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:** June 27, 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=skkElKDzPs0

**Phone Conference Line:** 775-321-6111 or 702-329-3435

Phone Conference ID: 694 185 390#

#### **AGENDA**

- 1. Call to Order / Roll Call
- 2. Public Comment The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 694 185 390#. When the Chair opens the public comment period, dial \*5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

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

4. 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 this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment via telephone, dial 775-321-6111 or 702-329-3435.

When prompted to provide the meeting ID, please enter 694 185 390#. When the Chair opens the public comment period, dial \*5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

### 5. 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. A person may submit comments to be attached to the minutes of the meeting in writing three business days before the meeting date, in addition to testifying or in lieu of testifying. Written comments are limited to 2 pages. Written comments may be submitted electronically by email at <a href="mailto:daluzzi@finance.nv.gov">daluzzi@finance.nv.gov</a>. We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at daluzzi@finance.nv.gov. Supporting materials for this meeting are available at 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at daluzzi@finance.nv.gov.

#### Agenda Posted at the Following Locations:

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

Posted on the Internet: http://budget.nv.gov/Meetings/Meetings-new/ and https://notice.nv.gov

BOE #	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	A SIMPLE SOLUTION, LLC DBA DYNAMIC CAREGIVERS	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract		provide ongoing personal Upon Approval -	care services.		
	Description:	Term of Contract:	04/30/2026	Contract # 26096		
		VARIOUS STATE AGENCIES	A VICTORIOUSCARE	OTHER: VARIOUS AGENCIES	\$6,000,000	
2.			provide ongoing supportiv		ervices.	
	Contract Description:		Upon Approval - 04/30/2026	Contract # 26017		
		VARIOUS STATE AGENCIES	ABBIE STEVENSON	OTHER: VARIOUS AGENCIES	\$2,100,000	
3.			provide ongoing audiolog		l medical ser	vices.
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26270		
		VARIOUS STATE AGENCIES	ABLE ABILITIES GROUP	OTHER: VARIOUS AGENCIES	\$7,500,000	
4.		This is a new contract to services.	provide ongoing case ma	nagement, supportive liv	ving arranger	ments and related
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26371		
		VARIOUS STATE AGENCIES	ACCESSIBLE SPACE, INC. DBA NEVADA COMMUNITY ENRICHMENT PROGRAM	OTHER: VARIOUS AGENCIES	\$10,000,000	
5.			provide ongoing services			
			al, occupational therapy, p		•	-
			ounseling, adult daycare, o	group home, job develop	oment, reside	ential provider,
	Description.	and supportive living arra	Upon Approval -			
		Term of Contract:	04/30/2026	Contract # 26254		
6.		VARIOUS STATE AGENCIES	ALEXIES ASSISTED LIVING, INC. DBA MEADOWS CARE HOME	OTHER: VARIOUS AGENCIES	\$3,800,000	
	Contract	This is a new contract to	provide ongoing assisted	living, group home and	residential p	ovider services.
	Description:	T (0)	Upon Approval -	0 1 1 1 1 0 0 1 0 0		
	<u> </u>	Term of Contract:	04/30/2026	Contract # 26103 OTHER: VARIOUS	\$2,500,000	
		VARIOUS STATE AGENCIES	ALOHA BEHAVIORIAL CENTER, LLC	AGENCIES	φ∠,5∪∪,∪∪(	
7.			provide ongoing applied b		early interver	ntion services.
	Contract  Description:		Upon Approval - 04/30/2026	Contract # 26287		

						EXCEPTIONS FOR
BOE	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	SOLICITATIONS
#	DEI I #	OTATE AGENOT	OOMINATION	TONDING GOORGE	AWOON	AND/OR
						EMPLOYEES
		VARIOUS STATE	AMALIA ORTIZ MAGNO	OTHER: VARIOUS	\$300,000	
		AGENCIES	DBA ST. FRANCIS	AGENCIES		
8.			GROUP HOME CARE V			
0.	Contract	This is a new contract to	provide ongoing group ho	me services.		
	Description:		Upon Approval -			
	·	Term of Contract:	04/30/2026	Contract # 26080		
		VARIOUS STATE	AMERICAN	OTHER: VARIOUS	\$900,000	
		AGENCIES	COMPREHENSIVE	AGENCIES		
			COUNSELING			
9.		<del></del>	SERVICES			
			provide ongoing marriage	and family therapy, me	ental health a	nd substance
		abuse counseling service				
	Description:	Torm of Contract	Upon Approval -	Contract # 26200		
		Term of Contract: VARIOUS STATE	06/30/2026 AMI HEALTHCARE	Contract # 26309 OTHER: VARIOUS	\$6,000,000	
		AGENCIES		AGENCIES	\$6,000,000	,
10.			provide ongoing supportive		ervices	
	Contract	This is a new contract to	Upon Approval -	living arrangements s	oci vices.	
	Description:	Term of Contract:	04/30/2026	Contract # 26293		
		VARIOUS STATE	APPLIED BEHAVIOR	OTHER: VARIOUS	\$3,000,000	)
		AGENCIES		AGENCIES	, , , , , , , , , , ,	
4.4			LLC			
11.	Contract	This is a new contract to	provide ongoing behavior	al support services.		
	Description:		Upon Approval -			
	·	Term of Contract:	04/30/2026	Contract # 26255		_
		VARIOUS STATE	ASHLEY BLAKE	OTHER: VARIOUS	\$500,000	
		AGENCIES		AGENCIES		
12.	Contract	This is a new contract to	provide ongoing mental h	ealth and social worker	services.	
	Description:		Upon Approval -			
	·	Term of Contract:		Contract # 26268	<b>#</b> 500.000	
		VARIOUS STATE	AT HOME SOLUTIONS		\$500,000	)
40		AGENCIES	1	AGENCIES		
13.	Contract	This is a new contract to	provide ongoing personal Upon Approval -	care and related servic	es.	
	Description:	Term of Contract:	01/31/2026	Contract # 26350		
		VARIOUS STATE	AT NIGHTINGALES,	OTHER: VARIOUS	\$3,800,000	)
		AGENCIES	LLC	AGENCIES	φο,σσο,σσο	
14.			provide ongoing assisted		residential pr	ovider services.
	Contract		Upon Approval -	g, g. 1 ap 1101110 and		
	Description:	Term of Contract:	04/30/2026	Contract # 26105		

						EXCEPTIONS
BOE	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	FOR SOLICITATIONS
#						AND/OR
						EMPLOYEES
		VARIOUS STATE		OTHER: VARIOUS	\$10,000,000	
		AGENCIES	COOPER & LARRY LEE			
			COOPER DBA BREATH OF LIFE			
15.		This is a new contract to	provide ongoing assisted	living community base	d living arran	gements
			b home, supportive living a	•		gernents,
	Description:	and an	Upon Approval -			
		Term of Contract:	06/30/2026	Contract # 26397		
		VARIOUS STATE	BLINDCONNECT, INC.	OTHER: VARIOUS	\$10,000,000	)
		AGENCIES		AGENCIES		
			provide ongoing services			
16.	CONTRACT		ed, community based living	-	_	ies support, pre-
	Description:	employment, renabilitatio	n, residential provider, se Upon Approval -	nior care, and social wo	orker.	
		Term of Contract:	04/30/2026	Contract # 26019		
		VARIOUS STATE	BORDGES TIMBER,	OTHER: VARIOUS	\$14,326,000	
		AGENCIES	INC.	AGENCIES	.,,	
17.	Contract	This is a new contract to	provide fire fuel, vegetation	n reduction and forest r	management	services.
	Description:		Upon Approval -			
	Description.	Term of Contract:	06/07/2025	Contract # 26064		
		VARIOUS STATE		OTHER: VARIOUS	\$600,000	
		AGENCIES	OF SOUTHERN NEVADA	AGENCIES		
18.		This is a new contract to	provide ongoing marriage	and family therapy and	l mental heal	th services
	Contract	This is a new contract to	Upon Approval -	and family thorapy and	- mornar rioar	
	Description:	Term of Contract:	04/30/2026	Contract # 26082		
		VARIOUS STATE	CARING HANDS	OTHER: VARIOUS	\$10,000,000	
		AGENCIES	II.	AGENCIES		
19.	Contract	This is a new contract to	provide ongoing adult day	care and disabilities su	pport service	S.
		T ( O	Upon Approval -	0 1 1 // 00004		
		Term of Contract:	04/30/2026 CARMELA HOMES	Contract # 26291	¢2 200 000	
		VARIOUS STATE AGENCIES	CARIVIELA HOIVIES	OTHER: VARIOUS AGENCIES	\$3,800,000	)
20.			provide ongoing assisted		residential p	rovider services.
	Contract		Upon Approval -	g, greap neme and		
	Description:	Term of Contract:	04/30/2026	Contract # 26104		
		VARIOUS STATE	CARSON CITY	OTHER: VARIOUS	\$4,900,000	)
		AGENCIES	COMMUNITY	AGENCIES		
		<b>-1</b> • •	COUNSELING CENTER	,		
21.			provide ongoing services	for case management,	mental health	n, counseling, and
	Contract Description:	marriage and family thera	apy.  Upon Approval -			
	•	Term of Contract:	06/30/2026	Contract # 26304		
		. Offi of John dot.	00/00/2020	O 31111 4 0 1 1 2 0 0 0 4		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.		VARIOUS STATE AGENCIES	COLON AND ALLEMAN, LTD DBA TOTAL EYECARE	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract	This is a new contact to p	provide ongoing optometry Upon Approval -	/ services.		
	Description:	Term of Contract:	06/30/2026	Contract # 26317		
		VARIOUS STATE	CONFIDENCE HEALTH		\$6,000,000	
23.		AGENCIES This is a new contract to	RESOURCES, LLC provide ongoing supportive	AGENCIES	and related se	arvices
	Contract	This is a new contract to	Upon Approval -		inu relateu se	ervices.
	Description:	Term of Contract:	04/30/2026	Contract # 26125		
24.		VARIOUS STATE AGENCIES	CONSUMER DIRECT SERVICES FOR NEVADA, LLC DBA CONSUMER DIRECT CARE NETWORK NEVADA	OTHER: VARIOUS AGENCIES	\$2,500,000	
	Contract	This is a new contract to	provide ongoing personal	care, respite care and r	elated service	es.
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26377		
25.		VARIOUS STATE AGENCIES	CYBT, INCORPORATED DBA A CARING HAND HOME CARE	OTHER: VARIOUS AGENCIES	\$500,000	)
	Contract	This is a new contract to	provide ongoing personal	care and related servic	es.	
	Description:	Term of Contract:	Upon Approval - 01/31/2026	Contract # 25348		
		VARIOUS STATE AGENCIES	CINDY JOHNSON	OTHER: VARIOUS AGENCIES	\$6,000,000	
26.	Contract		provide ongoing supportive	ve living arrangements a	and related se	ervices.
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26245		
27.		VARIOUS STATE AGENCIES	DANNY CERVAS & TERESITA CERVAS DBA PRINCESS II GROUP HOME	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract	This is a new contract to	provide ongoing disabilitie	es support and marriage	and family t	herapy services.
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26288		
		VARIOUS STATE AGENCIES	DEIDRE HAMMON	OTHER: VARIOUS AGENCIES	\$7,500,000	
28.	Contract	This is a new contract to	provide ongoing job deve	lopment and supportive	living arrang	ement services.
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26301		

						EXCEPTIONS FOR
BOE	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	SOLICITATIONS
#					7 6 6 7 7 7	AND/OR
						EMPLOYEES
		VARIOUS STATE	DENHAM ORTHOTIC	OTHER: VARIOUS	\$200,000	)
		AGENCIES		AGENCIES	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			EVOLVE			
29.			PROSTHETICS AND			
29.			ORTHOTICS			
	Contract	This is a new contract to	provide ongoing prostheti	cs and orthotics service	S.	
	Description:		Upon Approval -			
		Term of Contract:	06/30/2026	Contract # 26290	<b>#</b>	
		VARIOUS STATE	DESERT PARKWAY	OTHER: VARIOUS	\$500,000	)
		AGENCIES	BEHAVIORAL	AGENCIES		
30.			HEALTHCARE HOSPITAL, LLC			
30.		This is a new contract to	provide ongoing acute me	dical and mental health	services	
	Contract		Upon Approval -		i sei vices.	
	Description:	Term of Contract:	04/30/2026	Contract # 26098		
		VARIOUS STATE	DIANE C. MILLER	OTHER: VARIOUS	\$300,000	)
		AGENCIES		AGENCIES	4000,000	
31.	Contract	This is a new contract to	provide ongoing audiology	y services.		
	Contract Description:		Upon Approval -			
		Term of Contract:	04/30/2026	Contract # 26097		
		VARIOUS STATE		OTHER: VARIOUS	\$600,000	
		AGENCIES	SCHLINGER PSYD, PC	1		
32.	Contract	This is a new contract to provide ongoing psychology and mental health services.				
	Description:	T (0 )	Upon Approval -	0 , , , , , , , , , , , , , , , , , , ,		
		rerm of Contract:		Contract # 26238	#2 000 000	
		VARIOUS STATE AGENCIES	DR. PINOCCHIO OTD, INC. A PROFESSIONAL	OTHER: VARIOUS	\$3,200,000	)
		AGENCIES	CORPORATION DBA	AGENCIES		
			DR. PINOCCHIO			
			PEDIATRIC WELLNESS			
33.			CENTER			
		This is a new contract to	provide ongoing occupation	onal therapy, pediatric, a	and speech p	athology therapy
		and counseling services.				0, 1,
	Description:		Upon Approval -			
		Term of Contract:	06/30/2026	Contract # 26315		
		VARIOUS STATE	DRS. MATHIS, VAN	OTHER: VARIOUS	\$300,000	
		AGENCIES	DUYNE, ZAMBONI,	AGENCIES		
			KILLEEN & MEIER,			
			NEVADA ENT &			
34.			HEARING			
		This is a new centrest to	ASSOCIATES, PLLC	v com viceo		
	Contract	This is a new contract to	Provide ongoing audiology	y services.		
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26073		
		Terrir or Contract.	04/30/2020	Contract # 20073		

						EXCEPTIONS	
BOE	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	FOR SOLICITATIONS	
#	32	01711271021101	0011111101011	1 0115 1110 0001101	,	AND/OR	
						EMPLOYEES	
		VARIOUS STATE	DANIELLE SCOTT, LLC		\$3,500,000		
		AGENCIES		AGENCIES	h:-l	lean and nalated	
35.		services.	provide ongoing behavior	ai support, mentai neait	n, social wor	ker, and related	
	Description:		Upon Approval -				
		Term of Contract:	06/30/2026	Contract # 26282			
		VARIOUS STATE	EAGLE QUEST	OTHER: VARIOUS	\$4,400,000		
		AGENCIES		AGENCIES		a and familia	
36.			provide ongoing counseling		ome, marriag	e and family	
	Description:	therapy, mental health, respite care, social worker, and related services.  Upon Approval -					
	•	Term of Contract:		Contract # 26365			
		VARIOUS STATE	EBL, INC. DBA THE	OTHER: VARIOUS	\$9,300,000	)	
		AGENCIES	HEALTHY	AGENCIES			
			FOUNDATIONS CENTER				
37.		This is a new contract to provide ongoing services for case management, mental health, psychiatry,					
			hology, therapy, and cour				
	Contract Description:	family therapy, and subst	ance abuse counseling.				
	·		Upon Approval -				
		Term of Contract: VARIOUS STATE	04/30/2026 ESMERALDA ARIAS	Contract # 26039 OTHER: VARIOUS	\$700,000		
		AGENCIES		AGENCIES	φ100,000	<b>,</b>	
38.			provide ongoing home he		care services	i.	
	Description:		Upon Approval -				
	Description.	Term of Contract:		Contract # 26020	<b>#</b> 0.000.00		
		VARIOUS STATE AGENCIES	EVANS HEALTH SERVICES, LLC DBA	OTHER: VARIOUS AGENCIES	\$3,000,000	)	
		AGENCIES	EVANS HOME	AGENCIES			
39.	Contract	This is a new contract to	provide ongoing communi	ity based living arranger	ment service	S.	
	Contract Description:		Upon Approval -				
	Description.	Term of Contract:		Contract # 26106	40.000.00		
		VARIOUS STATE AGENCIES	EVERYDAY MIRACLES, LLC DBA EVERYDAY	OTHER: VARIOUS AGENCIES	\$3,000,000	)	
		AGENCIES	MIRACLES HOME	AGENCIES			
40.			CARE				
	Contract	This is a new contract to	provide ongoing personal	care, respite care and s	senior care s	ervices.	
	Description:		Upon Approval -				
		Term of Contract:		Contract # 26124	¢2.000.000		
		VARIOUS STATE AGENCIES	FDB ENTERPRISES, INC.	OTHER: VARIOUS AGENCIES	\$3,000,000	)	
41.			provide ongoing communi		ment service	S.	
	Contract Description:		Upon Approval -				
	Description.	Term of Contract:	04/30/2026	Contract # 26041			

						EXCEPTIONS
BOE	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	FOR SOLICITATIONS
#	DEPI#	STATE AGENCT	CONTRACTOR	FUNDING SOURCE	AMOUNT	AND/OR
						EMPLOYEES
		VARIOUS STATE	GERI LYNN GROSSAN	OTHER: VARIOUS	\$100,000	
		AGENCIES	DBA NUTRITION	AGENCIES		
42.			MOVES!			
	Contract	This is a new contract to	provide ongoing dietician-	nutrition services.		
	Description:	Torm of Contract	Upon Approval - 04/30/2026	Contract # 26111		
		Term of Contract: VARIOUS STATE	GLASS HOUSE	Contract # 26111 OTHER: VARIOUS	\$4,800,000	1
		AGENCIES	COUNSELING	AGENCIES	ψ4,800,000	,
		, (OLIVOILO	AGENCY, LLC	TOLIVOILO		
43.		This is a new contract to	provide ongoing services	for community based liv	ring arranger	nents,
		counseling, mental health	n, social worker services,	and substance abuse co	ounseling.	
	Description:		Upon Approval -			
		Term of Contract:	04/30/2026	Contract # 26037		
		VARIOUS STATE	GRACEFUL HEART,	OTHER: VARIOUS	\$4,500,000	)
		AGENCIES	LLC provide ongoing commun	AGENCIES	monto and ro	sidential care
44.		services.	provide ongoing commun	ity based living arrange	ments and re	sidential care
	Description:	30111003.	Upon Approval -			
		Term of Contract:	04/30/2026	Contract # 26253		
		VARIOUS STATE	GRANT A GIFT AUTISM		\$3,800,000	)
		AGENCIES	FOUNDATION	AGENCIES		
45.			provide ongoing services	• •	•	
		assistance programs, cor	mmunity work experience	programs, job developr	nent, and psy	/chology.
	Description:	T	Upon Approval -	Ot		
		Term of Contract: VARIOUS STATE	04/30/2026 GROUNDED ROOTS	Contract # 26286 OTHER: VARIOUS	\$500,000	
		AGENCIES	THERAPY, LLC	AGENCIES	\$500,000	,
46.		JI	provide ongoing mental h		services.	
	Contract		Upon Approval -			
	Description:	Term of Contract:	04/30/2026	Contract # 26084		
		VARIOUS STATE	HEALING HOOVES,	OTHER: VARIOUS	\$2,400,000	)
		AGENCIES	LLC	AGENCIES		
47.			provide ongoing services			
		counseling, marriage and	I family therapy, mental he	eaith, and substance ab	use counsell	ng.
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26119		
		VARIOUS STATE	HEALTH AND	OTHER: VARIOUS	\$10,000,000	)
		AGENCIES	HAPPINESS	AGENCIES	Ψ10,000,000	
			SERVICES, INC.			
48.		This is a new contract to	provide ongoing services	for assistive technology	, behavioral	support, case
40.	CONTRACT		work experience program	•		
	Description:	support, educational tuto	ring and support, employn	nent support, job develo	pment, and p	ore-employment.
	•	T (0	Upon Approval -			
		Term of Contract:	04/30/2026	Contract # 26162		

DEPT # STATE AGENCY CONTRACTOR FUNDING SOURCE  VARIOUS STATE HELEN KELLER OTHER: VARIOUS AGENCIES  This is a new contract to provide ongoing services for rehabilitation, assist blind and visually impaired, employment support, job development, and publication in the contract:  Upon Approval - Term of Contract: 04/30/2026 Contract # 26264  VARIOUS STATE HELP OF SOUTHERN OTHER: VARIOUS AGENCIES	\$7,200,000 stive technology, support for the
WARIOUS STATE HELEN KELLER OTHER: VARIOUS AGENCIES SERVICES AGENCIES  This is a new contract to provide ongoing services for rehabilitation, assist blind and visually impaired, employment support, job development, and public development in the contract of the contract o	\$7,200,000 stive technology, support for the
AGENCIES SERVICES AGENCIES  This is a new contract to provide ongoing services for rehabilitation, assistation blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development	\$7,200,000 stive technology, support for the
AGENCIES SERVICES AGENCIES  This is a new contract to provide ongoing services for rehabilitation, assistation blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development	stive technology, support for the
AGENCIES SERVICES AGENCIES  This is a new contract to provide ongoing services for rehabilitation, assistation blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development, and public blind and visually impaired, employment support, job development	stive technology, support for the
Contract Description: Upon Approval - Term of Contract: 04/30/2026 Contract # 26264 VARIOUS STATE HELP OF SOUTHERN OTHER: VARIOUS AGENCIES NEVADA AGENCIES	
Description:  Upon Approval - Term of Contract:  VARIOUS STATE AGENCIES  Upon Approval - 04/30/2026  Contract # 26264  VARIOUS STATE AGENCIES  NEVADA  OTHER: VARIOUS AGENCIES	pre-employment.
Term of Contract: 04/30/2026 Contract # 26264  VARIOUS STATE HELP OF SOUTHERN OTHER: VARIOUS AGENCIES  NEVADA AGENCIES	
VARIOUS STATE HELP OF SOUTHERN OTHER: VARIOUS AGENCIES NEVADA AGENCIES	
AGENCIES NEVADA AGENCIES	
	\$10,000,000
The transfer of the contract to the contract t	
This is a new contract to provide ongoing services for case management	
Contract care, employment support, host home and homeless youth, job development, and substance abuse.	nent, mental health, pre-
Description: Upon Approval -	
Term of Contract: 04/30/2026 Contract # 26250	
VARIOUS STATE HLN PHYSICIANS, INC. OTHER: VARIOUS	\$1,700,000
AGENCIES AGENCIES	, , , , , , , , , , , , , , , , , , , ,
This is a new contract to provide ongoing services for mental health, psy	chiatry, marriage and family
Contract therapy, psychology, and social work.	
Description: Upon Approval -	
Term of Contract: 04/30/2026 Contract # 26299	
VARIOUS STATE HAILEY CORTHELL, OTHER: VARIOUS	\$200,000
AGENCIES M.S., CCC-SLP, LLC AGENCIES	
Contract  This is a new contract to provide ongoing speech pathology, therapy and Upon Approval -	counseling services.
Description: Term of Contract: 04/30/2026 Contract # 26099	
VARIOUS STATE HEAVENLY ANGELS OTHER: VARIOUS	\$2,700,000
AGENCIES HOME CARE AGENCIES	Ψ2,7 00,000
SERVICES LLC	
Contract  This is a new contract to provide ongoing home health care, personal ca	re and respite care services.
Description: Upon Approval -	
Term of Contract: 06/30/2026 Contract # 26277	
VARIOUS STATE INSPIRE CAREER OTHER: VARIOUS	\$10,000,000
AGENCIES SERVICES, LLC AGENCIES	P. 1.332
This is a new contract to provide ongoing services for case management	• •
Contract rehabilitation, behavioral support, community work experience programs employment support, job development, and pre-employment.	, customized employment,
Description: Upon Approval -	
Term of Contract: 04/30/2026 Contract # 26092	
VARIOUS STATE INSTITUTE FOR CHILD OTHER: VARIOUS	\$600,000
AGENCIES & ADOLESCENT AGENCIES	Ψ000,000
PSYCHIATRY SC	
This is a new contract to provide ongoing psychiatry, mental health and to	elated services.
Contract  Description:  Term of Contract  OS/20/2025  Contract # 25544	
Term of Contract: 06/30/2026 Contract # 25544	

