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **2 years and 37 days**

4. Type of contract: **Contract**

Contract description: **Case Closure Service**

5. Purpose of contract:

**This is a new contract to provide attorney services for case closure or guardianships for courts requiring a petition to be filed by an attorney.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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):

Carr Law Resolve, LLC  
Ben Baumond  
Jack Bullock

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor willing to perform the work required.

d. Last bid date: 09/20/2021 Anticipated re-bid date: 09/18/2023

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 vendor has been under contract with the Judicial Branch since August 2021. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	10/30/2021 12:55:42 PM
Division Approval	knielsen	11/12/2021 19:16:47 PM
Department Approval	rarmstr3	11/22/2021 14:33:18 PM
Contract Manager Approval	knielsen	11/24/2021 11:29:40 AM
Budget Analyst Approval	bmacke1	11/24/2021 11:32:40 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: **23150** Amendment Number: **2**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **INTERACTIVE VOICE APPLICATIONS**

Agency Code: **409** Contractor Name: **INTERACTIVE VOICE APPLICATIONS**

Appropriation Unit: **3229-26** Address: **INC (IVA)**

Is budget authority available?: **Yes** City/State/Zip: **DALLAS, TX 75230-3413**

If "No" please explain: **Not Applicable** Contact/Phone: **John Young 214-361-2686**

Vendor No.: **T81072762**

NV Business ID: **NV2010688706**

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Cost Allocated</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **12/31/2021**

Termination Date:

Contract term: **1 year and 273 days**

4. Type of contract: **Contract**

Contract description: **RMS Sampling System**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing training and hosting of the Smart Random Moment Sampling system. This amendment extends the termination date from December 31, 2021 to March 31, 2022 and increases the maximum amount from \$75,000 to \$87,500 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
a. Amendment 1:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#2):	\$12,500.00	\$12,500.00	\$37,500.00	Yes - Info
3. New maximum contract amount:	\$87,500.00			
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?

Federal requirements mandate that State agencies collect and analyze random samples when administering, funding and reporting various federal programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the staff and/or expertise to perform these services. No other State agency provides these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: null**

**Approval Date: 04/22/2020**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This is the current vendor. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	10/28/2021 16:40:18 PM
Division Approval	knielsen	10/28/2021 17:10:07 PM
Department Approval	ramstr3	11/08/2021 15:03:32 PM

Contract Manager Approval

sdotte1

11/09/2021 15:09:35 PM

EITS Approval

msmi40

11/10/2021 07:26:13 AM

Budget Analyst Approval

bmacke1

11/24/2021 09:10:12 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>	
Approval#:	210302 (2)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency Name:	<i>Division of Child and Family Services</i>		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		<i>Mandi Davis, Deputy Administrator</i>	<i>775-684-7942</i>	<i>mandi.davis@dcfs.nv.gov</i>
		<i>Katrina Nielsen</i>	<i>775-684-4414</i>	<i>knielsen@dcfs.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	<i>Interactive Voice Applications, dba IVA Inc.</i>
	Contact Name:	<i>John Young</i>
	Complete Address:	<i>5815 Burgundy Road, Dallas, TX 75230-3413</i>
	Telephone Number:	<i>214-361-2686</i>
	Email Address:	<i>John@ivacsp.com</i>

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	<i>X</i>

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	No	<i>X</i>
	Amendment:	<i>#1</i>		
	CETS:	<i>#23150</i>		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:			
	Contract:	Start Date:	<i>July 1, 2020</i>	End Date:

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	<i>100% Cost Allocated Over Funding Sources</i>

*Rec'd 03/10/21*

Purchasing Use Only:	
Approval #:	210302 ©

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$25,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Interactive Voice Applications will continue ongoing training and hosting of the Division of Child and Family Services' Smart Random Moment Sampling system, which enables the automated generation, delivery, collection and analysis of random moment samples used for the Division's allocation of costs.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The current proprietary Random Moment Time Sampling system has been in place for more than 10 years, with changes and improvements made over the last three years to capture employee activities that result in the increased identification of administrative activities eligible for federal funds reimbursement. This system is used in conjunction with the Division's federally approved cost allocation plan that determines the federal program activity through random moment sampling rather than through 100% time tracking of staff activities.</i>

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The Random Moment Sampling system is a proprietary software system with investments made over the past 3+ years to make improvements in order to increase available federal revenues that can be claimed.</i>

5	Were alternative services or commodities evaluated? Check One.	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>				
	b. <i>If not, why were alternatives not evaluated?</i>				
	<i>The vendor owns the proprietary software to maintain the current Random Moment Sampling system. The vendor has also recommended and assisted with the implementation of changes to the state's federally approved cost allocation plan in order to document how federal funds can be claimed.</i>				

Purchasing Use Only:	
Approval #:	210302 ©

6	<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 entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:						
	Term Start and End Dates		Value	Short Description	Type of Procurement (RFP#, RFQ#, Waiver #)		
	07/01/2020	06/30/2021	\$50,000	Continued hosting of RMS System	Solicitation Waiver #200502		
	12/1/2019	6/30/2020	\$29,167	Continued training and hosting of RMS system	Solicitation Waiver #191101		
12/1/2016	11/30/2019	\$2,520,000	Revenue contract for the enhancements to RMS. Payments based on a percentage of the amount of additional revenue received.	Solicitation Waiver #160903			
4/14/2009	4/14/2013	\$39,750	Implementation and training on RMS system	Informal Solicitation			

7	<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>DCFS Random Moment Time Tracking System access would likely be suspended. Federal revenues would be unclaimed or delayed if the Random Moment Sampling system did not continue due to the need to require staff to conduct 100% time activity tracking.</i>

8	<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>The Division worked with the Purchasing Division to conduct a departmentwide RFP for both the Random Moment Sampling (RMS) System and the Cost Allocation system prior to expiration of the current contract. The RFP was issued and then later cancelled by the Purchasing Division because it was not drafted in such a manner to enable all divisions within DHHS to award contracts from the RFP.</i>
	<i>The RFP is currently being revised but is anticipated to be reissued in March and implemented by January 2022. The Division hereby requests a one-year extension (<del>to June 2022</del>) of the existing contract to allow time for possible delays, implementation and dual system testing.</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:	X	No:	
	a. If yes, please provide details regarding future obligations or needs. <i>Potential ongoing support and maintenance costs.</i>				

<i>Purchasing Use Only:</i>	
Approval #:	210302 (C)

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

*Katrina Nielsen*

Agency Representative Initiating Request

Katrina Nielsen

3/4/21

Print Name of Agency Representative Initiating Request

Date

*Mandi Davis*

Signature of Agency Head Authorizing Request

*Mandi Davis, Deputy Administrator*

*3/4/21*

Print Name of Agency Head Authorizing Request

Date

PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

*3/16/21*

Date



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Katrina Nielsen, ASO 4, DCFS  
Mandi Davis, Deputy Administrator, DCFS

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Sean Montierth, IT Chief, Computing, EITS, DOA  
Jon Mathews, IT Chief, Network Engineering, EITS, DOA

**FROM:** David Axtell, State Chief Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo – DCFS – Random Moment Time Sampling License – BA3229 TIN139

**DATE:** April 28, 2021

We have completed the review of DCFS's – *Random Moment Time Sampling License* TIN139.

The submitted TIN, for an estimated value of \$50,000 in this biennium and \$100,000 in the next biennium (100% Cost Allocated funds) is for a new contract to provide ongoing training and hosting of the existing Smart Random Moment Sampling system which enables the automated generation, delivery, collection, and analysis of random moment samples used for the cost allocation.

This product has been developed and in use by the agency for several years. The agency has plans to conduct an RFP for possible replacement with a solution that interfaces with SMART21.

It is expected that this solution will continue to follow all state security standards and policies.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.