BOE	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS
#	<b>5-</b>				,	AND/OR EMPLOYEES
		VARIOUS STATE AGENCIES	J. TAN, LLC	OTHER: VARIOUS AGENCIES	\$600,000	
56.	Contract	This is a new contract to	provide ongoing mental h	ealth and psychiatry ser	vices.	
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26280	<b>#</b> 0.000.000	
		VARIOUS STATE AGENCIES	JACQUELINE S. BORGES DBA SIERRA STAR RANCH	OTHER: VARIOUS AGENCIES	\$6,000,000	
57.	0	This is a new contract to	provide ongoing supportiv	ve living arrangements a	and related se	ervices.
	Contract Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26370		
		VARIOUS STATE AGENCIES	JADELLE, LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
58.	Contract	This is a new contract to	provide ongoing commun	ity based living arranger	ment services	3.
	Description:		Upon Approval -			
	<u> </u>	Term of Contract:	04/30/2026	Contract # 26283		
		VARIOUS STATE	JENNIFER R.	OTHER: VARIOUS	\$300,000	
		AGENCIES	HIGHSMITH, PHD, LLC	AGENCIES		
			DBA SIERRA			
			PSYCHOLOGICAL			
59.			TESTING & ASSESSMENTS			
		This is a new contract to provide ongoing psychology and related services.				
	Contract		Upon Approval -			
	Description:	Term of Contract:	04/30/2026	Contract # 26126		
		VARIOUS STATE	JOREN, LLC	OTHER: VARIOUS	\$3,000,000	
		AGENCIES		AGENCIES		
60.	Contract	This is a new contract to	provide ongoing commun	ity based living arrangei	ment services	3.
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26030		
		VARIOUS STATE	JOSEPHINE FERRER	OTHER: VARIOUS	\$6,000,000	
		AGENCIES		AGENCIES		
61.			IN-HAND HEALTH CARE SERVICES			
	Contract	This is a new contract to	provide ongoing supportiv	ve living arrangements s	ervices.	
	Contract Description:		Upon Approval -			
	Description.	Term of Contract:	06/30/2026	Contract # 26297		
		VARIOUS STATE	JAMES PETER	OTHER: VARIOUS	\$6,000,000	
		AGENCIES	LAROCCA & DEBORAH LOUISE LAROCCA	AGENCIES		
62.	•	This is a new contract to	provide ongoing supportiv	re living arrangement se	ervices.	
	Contract		Upon Approval -			
	Description:	Term of Contract:	04/30/2026	Contract # 26095		

BOE #	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		VARIOUS STATE AGENCIES	JOHN H. KROGH, PH.D., PLLC	OTHER: VARIOUS AGENCIES	\$600,000	
63.	Description:	This is a new contract to  Term of Contract:	provide ongoing mental h Upon Approval - 06/30/2026	ealth and psychology se Contract # 26215	ervices.	
		VARIOUS STATE AGENCIES	KAREN REYNOLDS	OTHER: VARIOUS AGENCIES	\$6,000,000	
64.	Contract Description:	This is a new contract to	provide ongoing supportiv Upon Approval -	ve living arrangement ar	nd related se	rvices.
	· ·	Term of Contract: VARIOUS STATE	01/31/2026 KATHI LYNN	Contract # 25600 OTHER: VARIOUS	\$6,000,000	D
65.		AGENCIES This is a new contract to	AVAMPATO provide ongoing supportive	AGENCIES ve living arrangement ar	nd related se	rvices
	Contract Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26349	10 101010 00	
		VARIOUS STATE AGENCIES	KATHLEEN S. MAYERS, INC.	OTHER: VARIOUS AGENCIES	\$300,000	)
66.	Contract	This is a new contract to	provide ongoing psycholo	gy and related services		
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26368	Фооо оо	
67.		VARIOUS STATE AGENCIES	KEIL, LLC (DEBORAH E. KEIL, PHD, MT (ASCP), DABT, NRCC)	OTHER: VARIOUS AGENCIES	\$300,000	)
07.	Contract	This is a new contract to	provide ongoing medical	related services.		
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26391		
68.		VARIOUS STATE AGENCIES	KENNETH HOUCHIN DBA ELKO EYE CENTER, VEGAS VALLEY EYE CENTER	OTHER: VARIOUS AGENCIES	\$200,000	)
	Contract	This is a new contract to	provide ongoing ophthalm	nology services.		
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26289		
		VARIOUS STATE AGENCIES	KENNETH MCKAY, LTD		\$10,000,000	D
69.		This is a new contract to psychology, rehabilitation	provide ongoing disabilitien, and related services.	es support, mental healt	h, employme	ent support,
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26236		
		VARIOUS STATE AGENCIES	KENT WAGNER JR., DDS, PC	OTHER: VARIOUS AGENCIES	\$200,000	
70.	Contract	This is a new contract to	provide ongoing dental ar	nd related services.		
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26376		

BOE #	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR
						EMPLOYEES
		VARIOUS STATE		OTHER: VARIOUS	\$6,000,000	
71.		AGENCIES	,	AGENCIES	nuicoo	
	Contract		provide ongoing supportive Upon Approval -		ervices.	
	Description:	Term of Contract:	04/30/2026	Contract # 26308		
		VARIOUS STATE	KRATU, LLC	OTHER: VARIOUS	\$10,000,000	)
		AGENCIES This is a new contract to	provide ongoing services	AGENICES	hlind and vi	sually impaired
72.			ort, educational tutoring a			
	Contract		pment, and rehabilitation.	na oddodnon odpport, o	mploymon o	арроп, потпо
	Description:		Upon Approval -			
		Term of Contract:		Contract # 26257		
		VARIOUS STATE		OTHER: VARIOUS	\$7,000,000	
		AGENCIES	READINESS TRAINING,	AGENCIES		
73.		This is a new centrest to	LLC provide ongoing commun	ity work ovporioned am	voleyment eu	apart jab
73.	Contract		ment, and related service		ipioyineni suj	oport, job
	Description:		Upon Approval -	,,,,		
		Term of Contract:	06/30/2026	Contract # 26234		
		VARIOUS STATE	LARA MCKNIGHT OD &		\$200,000	
74.		AGENCIES	ASSOCIATES, LTD DBA EYES ON CARSON	AGENCIES		
	Contract	This is a new contract to	provide ongoing optometr	y services.		
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26266		
		VARIOUS STATE	LEGACY COUNSELING		\$10,000,000	)
		AGENCIES	AND WORKFORCE CONNECTIONS	AGENCIES		
75.	Contract Description:		provide ongoing case man pport, counseling, employ			
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26401		
		VARIOUS STATE AGENCIES	LOVE'S HOME HEALTH CARE, LLC	OTHER: VARIOUS AGENCIES	\$3,200,000	)
76.		This is a new contract to	provide ongoing personal		ncy response	systems, respite
70.	Contract	care, senior care, and re	ated services.			
	Description:		Upon Approval -	O t t     00000		
		Term of Contract: VARIOUS STATE	06/30/2026 LOVING CARE ADULT	Contract # 26398 OTHER: VARIOUS	\$700,000	)
		AGENCIES	DAY HEALTHCARE,	AGENCIES	Ψ100,000	
77.		This is a new contract to	LLC provide ongoing adult day	care and related convic	200	
	Contract		Upon Approval -	care and related service	JES.	
	Description:	Term of Contract:	06/30/2026	Contract # 25614		

BOE #	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		VARIOUS STATE AGENCIES	LOVING GRACE, LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	D
78.	0	This is a new contract to	provide ongoing commun	ity based living arrange	ment service	S.
	Contract		Upon Approval -			
	Description:	Term of Contract:	04/30/2026	Contract # 26081		
		VARIOUS STATE	LYNN DALE LARSON	OTHER: VARIOUS	\$600,000	
		AGENCIES	DBA LD LARSON, PHD		4555,555	
79.			provide ongoing mental h		ervices	
' 5.	Contract	This is a flew contract to	Upon Approval -	caltif and payonology of	JI VIOCO.	
	Description:	Term of Contract:	06/30/2026	Contract # 26292		
		VARIOUS STATE	LAS VEGAS AUTISM	OTHER: VARIOUS	\$4,500,000	1
		AGENCIES	CENTER, LLC	AGENCIES	φ4,500,000	,
			*			
80.	0		provide ongoing applied b	enaviorai anaiysis, auti	sm treatment	assistance
		programs and behavioral				
	Description:		Upon Approval -			
			04/30/2026	Contract # 26063	1.	
		VARIOUS STATE	LION'S DEN	OTHER: VARIOUS	\$10,000,000	
		AGENCIES	CONSULTING, LLC	AGENCIES		
			provide ongoing blind and			
81.	Contract	community work experier	nce programs, customized	I employment, early inte	ervention, edu	ucational tutoring
	Description:	and education support, e	mployment support, job d	evelopment, pre-employ	ment, and re	elated services.
	Description.		Upon Approval -			
		Term of Contract:	04/30/2026	Contract # 26235		
		VARIOUS STATE	MD DEVELOPMENTAL	OTHER: VARIOUS	\$10,000,000	)
		AGENCIES	AGENCY, LLC	AGENCIES		
		This is a new contract to	provide ongoing services	for case management,	disabilities su	pport, dietician-
82.			on, occupational therapy, p			
	Contract	counseling.			·	0, 1,
	Description:	3	Upon Approval -			
		Term of Contract:	04/30/2026	Contract # 26018		
		VARIOUS STATE	MERLEEN GROVER,	OTHER: VARIOUS	\$300,000	
		AGENCIES	APRN, CNM, LC	AGENCIES	4555,555	
83.			provide ongoing medical			
00.	Contract	This is a flew contract to	Upon Approval -	JC1 V10CO.		
	Description:	Term of Contract:	06/30/2026	Contract # 26347		
		VARIOUS STATE	MIRACLE HANDS	OTHER: VARIOUS	\$500,000	
			PERSONAL HOME		φουσ,υυς	<u>'</u>
		AGENCIES		AGENCIES		
84.		<del>-</del>	CARE, LLC			
	Contract	inis is a new contract to	provide ongoing personal	care and related servic	es.	
	Description:		Upon Approval -			
	_ 000.1ptioili	Term of Contract:	06/30/2026	Contract # 26379		
		VARIOUS STATE	MML PHYSICAL	OTHER: VARIOUS	\$300,000	
		AGENCIES	THERAPY GROUP,	AGENCIES		
0.5			INC.			
85.	Contract	This is a new contract to	provide ongoing physical	therapy and related ser	vices.	
	Contract		Upon Approval -			
	Description:	Term of Contract:	06/30/2026	Contract # 26298		

						EXCEPTIONS FOR	
BOE #	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	SOLICITATIONS	
#						AND/OR EMPLOYEES	
		VARIOUS STATE	MOONLIGHT	OTHER: VARIOUS	\$300,000		
		AGENCIES		AGENCIES	φοσο,σον		
86.	Contract	This is a new contract to	provide ongoing medical	services.			
	Description:	T (0 )	Upon Approval -				
		Term of Contract: VARIOUS STATE	04/30/2026 MT FEELINGS, LLC	Contract # 26089 OTHER: VARIOUS	\$600,000		
		AGENCIES	IVIT FEELINGS, LLC	AGENCIES	\$600,000	)	
0.7			provide ongoing marriage		ntal health a	nd related	
87.	Contract	services.		, ,,,			
	Description:		Upon Approval -				
		Term of Contract:	04/30/2026	Contract # 26248	<b>#0.500.00</b>		
		VARIOUS STATE AGENCIES	MT. OLIVE CARE, LLC	OTHER: VARIOUS AGENCIES	\$8,500,000	)	
			provide ongoing case ma		ind supportiv	e living	
88.	Contract	arrangement services.	provide origining eace mai	riagornom, odanodinig a	ina dapponiiv	o iiviiig	
	Description:		Upon Approval -				
		Term of Contract:	04/30/2026	Contract # 26036			
		VARIOUS STATE	MUSIC 4 LIFE, INC.	OTHER: VARIOUS	\$1,800,000	D	
		AGENCIES	provide ongoing speech p	AGENICES	aaliaa maant		
89.	Contract		ling, and related services.		iseling, meni	ai neaim,	
	Description:		Upon Approval -				
	•	Term of Contract:	06/30/2026	Contract # 26367			
		VARIOUS STATE	MITIO, INC.	OTHER: VARIOUS	\$500,000	D	
		AGENCIES		AGENCIES			
00		This is a new contract to provide ongoing document translation, desktop publishing and interpretation of					
90.	Contract	languages via remote over-the-phone, over-video-remote, in-person, captioning, communication access real-time translation, and sign language services.					
	Description:	real time translation, and	Upon Approval -				
		Term of Contract:	03/31/2026	Contract # 26151			
		VARIOUS STATE	NADER ROUHANI,	OTHER: VARIOUS	\$1,100,000	D	
0.4		AGENCIES	D.O., P.C.	AGENCIES		1 141 .	
91.	Contract	This is a new contract to	provide ongoing acute me	edical, general medicine	and mental	health services.	
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26027			
		VARIOUS STATE		OTHER: VARIOUS	\$10,000,000		
		AGENCIES	INC.	AGENCIES	<b>,</b>		
92.	Contract	This is a new contract to	provide ongoing disabilitie	es support and adult day	care.		
	Description:		Upon Approval -				
	_ 555.154.5111	Term of Contract:	04/30/2026	Contract # 26088	<b>#40.000.00</b>		
		VARIOUS STATE AGENCIES	NEVADA ADULT DAY HEALTHCARE	OTHER: VARIOUS AGENCIES	\$10,000,000	<u> </u>	
		AULINOILU	CENTERS, INC.	AULINOILU			
93.	011	This is a new contract to	provide ongoing disabilitie	s support and adult day	care service	S.	
	Contract Description:		Upon Approval -				
	Description.	Term of Contract:	04/30/2026	Contract # 26091			

BOE						EXCEPTIONS FOR	
#	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	SOLICITATIONS AND/OR EMPLOYEES	
94.		VARIOUS STATE AGENCIES	NEVADA HEART CONSULTANTS, ZEV LAGSTEIN, MD, LTD	OTHER: VARIOUS AGENCIES	\$800,000		
54.	Contract	This is a new contract to	provide ongoing acute me	edical, general medicine	and medical	services.	
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26112			
		VARIOUS STATE		OTHER: VARIOUS	\$10,000,000		
		AGENCIES	YOUTH	AGENCIES	Ψ10,000,000		
		This is a new contract to	provide ongoing services	for assisted living, beha	vioral suppor	t, community	
95.	Contract		ts, counseling, educationa idential provider, social wo				
	·		Upon Approval -				
		Term of Contract:	06/30/2026	Contract # 26305	<b></b>		
96.		VARIOUS STATE AGENCIES	NEVADA YOUTH EMPOWERMENT PROJECT	OTHER: VARIOUS AGENCIES	\$500,000		
00.	Contract Description:	This is a new contract to provide ongoing host home and homeless youth services.					
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26121			
		VARIOUS STATE AGENCIES	NEW VISTA RANCH, INC.	OTHER: VARIOUS AGENCIES	\$22,000,000		
			provide ongoing services				
97.	Contract	job development, pre-employment, residential provider, respite care, and supportive living arrangements.					
	•	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26033			
		VARIOUS STATE	NEVADA ADULT DAY	OTHER: VARIOUS	\$10,000,000	)	
00		AGENCIES	HEALTHCARE CENTERS, INC.	AGENCIES	<b>4</b> 10,000,000		
98.	Contract	This is a new contract to	provide ongoing disabilitie	es support and adult day	care service	S.	
	Description:		Upon Approval -				
	•	Term of Contract:	04/30/2026	Contract # 26085	<b>#4.000.000</b>	J	
		VARIOUS STATE AGENCIES	ODYSSEY HOUSE,	OTHER: VARIOUS	\$1,800,000	)	
99.			INC. (UTAH) provide ongoing residential	AGENCIES al provider and substant	ce abuse cou	Inseling services	
	Contract Description:		Upon Approval - 04/30/2026	Contract # 26296	ce abase coe	miscining services.	
		VARIOUS STATE	OPHELIA F. JAVIER	OTHER: VARIOUS	\$300,000	)	
		AGENCIES	DBA ANGEL GABRIEL GROUP HOME	AGENCIES	φοσο,σσο		
100.	0 (	This is a new contract to	provide ongoing group ho	me services.			
	Contract Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26109			

						EXCEPTIONS	
BOE	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	FOR SOLICITATIONS	
#	DEFT#	STATE AGENCT	CONTRACTOR	FUNDING SOURCE	AMOUNT	AND/OR	
						EMPLOYEES	
		VADIOUC CTATE	DO EAMILY OF DVIOEO	OTLIED. MADIOLIC	<b>#</b> 0.000.000		
			P6 FAMILY SERVICES, LLC		\$9,000,000	)	
		AGENCIES		AGENCIES	mant and aur	portivo living	
101.		arrangements services.	provide ongoing commun	ity based living arranger	ment and sup	oportive living	
	Contract Description:	arrangements services.	Upon Approval -				
	•	Term of Contract:	04/30/2026	Contract # 26265			
		VARIOUS STATE	PARADISE	OTHER: VARIOUS	\$3,000,000	)	
		AGENCIES	HEALTHCARE	AGENCIES	Ψο,σοσ,σος		
		7.02.10120	SERVICES, INC. DBA	7.02.10.20			
			PARADISE HOME				
102.			CARE				
	0	This is a new contract to	provide ongoing personal	care, respite care and s	senior care s	ervices.	
	Contract		Upon Approval -	·			
	Description:	Term of Contract:	04/30/2026	Contract # 25970			
		VARIOUS STATE	PHILLIP S. BAIER	OTHER: VARIOUS	\$4,200,000	)	
		AGENCIES	LCSW, INC. DBA BAIER	AGENCIES			
			COUNSELING &				
103.			CONSULTING				
	Contract	This is a new contact to p	provide ongoing behaviora	l support, counseling ar	nd social wor	ker services.	
	Description:		Upon Approval -				
		Term of Contract:	06/30/2026	Contract # 26303		- 1	
		VARIOUS STATE	POSITIVE BEHAVIOR	OTHER: VARIOUS	\$10,000,000	)	
		AGENCIES	CHANGES, LLC	AGENCIES			
104.		This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, behavioral support, disabilities support, and early intervention.					
		assistance programs, bei		es support, and early int	ervention.		
	Description:	Torm of Contract	Upon Approval - 04/30/2026	Contract # 26122			
		Term of Contract: VARIOUS STATE	PRIDE INDUSTRIES	Contract # 26132 OTHER: VARIOUS	\$7,000,000		
		AGENCIES	PRIDE INDUSTRIES	AGENCIES	\$7,000,000	,	
			provide ongoing commun		rams emplo	nyment sunnort	
105.			ployment, and related ser		gramo, emple	ymont support,	
	Description:	job dovolopinioni, pro om	Upon Approval -	11000.			
	•	Term of Contract:	06/30/2026	Contract # 26393			
		VARIOUS STATE	PROGRESSIVE	OTHER: VARIOUS	\$3,000,000		
		AGENCIES	PATHWAYS GROUP,	AGENCIES	. , ,		
400		_	INC.				
106.	Contract	This is a new contract to	provide ongoing commun	ity based living arranger	ment service	S.	
	Contract Description:		Upon Approval -				
	Description:	Term of Contract:	06/30/2026	Contract # 26318			
		VARIOUS STATE	PALEOWEST, LLC	OTHER: VARIOUS	\$1,500,000		
		AGENCIES		AGENCIES			
107.	Contract	This is a new contract to	provide fire fuel, vegetation	n reduction and forest r	management	services.	
	Description:		Upon Approval -				
	_ 000110111	Term of Contract:	06/07/2025	Contract # 26060			

						EXCEPTIONS	
BOE						FOR	
#	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	SOLICITATIONS	
"						AND/OR	
						EMPLOYEES	
		VARIOUS STATE	· ·	OTHER: VARIOUS	\$2,700,000	)	
		AGENCIES	AND CONSULTING,	AGENCIES			
			INCORPORATED				
108.			provide services for case	management, group ho	me, mental h	ealth,	
		psychology, and substan					
	Description:	Town of Contract:	Upon Approval -	Comptrop # 00000			
		Term of Contract:	01/31/2026	Contract # 26090 OTHER: VARIOUS	\$200 000		
		VARIOUS STATE AGENCIES	R. KIRBY REED, M.D., LTD	AGENCIES	\$300,000	,	
109.			provide ongoing medical:				
109.	Contract	This is a fiew contract to	Upon Approval -				
	Description:	Term of Contract:	04/30/2026	Contract # 25964			
		VARIOUS STATE	RENO CENTER FOR	OTHER: VARIOUS	\$1,000,000	)	
		AGENCIES	CHILDREN, LLC	AGENCIES	Ψ1,000,000		
110.	• • •		provide ongoing applied b		ices.		
	Contract		Upon Approval -				
	Description:	Term of Contract:	04/30/2026	Contract # 26311			
		VARIOUS STATE	RESOURCE FAMILY	OTHER: VARIOUS	\$3,300,000	)	
		AGENCIES	SERVICES, LLC	AGENCIES			
111.	Contract Description:	This is a new contract to	provide ongoing behavior	al support and marriage	and family tl	nerapy services.	
			Upon Approval -				
		Term of Contract:	06/30/2026	Contract # 26252			
		VARIOUS STATE	RESTINA ANGAT &	OTHER: VARIOUS	\$300,000	)	
		AGENCIES	AMADO ANGAT DBA	AGENCIES			
440			LIBERTY RESIDENTIAL				
112.		This is a new centrest to	CARE	mo continos			
	Contract	This is a new contract to provide ongoing group home services.  Upon Approval -					
	Description:	Term of Contract:	04/30/2026	Contract # 26022			
		VARIOUS STATE	RICHARD A	OTHER: VARIOUS	\$600,000	)	
		AGENCIES	CESTKOWSKI, D.O.,	AGENCIES	φοσο,σσο		
4.40			LTD				
113.	Camtrast	This is a new contract to	provide ongoing general r	medicine and medical se	ervices.	_	
	Contract Description:		Upon Approval -				
	Description.	Term of Contract:	04/30/2026	Contract # 26113			
		VARIOUS STATE	RIDGE HOUSE, INC.	OTHER: VARIOUS	\$8,400,000		
		AGENCIES		AGENCIES			
			provide ongoing services	•	_		
114.	Contract	_	upport, employment suppo	ort, mental health, rehab	ilitation, and	substance abuse	
	Description:	counseling.	Linea Anarra				
		Torm of Contract:	Upon Approval - 04/30/2026	Contract # 26250			
		Term of Contract: VARIOUS STATE	RISE WELLNESS, LLC	Contract # 26259 OTHER: VARIOUS	\$1,600,000	1	
		AGENCIES	INIOE WELLINESS, LLC	AGENCIES	\$1,600,000	,	
115.			provide ongoing mental h		lated services	3	
	Contract		Upon Approval -	Calar and Counseling Tel	atou our vide.	J.	
	Description:	Term of Contract:	06/30/2026	Contract # 26373			
				23			

						EXCEPTIONS	
BOE	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	FOR	
#	DEPI#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	SOLICITATIONS AND/OR	
						EMPLOYEES	
		VARIOUS STATE	RISING STAR, LLC	OTHER: VARIOUS	\$10,000,000		
		AGENCIES	, -	AGENCIES	+ -,,		
116.			provide ongoing behavior		ased living a	rrangements,	
			ments, and related service	es.			
	Description:		Upon Approval -	Comptro at # 20247			
		Term of Contract: VARIOUS STATE	06/30/2026 RITE OF WAYZ	Contract # 26217 OTHER: VARIOUS	\$3,000,000	<u> </u>	
		AGENCIES	BEHAVIORAL HEALTH,		φ3,000,000		
–		7.02.10.20	LLC	7.02.10.20			
117.	Contract	This is a new contract to	provide ongoing commun	ity based living arrange	ment service	S.	
	Contract Description:		Upon Approval -				
	Description.	Term of Contract:	04/30/2026	Contract # 26021		-1	
		VARIOUS STATE	RK CONTRACTORS,	OTHER: VARIOUS	\$3,250,000	)	
118.		AGENCIES	INC. provide fire fuel, vegetation	AGENCIES	managamant	comicos	
	Contract		Upon Approval -	Treduction and lorest i	nanagement	Services.	
	Description:	Term of Contract:	06/07/2025	Contract # 26061			
		VARIOUS STATE	RON WOOD FAMILY	OTHER: VARIOUS	\$10,000,000	D	
		AGENCIES	RESOURCE CENTER	AGENCIES			
		This is a new contract to provide ongoing case management, behavioral support, counseling,					
119.		customized employment, educational tutoring, education support, foster care, job development, marriage					
		and family therapy, pre-employment, psychology, social worker, substance abuse counseling, and related services.					
	Description:	related services.	Upon Approval -				
		Term of Contract:	06/30/2026	Contract # 26400			
		VARIOUS STATE	SACRED HEART	OTHER: VARIOUS	\$10,000,000	D	
		AGENCIES	RESIDENCE, LLC	AGENCIES	. , ,		
120.			provide ongoing behaviora	al support, community b	ased living a	rrangements and	
		supportive living arrange		1			
	Description:		Upon Approval -	0			
		Term of Contract: VARIOUS STATE	06/30/2026 SARAH'S INTUITIVE	Contract # 26295 OTHER: VARIOUS	\$1,900,000	<b>1</b>	
		AGENCIES	HEALING, PLLC	AGENCIES	φ1,900,000		
			provide ongoing counseling		nology, subst	ance abuse	
121.	Contract	counseling, and related s		71 7	<b>37</b> ,		
	Description:		Upon Approval -				
		Term of Contract:	06/30/2026	Contract # 26396			
		VARIOUS STATE	SEAN MARCINIK	OTHER: VARIOUS	\$5,300,000	D	
		AGENCIES		AGENCIES			
122.	Contract		provide ongoing services		perience prog	grams,	
	Contract Description:		development, and rehabi Upon Approval -	iiiaiiUH.			
	Description.	Term of Contract:	04/30/2026	Contract # 26110			
		. J ii oi oo iii aoti	J ., JOI 2020				

BOE	DEDT "	OTATE AGENOV	CONTRACTOR		ANACHINIT	EXCEPTIONS FOR
#	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	SOLICITATIONS AND/OR EMPLOYEES
		VARIOUS STATE AGENCIES	SIERRA HOME HEALTH CARE	OTHER: VARIOUS AGENCIES	\$2,500,000	
123.	Contract	This is a new contract to	provide ongoing personal	care and respite care s	ervices.	
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26100	<b>#0.400.00</b>	
124.		VARIOUS STATE AGENCIES	SIERRA NEVADA CHILD & ADOLESCENT PSYCHIATRY, INC.		\$2,100,000	
124.	Contract		provide ongoing medical,	mental health and pedia	atric services	
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26029		
		VARIOUS STATE	SIERRA SERENITY	OTHER: VARIOUS	\$9,000,000	)
		AGENCIES This is a new contract to	PROVIDERS provide ongoing behavior	AGENCIES	ased living a	rrangements
125.			ments, and related service		ased living a	irrangements,
	Description:	oupportate inting arrange	Upon Approval -			
	•	Term of Contract:	06/30/2026	Contract # 26429		
		VARIOUS STATE		OTHER: VARIOUS	\$2,000,000	)
		AGENCIES	SUPPORT STAFF, LLC			
126.	Contract	This is a new contract to	provide ongoing pre-empl	oyment services.		
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26164		
		VARIOUS STATE	SPECIAL	OTHER: VARIOUS	\$10,000,000	
		AGENCIES	EMPLOYMENT	AGENCIES	4:0,000,000	
		This is a new contract to	SERVICES provide ongoing services	for assistive technology	r case mana	gement
127.	Contract		employment, disabilities su			
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26300		
		VARIOUS STATE AGENCIES	SPECIAL RECREATION SERVICES, INC. DBA AMPLIFY LIFE	OTHER: VARIOUS AGENCIES	\$10,000,000	
128.		This is a new contract to	provide ongoing services	for community work exp	perience prog	rams, disabilities
		support, educational tuto	ring and support, employn	nent support, pre-emplo	yment, and r	espite care.
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26028		
		VARIOUS STATE AGENCIES	STACI R. ROSS, PH.D.	OTHER: VARIOUS AGENCIES	\$300,000	
129.	Contract	This is a new contract to	provide ongoing psycholo	gy and related services	• <u> </u>	
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26246		

BOE #	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		VARIOUS STATE AGENCIES	STEPHANIE SCHOEN	OTHER: VARIOUS AGENCIES	\$10,000,000	
130.	CONTRACT					
	•	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26258		
131.		VARIOUS STATE AGENCIES	STEVEN W. KLOMP, DMD DBA FAMILY DENTISTRY OF NEVADA	OTHER: VARIOUS AGENCIES	\$200,000	)
	Contract	This is a new contract to	provide ongoing dental se Upon Approval -	ervices.		
	Description:	Term of Contract:	04/30/2026	Contract # 26260		
		VARIOUS STATE AGENCIES	SAFE ZONE	OTHER: VARIOUS AGENCIES	\$5,000,000	
132.	This is a new contract to provide ongoing case management, emergency shelter care and sa Contract provider services.					
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26038		
400		VARIOUS STATE AGENCIES	SHERYLL MCMAHAN DBA STEPPING STONES TO	OTHER: VARIOUS AGENCIES	\$200,000	
133.	Contract	This is a new contract to	provide ongoing assistive	technology services.		
	Description:	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26281		
		VARIOUS STATE AGENCIES	ST. FRANCIS GROUP HOME 2	OTHER: VARIOUS AGENCIES	\$300,000	)
134.	Contract		provide ongoing group ho	me services.		
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26077		
		VARIOUS STATE AGENCIES	SUNRISE HEALTH CLINICS, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
135.			provide ongoing autism tr services.	eatment assistance pro	gram, disabil	ities support
	Description:	Term of Contract:	Upon Approval - 04/30/2026	Contract # 26216		
		VARIOUS STATE AGENCIES	T.A.L.K.S.PECIALISTS, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
136.	Contract Description:	This is a new contract to	provide ongoing speech p Upon Approval -	pathology, therapy, cour	nseling, and r	elated services.
	Description:	Term of Contract:	04/30/2026	Contract # 26218		

BOE #	DEPT#	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		VARIOUS STATE AGENCIES	TAKING ACTION (A COMMITMENT TO IMPACT OUR NEIGHBORHOODS), LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
137.		intervention, home health experience, customized of job development, and pro	provide ongoing services a care, personal care, respending services employment, educational te-employment.  Upon Approval -	oite care, case manager tutoring and education s	ment, commu	nity work
		Term of Contract: VARIOUS STATE AGENCIES	06/30/2026 TIFFANY BUSALACCHI DBA RESPECTABILITY	AGENCIES	\$6,500,000	
138.	Contract Description:	services.	provide ongoing employm Upon Approval - 04/30/2026	Contract # 26016	pment and pi	e-employment
139.			TRANSITION SERVICES, INC. provide ongoing services	•		
	Contract Description:		employment support, job Upon Approval - 04/30/2026	Contract # 26093	employment.	
140.	Contract	VARIOUS STATE AGENCIES This is a new contract to	THE WILLIAMS GROUP, LLC provide ongoing commun	OTHER: VARIOUS AGENCIES ity based living arrange	\$3,000,000 ment service	
	Contract Description:	Term of Contract: VARIOUS STATE	Upon Approval - 04/30/2026 THERESA FOGAL DBA	Contract # 25961	\$6,000,000	
141.	Contract	AGENCIES	EAGLES NEST provide ongoing supportive	AGENCIES		
	Description:	Term of Contract: VARIOUS STATE	Upon Approval - 06/30/2026 UNITED LANGUAGE	Contract # 26389 OTHER: VARIOUS	\$500,000	)
142.	Contract	languages via remote over	GROUP, INC. provide ongoing documer er-the-phone, over-video-		_	•
	Description:	real-time translation, and Term of Contract:	Upon Approval - 03/31/2026	Contract # 26150	\$500,000	
4.40		VARIOUS STATE AGENCIES	INC.	OTHER: VARIOUS AGENCIES	\$500,000	
143.	Contract Description:	languages via remote ov	provide ongoing documer er-the-phone, over-video- Upon Approval - 03/31/2026			interpretation of
		. Sim or Sommon.	00/01/2020	03/11/dot // 20140		

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
		VARIOUS STATE	WAGNER DENTAL,	OTHER: VARIOUS	\$200,000	
		AGENCIES	PLLC	AGENCIES		
144.	Contract	This is a new contract to provide ongoing dental and related services.				
			Upon Approval -			
	Description.	Term of Contract:	06/30/2026	Contract # 26374		
		VARIOUS STATE	WILLIAMS AKO ENOH	OTHER: VARIOUS	\$6,000,000	)
		AGENCIES	DBA ENOH HOME	AGENCIES		
145.	Contract	This is a new contract to provide ongoing supportive living arrangement services.				
			Upon Approval -			
	Description.	Term of Contract:	04/30/2026	Contract # 26087		
		VARIOUS STATE	YOUR CHOICE HOME	OTHER: VARIOUS	\$1,000,000	)
146.		AGENCIES	HEALTH CARE, LLC	AGENCIES		
	Contract	This is a new contract to	provide ongoing personal	care services.		
	Contract		Upon Approval -			
	Description:	Term of Contract:	06/30/2026	Contract # 26310		

For Board Use Only Date: 06/27/2022

#### CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26096

Legal Entity

Contractor Name:

A SIMPLE SOLUTION, LLC

Name:

Address:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

A SIMPLE SOLUTION. LLC DBA

DYNAMIC CAREGIVERS

**MSA** Agency Code:

2865 S JONES BLVD

Appropriation Unit: 9999 - All Categories

Is budget authority available?:

Yes

City/State/Zip

LAS VEGAS, NV 89146-5307

If "No" please explain: Not Applicable

Contact/Phone:

Dillon Lutza 661-400-0451

Vendor No.:

T81093765

**NV Business ID:** 

2022-2026

NV20001044794

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

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

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing personal care services.

NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple agencies. Agencies are satisfied.

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

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

Vendor provides services under both names.

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

Yes

18. 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:

Signature Date Approval Level User 04/28/2022 13:40:37 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:40:39 PM 05/05/2022 12:35:51 PM **Department Approval** Ideloach Contract Manager Approval rvradenb 05/06/2022 10:03:07 AM **Budget Analyst Approval** dspeed1 05/16/2022 13:05:58 PM **BOE** Agenda Approval laaron 05/28/2022 09:21:29 AM **BOE Final Approval** Pending

Contract #: 26096 Page 2 of 2 MSA 1

For Board Use Only Date: 06/27/2022

CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26017

Legal Entity

A VICTORIOUSCARE

**MSA MASTER SERVICE** 

Name:

Contractor Name: A VICTORIOUSCARE

Agency Name: **AGREEMENTS** 

Agency Code:

**MSA** 

Address:

7318 WARHOL DR

Is budget authority

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**SUN VALLEY, NV 89433-6663** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Victoria Olaegbe 775-674-0442

Vendor No.:

T29025825

**NV Business ID:** 

NV20101241512

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.

0.00 %

Fees **Bonds**  0.00 % 0.00 %

NA

Federal Funds Highway Funds

General Funds

0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

#### **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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?

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

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:12:19 PM
Division Approval	gdavi6	04/28/2022 13:12:21 PM
Department Approval	Ideloach	05/04/2022 16:43:22 PM
Contract Manager Approval	rvradenb	05/05/2022 16:56:06 PM
Budget Analyst Approval	dspeed1	05/09/2022 17:37:42 PM
BOE Agenda Approval	laaron	05/28/2022 09:06:56 AM
BOE Final Approval	Pending	

For Board Use Only Date: 06/27/2022

CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26270

Legal Entity

ABBIE STEVENSON

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: ABBIE STEVENSON

Agency Code:

Address:

2155 YUMA LANE

MSA

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**RENO, NV 89509** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Abbie Stevenson 775/830-5811

Vendor No.: **NV Business ID:**  T27021415 NV20131418686

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.

0.00 %

Fees **Bonds**  0.00 % 0.00 %

NA

Federal Funds Highway Funds

General Funds

0.00 %

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing audiology, early intervention and medical services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$2,100,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

MSA<sub>3</sub> Contract #: 26270 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State 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
- Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 05/10/2022 13:34:13 PM **Division Approval** 05/10/2022 13:34:16 PM gdavi6 Department Approval Ideloach 05/11/2022 14:36:45 PM 05/16/2022 10:16:43 AM Contract Manager Approval rvradenb **Budget Analyst Approval** nhovden 05/26/2022 16:47:42 PM **BOE** Agenda Approval nhovden 05/26/2022 16:47:44 PM **BOE Final Approval** Pending

For Board Use Only Date: 06/27/2022

#### CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26371

Legal Entity

ABLE ABILITIES GROUP

Name:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name: ABLE ABILITIES GROUP

Agency Code:

**MSA** 

Address:

806 Ryland Street

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

RENO, NV 89502-1602

Is budget authority available?:

If "No" please explain: Not Applicable

Beatrice Ogundimu 775/972-9191

Contact/Phone: Vendor No.:

T29000861

**NV Business ID:** 

NV20041480876

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing case management, supportive living arrangements and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$7,500,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

MSA 4 Contract #: 26371 Page 1 of 2

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

**Nevada Corporation** 

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:25:30 AM **Division Approval** gdavi6 06/03/2022 09:25:33 AM Department Approval Ideloach 06/03/2022 14:09:35 PM rvradenb 06/03/2022 15:52:25 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/06/2022 09:30:28 AM **BOE** Agenda Approval hfield 06/06/2022 09:30:31 AM **BOE Final Approval** Pending

For Board Use Only Date: 06/27/2022

CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26254

Legal Entity

ACCESSIBLE SPACE, INC.

Name:

Address:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

ACCESSIBLE SPACE, INC. DBA **NEVADA COMMUNITY ENRICHMENT** 

6375 W CHARLESTON BLVD L200

**PROGRAM** 

Agency Code: **MSA** 

Appropriation Unit: 9999 - All Categories

Is budget authority available?:

Yes

City/State/Zip

LAS VEGAS, NV 89146-1139

If "No" please explain: Not Applicable

Contact/Phone:

JULIE PETERSON 702/259-1903

Vendor No.: T80953552C

**NV Business ID:** NV19911053742

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 %

NA

Federal Funds

0.00 %

Bonds

Other funding

X

0.00 % 100.00 % Various Agencies

0.00 % Highway Funds Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of or b. other effective date:

No

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for acute medical, assisted living, case management, dieticiannutrition, medical, occupational therapy, physical therapy, rehabilitation, respite care, speed pathology therapy and counseling, adult daycare, group home, job development, residential provider, and supportive living arrangements.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

No b. If "No", please explain:

#### VENDOR PROVIDES SERVICES USING DBA

- 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 05/10/2022 13:30:57 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 05/10/2022 13:31:00 PM Department Approval 05/11/2022 12:20:29 PM Ideloach Contract Manager Approval rvradenb 05/16/2022 10:13:54 AM **Budget Analyst Approval** 05/26/2022 09:11:51 AM nhovden **BOE** Agenda Approval nhovden 05/26/2022 09:11:54 AM **BOE** Final Approval Pending

Contract #: 26254 Page 2 of 2 **MSA 5** 

For Board Use Only Date: 06/27/2022

**CONTRACT SUMMARY** 

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26103

Legal Entity

ALEXIES ASSISTED LIVING, INC.

Name:

Agency Name: MSA MASTER SERVICE AGREEMENTS

Contractor Name:

ALEXIES ASSISTED LIVING, INC. DBA

MEADOWS CARE HOME

Agency Code: MSA

Address:

**5125 MEADOWS LILLY AVE** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89108-4082

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Belma Dizon 702-324-5099

Vendor No.:

T27027280

**NV Business ID:** 

2022-2026

NV20031492694

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

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

General Funds Federal Funds 0.00 %

Fees Bonds 0.00 % 0.00 %

Highway Funds

0.00 % 0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

Yes or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

No

If "Yes", please explain

Not Applicable

04/30/2026

Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, group home and residential provider services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,800,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

#### III. OTHER INFORMATION

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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?

b. If "No", please explain:

Vendor provides services under both names.

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

18. 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:** 

User Approval Level Signature Date 04/28/2022 13:43:35 PM **Budget Account Approval** gdavi6 Division Approval gdavi6 04/28/2022 13:43:38 PM Department Approval Ideloach 05/05/2022 14:08:52 PM Contract Manager Approval rvradenb 05/06/2022 10:04:47 AM 05/09/2022 10:38:25 AM **Budget Analyst Approval** dspeed1 **BOE** Agenda Approval 05/28/2022 09:08:09 AM laaron

**BOE Final Approval** Pending

For Board Use Only Date: 06/27/2022

#### CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26287

Legal Entity

ALOHA BEHAVIORIAL CENTER, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: ALOHA BEHAVIORIAL CENTER, LLC

**MSA** Agency Code:

Address:

8988 VISTA PINES ST

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89178

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Emma Siy 702/848-6070

Vendor No.:

T27044688

**NV Business ID:** 

NV20212250365

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of Examiner's approval?

or b. other effective date:

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and early intervention services.

NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

MSA 7 Contract #: 26287 Page 1 of 2

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:36:52 PM
Division Approval	gdavi6	05/10/2022 13:36:54 PM
Department Approval	Ideloach	05/11/2022 15:08:00 PM
Contract Manager Approval	rvradenb	05/16/2022 10:20:27 AM
Budget Analyst Approval	nhovden	05/26/2022 13:02:24 PM
BOE Agenda Approval	nhovden	05/26/2022 13:02:27 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26080

Legal Entity

Contractor Name:

AMALIA ORTIZ MAGNO

**MSA MASTER SERVICE** 

Name:

AMALIA ORTIZ MAGNO DBA ST. FRANCIS GROUP HOME CARE V

**AGREEMENTS** 

**4245 E BALTIMORE AVE** 

**MSA** Agency Code: Address:

Appropriation Unit: 9999 - All Categories

Is budget authority available?:

Agency Name:

Yes

City/State/Zip

LAS VEGAS, NV 89104-5301

If "No" please explain: Not Applicable

Contact/Phone:

AMALIA O. MAGNO 702-431-4792

Vendor No.: **NV Business ID:** 

T81071195 NV20141354463

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing group home services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

MSA8 Contract #: 26080 Page 1 of 2

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

# III. OTHER INFORMATION

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

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

Not Applicable

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

Nο

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

No

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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

No b. If "No", please explain:

# VENDOR PROVIDES SERVICES USING A DBA

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

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 04/28/2022 13:35:06 PM **Division Approval** gdavi6 04/28/2022 13:35:09 PM Department Approval Ideloach 05/06/2022 11:52:51 AM 05/09/2022 13:50:58 PM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/09/2022 16:59:06 PM **BOE** Agenda Approval 05/26/2022 16:24:27 PM laaron **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: 26309

Legal Entity AMERICAN COMPREHENSIVE

Name: COUNSELING SERVICES

Agency Name: MSA MASTER SERVICE Contractor Name: AMERICAN COMPREHENSIVE COUNSELING SERVICES

Agency Code: MSA Address: 860 TYLER WAY

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip SPARKS, NV 89431-2172

available?:

If "No" please explain: Not Applicable Contact/Phone: WALTER DIMITROFF 775/287-5704

Vendor No.: T27030528 NV Business ID: NV20031286271

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 30 days

Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing marriage and family therapy, mental health and substance abuse counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$900,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

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

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

b. Soliciation Waiver: **Not Applicable** 

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

Contract #: 26309 Page 1 of 2 **MSA 9** 

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

No

\$50,000?

### III. OTHER INFORMATION

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

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?

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

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

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:42:50 PM
Division Approval	gdavi6	05/10/2022 13:42:53 PM
Department Approval	Ideloach	05/11/2022 16:13:57 PM
Contract Manager Approval	rvradenb	05/16/2022 10:54:20 AM
Budget Analyst Approval	nhovden	05/26/2022 15:20:07 PM
BOE Agenda Approval	nhovden	05/26/2022 15:20:09 PM

**BOE** Final Approval Pending

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26293

Legal Entity

AMI HEALTHCARE SERVICES, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: AMI HEALTHCARE SERVICES, LLC

**MSA** Agency Code:

Address:

2069 S MACKENZIE CIR

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**SPARKS, NV 89431** 

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

775/219-7096 T27019728

Vendor No.: **NV Business ID:** 

NV20081013439

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 Federal Funds

0.00 %

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2021

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

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

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:38:41 PM
Division Approval	gdavi6	05/10/2022 13:38:44 PM
Department Approval	Ideloach	05/11/2022 15:32:49 PM
Contract Manager Approval	rvradenb	05/16/2022 10:23:32 AM
Budget Analyst Approval	nhovden	05/26/2022 11:35:48 AM
BOE Agenda Approval	nhovden	05/26/2022 11:35:51 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: 26255

Legal Entity APPLIED BEHAVIOR ANALYSIS

Name: SERVICES, LLC

Agency Name: MSA MASTER SERVICE Contractor Name: APPLIED BEHAVIOR ANALYSIS

AGREEMENTS SERVICES, LLC

Agency Code: MSA Address: 2601 SO PAVILION CTR DR 2102

Appropriation Unit: 9999 - All Categories

Is budget authority
Yes
City/State/Zip
LAS VEGAS, N 89135

available?:

If "No" please explain: Not Applicable Contact/Phone: TIM SINNOTT 702/523-5059

Vendor No.: T29045151

NV Business ID: NV20141496437

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support services.