A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>23729</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>TOGETHER FACING THE CHALLENGE</b>
Agency Code: <b>409</b>	Contractor Name: <b>TOGETHER FACING THE CHALLENGE</b>
Appropriation Unit: <b>3229-44</b>	Address: <b>105 CIRCLE DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>MEBANE, NC 27302-2721</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Allen Murray 919/698-7184</b>
	Vendor No.: <b>T29041722</b>
	NV Business ID: <b>NV20201936876</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 **01/12/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **11/30/2021**

Termination Date:  
Contract term: **1 year and 322 days**

4. Type of contract: **Contract**  
Contract description: **SFC Training**

5. Purpose of contract:

**This is the first amendment to the original contract which provides training in an evidence-based model of specialized foster care. This amendment increases the maximum amount from \$33,800 to \$67,600 and extends the termination date from November 30, 2021 to November 30, 2022 due to the continued need for newly licensed foster parents to be trained in this model.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$33,800.00	\$33,800.00	\$33,800.00	Yes - Info
2. Amount of current amendment (#1):	\$33,800.00	\$33,800.00	\$67,600.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$67,600.00 11/30/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Treatment foster care is a "specialized" version of foster care in which foster parents are provided with additional training and support in order to provide specialized foster care and support to high-needs youth. This evidence-based model will include train-the-trainer approach so that administrative personnel can learn the model and training treatment foster parents within their own communities with the goal being improved placement stability for youth.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are not State employees with the knowledge or expertise to provide this type of training.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Robert Kutner Psy. D.  
Behavior Assessment Services and Interventions  
Utah Clinical Services  
Together Facing the Challenge  
Crossroads Behavioral Consultation  
Integrated Psychological Services  
Las Vegas Evaluation Services  
Nevada Higher System of Education

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor to respond to agency RFP RCW21-01.

d. Last bid date: 09/25/2020 Anticipated re-bid date: 09/02/2024

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor has done work for the Division under grant sub-awards. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**NT7**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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	11/22/2021 08:32:53 AM
Division Approval	knielsen	11/29/2021 09:47:44 AM
Department Approval	rarmstr3	11/29/2021 11:26:21 AM
Contract Manager Approval	sknigge	11/30/2021 14:16:47 PM
Budget Analyst Approval	bmacke1	11/30/2021 14:23:42 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24817**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>AD Creative</b>
Agency Code: <b>409</b>	Contractor Name: <b>AD Creative</b>
Appropriation Unit: <b>3646-17</b>	Address: <b>105 N Broadway</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Billings , MT 59101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rick Herman 406-248-7117</b>
	Vendor No.:
	NV Business ID: <b>NV20212285974</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/13/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/29/2023**

Contract term: **1 year and 289 days**

4. Type of contract: **Contract**

Contract description: **Website Development**

5. Purpose of contract:

**This is a new contract to provide the development of a website for the Pediatric Mental Health Care access project.**

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 \$1,250.00 per Strategic Planning

Other basis for payment: \$3,480 for Design; \$10,440 for Development; \$2,500 for Project Coordination; and \$7,230 for additional services to be determined

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This project is to develop a user-friendly program website accessible to the public so that they may search and find behavioral health resources in Nevada.

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 capacity to develop and design a website internally.

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):

AD Creative  
OCG Creative  
BDG Web Design

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The chosen vendor was selected because their proposal aligned best with the program's request and scope of work and they had the best price and timeline for completion.

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:

Stephanie Dotson, Clinical Program Planner I Ph: 775-688-6515  
null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	08/13/2021 14:59:29 PM
Division Approval	knielsen	09/20/2021 17:18:33 PM
Department Approval	rarmstr3	12/07/2021 10:56:37 AM
Contract Manager Approval	sknigge	12/08/2021 10:15:49 AM
EITS Approval	msmi40	12/08/2021 10:41:13 AM
Budget Analyst Approval	bmacke1	12/13/2021 09:43:23 AM

**From:** [TIR's](#)  
**To:** [Stephanie Dotson](#); [Srinivas Bokka](#)  
**Cc:** [TIR's](#)  
**Subject:** Confirmation of CIN Submission  
**Date:** Friday, August 27, 2021 8:18:50 AM  
**Importance:** Low

---

Greetings,

This email is to confirm that a Cloud Investment Notification (CIN) was successfully submitted to EITS.

Here is a summary for your records:

Submission Time: 8/12/2021 11:45:44 PM

Department: Dpt. of Health and Human Services

Division: Division of Child and Family Services

BA(s): BA#3646 - Category 17

Primary POC: Stephanie Dotson

IT POC: Srinivas Bokka

Investment Name: Nevada PMHCA Website

Vendor Website: <https://www.adcreativegroup.com/>

Investment Amount: \$24,900

Planned Implementation Date: 2021-11-22

Investment Description: The goal of this project is to develop a user-friendly program website accessible to the public so that they may search and find behavioral health resources in Nevada. The website will be professional in appearance with program branding. Additionally, the website will include a provider portal so that enrolled providers may log in, view and submit data, share information and network with other providers, and view their usage of the program services. The website should possess several capabilities with the option to expand in the future. The purpose of this project is to develop a website for the Pediatric Mental Health Care Access project. This project aims to integrate behavioral health care into pediatric primary care settings using telehealth technologies in Nevada's rural and frontier communities. The website is one facet of the project that serves as a way for providers to access program information, a repository of community referral and resource information, mental health training, education, literature, and best practices information, connection to the telehealth platform, and provider portal. A|D Creative Group (A|D) will design and develop a web presence for Nevada DHHS/DCFS. The site will take advantage of adaptive/responsive technology to allow viewing the same website on various delivery platforms including desktop computers, laptops, tablets, and smart phones. The site will utilize Wordpress for a content

management system (CMS) to allow Nevada DHHS/DCFS to update selected areas of the website in real time. A|D will create a custom Wordpress theme, including customizing the Wordpress administration to make it easier for Nevada DHHS/DCFS to maintain website content. The look and feel of the custom theme will be determined by Nevada DHHS/DCFS's current brand standards. A|D's preferred hosting and development environment is PHP/MySQL.

Thank you for your submission. Please feel free to use this email to certify that the submission is complete. If there are any questions regarding this investment or if there are any opportunities for collaboration, a representative will reach out to you.

If you have any questions regarding this CIN please feel free to reach out,

**Michael Smith | Enterprise Architect**  
State of Nevada | Department of Administration | Office of the CIO  
Desk: (775) 684 - 7330 | E: [mdsmithjr@admin.nv.gov](mailto:mdsmithjr@admin.nv.gov)



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25187**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>AIR GUYS LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>AIR GUYS LLC</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>1211 AVIAN DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89441</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>TOM MCCOY 775-224-3073</b>
	Vendor No.: <b>T32010517</b>
	NV Business ID: <b>NV20101832120</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.	
<input checked="" type="checkbox"/> General Funds <b>50.00 %</b>	Fees <b>0.00 %</b>
<input checked="" type="checkbox"/> Federal Funds <b>50.00 %</b>	Bonds <b>0.00 %</b>
Highway Funds <b>0.00 %</b>	Other funding <b>0.00 %</b>
Agency Reference #: <b>431</b>	

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 **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**  
Contract term: **3 years and 303 days**

4. Type of contract: **Contract**  
Contract description: **Hood Cleaning**

5. Purpose of contract:  
**This is a new contract to provide exhaust and hood system cleaning, repair and/or maintenance services for facilities in the Reno and Carson City areas.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$43,535.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**To perform cleaning, repair or maintenance needs on exhaust systems, and hoods systems.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**Lack of qualifications and tools.**

9. Were quotes or proposals solicited? **Yes**  
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):  
**Hood and Duct Cleaning  
Air Guys  
Grease Magic**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

All three vendors submitted bids and are able to work in the three different areas of Nevada: Reno, Elko, and Las Vegas areas.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/01/2021 15:10:40 PM
Division Approval	ctyle1	11/01/2021 15:10:42 PM
Department Approval	ctyle1	11/01/2021 15:10:45 PM
Contract Manager Approval	csnido1	11/09/2021 13:32:49 PM
Budget Analyst Approval	pokeefe	12/01/2021 10:08:23 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25248**

Agency Name:	<b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name:	INTERMOUNTAIN ELECTRICAL CONTRACTORS, INC.
Agency Code:	<b>431</b>	Contractor Name:	<b>INTERMOUNTAIN ELECTRICAL CONTRACTORS, INC.</b>
Appropriation Unit:	<b>3650-07</b>	Address:	<b>2363 N. 5TH STREET, SUITE 104</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>ELKO, NV 89801</b>
If "No" please explain:	Not Applicable	Contact/Phone:	JOE BROWN 775-753-3828
		Vendor No.:	T29044803
		NV Business ID:	NV19951085609

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 **12/09/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **4 years and 23 days**

4. Type of contract: **Contract**

Contract description: **Electrical Services**

5. Purpose of contract:

**This is a new contract to provide electrical service, repair and installations for military facilities throughout Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,111.64**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Electrical work will be done to ensure the safety of the occupants and the buildings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of qualifications and skill.

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):

I&E Electric  
Nelson Electric  
Allied Electric  
Enhanced Electrical Services  
Action Electric  
Intermountain 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 registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/30/2021 14:34:29 PM
Division Approval	ctyle1	11/30/2021 14:34:31 PM
Department Approval	ctyle1	11/30/2021 14:34:34 PM
Contract Manager Approval	csnido1	12/06/2021 15:44:28 PM
Budget Analyst Approval	pokeefe	12/09/2021 14:57:02 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24754**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>RAY HEATING PRODUCTS, INC. DBA RHP MECHANICAL SYSTEMS</b>
Agency Code: <b>431</b>	Contractor Name: <b>RAY HEATING PRODUCTS, INC. DBA RHP MECHANICAL SYSTEMS</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>1008 E 4TH STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89505-2957</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>TODD MARTIN 775-322-9434</b>
	Vendor No.: <b>PUR0002724A</b>
	NV Business ID: <b>NV20041446186</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>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 **01/29/2021**

Anticipated BOE meeting date 02/2022

Retroactive? **Yes**

If "Yes", please explain

**The work was completed on February 8, 2021.**

3. Termination Date: **06/30/2022**

Contract term: **1 year and 151 days**

4. Type of contract: **Contract**

Contract description: **Crack heat exchanger**

5. Purpose of contract:

**This is a new contract to provide repairs to a cracked heat exchanger on the water heating systems at the Office of the Adjutant General (OTAG), Nevada National Guard.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,950.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Office of the Military was informed that one of their water heating systems had a cracked heat exchanger.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of skills and tools.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Pursuant to NAC 333.114 can you please proceed with the payment and retroactive contract for RHP.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	12/09/2021 11:58:47 AM
Division Approval	ctyle1	12/09/2021 11:58:49 AM
Department Approval	ctyle1	12/09/2021 11:59:00 AM
Contract Manager Approval	csnido1	12/09/2021 12:13:57 PM
Budget Analyst Approval	pokeefe	12/15/2021 11:31:37 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25247**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>SOPHIA MACIAS</b>
Agency Code: <b>431</b>	Contractor Name: <b>SOPHIA MACIAS</b>
Appropriation Unit: <b>3650-19</b>	Address: <b>1110 CEDAR STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARLIN, NV 89822</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>SOPHIA MACIAS 775-934-5026</b>
	Vendor No.: <b>T32010750</b>
	NV Business ID: <b>NV20181182830</b>

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>25.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>75.00 %</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 **12/15/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **196 days**

4. Type of contract: **Contract**

Contract description: **Haircut Services**

5. Purpose of contract:

**This is a new contract to provide haircut services to maintain the approved hair style for cadets at the Battle Born Youth Challenge Academy in Carlin.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,870.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Provide haircut services for the cadets.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of license to cut hair.

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):

Sophia Macias  
Great Clips  
Graffiti Salon

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	ctyle1	11/30/2021 14:23:09 PM
Division Approval	ctyle1	11/30/2021 14:23:11 PM
Department Approval	ctyle1	11/30/2021 14:23:13 PM
Contract Manager Approval	csnido1	12/06/2021 15:18:34 PM
Budget Analyst Approval	pokeefe	12/15/2021 11:15:10 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25221**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: TECHNICAL INSPECTION AGENCY
Agency Code: <b>431</b>	Contractor Name: <b>TECHNICAL INSPECTION AGENCY</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>570 W CHEYENNE AVENUE, STE 190</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89030</b>
If "No" please explain: Not Applicable	Contact/Phone: CAROL KOCH 702-463-6445
	Vendor No.: T32011746
	NV Business ID: NV20181393244

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 **12/01/2021**

Anticipated BOE meeting date 01/2022

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: **Contract**

Contract description: **Elevator Inspections**

5. Purpose of contract:

**This is a new contract to provide ongoing elevator inspection services for facilities statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,780.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Third party witness CAT1 testing and Cat5 inspection for State of Nevada elevator permit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of qualifications.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

High Sierra  
TK Elevator  
Technical Inspection

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Submitted a bid.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	11/15/2021 13:48:56 PM
Division Approval	ctyle1	11/15/2021 13:48:58 PM
Department Approval	ctyle1	11/15/2021 13:49:00 PM
Contract Manager Approval	csnido1	11/19/2021 13:32:43 PM
Budget Analyst Approval	pokeefe	12/01/2021 09:37:50 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25129**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>WESTERN COMMERCIAL SERVICES</b>
Agency Code: <b>440</b>	Contractor Name: <b>WESTERN COMMERCIAL SERVICES LLC</b>
Appropriation Unit: <b>3760-09</b>	Address: <b>2311 S INDUSTRIAL RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-4801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ERIC KRAL 702/384-7907</b>
	Vendor No.: <b>T81087616</b>
	NV Business ID: <b>NV19971049704</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022-2025</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds <b>100.00 %</b>	Fees	0.00 %
Federal Funds 0.00 %	Bonds	0.00 %
Highway Funds 0.00 %	Other funding	0.00 %

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/19/2021**

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 223 days**

4. Type of contract: **Contract**

Contract description: **Clean Kit. Exhaust**

5. Purpose of contract:

**This is a new contract to provide ongoing service for steam cleaning kitchen exhaust systems at Casa Grande Transitional Housing, Florence McClure Women's Correctional Center, High Desert State Prison, Jean Conservation Camp, Southern Desert Correctional Center and Three Lakes Valley Conservation Camp.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,558.00**

Other basis for payment: FY22: CGTH 3760-09 \$1,368.00 / FMWCC 3761-09 \$1,536.00 / HDSP 3762-09 \$5,472.00 / JCC 3748-09 \$1,140.00 / SDCC 3738-09 \$1,596.00 / TLVCC 3725-09 \$684.00 ~ FY23: CGTH 3760-09 \$1,414.00 / FMWCC 3761-09 \$1,590.00 / HDSP 3762-09 \$7,548.00 / JCC 3748-09 \$1,178.00 / SDCC 3738-09 \$1,650.00 / TLVCC 3725-09 \$706.00 ~ FY24: CGTH 3760-09 \$1,464.00 / FMWCC 3761-09 \$1,646.00 / HDSP 3762-09 \$7,812.00 / JCC 3748-09 \$1,220.00 / SDCC 3738-09 \$1,708.00 / TLVCC 3725-09 \$732.00 ~ FY25: CGTH 3760-09 \$1,516.00 / FMWCC 3761-09 \$1,702.00 / HDSP 3762-09 \$8,088.00 / JCC 3748-09 \$1,262.00 / SDCC 3738-09 \$1,768.00 / TLVCC 3725-09 \$758.00 ~

#### II. JUSTIFICATION

7. What conditions require that this work be done?

For the health and safety of staff and inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department does not have the qualified personnel and/or equipment necessary to perform these services. No other State agency offers 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):

Pitlane Performance  
ProtoKleen Inc  
Gonzalez Maintenance Solutions LLC  
Western Commercial Services  
Hobart

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP# 44DOC-S1559, and in accordance with NRS 333, no vendor responded to service this area. This vendor was the prior awarded vendor and submitted the lowest and most responsive bid.

d. Last bid date: 04/26/2021 Anticipated re-bid date: 04/26/2025

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:

FY01 - Current with NDOC. Service has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbretche	10/20/2021 14:22:28 PM
Division Approval	amonro1	10/22/2021 11:58:30 AM
Department Approval	amonro1	10/22/2021 11:58:33 AM
Contract Manager Approval	aroma2	11/03/2021 16:47:03 PM
Budget Analyst Approval	pokeefe	11/19/2021 07:32:34 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: **24958**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>INNOVATIVE SYSTEM SERVICES LLC DBA</b>
Agency Code: <b>440</b>	Contractor Name: <b>INNOVATIVE SYSTEM SERVICES LLC DBA</b>
Appropriation Unit: <b>3762-07</b>	Address: <b>MECHANICAL PRODUCTS NEVADA 2701 CRIMSON CANYON DR STE 110 LAS VEGAS, NV 89128-0806</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-0806</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JOE CLAUSING 702-286-4656</b>
	Vendor No.: <b>T27035155</b>
	NV Business ID: <b>NV20191271330</b>

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 440

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/19/2021**

Anticipated BOE meeting date 10/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2022**

Contract term: **161 days**

4. Type of contract: **Contract**

Contract description: **Repair Culin. Cooler**

5. Purpose of contract:

**This is a new contract to provide cleaning and repair of the evaporative culinary cooler at High Desert State Prison.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,985.00**

Other basis for payment: **FY22 3762-07**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The evaporative cooler in the culinary is over 21 years old and must be serviced to allow for continued use. The water pass through is largely blocked due to water scale buildup. Without service and repair, this cooler is likely to fail. Without this cooler, conditions in the culinary may become unsafe in summer temperatures for staff and inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency staff does not have equipment or proficiency in performing this work. No other State agency offers this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the lowest and most responsive bid.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dbretche	09/21/2021 11:54:58 AM
Division Approval	cmahoney	09/21/2021 17:07:26 PM
Department Approval	cmahoney	09/21/2021 17:07:31 PM
Contract Manager Approval	aroma2	11/04/2021 14:20:55 PM
Budget Analyst Approval	pokeefe	11/19/2021 11:44:12 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24990**

Agency Name: <b>COMMISSION ON MINERAL RESOURCE</b>	Legal Entity Name: <b>3saurus, LLC</b>
Agency Code: <b>500</b>	Contractor Name: <b>3saurus, LLC</b>
Appropriation Unit: <b>4219-09</b>	Address: <b>1943 Golden Vista Dr.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Las Vegas, NV 89123</b>
If "No" please explain: Work program C57121 - December 9, 2021 IFC	Contact/Phone: <b>William Beddow 805-208-5046</b>
	Vendor No.: <b>T27043652</b>
	NV Business ID: <b>NV20151021334</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 % Mining claim filings</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **RFP # 50COMR-S1696**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/20/2021**  
Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2022**

Contract term: **130 days**

4. Type of contract: **Contract**

Contract description: **Museum Exhibit #2**

5. Purpose of contract:

**This is a new contract to design, fabricate, deliver and install a geology-related (rock and mineral) museum exhibit at the Reno Discovery Museum.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,499.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Commission on Mineral Resources approved funding NTE \$49,499 to create a rock and mineral exhibit for the Reno Discovery Museum. The creation of this exhibit which will serve to educate the public on the importance of rock and mineral commodities is in accordance with NRS 513.073(1)(2). This is the second exhibit of its kind to be created; the first exhibit was created for the Las Vegas Natural History Museum and has been very well received by the museum and public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Fabrication of a museum exhibit is not within the capabilities of our agency.