NEW CONTRACT

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

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:31:26 PM
Division Approval	gdavi6	05/10/2022 13:31:29 PM
Department Approval	Ideloach	05/11/2022 12:25:33 PM
Contract Manager Approval	rvradenb	05/16/2022 10:14:23 AM
Budget Analyst Approval	nhovden	05/26/2022 12:38:01 PM
BOE Agenda Approval	nhovden	05/26/2022 12:38:07 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26268

Legal Entity

ASHLEY BLAKE

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: ASHLEY BLAKE

**MSA** Agency Code:

Address:

**10433 CHANDRA AVE** 

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

LAS VEGAS, NV 89129

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

ASHLEY BLAKE LCSW 72-960-6407

Vendor No.:

T32012204

**NV Business ID:** 

2022-2026

NV20212155027

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

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

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing mental health and social worker services.

NEW CONTRACT

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

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

\_\_\_\_\_

# **III. OTHER INFORMATION**

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 05/10/2022 13:33:34 PM **Division Approval** 05/10/2022 13:33:37 PM gdavi6 Department Approval Ideloach 05/11/2022 14:32:25 PM Contract Manager Approval rvradenb 05/16/2022 10:16:06 AM 06/06/2022 11:08:01 AM **Budget Analyst Approval** dspeed1 **BOE** Agenda Approval hfield 06/06/2022 11:18:44 AM **BOE** Final Approval Pending

Contract #: 26268 Page 2 of 2 MSA 12

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26350

Legal Entity

AT HOME SOLUTIONS

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: AT HOME SOLUTIONS

**AGREEMENTS MSA** Agency Code:

Address:

2961 E SERENE AVE

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**HENDERSON, NV 89074-6507** 

Is budget authority available?:

If "No" please explain: Not Applicable

GIOVANNI MARGAROLI 702/948-4848

Contact/Phone: Vendor No.:

2022-2026

T27039042

**NV Business ID:** 

NV20061123253

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

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

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

01/31/2026

3. Termination Date: Contract term:

3 years and 245 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing personal care and related services.

NEW CONTRACT

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

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

# III. OTHER INFORMATION

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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?

b. If "No", please explain:

# Vendor provides services using a 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?

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Signature Date Approval Level User 06/03/2022 09:24:09 AM Budget Account Approval gdavi6 **Division Approval** gdavi6 06/03/2022 09:24:11 AM 06/03/2022 13:56:25 PM **Department Approval** Ideloach Contract Manager Approval rvradenb 06/09/2022 12:58:25 PM **Budget Analyst Approval** hfield 06/09/2022 16:03:12 PM **BOE** Agenda Approval hfield 06/09/2022 16:03:15 PM

**BOE Final Approval** Pending

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26105

Legal Entity

AT NIGHTINGALES, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: AT NIGHTINGALES, LLC

**MSA** Agency Code:

Address: **813 FAIRWAY DR** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89107-2012

available?:

If "No" please explain: Not Applicable

Anne Espinueva 702-334-5518

Contact/Phone: Vendor No.:

T32008879

**NV Business ID:** 

NV20181813444

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, group home and residential provider services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,800,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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)?

18. 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:44:16 PM
Division Approval	gdavi6	04/28/2022 13:44:18 PM
Department Approval	Ideloach	05/05/2022 14:15:09 PM
Contract Manager Approval	rvradenb	05/06/2022 10:06:02 AM
Budget Analyst Approval	dspeed1	05/09/2022 12:58:24 PM
BOE Agenda Approval	laaron	05/26/2022 15:56:20 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26397

Legal Entity BERNADETTE COOPER & LARRY LEE

Name: COOPER

**MSA MASTER SERVICE BERNADETTE COOPER & LARRY** Agency Name: Contractor Name: LEE COOPER DBA BREATH OF LIFE

Address:

**AGREEMENTS** 

**4944 DIANA CT** 

Agency Code: MSA

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip **SPARKS, NV 89436-8634** 

available?:

If "No" please explain: Not Applicable Contact/Phone: Bernadette Cooper 775/354-0707

> Vendor No.: T29022398

**NV Business ID:** NV20111404144

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, community based living arrangements, disabilities support, group home, supportive living arrangements, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

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

This is a specialized service that requires specially trained individuals to provide these services

9. Were quotes or proposals solicited? No

Yes Was the solicitation (RFP) done by the Purchasing

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

No

06/01/2025

b. Is the contract part of an IT investment project over

\$50,000?

No

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

DHHS, Agencies are satisfied

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

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

Not Applicable

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

Sole Proprietor

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

No b. If "No", please explain:

# Vendor provides services using a DBA.

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

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level Signature Date User 06/03/2022 09:28:37 AM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 06/03/2022 09:28:39 AM **Department Approval** 06/03/2022 14:46:25 PM Ideloach Contract Manager Approval rvradenb 06/03/2022 15:55:25 PM **Budget Analyst Approval** hfield 06/06/2022 10:06:14 AM **BOE** Agenda Approval hfield 06/06/2022 10:06:17 AM

BOE Final Approval Pending

# **CONTRACT SUMMARY**

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26019

Legal Entity

BLINDCONNECT, INC.

INa

Name:

Contractor Name: **BLINDCONNECT, INC.** 

Agency Name: MSA MASTER SERVICE

**AGREEMENTS** 

Address:

Agency Code: MS

MSA

Appropriation Unit: 9999 - All Categories

, (44, 666)

City/State/Zip

5165 W SUNSET RD

Is budget authority

Yes

LAS VEGAS, NV 89118-4384

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Raquel O'Neill 702-292-9496

Vendor No.:

T27033361

NV Business ID:

2022-2026

NV19971361986

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

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

General Funds Federal Funds 0.00 % 0.00 % Fees

0.00 % 0.00 %

Highway Funds

0.00 %

Bonds

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

Clive:

If "Yes", please explain

Not Applicable

3. Termination Date:

04/30/2026

Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, supportive services for the blind and visually impaired, community based living arrangements, counseling, disabilities support, pre-employment, rehabilitation, residential provider, senior care, and social worker.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

Contract #: 26019 Page 1 of 2 **MSA 16** 

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

06/01/2025

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:13:32 PM
Division Approval	gdavi6	04/28/2022 13:13:36 PM
Department Approval	Ideloach	05/04/2022 15:29:17 PM
Contract Manager Approval	rvradenb	05/04/2022 15:38:00 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:34:25 PM
BOE Agenda Approval	laaron	05/25/2022 07:59:32 AM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

Contract Number: 26064

Legal Entity

BORDGES TIMBER, INC.

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: **BORDGES TIMBER, INC.** 

**AGREEMENTS** MSA

Address:

**4940 OLD FRENCHTOWN RD** 

Agency Code: Appropriation Unit: 9999 - All Categories

City/State/Zip

SHINGLE SPRINGS, CA 95682

Is budget authority

Yes

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Tim Bordges 530-919-3711 T29043867

Vendor No.: **NV Business ID:** 

NV20101680787

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 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: RFQ 99SWC-S1426

Contract start date:

a. Effective upon Board of

Yes or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/07/2025

Contract term:

3 years and 7 days

4. Type of contract:

MSA

Contract description:

**Fire Fuels Reduction** 

5. Purpose of contract:

This is a new contract to provide fire fuel, vegetation reduction and forest management services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$14,326,000.00

#### JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: 3.1 Forest Management Hand Crew Services, 3.2 Large Tree Removal, 3.3 Forestry Equipment Specifications, 3.6 Seed Drills/Application, 3.7 Hauling Services, and 3.11 Road Construction/Maintenance/Rehabilitation.

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

This contact provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

Paleo West Sierra Peaks RF Contractors

b. Soliciation Waiver: Not Applicable

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

This RFQ has been awarded to 28 Vendors that qualified in the various scopes of work.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

# III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 684-0175

20. Contract Status:

Contract Approvals:

User Signature Date Approval Level 04/28/2022 13:28:23 PM **Budget Account Approval** gdavi6 Division Approval gdavi6 04/28/2022 13:28:26 PM Department Approval Ideloach 05/03/2022 15:39:21 PM Contract Manager Approval nfese1 05/03/2022 15:42:56 PM **Budget Analyst Approval** 05/26/2022 16:53:28 PM laaron **BOE** Agenda Approval laaron 05/26/2022 16:53:30 PM **BOE Final Approval** Pending

# CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26082

Legal Entity BOYS & GIRLS CLUBS OF SOUTHERN

Name: NEVADA

Agency Name: MSA MASTER SERVICE Contractor Name: BOYS & GIRLS CLUBS OF

AGREEMENTS SOUTHERN NEVADA

Agency Code: MSA Address: 2850 S LINDELL RD

Appropriation Unit: 9999 - All Categories

Is budget authority
Yes
City/State/Zip
LAS VEGAS, NV 89146

available?:

If "No" please explain: Not Applicable Contact/Phone: CORY LOZENSKY 702-368-0317

Vendor No.: T80947631

NV Business ID: NV19611001462

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing marriage and family therapy and mental health services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$600,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

# **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:35:50 PM
Division Approval	gdavi6	04/28/2022 13:35:52 PM
Department Approval	Ideloach	05/05/2022 11:59:10 AM
Contract Manager Approval	rvradenb	05/06/2022 09:57:40 AM
Budget Analyst Approval	dspeed1	05/06/2022 17:18:36 PM
BOE Agenda Approval	laaron	05/26/2022 15:21:04 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26291

Legal Entity

CARING HANDS ADULT DAY SERVICE

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

**CARING HANDS ADULT DAY** 

SERVICE

**MSA** Agency Code:

LLC Address:

**2580 N RANCHO** 

Appropriation Unit: 9999 - All Categories

City/State/Zip

NORTH LAS VEGAS, NV 89032

Is budget authority available?:

If "No" please explain: Not Applicable

Yes

Contact/Phone:

702/301-3006

Vendor No.: **NV Business ID:**  T32009323A NV20181743075

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 Federal Funds

0.00 %

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing adult daycare and disabilities support services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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)?

18. 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:38:12 PM
Division Approval	gdavi6	05/10/2022 13:38:14 PM
Department Approval	Ideloach	05/11/2022 15:29:57 PM
Contract Manager Approval	rvradenb	05/16/2022 10:23:05 AM
Budget Analyst Approval	nhovden	05/26/2022 10:58:47 AM
BOE Agenda Approval	nhovden	05/26/2022 10:58:50 AM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26104

Legal Entity

CARMELA HOMES

**MSA MASTER SERVICE** 

Name:

Contractor Name: CARMELA HOMES

**AGREEMENTS** 

Address:

5500 CLEARY CT

**MSA** Agency Code: Appropriation Unit: 9999 - All Categories

City/State/Zip

Is budget authority

Agency Name:

Yes

LAS VEGAS, NV 89108

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Belma Dizon 702-324-5099

Vendor No.: **NV Business ID:**  T32008614 NV20041611820

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 Federal Funds

0.00 %

Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, group home and residential provider services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,800,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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?

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

18. 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:43:53 PM
Division Approval	gdavi6	04/28/2022 13:43:56 PM
Department Approval	Ideloach	05/05/2022 14:13:19 PM
Contract Manager Approval	rvradenb	05/06/2022 10:05:42 AM
Budget Analyst Approval	dspeed1	05/09/2022 10:51:21 AM
BOE Agenda Approval	laaron	05/28/2022 09:15:09 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26304

Legal Entity CARSON CITY COMMUNITY

Name: COUNSELING CENTER

**MSA MASTER SERVICE CARSON CITY COMMUNITY** Agency Name: Contractor Name: **COUNSELING CENTER** 

**AGREEMENTS** 

**205 SOUTH PRATT AVE** 

MSA Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip **CARSON CITY, NV 89701-4730** 

Address:

available?:

Agency Code:

If "No" please explain: Not Applicable Contact/Phone: 775/882-3945

Vendor No.: T80964191 **NV Business ID:** NV19851008900

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, mental health, counseling, and marriage and family therapy.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$4,900,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:42:06 PM
Division Approval	gdavi6	05/10/2022 13:42:08 PM
Department Approval	Ideloach	05/11/2022 16:06:41 PM
Contract Manager Approval	rvradenb	05/16/2022 10:49:01 AM
Budget Analyst Approval	nhovden	05/26/2022 12:28:04 PM
BOE Agenda Approval	nhovden	05/26/2022 12:28:06 PM
DOE 5: 14 1	<b>-</b> "	

BOE Final Approval Pending

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26317

Legal Entity

COLON AND ALLEMAN, LTD

Name:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name:

**COLON AND ALLEMAN, LTD DBA** 

TOTAL EYECARE

Agency Code:

**MSA** 

Address:

**TOTAL EYECARE** 

Appropriation Unit: 9999 - All Categories

Yes

**2209 N 5TH STREET** 

Is budget authority

available?:

City/State/Zip

ELKO, NV 89801-2458

If "No" please explain: Not Applicable

Contact/Phone:

ANGELA CRAWFORD 775/738-8491

Vendor No.: **NV Business ID:** 

2022-2026

T80814380 NV19801012719

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

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

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737--RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

06/2022

NA

Examiner's approval?

Anticipated BOE meeting date

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contact to provide ongoing optometry services.

NEW CONTRACT

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

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

# III. OTHER INFORMATION

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

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

Not Applicable

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

Nο

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

No

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

# VENDOR PROVIDES SERVICES USING 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:** 

Signature Date Approval Level User 05/10/2022 13:46:05 PM Budget Account Approval gdavi6 **Division Approval** gdavi6 05/10/2022 13:46:07 PM 05/11/2022 16:33:27 PM **Department Approval** Ideloach Contract Manager Approval rvradenb 05/16/2022 11:06:15 AM **Budget Analyst Approval** nhovden 05/26/2022 16:16:28 PM **BOE** Agenda Approval nhovden 05/26/2022 16:16:30 PM **BOE Final Approval** Pending

Contract #: 26317 Page 2 of 2 MSA 22

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26125

Legal Entity CONFIDENCE HEALTH RESOURCES,

Name:

**MSA MASTER SERVICE** Contractor Name: CONFIDENCE HEALTH RESOURCES, Agency Name: **AGREEMENTS** 

LLC

**MSA** 885 TAYLOR WAY Agency Code: Address:

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip **SPARKS, NV 89431** 

available?:

If "No" please explain: Not Applicable Contact/Phone: CAMELLA STEPHENS 775/332-2116

> Vendor No.: T29019572 **NV Business ID:** NV20071653239

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:53:03 PM
Division Approval	gdavi6	04/28/2022 13:53:05 PM
Department Approval	Ideloach	05/05/2022 15:01:14 PM
Contract Manager Approval	rvradenb	05/06/2022 10:13:16 AM
Budget Analyst Approval	dspeed1	06/02/2022 09:58:22 AM
BOE Agenda Approval	hfield	06/02/2022 13:52:01 PM
DOE Final Approval	Danding	

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: 26377

Legal Entity CONSUMER DIRECT SERVICES FOR

Name: NEVADA, LLC

Agency Name: MSA MASTER SERVICE Contractor Name: CONSUMER DIRECT SERVICES FOR NEVADA, LLC DBA CONSUMER

DIRECT CARE

Agency Code: MSA Address: 1005 TERMINAL WAY

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip RENO, NV 89502-2179

available?:

If "No" please explain: Not Applicable Contact/Phone: EVELYN ORTIZ 775-398-8409

Vendor No.: T27008157

NV Business ID: NV20021134616

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing personal care, respite care and related services.

6. NEW CONTRACT

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

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

# Vendor provides services using a 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** gdavi6 06/03/2022 09:26:36 AM 06/03/2022 09:26:38 AM **Division Approval** gdavi6 Department Approval Ideloach 06/03/2022 14:17:33 PM Contract Manager Approval rvradenb 06/03/2022 15:53:45 PM **Budget Analyst Approval** tsmorra 06/03/2022 16:22:18 PM **BOE** Agenda Approval hfield 06/06/2022 10:28:09 AM

BOE Final Approval Pending

# CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 25348

Legal Entity

CYBT, INCORPORATED

Name:

Agency Name: MSA MASTER SERVICE

**MSA** 

AGREEMENTS

Contractor Name: CYBT, INCORPORATED DBA A CARING HAND HOME CARE

Address: 7320 Smoke Ranch Rd. STE H

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

Las Vegas, NV 89128

available?:

Agency Code:

arando o ri

**G** .

If "No" please explain: Not Applicable

Contact/Phone:

Katherine Moran 702-380-0600

Vendor No.:

T27007495

NV Business ID:

NV20031266904

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 % Federal Funds 0.00 % Fees Bonds 0.00 % 0.00 %

Highway Funds

0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

01/31/2026

Termination Date: Contract term:

3 years and 245 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing personal care and related services.

6. NEW CONTRACT

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

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2026

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## III. OTHER INFORMATION

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

## Vendor provides services using a 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:** 

Signature Date Approval Level User 03/04/2022 11:37:49 AM Budget Account Approval gdavi6 **Division Approval** gdavi6 03/04/2022 11:37:52 AM 03/07/2022 10:13:23 AM **Department Approval** Ideloach Contract Manager Approval rvradenb 05/23/2022 13:48:44 PM **Budget Analyst Approval** dspeed1 06/02/2022 14:28:35 PM **BOE** Agenda Approval hfield 06/02/2022 15:13:08 PM

BOE Final Approval Pending

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26245

Legal Entity

Cindy Johnson

**MSA MASTER SERVICE** 

Name:

Contractor Name: **Cindy Johnson** 

**AGREEMENTS** 

Address:

6045 Barrett Ct.

**MSA** Agency Code:

Is budget authority

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**SPARKS, NV 89406** 

available?:

Agency Name:

If "No" please explain: Not Applicable

Cindy Johnson 775/250-4765

Contact/Phone: Vendor No.:

T81082187

**NV Business ID:** 

NV20161551869

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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

Yes

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

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 05/10/2022 13:29:22 PM **Division Approval** 05/10/2022 13:29:24 PM gdavi6 05/11/2022 12:00:33 PM Department Approval Ideloach 05/16/2022 10:11:28 AM Contract Manager Approval rvradenb 06/02/2022 14:26:29 PM **Budget Analyst Approval** dspeed1 **BOE** Agenda Approval hfield 06/02/2022 15:13:27 PM

BOE Final Approval Pending

## CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26288

Legal Entity DANNY CERVAS & TERESITA

Name: CERVAS

Agency Name: MSA MASTER SERVICE Contractor Name: DANNY CERVAS & TERESITA

AGREEMENTS

**CERVAS DBA PRINCESS II GROUP** 

HOME

Agency Code: MSA Address: PRINCESS II GROUP HOME

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89183-6283

available?:

If "No" please explain: Not Applicable Contact/Phone: Danny Cervas 702/385-5588

Vendor No.: T81089701

NV Business ID: NV20141223734

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 04/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 91 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support and marriage and family therapy services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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

No b. If "No", please explain:

# Vendor provides services using a DBA.

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

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level Signature Date User 05/10/2022 13:37:20 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 05/10/2022 13:37:22 PM **Department Approval** 05/11/2022 15:12:49 PM Ideloach Contract Manager Approval rvradenb 05/16/2022 10:21:46 AM **Budget Analyst Approval** nhovden 05/26/2022 13:07:28 PM **BOE** Agenda Approval nhovden 05/26/2022 13:07:31 PM **BOE Final Approval** Pending

Contract #: 26288 Page 2 of 2 MSA 27

For Board Use Only

Date: 06/27/2022

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26301

Legal Entity

DEIDRE HAMMON

4465 BOCA WAY

Name:

Address:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name: **DEIDRE HAMMON** 

**MSA** Agency Code:

**SPC 212** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes available?:

City/State/Zip

RENO, NV 89502-6440

If "No" please explain: Not Applicable

Deidre Hamon 775-544-9338

Contact/Phone: Vendor No.:

T81104377

**NV Business ID:** NV20171554929

2022-2026 To what State Fiscal Year(s) will the contract be charged?

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

0.00 % General Funds 0.00 % Fees Federal Funds 0.00 % **Bonds** 0.00 %

Highway Funds 0.00 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing job development and supportive living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$7,500,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## III. OTHER INFORMATION

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

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

Not Applicable

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

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

Yes

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

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 05/10/2022 13:41:29 PM **Division Approval** 05/10/2022 13:41:32 PM gdavi6 05/11/2022 16:02:04 PM Department Approval Ideloach Contract Manager Approval rvradenb 05/16/2022 10:39:44 AM 05/31/2022 12:24:33 PM **Budget Analyst Approval** laaron **BOE** Agenda Approval laaron 05/31/2022 12:24:49 PM **BOE** Final Approval Pending

Contract #: 26301 Page 2 of 2 **MSA 28** 

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26290

Legal Entity

DENHAM ORTHOTIC AND FITNESS

Name:

Address:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name:

**DENHAM ORTHOTIC AND FITNESS** 

**DBA EVOLVE PROSTHETICS AND** 

ORTHOTICS

**STE C-17** 

Agency Code: **MSA** 

Appropriation Unit: 9999 - All Categories

Is budget authority Yes

City/State/Zip

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if

Henderson, NV 89014

601 Whitney Ranch Dr.,

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Kimberly Floth 702-558-7823

Vendor No.: T29005860 **NV Business ID:** NV19991451856

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

2022-2026

the contractor will be paid by multiple funding sources. General Funds 0.00 % 0.00 %

> Federal Funds 0.00 % **Bonds** 0.00 %

0.00 % X 100.00 % Various Agencies Highway Funds Other funding

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

06/2022 Anticipated BOE meeting date

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: 06/30/2026

Contract term: 4 years and 30 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing prosthetics and orthotics services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$200,000,00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 29** Contract #: 26290 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

## Vendor provides services using a 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** gdavi6 05/10/2022 13:37:56 PM 05/10/2022 13:37:58 PM **Division Approval** gdavi6 Department Approval Ideloach 05/11/2022 15:24:33 PM Contract Manager Approval 05/16/2022 10:22:33 AM rvradenb **Budget Analyst Approval** nhovden 05/26/2022 13:49:43 PM **BOE** Agenda Approval 05/26/2022 13:49:45 PM nhovden **BOE Final Approval** Pending

Contract #: 26290 Page 2 of 2 **MSA 29** 

## CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26098

Legal Entity DESERT PARKWAY BEHAVIORAL

Name: HEALTHCARE HOSPITAL, LLC

Agency Name: MSA MASTER SERVICE Contractor Name: DESERT PARKWAY BEHAVIORAL HEALTHCARE HOSPITAL, LLC

Agency Code: MSA Address: 3247 S MARYLAND PKWY

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89109-2412

available?:

If "No" please explain: Not Applicable Contact/Phone: Tristan Ivy 702-776-3513

Vendor No.: T29035238

NV Business ID: NV20121200392

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing acute medical and mental health services.

NEW CONTRACT

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

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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)?