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):

Splitrock Studios  
3saurus LLC  
Golab's Eclipse Display

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #50COMR-S1696, and in accordance with NRS 333, the selected vendor was the sole proposer.

d. Last bid date: 08/25/2021 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:

2020; Division of Minerals; service was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	dvisher	10/13/2021 12:45:34 PM
Division Approval	dvisher	10/13/2021 12:45:37 PM
Department Approval	dvisher	10/13/2021 12:45:39 PM
Contract Manager Approval	gwake	10/13/2021 13:22:50 PM
Budget Analyst Approval	laaron	12/20/2021 13:46:24 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25223**

Agency Name: <b>COMMISSION ON MINERAL RESOURCE</b>	Legal Entity Name: UNIVERSITY OF NEVADA RENO
Agency Code: <b>500</b>	Contractor Name: <b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION</b>
Appropriation Unit: <b>4219-09</b>	Address: <b>KUNR 88.7 FM MAIL STOP 0294</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>RENO, NV 89557-0294</b>
If "No" please explain: The funding authority for this contract will come from Work Program C57121 which adds \$94,499 to Category 09, Special Projects, from Category 86, Reserves. The request to fund this project, as well as other projects, using reserves was made by the Commission on Mineral Resources on March 11, 2021 after the submittal of they FY22/23 budgets.	Contact/Phone: 775/682-6052
	Vendor No.: D35000816B
	NV Business ID: NV20161295653

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % mining claim</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 500

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/14/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 197 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Industry Reports**

5. Purpose of contract:

**This is a new interlocal agreement to provide a Geologic Map and Report of Railroad Valley in Nye County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,800.00**

Other basis for payment: Fixed Price \$35,000 + 8% indirect cost

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Under the authority of NRS 522.040 and pursuant to NAC 522.215 and NAC 522.510 two sets of drill cuttings and one copy of all logging surveys are to be filed by oil and gas operators with the Nevada Bureau of Mines and Geology (NBMG) to be made available for public inspection when the records are no longer confidential. Similar requirements exist for geothermal operators under the authority of NRS 534A.090 and pursuant to NAC 534A.310 and NAC 534A.550. The curation and public availability of these records are critical to further exploration of oil, gas and geothermal resources in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

For curation and public availability of oil, gas, and geothermal records, the Nevada Bureau of Mines and Geology (NBMG) utilizes the same staff, student resources, scanning equipment, tracking software, online services and warehouse space as is currently utilized for general geological information, maps, samples and reports. The Division does not have sufficient staff, expertise, and resources necessary to publish mineral industry and exploration reports and certain special reports which may be requested from the Commission on Mineral Resources.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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

8% indirect

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**Yes**

See the attached Authorization to Contract form for details.

- b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**Yes**

See the attached Authorization to Contract form for details.

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**Yes** If "Yes", please explain

University of Nevada Reno, Bureau of Mines and Geology

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under an existing interlocal contract, pleased 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:  
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dvisher	11/15/2021 15:52:54 PM
Division Approval	dvisher	11/15/2021 15:52:56 PM
Department Approval	dvisher	11/15/2021 15:52:59 PM
Contract Manager Approval	rghiglie	11/15/2021 15:53:28 PM
Budget Analyst Approval	dspeed1	12/14/2021 10:10:19 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: **23205** Amendment Number: **2**  
 Agency Name: **DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE** Legal Entity Name: **Unisys Corporation**  
 Agency Code: **655** Address: **801 Lakeview Drive Suite 100**  
 Appropriation Unit: **4709-22** City/State/Zip: **Bluebell, PA 19422**  
 Is budget authority available?: **Yes** Contact/Phone: **Mike Smith 916-806-2939**  
 If "No" please explain: **Not Applicable** Vendor No.:  
 NV Business ID: **NV19841004708**

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.

<input checked="" type="checkbox"/>	General Funds	<b>10.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>90.00 % Program Fees</b>

Agency Reference #: **RFP #65DPS-S763**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **7 years**

4. Type of contract: **Contract**

Contract description: **NCJIS Modernization**

5. Purpose of contract:

**This is the second amendment to the contract that provides computer programming and related service for the replacement of the Nevada Criminal Justice Information System. This amendment increases the maximum amount from \$36,237,516 to \$36,289,385 due to project scope changes that include the elimination of the Firearms Prohibited Person File Project and the addition of the DMV Web Services Interface and the Drivers License Query (DLIC) Index projects.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$36,237,516.00	\$36,237,516.00	\$36,237,516.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$51,869.13	\$51,869.13	\$51,869.13	Yes - Info
3. New maximum contract amount:	\$36,289,385.13			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract allows for the replacement of the current system used for storing and accessing Nevada criminal justice information. The owner of the current proprietary system has informed the Department of Public Safety (DPS) of the intent to retire within the next few years and has agreed to work with DPS during the implementation of a new system. The system is critical in supporting the safety of law enforcement agencies and communities and for the State to maintain compliance with Federal and State regulations regarding the access and storage of criminal history.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skill set to complete the tasks for this level of modernization 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?

Pursuant to RFP #65DPS-S763, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/19/2019 Anticipated re-bid date: 07/01/2026

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	twollan1	12/07/2021 08:08:39 AM
Division Approval	mcosenti	12/07/2021 12:15:55 PM

Department Approval	mcosenti	12/07/2021 12:15:59 PM
Contract Manager Approval	mcosenti	12/07/2021 12:16:03 PM
EITS Approval	msmi40	12/13/2021 06:47:55 AM
Budget Analyst Approval	jrodrig9	12/16/2021 19:06:02 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24837**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>SpeedGoat Wildlife Solutions, LLC</b>
Agency Code: <b>702</b>	Contractor Name: <b>SpeedGoat Wildlife Solutions, LLC</b>
Appropriation Unit: <b>4457 - All Categories</b>	Address: <b>408 Parkside Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Missoula, MT 59802</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Paul Lukacs 988-970-1765</b>
	Vendor No.: <b>T29041467</b>
	NV Business ID: <b>NV20181802207</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022-2024</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>15.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>85.00 % Heritage Fund</b>

Agency Reference #: 22-01

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 10/2021

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: **Population Model**

5. Purpose of contract:  
**This is a new contract to provide an integrated population model for large ungulates including pronghorn antelope and mule deer.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$37,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**We have an urgent need to update our existing spreadsheet population models with updated information using advanced statistical models.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**NDOW does not have the expertise to develop this type of statistical model.**

9. Were quotes or proposals solicited? **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):  
**University of Nebraska-Lincoln  
SpeedGoat Wildlife Solutions, LLC  
Enviroscapes**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

SpeedGoat was the only vendor who supplied a quote, both others refused.

d. Last bid date: 07/20/2021 Anticipated re-bid date: 07/20/2022

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes, NDOW during 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 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:

Cody Schroeder, Wildlife Staff Specialist Ph: 775-688-1659

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	08/18/2021 13:16:50 PM
Division Approval	jneubau2	09/20/2021 14:17:25 PM
Department Approval	bvale1	10/19/2021 13:52:41 PM
Contract Manager Approval	jwilkin3	10/19/2021 14:24:49 PM
Budget Analyst Approval	dspeed1	12/01/2021 15:58:19 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>19284</b>	Amendment Number: <b>1</b>	
	Legal Entity Name: <b>Conservation Visions, LLC</b>	
Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Contractor Name: <b>Conservation Visions, LLC</b>	
Agency Code: <b>702</b>	Address: <b>PO Box 5489-Stn C 354 water St St. John's</b>	
Appropriation Unit: <b>4462-10</b>	City/State/Zip: <b>Canada, NL A1C 5W4</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>709/722-1144</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.:	
	NV Business ID: <b>NV20171625388</b>	

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Resource Enhancement Stamp 50% and License Plate 50%</b>

Agency Reference #: 18-23

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2017**  
 Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/14/2021**

Contract term: **4 years and 338 days**

4. Type of contract: **Contract**

Contract description: **Study & Database**

5. Purpose of contract:

**This is the first amendment to the original contract to provide a custom-built database which will facilitate harvest comparisons between different species as part of the Wild Harvest Initiative. This amendment extends the termination date from November 14, 2021 to November 14, 2022 and increases the maximum amount from \$196,000 to \$245,000 due to a continuing need for these services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$196,000.00	\$196,000.00	\$196,000.00	Yes - Action
2. Amount of current amendment (#1):	\$49,000.00	\$49,000.00	\$49,000.00	Yes - Info
3. New maximum contract amount:	\$245,000.00			
and/or the termination date of the original contract has changed to:	11/14/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?