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:41:23 PM
Division Approval	gdavi6	04/28/2022 13:41:25 PM
Department Approval	Ideloach	05/05/2022 12:39:43 PM
Contract Manager Approval	rvradenb	05/06/2022 10:03:53 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:56:37 PM
BOE Agenda Approval	laaron	05/28/2022 09:23:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26097

Legal Entity Name:

DIANE C. MILLER

**MSA MASTER SERVICE** 

Contractor Name:

DIANE C. MILLER

Agency Name: **AGREEMENTS** 

2584 COSIMO CT

**MSA** Agency Code:

Address:

Appropriation Unit: 9999 - All Categories

Is budget authority available?:

Yes

City/State/Zip

**SPARKS, NV 89434-2134** 

If "No" please explain: Not Applicable

Contact/Phone:

Diane Miller 775-313-5190

Vendor No.:

T27029642

**NV Business ID:** 

NV20181266580

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 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing audiology services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

No

Division?

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

Not Applicable

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

**MSA 31** Contract #: 26097 Page 1 of 2

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

## III. OTHER INFORMATION

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

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

Not Applicable

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

Nο

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

No

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

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

Not Applicable

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

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

Yes

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

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 04/28/2022 13:41:04 PM **Division Approval** 04/28/2022 13:41:07 PM gdavi6 Department Approval Ideloach 05/05/2022 12:37:34 PM 05/06/2022 10:03:22 AM Contract Manager Approval rvradenb 05/16/2022 12:59:47 PM **Budget Analyst Approval** dspeed1 **BOE** Agenda Approval laaron 05/28/2022 09:22:37 AM **BOE** Final Approval Pending

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26238

Legal Entity

DR. BETHANY SCHLINGER PSYD, PC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

DR. BETHANY SCHLINGER PSYD, PC

**MSA** Agency Code:

Address:

6941 Willow Warbler St.

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

North Las Vegas, NV 89084

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Bethany Schlinger 702-503-5099

Vendor No.:

Pendina

**NV Business ID:** 

NV20201741900

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing psychology and mental health services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$600,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

## **III. OTHER INFORMATION**

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

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

Not Applicable

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

Nο

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

No

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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** 05/05/2022 13:25:45 PM mstar2 **Division Approval** mstar2 05/05/2022 13:25:49 PM Department Approval Ideloach 05/06/2022 14:39:39 PM 06/02/2022 13:22:05 PM Contract Manager Approval rvradenb **Budget Analyst Approval** tsmorra 06/02/2022 14:40:17 PM **BOE** Agenda Approval hfield 06/02/2022 15:53:04 PM **BOE Final Approval** Pending

Contract #: 26238 Page 2 of 2 **MSA 32** 

**CONTRACT SUMMARY** 

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26315

Legal Entity DR. PINOCCHIO OTD, INC. A

Name: PROFESSIONAL CORPORATION

Agency Name: MSA MASTER SERVICE Contractor Name: DR. PINOCCHIO OTD, INC. A

AGREEMENTS

PROFESSIONAL CORPORATION DBA

DR. PINOCC

Agency Code: MSA Address: 3685 Lakeside Drive

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip Reno, NV 89509

available?:

If "No" please explain: Not Applicable Contact/Phone: Mallory Pinocchio 775-984-4204

Vendor No.: PENDING

NV Business ID: NV20181045374

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing occupational therapy, pediatric, and speech pathology therapy and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,200,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

Were quotes or proposals solicited?
 Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

Contract #: 26315 Page 1 of 2 **MSA 33** 

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

مام

06/01/2025

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

The vendor provides services using a 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	gdavi6	05/10/2022 13:45:51 PM
Division Approval	gdavi6	05/10/2022 13:45:53 PM
Department Approval	Ideloach	05/11/2022 16:31:31 PM
Contract Manager Approval	rvradenb	05/16/2022 11:06:35 AM
Budget Analyst Approval	nhovden	05/26/2022 16:54:13 PM
BOE Agenda Approval	nhovden	05/26/2022 16:54:15 PM
BOE Final Approval	Pending	

Contract #: 26315 Page 2 of 2 **MSA 33** 

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26073

Legal Entity

Contractor Name:

DRS. MATHIS. VAN DUYNE. ZAMBONI.

Name:

KILLEEN & MEIER, NEVADA ENT & HE

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

DRS. MATHIS, VAN DUYNE, ZAMBONI, KILLEEN & MEIER,

**NEVADA ENT & HE** 

Agency Code: **MSA** 

Address:

**Hearing Associates, PLLC** 9770 S McCarran Blvd

Appropriation Unit: 9999 - All Categories

City/State/Zip

**RENO, NV 89523** 

Is budget authority available?:

Yes

If "No" please explain: Not Applicable

Contact/Phone:

Crystal Brownson 775-284-8511

Vendor No.:

T27032069

**NV Business ID:** NV20011062050

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 Highway Funds 0.00 %

**Bonds** 

0.00 %

0.00 % X Other funding

06/2022

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

Retroactive? No

If "Yes", please explain

Not Applicable 3. Termination Date:

04/30/2026

Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srcvs** 

5. Purpose of contract:

This is a new contract to provide ongoing audiology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300.000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 34** Contract #: 26073 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

ψ30,000:

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

No If "Yes", please provide details of the litigation 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 Signature Date User 04/28/2022 13:30:43 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:30:46 PM **Department Approval** 05/05/2022 11:30:49 AM Ideloach Contract Manager Approval rvradenb 05/05/2022 16:58:21 PM **Budget Analyst Approval** dspeed1 05/09/2022 10:45:10 AM **BOE** Agenda Approval laaron 05/28/2022 09:12:53 AM

BOE Final Approval Pending

CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26282

Legal Entity

Danielle Scott, LLC

**MSA MASTER SERVICE** Agency Name:

Name:

**Danielle Scott, LLC** 

**AGREEMENTS MSA** 

Address:

Contractor Name:

4045 Spencer St. STE B-44

Appropriation Unit: 9999 - All Categories

Is budget authority

Agency Code:

Yes

City/State/Zip

Las Vegas, NV 89119

available?:

If "No" please explain: Not Applicable

Contact/Phone:

**NV Business ID:** 

Danielle Scott 702-858-6278

Vendor No.: T29045141

NV20222380495

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, mental health, social worker, and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,500,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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** 05/10/2022 13:35:42 PM gdavi6 **Division Approval** gdavi6 05/10/2022 13:35:45 PM Department Approval Ideloach 05/11/2022 14:54:27 PM 05/16/2022 10:18:00 AM Contract Manager Approval rvradenb **Budget Analyst Approval** tsmorra 06/02/2022 14:40:00 PM **BOE** Agenda Approval hfield 06/02/2022 15:49:53 PM **BOE Final Approval** Pending

Contract #: 26282 Page 2 of 2 MSA 35

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26365

Legal Entity

**EAGLE QUEST** 

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: EAGLE QUEST

Agency Code:

MSA

Address:

3680 N. Rancho Dr.

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

LAS VEGAS, NV 89130

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Jennifer Bevacqua 702/646-5437 T29028509

Vendor No.: **NV Business ID:** 

NV20101748977

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing counseling, foster care, group home, marriage and family therapy, mental health, respite care, social worker, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$4,400,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 36** Contract #: 26365 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

\$50,000?

No

## III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

No If "Yes", please provide details of the litigation 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 Signature Date User 06/03/2022 09:24:26 AM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 06/03/2022 09:24:28 AM **Department Approval** Ideloach 06/03/2022 14:00:16 PM Contract Manager Approval rvradenb 06/03/2022 15:50:58 PM **Budget Analyst Approval** hfield 06/06/2022 09:36:47 AM **BOE** Agenda Approval hfield 06/06/2022 09:36:50 AM

BOE Final Approval Pending

For Board Use Only

Date: 06/27/2022

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26039

Legal Entity Name:

EBL, INC.

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

Address:

**EBL. INC. DBA THE HEALTHY** 

**FOUNDATIONS CENTER** 

Agency Code: MSA

6871 West Charleston Blvd

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

Las Vegas, NV 89117

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Amia MulHolland 702-489-2117

Vendor No.:

T27040789

**NV Business ID:** 

2022-2026

NV20131702053

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

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if

the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, mental health, psychiatry, rehabilitation, speech pathology, therapy, and counseling, behavioral support, counseling, marriage and family therapy, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$9,300,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 37** Contract #: 26039 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over \$50,000?

No

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Not Applicable

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

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

Vendor provides services under the dba of The Health Foundations Center.

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level User Signature Date **Budget Account Approval** gdavi6 04/28/2022 13:26:51 PM 04/28/2022 13:26:54 PM **Division Approval** gdavi6 Department Approval Ideloach 05/04/2022 16:14:52 PM Contract Manager Approval rvradenb 05/05/2022 16:56:46 PM **Budget Analyst Approval** dspeed1 05/11/2022 17:37:55 PM **BOE** Agenda Approval 05/25/2022 10:47:46 AM laaron **BOE Final Approval** Pending

Contract #: 26039 Page 2 of 2 **MSA 37** 

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26020

Legal Entity

ESMERALDA ARIAS

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

**ESMERALDA ARIAS** 

**MSA** Agency Code:

**AGREEMENTS** 

Address:

**525 E GREENBRAE DR** 

Appropriation Unit: 9999 - All Categories

Is budget authority

available?:

Yes

City/State/Zip

**SPARKS, NV 89431-3373** 

If "No" please explain: Not Applicable

Contact/Phone:

**ESMERALDA ARIAS 775-313-7925** 

Vendor No.:

T29007494

**NV Business ID:** 

NV20151246414

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 **Bonds**  0.00 % 0.00 %

Federal Funds Highway Funds 0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing home health care and personal care services.

NEW CONTRACT

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

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

DHHS, Agencies are satisfied.

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

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)?

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 04/28/2022 13:13:52 PM **Division Approval** 04/28/2022 13:13:55 PM gdavi6 05/04/2022 15:54:09 PM Department Approval Ideloach Contract Manager Approval rvradenb 05/05/2022 16:56:21 PM 05/13/2022 12:37:50 PM **Budget Analyst Approval** dspeed1 **BOE** Agenda Approval laaron 05/25/2022 07:52:11 AM **BOE** Final Approval Pending

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26106

Legal Entity

EVANS HEALTH SERVICES, LLC

Name:

Agency Name: **AGREEMENTS** 

**MSA MASTER SERVICE** Contractor Name: **EVANS HEALTH SERVICES, LLC DBA** 

**EVANS HOME** 

**MSA** Agency Code:

Address:

**7521 APPLE CIDER ST** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89131-8116

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Sabrina Evans 702-485-7509

Vendor No.:

T29041731

**NV Business ID:** 

NV20161572438

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement services.

NEW CONTRACT

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

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2025 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

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

## Vendor provides services under both names.

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

Yes

18. 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:** 

Signature Date Approval Level User 04/28/2022 13:11:55 PM Budget Account Approval gdavi6 **Division Approval** gdavi6 04/28/2022 13:11:58 PM 05/05/2022 14:17:00 PM **Department Approval** Ideloach Contract Manager Approval rvradenb 05/06/2022 10:06:38 AM **Budget Analyst Approval** dspeed1 05/06/2022 13:40:55 PM **BOE** Agenda Approval laaron 05/26/2022 15:12:30 PM

BOE Final Approval Pending

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26124

Legal Entity

**EVERYDAY MIRACLES, LLC** 

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

**EVERYDAY MIRACLES. LLC DBA EVERYDAY MIRACLES HOME CARE** 

**MSA** Agency Code:

Address:

3301 N BUFFALO DR

Appropriation Unit: 9999 - All Categories

City/State/Zip

LAS VEGAS, NV 89129

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Shar Schofield 725-222-1121

T29029391 Vendor No.: **NV Business ID:** 

NV20051491279

**UNIT 180** 

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 Federal Funds

0.00 % 0.00 %

Yes

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing personal care, respite care and senior care services.

NEW CONTRACT

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

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## III. OTHER INFORMATION

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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?

b. If "No", please explain:

## Vendor provides services using the DBA Everyday Miracles Home Care

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

Yes

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

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Signature Date Approval Level User 04/28/2022 13:52:37 PM Budget Account Approval gdavi6 **Division Approval** gdavi6 04/28/2022 13:52:40 PM 05/05/2022 14:59:35 PM **Department Approval** Ideloach Contract Manager Approval rvradenb 05/06/2022 10:12:37 AM **Budget Analyst Approval** dspeed1 05/16/2022 11:54:55 AM **BOE** Agenda Approval laaron 05/26/2022 12:20:53 PM **BOE Final Approval** 

Pending

**MSA 40** Contract #: 26124 Page 2 of 2

## CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26041

Legal Entity

FDB ENTERPRISES, INC.

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

FDB ENTERPRISES, INC.

**MSA** Agency Code:

Address:

442 Sunrise Villa Drive

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

LAS VEGAS, NV 89110-5037

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Dolora Badiola 702-839-8775

Vendor No.:

T29034000

**NV Business ID:** 

NV20131340030

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement services.

NEW CONTRACT

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

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

**Nevada Corporation** 

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:27:09 PM
Division Approval	gdavi6	04/28/2022 13:27:11 PM
Department Approval	Ideloach	05/04/2022 16:34:51 PM
Contract Manager Approval	rvradenb	05/05/2022 16:57:04 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:25:45 PM
BOE Agenda Approval	laaron	05/25/2022 08:23:57 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26111

Legal Entity

GERI LYNN GROSSAN

Name:

Agency Name: **AGREEMENTS** 

**MSA MASTER SERVICE** Contractor Name: **GERI LYNN GROSSAN DBA** 

**NUTRITION MOVES!** 

**MSA** Agency Code:

Address:

7721 LEAVORITE DR

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89128-4094

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Geri Grossan 702-499-1040

Vendor No.:

T29030525

**NV Business ID:** 

NV20111319055

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

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if

2022-2026

the contractor will be paid by multiple funding sources. General Funds 0.00 %

Federal Funds

0.00 % 0.00 % Fees **Bonds** 

0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing dietician-nutrition services.

NEW CONTRACT

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

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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?

b. If "No", please explain:

## Vendor provides services using the DBA Nutrition Moves!

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

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:45:41 PM
Division Approval	gdavi6	04/28/2022 13:45:43 PM
Department Approval	Ideloach	05/05/2022 14:24:02 PM
Contract Manager Approval	rvradenb	05/06/2022 10:09:55 AM
Budget Analyst Approval	dspeed1	05/06/2022 13:43:57 PM
BOE Agenda Approval	laaron	05/26/2022 14:54:12 PM
BOE Final Approval	Pending	

## CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26037

Legal Entity GLASS HOUSE COUNSELING

Name: AGENCY, LLC

Agency Name: MSA MASTER SERVICE Contractor Name: GLASS HOUSE COUNSELING

AGREEMENTS AGENCY, LLC

Agency Code: MSA Address: 1850 E SAHARA AVE

Appropriation Unit: 9999 - All Categories SUITE 202

Is budget authority
Yes
City/State/Zip
LAS VEGAS, NV 89104-3732

available?:

If "No" please explain: Not Applicable Contact/Phone: Kaye Fain 702-586-8693

Vendor No.: T27028566 NV Business ID: NV20111010215

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing services for community based living arrangements, counseling, mental health, social worker services, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$4,800,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

No If "Yes", please provide details of the litigation 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 Signature Date User 04/28/2022 13:25:55 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:25:58 PM **Department Approval** 05/04/2022 15:06:45 PM Ideloach Contract Manager Approval rvradenb 05/04/2022 15:40:32 PM **Budget Analyst Approval** dspeed1 05/12/2022 16:30:36 PM **BOE** Agenda Approval laaron 05/25/2022 13:12:30 PM

BOE Final Approval Pending

CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26253

Legal Entity

GRACEFUL HEART, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: GRACEFUL HEART, LLC

Agency Code: MSA

**AGREEMENTS** 

Address:

3650 Geist Ave. D3 and D4

Appropriation Unit: 9999 - All Categories

City/State/Zip

LAS VEGAS, NV 89115

Is budget authority

available?:

Yes

If "No" please explain: Not Applicable

Contact/Phone:

Jose Ma. Reginaldo S. Bongala 213/422-

4472

Vendor No.:

T29042240

**NV Business ID:** 

NV20181469525

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 %

0.00 %

Federal Funds

0.00 %

**Bonds** 

0.00 %

Highway Funds

0.00 %

X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

No

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangements and residential care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$4,500,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 44** Contract #: 26253 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

\$50,000?

No

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:31:10 PM
Division Approval	gdavi6	05/10/2022 13:31:13 PM
Department Approval	Ideloach	05/11/2022 12:23:06 PM
Contract Manager Approval	rvradenb	05/16/2022 10:14:10 AM
Budget Analyst Approval	nhovden	05/26/2022 10:41:18 AM
BOE Agenda Approval	nhovden	05/26/2022 10:41:20 AM
BOE Final Approval	Pending	

Contract #: 26253 Page 2 of 2 MSA 44

# CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26286

Legal Entity

GRANT A GIFT AUTISM FOUNDATION

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: GRANT A GIFT AUTISM FOUNDATION

**AGREEMENTS** Agency Code: MSA

Address:

630 S RANCHO DR, STE D

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89106

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Brian Hager 702/844-4579

Vendor No.:

T29031962A

2022-2026

NV20091016219 **NV Business ID:** 

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

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

General Funds Federal Funds

0.00 % 0.00 %

Fees

0.00 % 0.00 %

Highway Funds

0.00 %

**Bonds** Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

04/30/2026

Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, community work experience programs, job development, and psychology.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,800,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 45** Contract #: 26286 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:36:37 PM
Division Approval	gdavi6	05/10/2022 13:36:39 PM
Department Approval	Ideloach	05/11/2022 15:05:58 PM
Contract Manager Approval	rvradenb	05/16/2022 10:19:49 AM
Budget Analyst Approval	nhovden	05/26/2022 12:49:03 PM
BOE Agenda Approval	nhovden	05/26/2022 12:49:05 PM

BOE Final Approval Pending

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26084

Legal Entity

GROUNDED ROOTS THERAPY, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: GROUNDED ROOTS THERAPY, LLC

**MSA** Agency Code:

Address:

**407 N WALSH ST** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

CARSON CITY, NV 89701

available?:

If "No" please explain: Not Applicable

Contact/Phone:

VICTORIA SMITH 775-298-6386

Vendor No.:

PENDING

**NV Business ID:** 

2022-2026

NV20211991634

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

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

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing mental health and social worker services.

NEW CONTRACT

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

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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)?

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:36:40 PM
Division Approval	gdavi6	04/28/2022 13:36:43 PM
Department Approval	Ideloach	05/05/2022 12:08:12 PM
Contract Manager Approval	rvradenb	05/06/2022 09:58:45 AM
Budget Analyst Approval	dspeed1	05/09/2022 13:27:23 PM
BOE Agenda Approval	laaron	05/26/2022 16:31:13 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26119

Legal Entity

HEALING HOOVES, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: HEALING HOOVES, LLC

Agency Code: MSA

**AGREEMENTS** 

7495 W. AZURE DR. Address:

Suite 205

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**LAS VEGAS, NV 89130** 

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

KIMBERLY SMITH 702-515-4015 T32009774

Vendor No.: **NV Business ID:** 

NV20191178979

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 Federal Funds

0.00 %

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

04/30/2026

Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for autism treatment assistance programs, counseling, marriage and family therapy, mental health, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$2,400,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

## III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:51:01 PM
Division Approval	gdavi6	04/28/2022 13:51:04 PM
Department Approval	Ideloach	05/05/2022 14:55:22 PM
Contract Manager Approval	rvradenb	05/06/2022 10:11:23 AM
Budget Analyst Approval	dspeed1	05/06/2022 16:08:33 PM
BOE Agenda Approval	laaron	05/26/2022 14:43:24 PM

BOE Final Approval Pending

# CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26162

Legal Entity HEALTH AND HAPPINESS SERVICES.

Name:

**MSA MASTER SERVICE** Contractor Name: **HEALTH AND HAPPINESS SERVICES,** Agency Name: **AGREEMENTS** 

INC.

1415 S ARVILLE ST Agency Code: MSA Address:

**SUITE 100-G** Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89102

available?:

If "No" please explain: Not Applicable Contact/Phone: Virginia Pei 702-321-9495

> Vendor No.: T27036956 **NV Business ID:** NV20141280279

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, behavioral support, case management, community work experience programs, counseling, customized employment, disabilities support, educational tutoring and support, employment support, job development, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

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

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 48** Contract #: 26162 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

No If "Yes", please provide details of the litigation 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	04/30/2022 20:34:29 PM
Division Approval	gdavi6	04/30/2022 20:34:31 PM
Department Approval	Ideloach	05/05/2022 16:18:45 PM
Contract Manager Approval	rvradenb	05/06/2022 10:23:33 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:14:19 PM
BOE Agenda Approval	laaron	05/26/2022 14:11:25 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26264

Legal Entity

HELEN KELLER SERVICES

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

**HELEN KELLER SERVICES** 

Agency Code: MSA

Address:

141 MIDDLE NECK RD

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**SANDS POINT, NY 11050-1218** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

RYAN ODLAND 612/999-2612

Vendor No.:

T32011191

**NV Business ID:** 

NV20181183514

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 Federal Funds

0.00 %

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for rehabilitation, assistive technology, support for the blind and visually impaired, employment support, job development, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$7,200,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 49** Contract #: 26264 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/02/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

#### III. OTHER INFORMATION

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

Other

# Foreign Entities Not Required to Register in Nevada

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

Yes

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

18. 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:

User	Signature Date
gdavi6	05/10/2022 13:32:46 PM
gdavi6	05/10/2022 13:32:49 PM
ldeloach	05/11/2022 14:25:35 PM
rvradenb	05/16/2022 10:15:28 AM
nhovden	05/26/2022 09:57:39 AM
nhovden	05/26/2022 09:57:42 AM
Pending	
	gdavi6 gdavi6 Ideloach rvradenb nhovden nhovden

# CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26250

Legal Entity

HELP OF SOUTHERN NEVADA

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: HELP OF SOUTHERN NEVADA

Agency Code: MSA

Address:

**1640 E FLAMINGO RD #100** 

Appropriation Unit: 9999 - All Categories

Is budget authority

City/State/Zip

LAS VEGAS, NV 89119

available?:

If "No" please explain: Not Applicable

Contact/Phone:

FUILALA RILEY 702/836-2113

Vendor No.:

2022-2026

T80351170

**NV Business ID:** 

NV19701000894

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

Yes

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

General Funds Federal Funds

0.00 % 0.00 % Fees

0.00 % 0.00 %

NA

Highway Funds

0.00 %

**Bonds** Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, counseling, emergency shelter care, employment support, host home and homeless youth, job development, mental health, pre-employment, and substance abuse.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

- b. Soliciation Waiver: Not Applicable
- c. Why was this contractor chosen in preference to other?

**MSA 50** Contract #: 26250 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

- 17. Not Applicable
- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:30:07 PM
Division Approval	gdavi6	05/10/2022 13:30:10 PM
Department Approval	Ideloach	05/11/2022 12:09:41 PM
Contract Manager Approval	rvradenb	05/16/2022 10:13:02 AM
Budget Analyst Approval	nhovden	05/26/2022 09:24:03 AM
BOE Agenda Approval	nhovden	05/26/2022 09:24:06 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26299

Legal Entity

HLN PHYSICIANS, INC.

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: HLN PHYSICIANS, INC.

Agency Code: MSA

Address:

155 CADILLAC DR STE 110

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**SACRAMENTO, CA 95825-5403** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Nancy Vartanian 916/669-1200

Vendor No.:

T29038799

**NV Business ID:** 

NV20171158747

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval? Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for mental health, psychiatry, marriage and family therapy, psychology, and social work.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,700,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 51** Contract #: 26299 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

No If "Yes", please provide details of the litigation 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	05/10/2022 13:40:53 PM
Division Approval	gdavi6	05/10/2022 13:40:57 PM
Department Approval	Ideloach	05/11/2022 15:58:11 PM
Contract Manager Approval	rvradenb	05/16/2022 10:35:34 AM
Budget Analyst Approval	nhovden	05/26/2022 11:58:21 AM
BOE Agenda Approval	nhovden	05/26/2022 11:58:24 AM
DOE 5: 14 1	<b>-</b> "	

BOE Final Approval Pending

# CONTRACT SUMMARY

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

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26099

Legal Entity

Hailey Corthell, M.S., CCC-SLP, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name:

Hailey Corthell, M.S., CCC-SLP, LLC

Agency Code:

**MSA** 

Address:

1405 Canyon Creek Rd

Is budget authority

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

Reno, NV 89523

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Hailey Corthell 775-964-8557

Vendor No.:

2022-2026

Pendina

**NV Business ID:** 

NV20181899686

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

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

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing speech pathology, therapy and counseling services.

NEW CONTRACT

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

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

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

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

If "Yes", please explain

Not Applicable

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

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

Multiple Agencies. Agencies are satisfied.

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

If "Yes", please provide details of the litigation 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)?

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:42:08 PM
Division Approval	gdavi6	04/28/2022 13:42:10 PM
Department Approval	Ideloach	05/05/2022 14:00:55 PM
Contract Manager Approval	rvradenb	05/06/2022 10:05:04 AM
Budget Analyst Approval	dspeed1	05/16/2022 12:51:44 PM
BOE Agenda Approval	laaron	05/28/2022 09:20:22 AM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26277

Legal Entity Heavenly Angels Home Care Services,

Name:

**MSA MASTER SERVICE** Contractor Name: Agency Name: **Heavenly Angels Home Care Services,** 

Address:

**AGREEMENTS** 

5609 Pella Pompano Street

**MSA** Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip North Las Vegas, NV 89031

available?:

Agency Code:

If "No" please explain: Not Applicable Contact/Phone: Lucy Fajardo 702-778-7440

> T32012205 Vendor No.:

**NV Business ID:** NV20171303338

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing home health care, personal care and respite care services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$2,700,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

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

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

Not Applicable

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

Nο

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:34:51 PM
Division Approval	gdavi6	05/10/2022 13:34:53 PM
Department Approval	Ideloach	05/11/2022 14:44:17 PM
Contract Manager Approval	rvradenb	05/16/2022 10:17:14 AM
Budget Analyst Approval	laaron	05/31/2022 12:23:16 PM
BOE Agenda Approval	laaron	05/31/2022 12:23:19 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

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

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26092

Legal Entity

INSPIRE CAREER SERVICES, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: INSPIRE CAREER SERVICES, LLC

**AGREEMENTS** 

MSA

9952 Celestial Cliffs Ave Address:

Agency Code:

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

Las Vegas, NV 89166

available?:

Is budget authority

If "No" please explain: Not Applicable

Contact/Phone:

Glynn Coleman 702-813-2010

Vendor No.:

2022-2026

T32010407

**NV Business ID:** 

NV20201933590

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

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if

the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

04/30/2026

Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, disabilities support, rehabilitation, behavioral support, community work experience programs, customized employment, employment support, job development, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

**MSA 54** Contract #: 26092 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

ام

06/01/2025

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

No If "Yes", please provide details of the litigation 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 Signature Date User 04/28/2022 13:39:27 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:39:30 PM **Department Approval** 05/04/2022 15:58:55 PM Ideloach Contract Manager Approval rvradenb 05/06/2022 10:01:31 AM **Budget Analyst Approval** dspeed1 05/11/2022 17:29:54 PM **BOE** Agenda Approval laaron 05/25/2022 10:38:02 AM

BOE Final Approval Pending

# CONTRACT SUMMARY

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

## I. DESCRIPTION OF CONTRACT

1. Contract Number: 25544

Legal Entity INSTITUTE FOR CHILD &

Name: ADOLESCENT PSYCHIATRY, SC

Agency Name: MSA MASTER SERVICE Contractor Name: INSTITUTE FOR CHILD & ADOLESCENT PSYCHIATRY, SC

MSA Address: ICAP. SC

Appropriation Unit: 9999 - All Categories 2777 PARADISE RD #3504

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89109-9125

available?:

Agency Code:

If "No" please explain: Not Applicable Contact/Phone: Rodrigo Farrales 702/373-4326

Vendor No.: T27042583 NV Business ID: NV20131619922

INV DUSINESS ID. INVZUTS 10 19922

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing psychiatry, mental health and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$600,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

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

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

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

b. Soliciation Waiver: Not Applicable

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

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

No

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

III. OTHER INFORMATION

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

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 02/16/2022 17:00:53 PM **Division Approval** gdavi6 02/16/2022 17:00:56 PM Department Approval Ideloach 02/24/2022 17:13:41 PM rvradenb 03/01/2022 08:16:47 AM Contract Manager Approval **Budget Analyst Approval** hfield 06/03/2022 10:10:02 AM **BOE** Agenda Approval hfield 06/03/2022 10:10:05 AM **BOE Final Approval** Pending

Contract #: 25544 Page 2 of 2 **MSA 55** 

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26280

Legal Entity J. Tan. LLC

Name:

**MSA MASTER SERVICE** Contractor Name: J. Tan, LLC Agency Name:

**AGREEMENTS** 

**4775 SUMMIT RIDGE DR APT 2135** Address:

**MSA** Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip RENO, NV 89523-7927

available?:

Agency Code:

If "No" please explain: Not Applicable Contact/Phone: John Tan 213/453-4507

> T27041473 Vendor No.: NV20171268975 **NV Business ID:**

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

0.00 % General Funds 0.00 % Fees Federal Funds 0.00 % **Bonds** 0.00 %

Highway Funds 0.00 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychiatry services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$600,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:35:12 PM
Division Approval	gdavi6	05/10/2022 13:35:14 PM
Department Approval	ldeloach	05/11/2022 14:47:44 PM
Contract Manager Approval	rvradenb	05/16/2022 10:17:29 AM
Budget Analyst Approval	nhovden	05/26/2022 16:03:14 PM
BOE Agenda Approval	nhovden	05/26/2022 16:03:16 PM
BOE Final Approval	Pending	

Contract #: 26280 Page 2 of 2 MSA 56

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26370

Legal Entity

JACQUELINE BORGES

Name:

Address:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

**JACQUELINE S. BORGES DBA** SIERRA STAR RANCH

**AGREEMENTS** 

SIERRA STAR RANCH

**MSA** Appropriation Unit: 9999 - All Categories

10350 THOMAS CREEK RD

Is budget authority

available?:

Agency Code:

Yes

City/State/Zip

RENO, NV 89511-5449

If "No" please explain: Not Applicable

Contact/Phone:

Jacqueline Borges 775/853-5508

Vendor No.:

T29021398

**NV Business ID:** 

0.00 %

NV20201783803

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 % Federal Funds

Fees

Other funding

0.00 % **Bonds** 

0.00 % 100.00 % Various Agencies

Highway Funds 0.00 % Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

**MSA 57** Contract #: 26370 Page 1 of 2

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

# III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

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?

b. If "No", please explain:

# Vendor provides services using a DBA.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:25:10 AM **Division Approval** gdavi6 06/03/2022 09:25:12 AM Department Approval Ideloach 06/03/2022 14:07:56 PM rvradenb 06/03/2022 15:51:50 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/06/2022 09:36:18 AM **BOE** Agenda Approval hfield 06/06/2022 09:36:20 AM **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26283

Legal Entity

JADELLE, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: JADELLE, LLC

Agency Code:

**MSA** 

Address:

6282 WINDY WATERS CT.

Appropriation Unit: 9999 - All Categories Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89110

available?:

If "No" please explain: Not Applicable

MARIA BASILIO 702-793-1104

Contact/Phone: Vendor No.:

T29041035

**NV Business ID:** 

NV20181132289

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:36:02 PM
Division Approval	gdavi6	05/10/2022 13:36:04 PM
Department Approval	ldeloach	05/11/2022 15:01:37 PM
Contract Manager Approval	rvradenb	05/16/2022 10:18:17 AM
Budget Analyst Approval	nhovden	05/26/2022 17:15:07 PM
BOE Agenda Approval	nhovden	05/26/2022 17:15:10 PM
BOE Final Approval	Pending	

Contract #: 26283 Page 2 of 2 **MSA 58** 

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26126

Legal Entity

JENNIFER R. HIGHSMITH, PHD, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name:

JENNIFER R. HIGHSMITH, PHD, LLC

DBA SIERRA PSYCHOLOGICAL

**TESTING** 

Agency Code: **MSA** 

Appropriation Unit: 9999 - All Categories

Address:

2450 VASSAR ST STE 3A 2450 VASSAR ST STE 3A

Is budget authority

Yes

City/State/Zip

RENO, NV 89502-3454

available?:

If "No" please explain: Not Applicable

Contact/Phone:

JENNIFER HIGHSMITH 775/386-2189

Vendor No.: **NV Business ID:** 

NV20131695973

T29034366

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.

Other funding

General Funds

0.00 %

Fees

0.00 %

Federal Funds

0.00 %

**Bonds** 

0.00 %

0.00 % Highway Funds Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

100.00 % Various Agencies

Examiner's approval?

Anticipated BOE meeting date

06/2022

X

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

04/30/2026

No

Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing psychology and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300.000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 59** Contract #: 26126 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

No

06/01/2025

b. Is the contract part of an IT investment project over

\$50,000?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

# Vendor provides services using a 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** gdavi6 04/28/2022 13:53:28 PM 04/28/2022 13:53:30 PM **Division Approval** gdavi6 Department Approval Ideloach 05/05/2022 15:03:25 PM Contract Manager Approval rvradenb 05/06/2022 10:13:30 AM **Budget Analyst Approval** tsmorra 06/03/2022 08:50:53 AM **BOE** Agenda Approval hfield 06/03/2022 11:18:29 AM

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26030

Legal Entity

JOREN, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: JOREN, LLC

**MSA** Agency Code:

Address:

4440 E. St. Louis Ave

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

LAS VEGAS, NV 89104

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Thelma Balingit 702-461-6969

Vendor No.:

T29037271

**NV Business ID:** 

NV20121511472

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation 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)?

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:24:39 PM
Division Approval	gdavi6	04/28/2022 13:24:41 PM
Department Approval	ldeloach	05/04/2022 14:55:38 PM
Contract Manager Approval	rvradenb	05/04/2022 15:39:39 PM
Budget Analyst Approval	dspeed1	05/13/2022 11:38:30 AM
BOE Agenda Approval	laaron	05/25/2022 08:30:41 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: 26297

Legal Entity

JOSEPHINE FERRER AGUILAR

Name:

Address:

Agency Name: MSA MASTER SERVICE

**AGREEMENTS** 

Contractor Name:

JOSEPHINE FERRER AGUILAR DBA

HAND-IN-HAND HEALTH CARE

SERVICES

Agency Code: MSA

Appropriation Unit: 9999 - All Categories

the first of the second second

Is budget authority Yes

City/State/Zip

**SPARKS, NV 89441** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Josephine Aguilar 775/636-1639

**12260 OCEAN VIEW DRIVE** 

**12260 OCEAN VIEW DRIVE** 

Vendor No.: T29017189

NV Business ID: NV20111188389

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 Highway Funds 0.00 % 0.00 % Bonds

X Other funding

0.00 % **100.00 % Various Agencies** 

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date:

06/30/2026

No

Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description: Dir

Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

# Vendor provides services using a DBA.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level Signature Date User 05/10/2022 13:39:41 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 05/10/2022 13:39:44 PM **Department Approval** 05/11/2022 15:41:04 PM Ideloach Contract Manager Approval rvradenb 05/16/2022 10:27:22 AM **Budget Analyst Approval** nhovden 05/26/2022 17:05:50 PM **BOE** Agenda Approval nhovden 05/26/2022 17:05:52 PM

BOE Final Approval Pending

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26095

Legal Entity James Peter LaRocca & Deborah Louise

Name: LaRocca

Agency Name: MSA MASTER SERVICE Contractor Name: James Peter LaRocca & Deborah

AGREEMENTS Louise LaRocca

Agency Code: MSA Address: 172 MOUNT EARL AVE

Appropriation Unit: 9999 - All Categories

Is budget authority
Yes
City/State/Zip
HENDERSON, NV 89012-5703

available?:

If "No" please explain: Not Applicable Contact/Phone: Deborah LaRocca 702-413-8241

Vendor No.: T81081568 NV Business ID: NV20171488807

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DETR, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 04/28/2022 13:40:18 PM **Division Approval** 04/28/2022 13:40:21 PM gdavi6 05/04/2022 16:28:14 PM Department Approval Ideloach 05/06/2022 10:02:36 AM Contract Manager Approval rvradenb 05/12/2022 16:52:35 PM **Budget Analyst Approval** dspeed1 **BOE** Agenda Approval laaron 05/25/2022 12:54:49 PM **BOE** Final Approval Pending

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26215

Legal Entity

John H. Krogh, Ph.D., PLLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: John H. Krogh, Ph.D., PLLC

**MSA** Agency Code:

Address:

10631 Professional Circle

Suite A

Appropriation Unit: 9999 - All Categories Is budget authority Yes

City/State/Zip

Reno, NV 89521

available?:

If "No" please explain: Not Applicable

Contact/Phone: Vendor No.:

775/826-6218 T29043666

**NV Business ID:** 

NV20191361376

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychology services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$600,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation 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)?

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:27:42 PM
Division Approval	gdavi6	05/10/2022 13:27:44 PM
Department Approval	Ideloach	05/11/2022 11:53:20 AM
Contract Manager Approval	rvradenb	05/16/2022 10:08:58 AM
Budget Analyst Approval	nhovden	05/26/2022 17:09:46 PM
BOE Agenda Approval	nhovden	05/26/2022 17:09:48 PM
BOE Final Approval	Pending	

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 25600

Legal Entity

KAREN REYNOLDS

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: KAREN REYNOLDS

**MSA** Agency Code:

Address: 995 Turnberry Dr.

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**SPARKS, NV 89426** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Karen Reynolds 775/626-1867

Vendor No.:

T81103810

**NV Business ID:** 

NV20161305543

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

01/31/2026

3. Termination Date: Contract term:

3 years and 245 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 03/01/2022 08:19:30 AM **Division Approval** 03/01/2022 08:19:32 AM gdavi6 03/01/2022 14:07:59 PM Department Approval Ideloach Contract Manager Approval rvradenb 03/03/2022 07:41:34 AM 06/02/2022 14:29:46 PM **Budget Analyst Approval** dspeed1 **BOE** Agenda Approval hfield 06/02/2022 15:12:29 PM **BOE** Final Approval Pending

Contract #: 25600 Page 2 of 2 **MSA 64** 

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26349

Legal Entity

KATHI LYNN AVAMPATO

Name:

Agency Name: MSA MASTER SERVICE AGREEMENTS

Contractor Name:

KATHI LYNN AVAMPATO

Agency Code: MSA

MSA

Address: 11805 OVERLAND RD

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

RENO, NV 89506-8392

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Kathi Avampato 775/378-4901

Vendor No.:

T81025367

**NV Business ID:** 

NV20161325193

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 Federal Funds 0.00 % 0.00 % Fees Bonds 0.00 % 0.00 %

NA

Highway Funds

0.00 %

X Other funding

100.00 % various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

Contract #: 26349 Page 1 of 2 **MSA 65** 

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:23:07 AM **Division Approval** 06/03/2022 09:23:10 AM gdavi6 Department Approval Ideloach 06/03/2022 13:54:38 PM Contract Manager Approval rvradenb 06/03/2022 15:49:12 PM hfield 06/06/2022 09:38:53 AM **Budget Analyst Approval BOE** Agenda Approval hfield 06/06/2022 09:38:55 AM **BOE** Final Approval Pending

Contract #: 26349 Page 2 of 2 **MSA 65** 

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26368

Legal Entity

KATHLEEN S. MAYERS, INC.

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: KATHLEEN S. MAYERS, INC.

**MSA** Agency Code:

Address:

305 Prince Charming Ct.

Appropriation Unit: 9999 - All Categories

Is budget authority Yes

City/State/Zip

LAS VEGAS, NV 89145

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Kathleen Mayers 702/809-3885

Vendor No.:

T81041123

**NV Business ID:** 

NV20011487202

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing psychology and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

**Nevada Corporation** 

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:24:57 AM **Division Approval** gdavi6 06/03/2022 09:24:59 AM Department Approval Ideloach 06/03/2022 14:06:22 PM rvradenb 06/03/2022 15:51:35 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/06/2022 09:31:47 AM **BOE** Agenda Approval hfield 06/06/2022 09:31:49 AM **BOE Final Approval** Pending

Contract #: 26368 Page 2 of 2 **MSA 66** 

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26391

Legal Entity KEIL, LLC (Deborah E, Keil, PhD, MT)

Name: (ASCP), DABT, NRCC)

KEIL, LLC (Deborah E. Keil, PhD, MT **MSA MASTER SERVICE** Contractor Name: Agency Name: **AGREEMENTS** 

(ASCP), DABT, NRCC)

**MSA** 1905 CHAMBERS DR Agency Code: Address:

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip **BOZEMAN, MT 59715-5095** 

available?:

If "No" please explain: Not Applicable Contact/Phone: Deborah Keil 406/224-2682

> Vendor No.: T29011890 **NV Business ID:** NV20081219991

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing medical related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:27:22 AM **Division Approval** gdavi6 06/03/2022 09:27:25 AM Department Approval Ideloach 06/03/2022 14:33:17 PM 06/03/2022 15:54:31 PM Contract Manager Approval rvradenb **Budget Analyst Approval** tsmorra 06/03/2022 16:30:08 PM **BOE** Agenda Approval hfield 06/06/2022 09:42:29 AM **BOE Final Approval** Pending

**CONTRACT SUMMARY** 

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26289

Legal Entity

KENNETH HOUCHIN

MSA MASTER SERVICE Name:

Contractor Name:

KENNETH HOUCHIN DBA ELKO EYE

CENTER, VEGAS VALLEY EYE

CENTER

Agency Code: MSA Address: 875 14TH STREET

Appropriation Unit: 9999 - All Categories

**AGREEMENTS** 

Is budget authority Yes City/State/Zip ELKO, NV 89801

available?:

Agency Name:

If "No" please explain: Not Applicable Contact/Phone: 775/738-5193

Vendor No.: T81071238

NV Business ID: NV20101287809

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing ophthalmology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$200,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Cianatura Data

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor provides services under two DBAs.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Lloor

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Loval

Approvai Levei	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:37:35 PM
Division Approval	gdavi6	05/10/2022 13:37:38 PM
Department Approval	Ideloach	05/11/2022 15:21:04 PM
Contract Manager Approval	rvradenb	05/16/2022 10:22:16 AM
Budget Analyst Approval	nhovden	05/26/2022 16:58:35 PM
BOE Agenda Approval	nhovden	05/26/2022 16:58:37 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26236

Legal Entity

KENNETH MCKAY, LTD

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

**KENNETH MCKAY, LTD** 

Agency Code:

**AGREEMENTS** 

Address:

526 Tonopah Dr.

MSA

Appropriation Unit: 9999 - All Categories

City/State/Zip

LAS VEGAS, NV 89106

Is budget authority

Yes available?:

If "No" please explain: Not Applicable

Contact/Phone:

Kenneth McKay DDS 702/419-8920

Vendor No.:

T27026671

**NV Business ID:** 

NV20071564002

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 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support, mental health, employment support, psychology, rehabilitation, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 69** Contract #: 26236 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain No

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple agencies, agencies are satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract: No

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?

17. a. Does the contractor have a current Nevada State Business License (SBL)?

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date 05/05/2022 13:25:22 PM **Budget Account Approval** mstar2 **Division Approval** mstar2 05/05/2022 13:25:25 PM **Department Approval** 05/11/2022 08:50:37 AM Ideloach Contract Manager Approval rvradenb 06/02/2022 16:25:49 PM **Budget Analyst Approval** tsmorra 06/02/2022 16:39:10 PM **BOE** Agenda Approval hfield 06/03/2022 11:19:25 AM

**BOE Final Approval** Pending

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26376

Legal Entity

KENT WAGNER JR., DDS, PC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: KENT WAGNER JR., DDS, PC

**MSA** Agency Code:

Address:

2045 VILLAGE CENTER CIRCLE

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89134

available?:

If "No" please explain: Not Applicable

Contact/Phone:

KIMBERLI IRVIN 702-878-5599

Vendor No.:

T32012150

**NV Business ID:** 

NV20061572949

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing dental and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$200,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

**Nevada Corporation** 

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:26:21 AM **Division Approval** gdavi6 06/03/2022 09:26:23 AM Department Approval Ideloach 06/03/2022 14:16:03 PM rvradenb 06/03/2022 15:53:28 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/06/2022 09:38:24 AM **BOE** Agenda Approval hfield 06/06/2022 09:38:26 AM **BOE Final Approval** Pending

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26308

Legal Entity

KEY LEARNING CONCEPTS, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: KEY LEARNING CONCEPTS, LLC

**AGREEMENTS MSA** Agency Code:

Address:

3189 MILL STREET

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**RENO, NV 89502** 

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

**NV Business ID:** 

775/722-3838 T27018538

Vendor No.:

NV20041117309

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

**Nevada Corporation** 

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:43:09 PM
Division Approval	gdavi6	05/10/2022 13:43:12 PM
Department Approval	Ideloach	05/11/2022 16:16:39 PM
Contract Manager Approval	rvradenb	05/16/2022 10:54:50 AM
Budget Analyst Approval	nhovden	05/26/2022 09:16:32 AM
BOE Agenda Approval	nhovden	05/26/2022 09:16:35 AM
BOE Final Approval	Pending	

Date:

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26257

Legal Entity

KRATU, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: KRATU, LLC

**AGREEMENTS** MSA

Address:

16323 N. 2nd Ave.

Agency Code: Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**PHOENIX, AZ 85023** 

Is budget authority available?:

Contact/Phone:

Nirah Parikh 602-418-9794

If "No" please explain: Not Applicable

Vendor No.:

T29039646

**NV Business ID:** 

NV20171542288

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agenices

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, blind and visually impaired support, disabilities support, educational tutoring and education support, employment support, home modifications, job development, and rehabilitation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 72** Contract #: 26257 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract: No

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?

17. a. Does the contractor have a current Nevada State Business License (SBL)?