This will provide a first-ever evaluation of the biomass and economic value of wild food harvested by recreational hunters and anglers in the United States and Canada and will assess the wider community of consumers who share in this harvest.

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 staffing to gather this nationwide data.

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):

Conservation Visions  
Onvia

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #18-02, 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2018-2021 - Nevada Department of Wildlife: All 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	mespinoz	10/25/2021 10:33:31 AM
Division Approval	jneubau2	10/25/2021 12:57:24 PM
Department Approval	bvale1	10/28/2021 09:34:11 AM
Contract Manager Approval	jwilkin3	10/28/2021 11:14:11 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24625** Amendment Number: **1**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **KASF Consulting**

Agency Code: **702** Contractor Name: **KASF Consulting**

Appropriation Unit: **4465-19** Address: **1684 Clovercrest Court**

Is budget authority available?: **Yes** City/State/Zip: **Henderson, NV 89012**

If "No" please explain: Not Applicable Contact/Phone: Kelly Stockton-Fiti 970-217-2245

Vendor No.: T29044433

NV Business ID: NV20151153286

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 #: 22-02

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/18/2021**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2021**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **AIS Microscopy**

5. Purpose of contract:

**This is the first amendment to the original contract which provides Aquatic Invasive Species Microscopy. This amendment extends the termination date from December 31, 2021 to August 17, 2025 and increases the maximum amount from \$4,400 to \$44,400 due to the ongoing need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,400.00	\$4,400.00	\$4,400.00	No
2. Amount of current amendment (#1):	\$40,000.00	\$44,400.00	\$44,400.00	Yes - Info
3. New maximum contract amount:	\$44,400.00			
and/or the termination date of the original contract has changed to:	08/17/2025			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Early detection monitoring is a critical tool to identify possible introduction to and infestation of water bodies by invasive mussel species from watercraft before adult mussels are visible, allowing proactive control measures. This is a specific strategy for invasive species containment in the Nevada Aquatic Invasive Species Management Plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Microscopy analysis of plankton samples to identify early life stage invasive mussel larvae requires specific training, expertise, and equipment that is not within the staff capabilities of NDOW. Equipment needed for this analysis is not possessed by NDOW or budgeted in upcoming budget cycles.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Desert Research Institute  
KASF Consulting  
Nevada State Public Health Lab

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

KASF Consulting is over 13 years experience in invasive mussel research and over 6 years specific experience in sample analysis and detection of early life stage invasive mussels.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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

mespinoz

11/18/2021 14:45:16 PM

Division Approval	jneubau2	12/01/2021 15:53:41 PM
Department Approval	bvale1	12/02/2021 10:44:12 AM
Contract Manager Approval	jwilkin3	12/07/2021 11:17:11 AM
Budget Analyst Approval	dspeed1	12/09/2021 11:40:44 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: **25060**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: Carson Valley Conservation District
Agency Code: <b>702</b>	Contractor Name: <b>Carson Valley Conservation District</b>
Appropriation Unit: <b>4467-14</b>	Address: <b>1702 County Road Suite A1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Minden, NV 89423</b>
If "No" please explain: Not Applicable	Contact/Phone: Rich Wilkinson 775-782-3661
	Vendor No.: T40153400
	NV Business ID: GOVERNMENTAL ENTITY
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Habitat Conservation</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 22-33

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/08/2021**

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 327 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Habitat Improvement**

5. Purpose of contract:

**This is a new interlocal agreement to provide habitat improvement projects on private and public lands.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Habitat degradation within the jurisdiction of CVCD.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW employees do not have the knowledge or certifications for much of the work such as herbicide application, use of chainsaws for PJ treatments, stream bank restoration, and relationships with private landowners where habitat degradation has occurred. NDOW also does not have the capacity to conduct the habitat improvement projects.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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 during FY21, all work was satisfactory and met all requirements and timelines.

14. Is the contractor currently involved in litigation with the State 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:

Jasime Kleiber, Wildlife Staff Specialist Ph: 775-688-1561

Katie Andrle, Biologist 4 Ph: 775-688-1145

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	10/08/2021 16:17:28 PM
Division Approval	jneubau2	10/13/2021 09:19:26 AM
Department Approval	bvale1	11/10/2021 08:12:22 AM
Contract Manager Approval	jwilkin3	11/10/2021 08:12:51 AM
Budget Analyst Approval	dspeed1	12/08/2021 15:06:53 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25033**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Earthfort, LLC</b>
Agency Code: <b>702</b>	Contractor Name: <b>Earthfort, LLC</b>
Appropriation Unit: <b>4467-13</b>	Address: <b>635 SW Western Boulevard</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Corvallis, OR 97330</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Chandra Wyatt 541-257-2612</b>
	Vendor No.: <b>T32011681</b>
	NV Business ID: <b>NV20212242037</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>50.00 %</b>	<b>Sportsmen Revenue</b>
<b>X</b> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **22-23**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/07/2021**

Anticipated BOE meeting date **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **3 years and 297 days**

4. Type of contract: **Contract**

Contract description: **Bio Soil Analysis**

5. Purpose of contract:

**The is a new contract to provide soil laboratory biological testing services for soil samples taken to assist in planning and assessing habitat rehabilitation and restoration projects in Nevada.**

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?

Baseline soil information should be collected during the planning phase of habitat restoration projects to determine which methods should be used to achieve management goals at a site and to allow for more efficient and effective use of restoration dollars. Soil analysis is also necessary to assess ecosystem health before and after management to track progress of management goals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized laboratory equipment and know-how is necessary for soil analysis and state employees do not have this equipment or expertise.

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):



EMSL Analytical, Inc.  
Soil Foodweb NY  
Earthfort

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Less expensive pricing, reliability, and consistency of results to compare with previous samples analyzed.

d. Last bid date: 09/01/2021 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NV Division of Forestry in 2018, 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:

Brittany Trimble, Habitat Biologist III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	10/04/2021 15:53:10 PM
Division Approval	jneubau2	10/13/2021 09:27:05 AM
Department Approval	bvale1	12/03/2021 07:25:38 AM
Contract Manager Approval	jwilkin3	12/03/2021 07:54:18 AM
Budget Analyst Approval	dspeed1	12/08/2021 15:23:44 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: **24168**

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: **MASON VALLEY CONSERVATION**  
 Contractor Name: **MASON VALLEY CONSERVATION DISTRICT**  
 Address: **513 WEST BRIDGE STREET, STE G YERINGTON, NV 89447**  
 City/State/Zip: **YERINGTON, NV 89447**  
 Contact/Phone: **Ed Ryan 775-463-2265**  
 Vendor No.: **T81074695**  
 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>100.00 % HABITAT CONSERVATION</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 21-63

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/07/2021**

Anticipated BOE meeting date 11/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **2 years and 205 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Habitat Improvement**

5. Purpose of contract:

**This is a new interlocal agreement to provide habitat improvement projects on private and public lands within the jurisdiction of Mason Valley Conservation District.**

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?

Habitat degradation within the jurisdiction of Mason Valley Conservation District

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW employees do not have the knowledge or certifications for much of the work such as herbicide application, use of chainsaws for pinyon juniper treatments, stream bank restoration, and relationships with private landowners where habitat degradation has occurred. NDOW also does not have the capacity to conduct the habitat improvement projects

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes, with NDOW and 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:

MARK FREESE, WILDLIFE STAFF SPECIALIST Ph: 775-688-1145
JASMINE KLEIBER, WILDLIFE STAFF SPECIALIST Ph: 775-688-1561

20. Contract Status:

Contract Approvals:

Table with 3 columns: Approval Level, User, Signature Date. Rows include Budget Account Approval, Division Approval, Department Approval, Contract Manager Approval, and Budget Analyst Approval.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25091**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: Paradise Sonoma Conservation District
Agency Code: <b>702</b>	Contractor Name: <b>Paradise Sonoma Conservation District</b>
Appropriation Unit: <b>4467-14</b>	Address: <b>PO Box 202</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Paradise Valley, NV 89426</b>
If "No" please explain: Not Applicable	Contact/Phone: Joe Sicking 775-625-0901
	Vendor No.: T81000352
	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>75.00 % Upland Game Stamp, Habitat Conservation, and Duck Stamp</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>25.00 % Habitat Industrial Development Fund</b>

Agency Reference #: 22-36

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: **Habitat Improvement**

5. Purpose of contract:

**This is a new interlocal agreement that establishes a working mechanism to accomplish habitat improvement projects on private and public lands where the Paradise Sonoma Conservation District (PSCD) has the technical knowledge, expertise, and experienced staff to accomplish the work.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Habitat degradation within the jurisdiction of the PSCD.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW employees do not have the knowledge or certifications for much of the work such as herbicide application, use of chainsaws for PJ treatments, stream bank restoration, and relationships with private landowners where habitat degradation has occurred. NDOW also does not have the capacity to conduct the habitat improvement projects.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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:

NDOW in FY21, all work was satisfactory and met all requirements and timelines.