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:31:44 PM
Division Approval	gdavi6	05/10/2022 13:31:47 PM
Department Approval	ldeloach	05/11/2022 12:31:12 PM
Contract Manager Approval	rvradenb	05/16/2022 10:14:35 AM
Budget Analyst Approval	nhovden	05/26/2022 12:33:08 PM
BOE Agenda Approval	nhovden	05/26/2022 12:33:10 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: 26234

Legal Entity Key's Workplace Readiness Training,

Name: LLC

Agency Name: MSA MASTER SERVICE Contractor Name: Key's Workplace Readiness Training,

AGREEMENTS LL

Agency Code: MSA Address: 10917 Jordyn Hill Street

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

Las Vegas, NV 89141

available?:

If "No" please explain: Not Applicable Contact/Phone: Kelley Bigger 702-712-5604

Vendor No.: T29044247

NV Business ID: NV20212085584

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 30 days

Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing community work experience, employment support, job development, preemployment, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$7,000,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DETR, agency is satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 05/05/2022 13:24:31 PM **Budget Account Approval** mstar2 **Division Approval** mstar2 05/05/2022 13:24:34 PM **Department Approval** 05/06/2022 14:34:29 PM Ideloach Contract Manager Approval rvradenb 05/09/2022 14:01:25 PM **Budget Analyst Approval** dspeed1 06/02/2022 14:06:41 PM **BOE** Agenda Approval hfield 06/02/2022 15:15:00 PM

BOE Final Approval Pending

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26266

Legal Entity LARA MCKNIGHT OD & ASSOCIATES,

Name: LTD

Agency Name: MSA MASTER SERVICE Contractor Name: LARA MCKNIGHT OD & ASSOCIATES,

AGREEMENTS LTD DBA EYES ON CARSON

Agency Code: MSA Address: 4530 S. Carson St., STE 12

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip CARSON CITY, NV 89701

available?:

If "No" please explain: Not Applicable Contact/Phone: Lara McKnight 775-722-0271

Vendor No.: T27043238

NV Business ID: NV20031484677

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing optometry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$200,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

## Vendor provides services using a 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:** 

Signature Date Approval Level User 05/10/2022 13:33:20 PM Budget Account Approval gdavi6 **Division Approval** gdavi6 05/10/2022 13:33:22 PM 05/11/2022 14:30:47 PM **Department Approval** Ideloach Contract Manager Approval rvradenb 05/16/2022 10:15:54 AM **Budget Analyst Approval** nhovden 05/26/2022 10:05:54 AM **BOE** Agenda Approval nhovden 05/26/2022 10:05:56 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: 26401

Legal Entity LEGACY COUNSELING AND

Name: WORKFORCE CONNECTIONS

Agency Name: MSA MASTER SERVICE Contractor Name: LEGACY COUNSELING AND

Address:

AGREEMENTS

WORKFORCE CONNECTIONS 6600 W. Charleston Blvd #111

Agency Code: **MSA**Appropriation Unit: **9999 - All Categories** 

Is budget authority Yes City/State/Zip Las Vegas, NV 89146

available?:

If "No" please explain: Not Applicable Contact/Phone: Chris Doss 702-763-7443

Vendor No.: T27043949

NV Business ID: NV20201705455

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 30 days

Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing case management, general medicine, mental health, psychiatry, behavioral support, counseling, employment support, psychology, social worker services, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

Contract #: 26401 Page 1 of 2 **MSA 75** 

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. Not Applicable
- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:29:33 AM **Division Approval** gdavi6 06/03/2022 09:29:35 AM Department Approval Ideloach 06/03/2022 14:53:09 PM 06/03/2022 15:55:41 PM Contract Manager Approval rvradenb **Budget Analyst Approval** tsmorra 06/03/2022 16:29:29 PM **BOE** Agenda Approval hfield 06/06/2022 10:23:22 AM **BOE Final Approval** Pending

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26398

Legal Entity

LOVE'S HOME HEALTH CARE, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: LOVE'S HOME HEALTH CARE, LLC

Agency Code: MSA

Address:

**500 N RAINBOW BLVD STE 300** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89107-1061

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Kristi DeLeon 702/448-8145

Vendor No.:

T27041384

**NV Business ID:** 

NV20161030903

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 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing personal care, personal emergency response systems, respite care, senior care, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,200,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 76** Contract #: 26398 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Signature Date User 06/03/2022 09:28:50 AM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 06/03/2022 09:28:52 AM **Department Approval** 06/03/2022 14:48:28 PM Ideloach Contract Manager Approval rvradenb 06/03/2022 15:55:12 PM **Budget Analyst Approval** tsmorra 06/03/2022 16:30:21 PM **BOE** Agenda Approval hfield 06/06/2022 10:10:07 AM

BOE Final Approval Pending

For Board Use Only

Date: 06/27/2022

## **CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 25614

Legal Entity LOVING CARE ADULT DAY

Name: HEALTHCARE, LLC

Agency Name: MSA MASTER SERVICE Contractor Name: LOVING CARE ADULT DAY

AGREEMENTS HEALTHCARE, LLC

Agency Code: MSA Address: 5725 E. Tropicana Ave

Appropriation Unit: 9999 - All Categories Suite 113

Is budget authority Yes City/State/Zip Las Vegas, NV 89122

available?:

If "No" please explain: Not Applicable Contact/Phone: Alan B. Jauregui 702-433-3128

Vendor No.: Pending

NV Business ID: NV20191008691

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026** 

Contract term: 4 years and 30 days

Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing adult day care and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$700,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

No

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

multiple agencies, agencies are satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	03/01/2022 08:23:02 AM
Division Approval	gdavi6	03/01/2022 08:23:04 AM
Department Approval	Ideloach	03/01/2022 14:17:54 PM
Contract Manager Approval	rvradenb	03/03/2022 07:45:08 AM
Budget Analyst Approval	dspeed1	06/02/2022 14:05:13 PM
BOE Agenda Approval	hfield	06/02/2022 15:15:37 PM
BOE Final Approval	Pending	

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26081

Legal Entity

LOVING GRACE, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: LOVING GRACE, LLC

**MSA** Agency Code:

**AGREEMENTS** 

Address:

1158 E HACIENDA AVE

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89119-1814

available?:

If "No" please explain: Not Applicable

Contact/Phone:

EVANGELINE CRUZ 702-480-4858

Vendor No.:

T29037275

**NV Business ID:** 

NV20151576170

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:35:31 PM
Division Approval	gdavi6	04/28/2022 13:35:34 PM
Department Approval	Ideloach	05/06/2022 11:54:37 AM
Contract Manager Approval	rvradenb	05/09/2022 11:15:10 AM
Budget Analyst Approval	dspeed1	05/09/2022 13:21:30 PM
BOE Agenda Approval	laaron	05/31/2022 12:17:07 PM
BOE Final Approval	Pending	

BOE Final Approval Pending

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26292

Legal Entity

LYNN DALE LARSON

Name:

Contractor Name:

LYNN DALE LARSON DBA LD

LARSON, PHD

**MSA** Agency Code:

**AGREEMENTS** 

6655 W SAHARA AVE Address:

Appropriation Unit: 9999 - All Categories

Is budget authority

Agency Name:

Yes

**MSA MASTER SERVICE** 

City/State/Zip

LAS VEGAS, NV 89146

available?:

If "No" please explain: Not Applicable

Contact/Phone:

LYNN D. LARSON 702/301-9180

Vendor No.:

PENDING

**NV Business ID:** 

2022-2026

NV20151211643

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if

the contractor will be paid by multiple funding sources.

General Funds 0.00 % Federal Funds 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737- RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

3. Termination Date:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychology services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$600,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

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?

b. If "No", please explain:

### VENDOR PROVIDES SERVICES USING DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:37:07 PM
Division Approval	gdavi6	05/10/2022 13:37:10 PM
Department Approval	Ideloach	05/11/2022 15:09:48 PM
Contract Manager Approval	rvradenb	05/16/2022 10:21:30 AM
Budget Analyst Approval	nhovden	05/26/2022 10:51:06 AM
BOE Agenda Approval	nhovden	05/26/2022 10:51:08 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26063

Legal Entity

Las Vegas Autism Center, LLC

Name:

Agency Name: MSA MASTER SERVICE AGREEMENTS

Contractor Name:

: Las Vegas Autism Center, LLC

Agency Code: MSA

Address:

7390 W Sahara Ave

Appropriation Unit: 9999 - All Categories

Yes

Suite 260

Is budget authority

City/State/Zip

Las Vegas, NV 89117

available?:

valiable:.

\_ac regae, ... cc . . .

Molly Halligan 702-900-4320

If "No" please explain: Not Applicable

Contact/Phone:

T27041807

NV Business ID:

NV20171454620

To what State Fiscal Year(s) will the contract be charged?

2022-2026

Vendor No.:

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds 0.00 % 0.00 % Fees Bonds 0.00 % 0.00 %

Highway Funds

0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs and behavioral support services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$4,500,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Signature Date User 04/28/2022 13:28:54 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:28:57 PM **Department Approval** 05/04/2022 16:47:07 PM Ideloach Contract Manager Approval rvradenb 05/05/2022 16:57:34 PM **Budget Analyst Approval** dspeed1 05/06/2022 17:36:48 PM **BOE** Agenda Approval laaron 05/28/2022 09:09:33 AM **BOE Final Approval** Pending

Contract #: 26063 Page 2 of 2 **MSA 80** 

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26235

Legal Entity

Lion's Den Consulting, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: Lion's Den Consulting, LLC

Agency Code:

**AGREEMENTS** 

Address:

6228 Farica St.

MSA

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

North Las Vegas, NV 89081

Is budget authority

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Dontae Wilson 785-214-1066

Vendor No.:

T29045234

**NV Business ID:** 

NV20222391880

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 **Bonds**  0.00 % 0.00 %

Federal Funds Highway Funds 0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing blind and visually impaired support, case management, community work experience programs, customized employment, early intervention, educational tutoring and education support, employment support, job development, pre-employment, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 81** Contract #: 26235 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 05/05/2022 13:24:51 PM **Budget Account Approval** mstar2 **Division Approval** mstar2 05/05/2022 13:24:56 PM **Department Approval** 05/06/2022 14:35:57 PM Ideloach Contract Manager Approval rvradenb 05/09/2022 14:01:37 PM **Budget Analyst Approval** tsmorra 06/02/2022 16:27:54 PM **BOE** Agenda Approval hfield 06/03/2022 11:37:11 AM

BOE Final Approval Pending

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26018

Legal Entity

MD Developmental Agency, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

MD Developmental Agency, LLC

Agency Code: MSA

**AGREEMENTS** 

Address: 2520 St. Rose Parkway

Suite S220-G

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

Henderson, NV 89074

Is budget authority available?:

If "No" please explain: Not Applicable

Debra Stewart 773-407-7558

Contact/Phone: Vendor No.:

T32008619

**NV Business ID:** 

NV20191306565

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 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, disabilities support, dietician-nutrition, early intervention, occupational therapy, physical therapy, and speech pathology therapy and counseling

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 82** Contract #: 26018 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over \$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract: No

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?

17. a. Does the contractor have a current Nevada State Business License (SBL)?

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:13:04 PM
Division Approval	gdavi6	04/28/2022 13:13:08 PM
Department Approval	Ideloach	05/04/2022 15:27:30 PM
Contract Manager Approval	rvradenb	05/04/2022 15:37:45 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:30:22 PM
BOE Agenda Approval	laaron	05/25/2022 08:05:31 AM

**BOE** Final Approval Pending

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26347

Legal Entity

MERLEEN GROVER, APRN, CNM, LC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

MERLEEN GROVER, APRN, CNM, LC

**MSA** Agency Code:

Address:

6030 Water Canyon Rd.

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

Winnemucca, NV 89445

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Merleen Grover 775/385-1410

Vendor No.:

T32008790

**NV Business ID:** 

NV20181617401

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing medical services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:22:46 AM **Division Approval** 06/03/2022 09:22:48 AM gdavi6 Department Approval Ideloach 06/03/2022 13:52:38 PM 06/03/2022 14:44:17 PM Contract Manager Approval rvradenb **Budget Analyst Approval** mlynn 06/03/2022 14:52:00 PM **BOE** Agenda Approval hfield 06/06/2022 11:59:55 AM **BOE Final Approval** Pending

Contract #: 26347 Page 2 of 2 **MSA 83** 

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26379

Legal Entity MIRACLE HANDS PERSONAL HOME

Name: CARE, LLC

**MSA MASTER SERVICE** Contractor Name: MIRACLE HANDS PERSONAL HOME Agency Name:

**AGREEMENTS** CARE, LLC

7465 W. LAKE MEAD BLVD STE 100 Address:

**MSA** Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89128-1033

available?:

Agency Code:

If "No" please explain: Not Applicable Contact/Phone: Rosmery Garcia 702/524-8166

> Vendor No.: T32003967

**NV Business ID:** NV20151277261

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing personal care and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$500,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:26:47 AM **Division Approval** gdavi6 06/03/2022 09:26:49 AM Department Approval Ideloach 06/03/2022 14:19:02 PM rvradenb 06/03/2022 15:54:00 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/06/2022 09:39:23 AM **BOE** Agenda Approval hfield 06/06/2022 09:39:25 AM **BOE Final Approval** Pending

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26298

Legal Entity MML PHYSICAL THERAPY GROUP,

Name:

**MSA MASTER SERVICE** Contractor Name: MML PHYSICAL THERAPY GROUP, Agency Name:

Address:

**AGREEMENTS** INC.

600 S TONOPAH DRIVE #350

**MSA** Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89106-4189

available?:

Agency Code:

If "No" please explain: Not Applicable Contact/Phone: Kimberly Floth 702/558-7823

> Vendor No.: T80963036 **NV Business ID:** NV19921030800

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing physical therapy and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation 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)?

18. 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:40:37 PM
Division Approval	gdavi6	05/10/2022 13:40:40 PM
Department Approval	Ideloach	05/11/2022 15:56:04 PM
Contract Manager Approval	rvradenb	05/16/2022 10:32:37 AM
Budget Analyst Approval	nhovden	05/26/2022 11:53:09 AM
BOE Agenda Approval	nhovden	05/26/2022 11:53:12 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26089

Legal Entity

MOONLIGHT EXAMINATIONS, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name:

MOONLIGHT EXAMINATIONS, LLC

**MSA** Agency Code:

Address:

3809 TRAILS EDGE RD

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

FORT WORTH, TX 76109-3428

available?:

If "No" please explain: Not Applicable

Contact/Phone:

MORGAN ADAMS 409-617-1258

Vendor No.:

T32005591

**NV Business ID:** 

NV20171590440

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1787-RV

Contract start date:

a. Effective upon Board of Examiner's approval?

or b. other effective date:

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

04/30/2026

Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing medical services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:38:15 PM
Division Approval	gdavi6	04/28/2022 13:38:17 PM
Department Approval	ldeloach	05/05/2022 12:25:55 PM
Contract Manager Approval	rvradenb	05/06/2022 09:59:54 AM
Budget Analyst Approval	dspeed1	05/09/2022 12:54:09 PM
BOE Agenda Approval	laaron	05/26/2022 16:00:09 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY** 

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26248

Legal Entity

MT FEELINGS, LLC

Name:

Agency Name: MSA MASTER SERVICE

Contractor Name:

MT FEELINGS, LLC

Agency Code: MSA

AGREEMENTS

Address:

6769 W. Charleston Blvd.

Appropriation Unit: 9999 - All Categories

Ste. A

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89146

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Michael Thomas 702/606-7530

Vendor No.:

T29042357

NV Business ID:

NV20171140389

To what State Fiscal Year(s) will the contract be charged?

the contractor will be paid by multiple funding sources.

2022-2026

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if

General Funds Federal Funds 0.00 %

Fees Bonds 0.00 % 0.00 %

NA

Highway Funds

0.00 % 0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing marriage and family therapy, mental health and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$600,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:29:51 PM
Division Approval	gdavi6	05/10/2022 13:29:54 PM
Department Approval	ldeloach	05/11/2022 12:05:37 PM
Contract Manager Approval	rvradenb	05/16/2022 10:13:13 AM
Budget Analyst Approval	tsmorra	06/02/2022 14:39:47 PM
BOE Agenda Approval	hfield	06/02/2022 15:53:32 PM
BOE Final Approval	Pending	

Contract #: 26248 Page 2 of 2 **MSA 87** 

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26036

Legal Entity

MT. OLIVE CARE, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Yes

Contractor Name:

MT. OLIVE CARE, LLC

Agency Code: MSA

Address:

1325 Airmotive Way

Appropriation Unit: 9999 - All Categories

City/State/Zip

**RENO, NV 89506-0006** 

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Elle La Croix 775-348-4989

Vendor No.: **NV Business ID:**  T27022936A NV20091270400

Suite 100

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing case management, counseling and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$8,500,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Signature Date User 04/28/2022 13:25:35 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:25:38 PM **Department Approval** 05/04/2022 14:28:23 PM Ideloach Contract Manager Approval rvradenb 05/04/2022 15:39:54 PM **Budget Analyst Approval** laaron 05/26/2022 12:40:46 PM **BOE** Agenda Approval laaron 05/26/2022 12:40:48 PM

BOE Final Approval Pending

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26367

Legal Entity

MUSIC 4 LIFE, INC.

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

**MUSIC 4 LIFE, INC.** 

Agency Code: MSA

Address:

3311 S. Rainbow Blvd., Ste 112

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

Las Vegas, NV 89146

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Judith Pinkerton 702-889-2881

Vendor No.:

PENDING

**NV Business ID:** 

NV20111131817

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agenices

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing speech pathology, therapy, counseling, mental health, substance abuse counseling, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,800,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 89** Contract #: 26367 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Signature Date User 06/03/2022 09:24:41 AM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 06/03/2022 09:24:43 AM **Department Approval** Ideloach 06/03/2022 14:03:26 PM Contract Manager Approval rvradenb 06/03/2022 15:51:20 PM **Budget Analyst Approval** hfield 06/06/2022 09:29:21 AM **BOE** Agenda Approval hfield 06/06/2022 09:29:23 AM

BOE Final Approval Pending

### **CONTRACT SUMMARY**

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26151

Legal Entity

MiTio, Inc.

Name:

Agency Name: MSA MASTER SERVICE AGREEMENTS

Contractor Name:

MiTio, Inc.

Agency Code: MSA

Address:

289 Jonesboro Rd.

Appropriation Unit: 9999 - All Categories

Suite 416

Is budget authority

Yes

City/State/Zip

McDonough, GA 30253

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Dr. Nelva Lee 678-458-1671

Vendor No.:

Pending

**NV Business ID:** 

NV20222401982

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 Federal Funds 0.00 %

Fees Bonds 0.00 % 0.00 %

Highway Funds

0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1847-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

No

If "Yes", please explain

Not Applicable

03/31/2026

3. Termination Date: Contract term:

3 years and 304 days

4. Type of contract:

MSA

Contract description:

Interpreting Service

Purpose of contract:

This is a new contract to provide ongoing document translation, desktop publishing and interpretation of languages via remote over-the-phone, over-video-remote, in-person, captioning, communication access real-time translation, and sign language services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$500,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides assistance to State employees, agencies, and citizens who are required to provide or need access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities. The State is required to provide services and official documents in languages other than English.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provide various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 09/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

User Signature Date Approval Level **Budget Account Approval** 04/30/2022 20:32:54 PM gdavi6 04/30/2022 20:32:57 PM **Division Approval** gdavi6 Department Approval Ideloach 05/06/2022 11:40:27 AM 05/09/2022 13:51:47 PM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/11/2022 17:17:02 PM **BOE** Agenda Approval 05/26/2022 12:45:15 PM laaron **BOE Final Approval** Pending

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26027

Legal Entity

NADER ROUHANI, D.O., P.C.

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

NADER ROUHANI, D.O., P.C.

**AGREEMENTS MSA** 

Address:

P.O. Box 371512

Agency Code:

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

LAS VEGAS, NV 89137-1512

Is budget authority available?:

Contact/Phone:

Nader Rouhani 702-325-1025

If "No" please explain: Not Applicable

T27037820

Vendor No.: **NV Business ID:** 

NV20121542012

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing acute medical, general medicine and mental health services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,100,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation 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?

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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:

User	Signature Date
gdavi6	04/28/2022 13:23:41 PM
gdavi6	04/28/2022 13:23:43 PM
Ideloach	05/04/2022 15:00:49 PM
rvradenb	05/04/2022 15:38:51 PM
dspeed1	05/12/2022 16:26:48 PM
laaron	05/25/2022 08:43:51 AM
Pending	
	gdavi6 gdavi6 Ideloach rvradenb dspeed1 laaron

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26088

Legal Entity

NADHC AT THE ACSC, INC.

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

NADHC AT THE ACSC, INC.

**AGREEMENTS MSA** 

Address:

2008 S. Jones Blvd.

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

LAS VEGAS, NV 89146

Is budget authority

Agency Code:

available?:

If "No" please explain: Not Applicable

Contact/Phone:

CRISTINA VITO 702-210-4750 T27041801

Vendor No.: **NV Business ID:** 

NV20091326701

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 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support and adult daycare.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:38:00 PM
Division Approval	gdavi6	04/28/2022 13:38:02 PM
Department Approval	Ideloach	05/06/2022 11:58:28 AM
Contract Manager Approval	rvradenb	05/09/2022 17:46:25 PM
Budget Analyst Approval	dspeed1	05/10/2022 13:15:46 PM
BOE Agenda Approval	laaron	05/25/2022 12:10:10 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26091

Legal Entity NEVADA ADULT DAY HEALTHCARE

Name: CENTERS, INC.

**MSA MASTER SERVICE** Contractor Name: **NEVADA ADULT DAY HEALTHCARE** Agency Name: **AGREEMENTS** 

CENTERS, INC.

**MSA** 2008 S JONES BLVD Agency Code: Address:

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89146

available?:

If "No" please explain: Not Applicable Contact/Phone: CRISTINA VITO 702-210-4750

> Vendor No.: T27008742 **NV Business ID:** NV20101839265

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support and adult daycare services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Yes Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:38:58 PM
Division Approval	gdavi6	04/28/2022 13:39:00 PM
Department Approval	Ideloach	05/06/2022 12:01:17 PM
Contract Manager Approval	rvradenb	05/09/2022 13:51:27 PM
Budget Analyst Approval	dspeed1	05/09/2022 17:17:20 PM
BOE Agenda Approval	laaron	05/26/2022 16:19:49 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26112

Legal Entity NEVADA HEART CONSULTANTS, ZEV

Name: LAGSTEIN, MD, LTD

Agency Name: MSA MASTER SERVICE Contractor Name: NEVADA HEART CONSULTANTS, ZEV

AGREEMENTS LAGSTEIN, MD, LTD

Agency Code: MSA Address: 3017 West Charleston Blvd

Appropriation Unit: 9999 - All Categories STE 80

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89102

available?:

If "No" please explain: Not Applicable Contact/Phone: Mary Ann Jones 702-870-1026

Vendor No.: T80638110 NV Business ID: NV19821001102

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing acute medical, general medicine and medical services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$800,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:46:58 PM
Division Approval	gdavi6	04/28/2022 13:47:00 PM
Department Approval	ldeloach	05/05/2022 14:27:14 PM
Contract Manager Approval	rvradenb	05/06/2022 10:09:23 AM
Budget Analyst Approval	dspeed1	06/02/2022 12:40:01 PM
BOE Agenda Approval	hfield	06/02/2022 13:57:08 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26305

Legal Entity

NEVADA HOMES FOR YOUTH

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

**NEVADA HOMES FOR YOUTH** 

Agency Code: MSA

Address:

525 S 13TH ST

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89101

available?:

If "No" please explain: Not Applicable

Contact/Phone:

RONALD MOORE 702/380-2889

Vendor No.:

T27037378

**NV Business ID:** 

2022-2026

NV19911011033

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees

0.00 % 0.00 %

Highway Funds

0.00 %

**Bonds** Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for assisted living, behavioral support, community based living arrangements, counseling, educational tutoring and education support, group home, mental health, rehabilitation, residential provider, social work, substance abuse counseling, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

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. Soliciation Waiver: Not Applicable
- c. Why was this contractor chosen in preference to other?