14. Is the contractor currently involved in litigation with the State 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:

Katie Andrlle, Biologist 4 Ph: 775-688-1145  
Tori Cernoch, Biologist 3 Ph: 775-688-1444

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mespinoz	10/13/2021 15:13:22 PM
Division Approval	jneubau2	10/15/2021 08:34:01 AM
Department Approval	bvale1	10/21/2021 11:02:29 AM
Contract Manager Approval	jwilkin3	11/10/2021 07:45:46 AM
Budget Analyst Approval	dspeed1	12/02/2021 16:31:19 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **21920** Amendment Number: **2**  
 Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Legal Entity Name: **The Abbi Agency**  
 Agency Code: **810** Contractor Name: **The Abbi Agency**  
 Appropriation Unit: **4744-18** Address: **1385 Haskell Street**  
 Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89509**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Patrick Ty Whitaker 775-373-2977**  
 Vendor No.: **T27037235**  
 NV Business ID: **NV20081200897**

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 %	<b>X</b>	Fees	<b>34.00 %</b>
Federal Funds	0.00 %		Bonds	0.00 %
<b>X</b> Highway Funds	<b>66.00 %</b>		Other funding	0.00 %

Agency Reference #: **RFP #81DMV-S532**

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 **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Advertising/Media**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing marketing and buying services. This amendment increases the maximum amount from \$1,502,696 to \$1,517,969 and revises the scope of work to include promoting the court-ordered Technology Fee Refund Program.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,452,696.00	\$1,452,696.00	\$1,452,696.00	Yes - Action
a. Amendment 1:	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Action
2. Amount of current amendment (#2):	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
3. New maximum contract amount:	\$1,517,696.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Marketing and media buying is necessary to keep the public informed about Nevada Department of Motor Vehicles.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The marketing and media buying requires specialized skills that State employees do 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?

Pursuant to RFP #81DMV-S532, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/21/2019 Anticipated re-bid date: 02/01/2023

10. Does the contract contain any IT components? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mhenders	11/12/2021 14:03:12 PM
Division Approval	asmit3	11/16/2021 15:17:59 PM
Department Approval	asmit3	11/16/2021 15:18:24 PM
Contract Manager Approval	bjobe	11/17/2021 16:02:50 PM
Budget Analyst Approval	nkephart	11/19/2021 13:32:12 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: **25199**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Odyssey Charter School of Nevada</b>
Agency Code: <b>901</b>	Contractor Name: <b>Odyssey Charter School of Nevada</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>2251 S. Jones Blvd, Suite 100A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89146-3145</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Devon Bolliger 702-501-2160</b>
	Vendor No.: <b>T81102486</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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3589-23-REHAB**

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 **01/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **1 year and 30 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2022 Odyssey Pre-ETS**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services (Pre-ETS) to disabled youths, ages 16-22, 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: **\$28,800.00**

Other basis for payment: \$400/student per Week; Spring Pre-ETS Camp (2 Week Camp) Minimum: 12 students Maximum: 18 students, Maximum \$14,400; Summer Pre-ETS Camp (2 Week Camp) Minimum: 12 students Maximum: 18 students, Maximum \$14,400. Student must attend a min of 3 days/week for that week to be invoiced. Invoices payable only upon receipt and acceptance of student evaluations and the camp final report. Contract not to exceed: \$28,800.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Section 110(d)(1) of the Rehabilitation Act as amended by the Workforce Innovation and Opportunity Act , Public Law 113-128 (29 USC 3101) (2014) requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	bmartin7	11/05/2021 16:08:29 PM
Division Approval	bmartin7	11/05/2021 16:08:31 PM
Department Approval	bmartin7	11/05/2021 16:08:34 PM
Contract Manager Approval	ghein	11/05/2021 16:32:44 PM
Budget Analyst Approval	mranki1	12/01/2021 14:26:17 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>23817</b>	Amendment Number: <b>1</b>
Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT</b>
Agency Code: <b>902</b>	Contractor Name: <b>GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT</b>
Appropriation Unit: <b>1004-21</b>	Address: <b>808 W NYE LN</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-1544</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Leandra Diossa 775/687-9900</b>
	Vendor No.: <b>D10200001</b>
	NV Business ID: <b>GOVERNMENTAL ENTITY</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/12/2021**

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 259 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **SANDI GOED**

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 adds Cares Act quarterly report requirements and increases the maximum amount from \$230,000.00 to \$303,421.71 due to the increased demand for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$230,000.00	\$230,000.00	\$230,000.00	Yes - Action
2. Amount of current amendment (#1):	\$73,421.71	\$73,421.71	\$73,421.71	Yes - Info
3. New maximum contract amount:	\$303,421.71			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This position is essential in project oversight of the SANDI project as outline in the grant proposal and award. This position will work in collaboration with GOWINN and another mirrored position within the Nevada System of Higher Education.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

n/a - this is an 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: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal Agreement

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	11/03/2021 10:22:28 AM
Division Approval	jmarhevk	11/03/2021 10:22:31 AM
Department Approval	jmarhevk	11/03/2021 10:22:36 AM
Contract Manager Approval	ghein	11/05/2021 10:39:58 AM
Budget Analyst Approval	vfajota	11/19/2021 11:49:13 AM

**OFFICE OF THE DIRECTOR**

Financial Management



**STEVE SISOLAK**  
Governor

**ELISA CAFFERATA**  
Director

**MEMORANDUM**

**DATE:** November 5, 2021

**TO:** Venus B. Fajota, Executive Branch Budget Officer  
Department of Administration

**FROM:** Elisa Cafferata, Director

**SUBJECT:** RETROACTIVE CONTRACT  
GOWINN'S Project SANDI Interlocal Agreements

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On behalf of the Department of Employment, Training and Rehabilitation (DETR), The Governor's Office of Workforce Innovation (GOWINN) respectfully requests approval of the below five interlocal agreement modifications to have a retroactive start date of August 1, 2021 in order to accommodate and support the individuals in the training programs at the community colleges during the Fall 2021 semester. The tuition and fee coverage are provided by GOWINN's Project SANDI grant, which began October 1, 2020 and ends September 29, 2023.

The associated agreement is:

- Governor's Office of Economic Development (GOED); CETS #23817

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500 East Third Street, Room 200 • Carson City, NV 89713-0001 • (775) 684-3900 • Fax (775) 684-3848  
2800 E. St. Louis Avenue • Las Vegas, Nevada 89104-4267 • (702) 486-5238 • Fax (702) 486-5382  
[www.nvdetr.org](http://www.nvdetr.org)

The community colleges have students this semester who are eligible and can utilize the SANDI tuition dollars. Each of the community colleges have an already existing interlocal agreement for associated SANDI funding with GOWINN. The agreement modifications GOWINN has submitted with the retroactive request of August 1, 2021 includes an addition of \$500,000 to each of the colleges to account for tuition and fees, and in alignment with the grant deliverables and participant needs, GOWINN is submitting this request to allow student tuition coverage for programs that start in September 2021.

GOWINN supports the requested changes in order to assist the colleges with providing the participants with the project goals and outcomes as agreed upon within the executed contract.

Thank you for your consideration of this request.

Gina Hein  
Contract Manager

**DETR, Financial Management, Approved by:**

  
Elisa Cafferata  
Director, DETR

*on behalf of*

Date: 11/5/21

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25181**

Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>NEVADA HELP DESK LLC</b>
Agency Code: <b>908</b>	Contractor Name: <b>NEVADA HELP DESK LLC</b>
Appropriation Unit: <b>3274-04</b>	Address: <b>2620 REGATTA DR STE 102</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-6892</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DUANA MALONE 702-919-4357</b>
	Vendor No.: <b>T29042627</b>
	NV Business ID: <b>NV20191162128</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 #: **3586-22-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/19/2021**  
Anticipated BOE meeting date **12/2021**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2022**

Contract term: **73 days**

4. Type of contract: **Contract**

Contract description: **Video Production**

5. Purpose of contract:

**This is a new contract for the development and final production of four (4) DETR-specific Project Management training videos using agency workflows and templates based on best practices of the Project Initiation, Project Planning, Project Execution & Monitor, and Project Closeout processes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,310.00**

Payment for services will be made at the rate of \$23,310.00 per Invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

There are a number of DETR-specific projects tied into the planned UI Modernization effort that necessitate training staff on project management processes and procedures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State is lacking skillsets and manpower.

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):

DP Video Productions

Levy Productions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The voice-over quality of the cheapest vendor is unsatisfactory. The actor's lip movements and audio are not properly synchronized. Her mouth moves but the audio is delayed or audio is present and her mouth is not moving.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	jmarhevk	11/05/2021 15:17:39 PM
Division Approval	jmarhevk	11/05/2021 15:17:41 PM
Department Approval	jmarhevk	11/05/2021 15:17:43 PM
Contract Manager Approval	rgilma1	11/15/2021 16:30:03 PM
Budget Analyst Approval	mranki1	11/19/2021 16:12:19 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **17596** Amendment Number: **5**

Agency Name: **PUBLIC EMPLOYEES' BENEFITS** Legal Entity Name: **AON CONSULTING, INC.**

Agency Code: **950** Contractor Name: **AON CONSULTING, INC.**

Appropriation Unit: **1338-04** Address: **1900 Sixteenth Street Ste 1000**

Is budget authority available?: **Yes** City/State/Zip: **Denver, CO 80202**

If "No" please explain: Not Applicable Contact/Phone: Courtney Hutchison 303-782-3385

Vendor No.: T27021582A

NV Business ID: NV19921026511

To what State Fiscal Year(s) will the contract be charged? **2017-2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Premium Revenue 73% State Subsidy 27%</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2016**

Anticipated BOE meeting date 12/2021

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **6 years**

4. Type of contract: **Contract**

Contract description: **Actuary Consultant**

5. Purpose of contract:

**This is the fifth amendment to the original contract which provides actuarial services. This amendment increases the maximum amount from \$3,601,585 to \$3,651,585 due to the addition of a claims data warehouse solution including reporting and analytics.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,500,000.00	\$3,500,000.00	\$3,500,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	-\$123,415.00	-\$123,415.00	-\$123,415.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	\$225,000.00	\$225,000.00	\$225,000.00	Yes - Action
2. Amount of current amendment (#5):	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Info
3. New maximum contract amount:	\$3,651,585.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Public Employees' Benefits Program requires the services of an actuary consultant.**



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 advise on a plan of the size and scope of PEBP.

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 #3211, 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: 10/01/2015 Anticipated re-bid date: 10/01/2020

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Aon is PEBP's current actuary consultant. PEBP is satisfied by the services provided by Aon.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	11/04/2021 08:41:06 AM
Division Approval	ceaton	11/04/2021 08:41:10 AM
Department Approval	ceaton	11/04/2021 08:41:14 AM
Contract Manager Approval	ceaton	11/04/2021 09:41:30 AM
Budget Analyst Approval	hfield	11/19/2021 13:00:24 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25227**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	National Council of Architectural Registration Boards
Agency Code:	<b>BDC</b>	Contractor Name:	<b>National Council of Architectural Registration Boards</b>
Appropriation Unit:	<b>B002 - All Categories</b>	Address:	<b>1401 H Street NW, Ste. 500</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Washington, DC 02005</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jared Zurn (202)4613955
		Vendor No.:	BDC
		NV Business ID:	n/a

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % 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 **12/13/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2022**

Contract term: **321 days**

4. Type of contract: **Contract**

Contract description: **RD Exam Development**

5. Purpose of contract:

**This is a new contract to provide updates to the residential design examination through exam development, delivery, and standard-setting for each section of the exam. Services also including the determination of a passing score for the newly developed exam.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,000.00**

Payment for services will be made at the rate of \$21,000.00 per for all three phases

Other basis for payment: n/a

#### II. JUSTIFICATION

7. What conditions require that this work be done?

After the completion of the residential design (RD) practice analysis, the Board determined that some of the content of the residential design examination (in all four sections) was obsolete. As a result, the Board needs to update the content of the RD exam to align each section with current and relevant RD practice. The Board's intent is to ensure that the RD candidates are assessed on the general design and construction knowledge needed to produce appropriate design and to provide construction drawings for residential projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Currently, the Board doesn't have the trained staff capable of updating the content of the RD examination (all four sections). Based on the complexity of this project, we need the assistance of a qualified vendor who has the SMEs ready to assist us with the update and development of the content of the RD examination, including the creation of an exam delivery and standard-setting for each component. We feel that based on the nature of this project, we require the support of an experienced vendor that can apply the objectives outlined on the residential design test specification report to update the content of each section of the exam.

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):

Global Skills Exchange Corporation  
Center of Education and Training for Employment  
Limitless Association Solution Resource, LLC  
Professional Testing Corporation

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

We solicited proposals from five different qualified vendors on September 22, 2021. Out of the five, only two responded to our request. After reviewing the two submitted proposals, the Board made the decision to contract with NCARB based on the fact that NCARB is already familiar with the professional practice and the structure of this type of professional examination. NCARB currently administers the architectural exam and is constantly updating the content of the exam division, which is similar to the residential design examination.

d. Last bid date: 10/11/2021 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:

Yes, under the conditions of the previously approved contract with the Board of Architecture for the development of the residential design practice analysis. This project was completed in 5 phases.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

**NCARB is a non-profit organization, not registered in Nevada.**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

n/a

19. Agency Field Contract Monitor:

Monica Harrison, Executive Director Ph: 702 4867300

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmonica	11/16/2021 13:17:11 PM
Division Approval	cmonica	11/16/2021 13:17:14 PM
Department Approval	cmonica	11/16/2021 13:17:17 PM
Contract Manager Approval	cmonica	11/16/2021 13:17:19 PM
Budget Analyst Approval	hfield	12/13/2021 11:28:27 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25092**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: Carrara Group, LLC
Agency Code: <b>BDC</b>	Contractor Name: <b>Carrara Group, LLC</b>
Appropriation Unit: <b>B024 - All Categories</b>	Address: <b>6360 S. Rainbow Blvd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89118</b>
If "No" please explain: Not Applicable	Contact/Phone: rocky@carraranv.com 702-228-8026
	Vendor No.:
	NV Business ID: NV20021131481

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 % 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 **12/21/2021**

Anticipated BOE meeting date 02/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **2 years and 10 days**

4. Type of contract: **Contract**

Contract description: **Government Affairs**

5. Purpose of contract:

**This is a new contract to provide professional services related to legislative issue responses, lobbying, and assistance with statute and regulation adoption.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$200.00 per Hour

Other basis for payment: During Legislative Session 1/1/23 - 6/30/23 term will be \$2,300 per month; otherwise \$200 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS Chapter 635 requires the Board to recommend the creation and/or amendment of laws regarding the practice of podiatry in the State of Nevada. To complete this legislative requirement, it is necessary for the Board to obtain expert advice on government affairs.

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. This expertise is needed both during a legislative session as well as the interim sessions of the legislature. The Board operates with a staff of one part time person and does not have the availability, expertise or knowledge that can be performed by the contractor.

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):

Carrara Group  
Keith Lee  
Kaempfer Crowell

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State Board of Podiatry

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	vwind1	10/13/2021 08:14:31 AM
Division Approval	vwind1	10/13/2021 08:14:33 AM
Department Approval	vwind1	10/13/2021 08:14:35 AM
Contract Manager Approval	vwind1	10/13/2021 08:14:39 AM
Budget Analyst Approval	hfield	12/22/2021 11:34:13 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25261**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Platt Law Group</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Platt Law Group</b>
Appropriation Unit: <b>B036 - All Categories</b>	Address: <b>11025 Bondshire 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>Colleen Platt 775-848-2810</b>
	Vendor No.:
	NV Business ID: <b>NV20151428689</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 % 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 **12/06/2021**

Anticipated BOE meeting date 01/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2023**

Contract term: **1 year and 359 days**

4. Type of contract: **Contract**

Contract description: **New Contract**

5. Purpose of contract:

**This is a new contract to provide legal services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,000.00**

Payment for services will be made at the rate of \$125.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Office of the Attorney General has very high workloads. This contract will assist the DAGs assigned to the Board by providing additional legal resources for the Board while maintaining the working relationship with the DAGs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Work loads and agency assignments are high.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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?

Platt Law Group has provided legal counsel to the Board in the past. They are familiar with our statutes, processes, and issues with human trafficking.

d. Last bid date: Anticipated re-bid date:

10. Does the contract contain any IT components? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 Business and Industry Housing Division and Board of Alcohol Drug and Gambling Counselors

14. Is the contractor currently involved in litigation with the State 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	anders7	12/02/2021 10:30:59 AM
Division Approval	anders7	12/02/2021 10:31:02 AM
Department Approval	anders7	12/02/2021 10:31:05 AM
Contract Manager Approval	anders7	12/02/2021 10:31:09 AM
Budget Analyst Approval	hfield	12/06/2021 14:23:49 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: December 6, 2021  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Melanie Young, Budget Administrator *myy*  
Budget Division  
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an action item submitted for placement on the agenda of the next Board of Examiners' meeting.

**GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION**

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of November 30, 2021.

Additional Information:

The Tort Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account prior to any projected outstanding claims.

Tort Claim Fund	\$ 5,047,004.50
Statutory Contingency Account	\$ 12,084,581.09
Stale Claims Account	\$ 2,872,252.72
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 7,005,618.81

IFC Unrestricted Contingency Fund General Fund	\$ 26,438,872.48
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 12,042,164.00
IFC Restricted Contingency Highway Fund	\$ 334,796.00

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735 and  
AB355, AB464, AB468, AB494 of the 2021 Legislative Session

REVIEWED: my

ACTION ITEM: \_\_\_\_\_

**BA 4892 Statutory Contingency Account  
NRS 353.264  
FY 2022 (as of November 30, 2021)**

Beginning Cash	12,269,765.00	
	-	
<b>Total Revenue</b>		<b>\$ 12,269,765.00</b>

Paid Claims:

Wrongful Conviction Berry	(18,668.88)	
Attorney General Special Counsel	(153,171.53)	
Post Conviction Claims NRS 212.070	(13,343.50)	
	-	
<b>Total Payments</b>	(185,183.91)	
<b>Account Balance</b>		<b>\$ 12,084,581.09</b>

Claims Submitted for Payment:

Post Conviction Claims NRS 212.070	(15,367.50)	
Attorney General Special Counsel	0.00	
	-	
	\$ (15,367.50)	
<b>Submitted for Payment</b>		
<b>Account Balance</b>		<b>\$ 12,069,213.59</b>

Projected Outstanding Claims:

	-	
	-	
<b>Total Pending Claims</b>	\$ -	
<b>Account Balance</b>		<b>\$ 12,069,213.59</b>

**BA 1348 TORT Claim Fund**  
**NRS 331.187**  
**FY 2022 (as of November 30, 2021)**

Beginning Cash	3,886,164.00	
Credit Card Rebate	121.75	
Insurance Premiums - A	218,669.92	
Insurance Premiums	3,645,245.06	
AG Loan Repayment	5,000.00	
Trans from CRF	-	
	7,755,200.73	
<b>Total Revenue</b>		<b>\$ 7,755,200.73</b>

Paid Claims:

Attorney General's Office (Operating)	(76,343.36)	
Tort Claims	(2,631,852.87)	
Reserve for Reversion	-	
	(2,708,196.23)	
<b>Total Payments</b>		<b>\$ 5,047,004.50</b>
<b>Account Balance</b>		<b>\$ 5,047,004.50</b>

Claims Submitted for Payment:

	-	
<b>Submitted for Payment</b>	\$ -	
<b>Account Balance</b>		<b>\$ 5,047,004.50</b>

Projected Outstanding Claims:

Attorney General's Office (projection)	-	
	-	
<b>Total Pending Claims</b>	\$ -	
<b>Account Balance</b>		<b>\$ 5,047,004.50</b>

**BA 4888 Stale Claims Account  
NRS 353.097  
FY 2022 as of November 30, 2021**

Beginning Cash	3,137,629.00	
Transfer from Interim Finance	-	
Appropriations	-	
<b>Total Revenue</b>	<b>\$ 3,137,629.00</b>	
 <u>Paid Claims:</u>		
Post Conviction Claims	(98,469.17)	
Governor's Office	(4,017.26)	
Secretary of State	(34,398.90)	
State Treasurer's Office		
State Controller's Office		
Supreme Court		
Taxation	(222.97)	
Veterans Affairs	(264.00)	
DETR - NERC		
Public Defender		
Dept. of Education	(66,072.27)	
Nevada State Library		
Museum		
Military Department		
Health Care Financing and Policy		
Youth Parole		
DHHS - Aging Services	(19,738.30)	
DHHS - Health Division	(4,789.67)	
DHHS Welfare Division		
DHHS - Mental Health Inst	(13,462.04)	
DHHS - SO Nev Adult Mental Health	(5,172.10)	
DHHS-Rural Clinics		
DHHS - Mental Health and Dev Services		
DHHS - NO Nev Mental Health		
DHHS - SO Nev Mental Health		
DHHS - LV Childrens Behavioral Services		
Public Safety - Parole & Probation	(1,436.97)	
DHHS - RNO Childrens Behavioral Services	(838.75)	
Hearings		
Fire Marshall	(738.72)	
Gaming Control Board	(2,245.50)	
Parks	(283.10)	
DCNR -Water Resources		
DCNR - Forestry		
Employment Security		
DETR - Admin Services	(1,692.18)	
Dept. of Administration		
Dept. of Corrections	(11,534.38)	
Public Safety - Parole & Probation		
Parole/Pardons Boards		
DHHS-Youth Service Division		
Judiciary		
DHHS-Child and Family Services		
Admin Director		
<b>Total Payments</b>	<b>(265,376.28)</b>	
<b>Account Balance</b>	<b>\$ 2,872,252.72</b>	

**BA 4889 Emergency Fund  
NRS 353.263  
FY 2022 (as of November 30, 2021)**

Beginning Cash 354,763.00

**Total Revenue** **\$ 354,763.00**

Paid Claims:

-

Payments \$ -  
**Account Balance** **\$ 354,763.00**

Claims Submitted for Payment:

-

Total Submitted Payments \$ -  
**Account Balance** **\$ 354,763.00**

Projected Outstanding Claims

-

Total Pending Claims \$ -  
**Estimated Account Balance - Including all Claims** **\$ 354,763.00**

**BA 1335 Disaster Relief Account  
NRS 353.2735  
FY 2022 (as of November 30, 2021)**

Beginning Cash	6,996,569.00	
Treasurer's Interest	9,049.81	
1st - 2nd Qtr Transfers Per NRS 353.288(4)	-	
3rd Qtr Transfers Per NRS 353.288(4)	-	

<b>Total Revenue</b>	<b>\$ 7,005,618.81</b>	
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Paid Claims:

Transfer to DEM	-	
	-	
	-	
Payments	-	
<b>Account Balance</b>	<b>\$ 7,005,618.81</b>	

Projected Outstanding Claims :

<u>Reserve for Reversion to GF</u>	0.00	
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<u>Total Pending Claims</u>	0.00	
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**Estimated Account Balance - Including all Claims \$ 7,005,618.81**

**IFC Contingency Fund Unrestricted  
NRS 353.266  
FY 2022 (as of November 30, 2021)**

***Unrestricted General Fund***

FY 2021 Beginning Cash Balance	20,296,179.53	
FY 2021 Appropriations	0.00	
Reversion to IFC	6,760,521.00	
<b>Total Revenue</b>	<b>27,056,700.53</b>	<b>27,056,700.53</b>

Paid Claims:

Meeting Costs	(12,547.05)	
Controllers Office	(51,680.00)	Approved @ August 2021 IFC
Conservation & Natural Res - Div of Water Resources	(250,000.00)	Approved @ August 2021 IFC
Office of the Military	(303,601.00)	Approved @ October 2021 IFC

Total Payments	(617,828.05)	
<b>Account Balance</b>	<b>26,438,872.48</b>	<b>26,438,872.48</b>

Pending Reimbursement:

Total Pending	0.00	
<b>Account Balance-GF</b>	<b>26,438,872.48</b>	<b>26,438,872.48</b>

***Unrestricted Highway Fund***

Beginning Cash	1,638,068.35	
Reversion to IFC	0.00	
<b>Total Revenue</b>	<b>1,638,068.35</b>	<b>1,638,068.35</b>

Paid Claims:

Total Payments	0.00	
<b>Account Balance-HWY</b>	<b>1,638,068.35</b>	<b>1,638,068.35</b>



IFC Contingency Fund Restricted  
NRS 353.266  
FY 2022 (as of November 30, 2021)

**Restricted General Fund**

Beginning Balance July 1, 2021  
Appropriations

	3,852,296.00	
	8,307,527.00	
<b>Total Revenue</b>	<b>12,159,823.00</b>	

Paid Claims:

Department of Taxation

(117,659.00)

	(117,659.00)	
<b>Payments</b>	<b>12,042,164.00</b>	
<b>Account Balance</b>		

Pending:

Nevada System of Higher Education Leaderverse	(750,000.00)	
Conservation and Natural Resources	(2,500,000.00)	December IFC December IFC

	(3,250,000.00)	
<b>Total Pending</b>	<b>8,792,164.00</b>	
<b>Account Balance</b>		

**Restricted Highway Fund**

Beginning Balance July 1, 2011

334,796.00

	334,796.00	
<b>Total Revenue</b>	<b>334,796.00</b>	

Paid Claims:

Dept of Motor Vehicles (280,847.00)

	(280,847.00)	
<b>Payments</b>	<b>53,949.00</b>	
<b>Account Balance</b>		

**Total Restricted Balance: 8,846,113.00**