**MSA 95** Contract #: 26305 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:42:22 PM
Division Approval	gdavi6	05/10/2022 13:42:24 PM
Department Approval	Ideloach	05/11/2022 16:10:02 PM
Contract Manager Approval	rvradenb	05/16/2022 10:49:27 AM
Budget Analyst Approval	nhovden	05/26/2022 12:11:57 PM
BOE Agenda Approval	nhovden	05/26/2022 12:11:59 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26121

Legal Entity NEVADA YOUTH EMPOWERMENT

Name: PROJECT

**MSA MASTER SERVICE** Contractor Name: **NEVADA YOUTH EMPOWERMENT** Agency Name: **AGREEMENTS** 

**PROJECT** 

**MSA** 1369 FALAND WAY Agency Code: Address:

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip **RENO, NV 89503** 

available?:

If "No" please explain: Not Applicable Contact/Phone: MONICA DUPEA 775-240-2195

> Vendor No.: T32011489 **NV Business ID:** NV20071442479

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

0.00 % General Funds 0.00 % Fees Federal Funds 0.00 % **Bonds** 0.00 %

Highway Funds 0.00 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing host home and homeless youth services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$500,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes Yes

Was the solicitation (RFP) done by the Purchasing Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

ψ50,000:

## **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 04/28/2022 13:52:17 PM **Division Approval** 04/28/2022 13:52:20 PM gdavi6 05/05/2022 14:57:31 PM Department Approval Ideloach Contract Manager Approval rvradenb 05/06/2022 10:13:01 AM 05/16/2022 12:28:38 PM **Budget Analyst Approval** dspeed1 **BOE** Agenda Approval laaron 05/26/2022 13:50:40 PM **BOE** Final Approval Pending

## CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26033

Legal Entity

NEW VISTA RANCH, INC.

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

**NEW VISTA RANCH, INC.** 

**AGREEMENTS** 

Address:

3606 N. Rancho Dr.

Agency Code: MSA

Suite 102

Appropriation Unit: 9999 - All Categories

City/State/Zip

LAS VEGAS, NV 89130

Is budget authority

Yes

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Archie McArthur 702-215-1827

Vendor No.: **NV Business ID:**  T81025989 NV19861013178

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 % 0.00 %

NA

Federal Funds Highway Funds 0.00 % 0.00 % **Bonds** Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of Examiner's approval?

or b. other effective date:

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

04/30/2026

Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for community based living arrangements, foster care, job development, pre-employment, residential provider, respite care, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$22,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 97** Contract #: 26033 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract: No

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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:25:15 PM
Division Approval	gdavi6	04/28/2022 13:25:17 PM
Department Approval	Ideloach	05/04/2022 14:31:43 PM
Contract Manager Approval	rvradenb	05/04/2022 15:40:18 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:51:05 PM
BOE Agenda Approval	laaron	05/25/2022 08:54:54 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: 26085

Legal Entity Nevada Adult Day Healthcare Centers,

Name: Inc

Agency Name: MSA MASTER SERVICE Contractor Name: Nevada Adult Day Healthcare Centers,

AGREEMENTS I

Agency Code: MSA Address: 2008 S JONES BLVD

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89146

available?:

If "No" please explain: Not Applicable Contact/Phone: CRISTINA VITO 702-210-4750

Vendor No.: T27041808

NV Business ID: NV20031388669

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support and adult daycare services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

b. Is the contract part of an H investment project over

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 04/28/2022 13:37:16 PM **Division Approval** gdavi6 04/28/2022 13:37:18 PM Department Approval Ideloach 05/06/2022 12:05:01 PM 05/09/2022 13:50:42 PM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/09/2022 17:19:27 PM **BOE** Agenda Approval 05/26/2022 16:15:35 PM laaron **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26296

Legal Entity

ODYSSEY HOUSE, INC. (UTAH)

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: ODYSSEY HOUSE, INC. (UTAH)

**AGREEMENTS MSA** Agency Code:

Address:

344 E 100 S STE 301

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**SALT LAKE CITY, UT 84111** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

ADAM COHEN 801/428-3449

Vendor No.:

Pendina

**NV Business ID:** 

NV20151688985

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 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing residential provider and substance abuse counseling services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,800,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. Not Applicable
- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 05/10/2022 13:40:05 PM **Division Approval** 05/10/2022 13:40:07 PM gdavi6 Department Approval Ideloach 05/11/2022 16:37:14 PM Contract Manager Approval rvradenb 05/16/2022 10:28:16 AM 05/26/2022 17:01:56 PM **Budget Analyst Approval** nhovden **BOE** Agenda Approval nhovden 05/26/2022 17:01:59 PM **BOE** Final Approval Pending

**MSA 99** Contract #: 26296 Page 2 of 2

For Board Use Only

Date: 06/27/2022

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26109

Legal Entity

OPHELIA F. JAVIER

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

**OPHELIA F. JAVIER DBA ANGEL** 

GABRIEL GROUP HOME

**MSA** Agency Code:

Address:

1663 Gabriel Dr.

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

Las Vegas, NV 89119

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Ophelia Javier 702-305-3625

Vendor No.:

T81003621

**NV Business ID:** 

NV20212108054

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing group home services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

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?

b. If "No", please explain:

Vendor provides services using DBA of Angel Gabriel Group Home.

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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:44:53 PM
Division Approval	gdavi6	04/28/2022 13:44:55 PM
Department Approval	Ideloach	05/05/2022 14:20:22 PM
Contract Manager Approval	rvradenb	05/06/2022 10:06:56 AM
Budget Analyst Approval	dspeed1	05/06/2022 13:36:11 PM
BOE Agenda Approval	laaron	05/26/2022 15:16:17 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26265

Legal Entity

P6 FAMILY SERVICES, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: P6 FAMILY SERVICES, LLC

Agency Code: MSA

**AGREEMENTS** 

3495 SCOTTSDALE RD Address:

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**RENO, NV 89512** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

LINEA POUNO 559/417-1626

Vendor No.:

T32006188

**NV Business ID:** 

NV20151126835

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

Agency Reference #:

100.00 % Various Agencies

S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement and supportive living arrangements services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$9,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Signature Date User 05/10/2022 13:33:03 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 05/10/2022 13:33:05 PM **Department Approval** 05/11/2022 14:27:24 PM Ideloach Contract Manager Approval rvradenb 05/16/2022 10:15:41 AM **Budget Analyst Approval** nhovden 05/26/2022 10:01:40 AM **BOE** Agenda Approval nhovden 05/26/2022 10:01:42 AM

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### I. DESCRIPTION OF CONTRACT

1. Contract Number: 25970

Legal Entity PARADISE HEALTHCARE SERVICES,

Name: INC

Agency Name: MSA MASTER SERVICE Contractor Name: PARADISE HEALTHCARE SERVICES, INC. DBA PARADISE HOME CARE

Agency Code: MSA Address: 3175 S EASTERN AVE

Appropriation Unit: 9999 - All Categories

Is budget authority
Yes
City/State/Zip
LAS VEGAS, NV 89169-3308

available?:

If "No" please explain: Not Applicable Contact/Phone: BEDRI ABDULLAHI 702-320-5222

Vendor No.: T29010230

NV Business ID: NV20041623168

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing personal care, respite care and senior care services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

# Vendor provides services using the DBA Paradise Home Care.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. 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:** 

Signature Date Approval Level User 04/01/2022 11:44:19 AM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/01/2022 11:44:24 AM 04/04/2022 16:59:46 PM **Department Approval** Ideloach Contract Manager Approval gdavi6 04/07/2022 16:48:52 PM **Budget Analyst Approval** dspeed1 04/28/2022 11:22:44 AM **BOE** Agenda Approval laaron 05/28/2022 09:17:14 AM

BOE Final Approval Pending

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26303

Legal Entity

Contractor Name:

PHILLIP S. BAIER LCSW, INC.

Name:

Address:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

PHILLIP S. BAIER LCSW, INC. DBA **BAIER COUNSELING & CONSULTING** 

**BAIER COUNSELING & CONSULTING** 

MSA Appropriation Unit: 9999 - All Categories

**1081 QUIET SUMMIT PL** 

Is budget authority

available?:

Agency Code:

Yes

City/State/Zip

**HENDERSON, NV 89052-5752** 

If "No" please explain: Not Applicable

Contact/Phone:

PHIL BAIER 702/689-1301

Vendor No.:

T27009363

**NV Business ID:** 

NV20021385685

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds

Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

2022-2026

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contact to provide ongoing behavioral support, counseling and social worker services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$4,200,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

# **VENDOR USES A 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:** 

Signature Date Approval Level User 05/10/2022 13:40:19 PM Budget Account Approval gdavi6 **Division Approval** gdavi6 05/10/2022 13:40:21 PM 05/11/2022 15:49:57 PM **Department Approval** Ideloach Contract Manager Approval rvradenb 05/16/2022 10:28:40 AM **Budget Analyst Approval** nhovden 05/26/2022 09:00:19 AM **BOE** Agenda Approval nhovden 05/26/2022 09:00:22 AM **BOE Final Approval** Pending

Contract #: 26303 Page 2 of 2 **MSA 103** 

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## I. DESCRIPTION OF CONTRACT

1. Contract Number: 26132

Legal Entity

POSITIVE BEHAVIOR CHANGES, LLC

Name:

Agency Name: MSA MASTER SERVICE AGREEMENTS

Contractor Name:

**POSITIVE BEHAVIOR CHANGES, LLC** 

Agency Code: MSA

Address:

**59 DAMONTE RANCH PKWY** 

Suite B-321

Is budget authority

Yes

City/State/Zip

RENO, NV 89521-1907

available?:

If "No" please explain: Not Applicable

Appropriation Unit: 9999 - All Categories

RONNI OKRASKI 775-360-8389

Contact/Phone: Vendor No.:

T29035913

NV Business ID:

NV20141628074

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds 0.00 % 0.00 % Fees Bonds 0.00 % 0.00 %

2022-2026

Highway Funds

0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

No

If "Yes", please explain

Not Applicable

04/30/2026

Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for applied behavioral analysis, autism treatment assistance programs, behavioral support, disabilities support, and early intervention.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

Contract #: 26132 Page 1 of 2 **MSA 104** 

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Signature Date User 04/28/2022 13:57:20 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:57:23 PM **Department Approval** 05/05/2022 15:18:40 PM Ideloach Contract Manager Approval rvradenb 05/06/2022 10:15:52 AM **Budget Analyst Approval** dspeed1 05/16/2022 12:24:01 PM **BOE** Agenda Approval laaron 05/26/2022 13:55:30 PM

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26393

Legal Entity

PRIDE INDUSTRIES

Name: **MSA MASTER SERVICE** 

Contractor Name:

**PRIDE INDUSTRIES** 

**AGREEMENTS** 

Address:

10030 FOOTHILLS BLVD

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**ROSEVILLE, CA 95747-7102** 

available?:

Agency Name:

Agency Code:

If "No" please explain: Not Applicable

MSA

Contact/Phone:

Diana Erickson 916/788/2100

Vendor No.:

T32008636

**NV Business ID:** 

NV20181689842

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community work experience programs, employment support, job development, pre-employment, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$7,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. Not Applicable
- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:27:53 AM **Division Approval** gdavi6 06/03/2022 09:27:55 AM Department Approval Ideloach 06/03/2022 14:39:44 PM rvradenb 06/09/2022 13:30:18 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/09/2022 16:19:29 PM **BOE** Agenda Approval hfield 06/09/2022 16:19:31 PM **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26318

Legal Entity PROGRESSIVE PATHWAYS GROUP,

Name:

**MSA MASTER SERVICE** Contractor Name: PROGRESSIVE PATHWAYS GROUP, Agency Name:

Address:

**AGREEMENTS** INC.

**1941 NAPOLEON DR** 

**MSA** Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89156-7187

available?:

Agency Code:

If "No" please explain: Not Applicable Contact/Phone: VICKY GREEN-JOBE 702/826-2614

> T27011609 Vendor No.:

**NV Business ID:** NV20051389453

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % VARIOUS AGENCIES

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:46:20 PM
Division Approval	gdavi6	05/10/2022 13:46:23 PM
Department Approval	Ideloach	05/11/2022 16:35:34 PM
Contract Manager Approval	rvradenb	05/16/2022 11:06:01 AM
Budget Analyst Approval	nhovden	05/26/2022 13:55:38 PM
BOE Agenda Approval	nhovden	05/26/2022 13:55:40 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: 26060

Legal Entity

PaleoWest, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: PaleoWest, LLC

Agency Code: MSA

**AGREEMENTS** 

Address:

2850 Horizon Ridge Pkwy

Angela Perri 702-635-1641

Suite 200

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

Henderson, NV 89052

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone: Vendor No.:

2022-2025

T29044714

**NV Business ID:** 

NV20201860987

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if

the contractor will be paid by multiple funding sources. General Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

RFQ 99SWC-S1426 NF Agency Reference #:

Contract start date:

a. Effective upon Board of

Yes or b. other effective date:

Examiner's approval? Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/07/2025

3. Termination Date: Contract term:

3 years and 7 days

4. Type of contract:

MSA

Contract description:

**Fire Fuels Reduction** 

5. Purpose of contract:

This is a new contract to provide fire fuel, vegetation reduction and forest management services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,500,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scope of Work: Survey, Monitoring, Permitting, and Mitigation for Natural and Cultural Resources.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contact provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

Bordges Timber Leslie Heavy Haul RF Construction Cutting Edge

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This RFQ has been awarded to 28 Vendors that qualified in the various scopes of work.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 684-0175

20. Contract Status:

Contract Approvals:

Signature Date Approval Level User 04/28/2022 13:27:34 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:27:39 PM Department Approval Ideloach 05/03/2022 15:40:30 PM Contract Manager Approval nfese1 05/03/2022 15:44:34 PM **Budget Analyst Approval** dspeed1 05/10/2022 14:25:46 PM 05/24/2022 16:14:30 PM **BOE** Agenda Approval laaron **BOE Final Approval** Pending

Contract #: 26060 Page 2 of 2 **MSA 107** 

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26090

Legal Entity QUEST COUNSELING AND

Name: CONSULTING, INCORPORATED

Agency Name: MSA MASTER SERVICE Contractor Name: QUEST COUNSELING AND

**AGREEMENTS** 

CONSULTING, INCORPORATED

Agency Code: MSA Address: 3500 LAKESIDE CT

Appropriation Unit: 9999 - All Categories SUITE 101

Is budget authority Yes City/State/Zip RENO, NV 89509-4862

available?:

If "No" please explain: Not Applicable Contact/Phone: JOLENE DALLUHN 775-786-6880

Vendor No.: T27013906 NV Business ID: NV20031336657

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: 01/31/2026

Contract term: 3 years and 245 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide services for case management, group home, mental health, psychology, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$2,700,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 04/28/2022 13:38:35 PM **Division Approval** 04/28/2022 13:38:38 PM gdavi6 Department Approval Ideloach 05/05/2022 12:27:21 PM 05/09/2022 11:14:20 AM Contract Manager Approval rvradenb **Budget Analyst Approval** laaron 05/31/2022 12:19:55 PM **BOE** Agenda Approval laaron 05/31/2022 12:19:57 PM **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 25964

Legal Entity

R. KIRBY REED, M.D., LTD

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: R. KIRBY REED, M.D., LTD

**AGREEMENTS** Agency Code: MSA

Address: 3843 Feldspar Ave.

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

Las Vegas, NV 89120

available?:

If "No" please explain: Not Applicable

Contact/Phone:

R. Kirby Reed 702-860-7586

Vendor No.:

Pendina

**NV Business ID:** 

NV19801009467

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing medical services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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** 04/01/2022 11:42:34 AM gdavi6 **Division Approval** 04/01/2022 11:42:37 AM gdavi6 Department Approval Ideloach 04/11/2022 09:45:29 AM 04/14/2022 10:59:42 AM Contract Manager Approval gdavi6 **Budget Analyst Approval** dspeed1 04/28/2022 11:12:59 AM **BOE** Agenda Approval laaron 05/28/2022 09:16:04 AM **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26311

Legal Entity

RENO CENTER FOR CHILDREN, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

RENO CENTER FOR CHILDREN, LLC

**MSA** Agency Code:

Address:

**1689 MEADOW WOOD LANE** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**RENO, NV 89509** 

available?: If "No" please explain: Not Applicable

Contact/Phone:

SHANNON BURRESS 208/340-7855

Vendor No.:

PENDING

**NV Business ID:** 

NV20222347038

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,000,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:44:46 PM
Division Approval	gdavi6	05/10/2022 13:44:48 PM
Department Approval	ldeloach	05/11/2022 16:23:52 PM
Contract Manager Approval	rvradenb	05/16/2022 11:05:30 AM
Budget Analyst Approval	nhovden	05/26/2022 15:35:09 PM
BOE Agenda Approval	nhovden	05/26/2022 15:35:13 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26252

Legal Entity

RESOURCE FAMILY SERVICES, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

**RESOURCE FAMILY SERVICES, LLC** 

**AGREEMENTS** 

Address:

2235 E FLAMINGO RD STE 234

**MSA** Agency Code: Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

LAS VEGAS, NV 89119-5197

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Bryan Link 702/331-5608

Vendor No.:

T27034511

**NV Business ID:** 

NV20121516008

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support and marriage and family therapy services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,300,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:30:39 PM
Division Approval	gdavi6	05/10/2022 13:30:41 PM
Department Approval	Ideloach	05/11/2022 12:14:57 PM
Contract Manager Approval	rvradenb	05/16/2022 10:13:41 AM
Budget Analyst Approval	nhovden	05/26/2022 10:31:14 AM
BOE Agenda Approval	nhovden	05/26/2022 10:31:16 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: 26022

Legal Entity

Contractor Name:

**RESTINA ANGAT & AMADO ANGAT** 

Name:

Agency Name: MSA MASTER SERVICE

AGREEMENTS

RESTINA ANGAT & AMADO ANGAT DBA LIBERTY RESIDENTIAL CARE

Agency Code: MSA Address: 3060 SOUTH LIBERTY CIRCLE

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89121

available?:

If "No" please explain: Not Applicable Contact/Phone: Restina A. Angat 702-581-3487

Vendor No.: T32002899

NV Business ID: NV20101173066

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing group home services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHHS, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

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?

b. If "No", please explain:

Vendor provides services under the DBA of Liberty Residential Care.

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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:23:26 PM
Division Approval	gdavi6	04/28/2022 13:23:28 PM
Department Approval	Ideloach	05/04/2022 15:24:56 PM
Contract Manager Approval	rvradenb	05/04/2022 15:38:38 PM
Budget Analyst Approval	dspeed1	05/12/2022 16:45:18 PM
BOE Agenda Approval	laaron	05/25/2022 13:06:14 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26113

Legal Entity

RICHARD A CESTKOWSKI, D.O., LTD

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

RICHARD A CESTKOWSKI, D.O., LTD

**AGREEMENTS MSA** Agency Code:

Address: 2628 W. Charleston Blvd.

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89102

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Richard Cestkowski 702-871-2995 T81102263

Vendor No.: **NV Business ID:** 

NV20011423598

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing general medicine and medical services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$600,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation 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)?

18. 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:48:37 PM
Division Approval	gdavi6	04/28/2022 13:48:40 PM
Department Approval	Ideloach	05/04/2022 16:26:38 PM
Contract Manager Approval	rvradenb	05/06/2022 10:10:23 AM
Budget Analyst Approval	dspeed1	05/12/2022 16:49:06 PM
BOE Agenda Approval	laaron	05/25/2022 12:58:28 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26259

Legal Entity

RIDGE HOUSE, INC.

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

RIDGE HOUSE, INC.

Agency Code: MSA

900 W 1ST ST Address:

Appropriation Unit: 9999 - All Categories

Is budget authority available?:

Yes

City/State/Zip

**RENO, NV 89503-5587** 

If "No" please explain: Not Applicable

Contact/Phone:

Gina Flores-O'Toole 775/322-8941

Vendor No.:

T80938781

**NV Business ID:** 

NV19821007967

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 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Federal Funds Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for case management, counseling, educational tutoring and education support, employment support, mental health, rehabilitation, and substance abuse counseling.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$8,400,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

\$50,000?

No

## III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:32:13 PM
Division Approval	gdavi6	05/10/2022 13:32:16 PM
Department Approval	ldeloach	05/11/2022 14:18:06 PM
Contract Manager Approval	rvradenb	05/16/2022 10:15:03 AM
Budget Analyst Approval	nhovden	05/26/2022 11:44:28 AM
BOE Agenda Approval	nhovden	05/26/2022 11:44:30 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

## **DESCRIPTION OF CONTRACT**

1. Contract Number: 26373

Legal Entity

RISE WELLNESS, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

RISE WELLNESS, LLC

Agency Code:

**MSA** 

Address:

**421 W. PLUMB LANE** 

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**RENO, NV 89509** 

Is budget authority

available?:

ERIN SNELL 7755253400

If "No" please explain: Not Applicable

Contact/Phone:

T32010962

Vendor No.: **NV Business ID:** 

NV20201957102

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if

2022-2026

the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing mental health and counseling related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,600,000.00

## II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:25:46 AM **Division Approval** 06/03/2022 09:25:49 AM gdavi6 Department Approval Ideloach 06/03/2022 14:10:57 PM rvradenb 06/03/2022 15:52:44 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/09/2022 16:12:16 PM **BOE** Agenda Approval hfield 06/09/2022 16:12:19 PM **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26217

Legal Entity

RISING STAR, LLC

**MSA MASTER SERVICE** 

Name:

Contractor Name: RISING STAR, LLC

Agency Name: **AGREEMENTS** 

Agency Code: MSA

Address:

7105 GAZIN CT

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip

RENO, NV 89506-9798

available?:

If "No" please explain: Not Applicable

775/688-9350

Contact/Phone: Vendor No.:

T29036802

**NV Business ID:** 

NV20171514326

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 Federal Funds

0.00 % 0.00 % Fees

0.00 % 0.00 %

Highway Funds

0.00 %

**Bonds** Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, community based living arrangements, supportive living arrangements, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 116** Contract #: 26217 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

# III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	mstar2	05/05/2022 13:22:55 PM
Division Approval	mstar2	05/05/2022 13:22:58 PM
Department Approval	Ideloach	05/06/2022 14:26:56 PM
Contract Manager Approval	rvradenb	05/09/2022 14:00:19 PM
Budget Analyst Approval	dspeed1	06/02/2022 14:03:42 PM
BOE Agenda Approval	hfield	06/02/2022 15:16:04 PM

BOE Final Approval Pending

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26021

Legal Entity

RITE OF WAYZ BEHAVIORAL HEALTH,

Name:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name:

RITE OF WAYZ BEHAVIORAL

**HEALTH, LLC** 

**MSA** Agency Code:

Address:

2609 W. Delhi Ave.

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

NORTH LAS VEGAS, NV 89032

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Kheomi Rollins 702-789-8466

Vendor No.:

T32006432

**NV Business ID:** 

NV20161653743

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

**III. OTHER INFORMATION** 

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:14:12 PM
Division Approval	gdavi6	04/28/2022 13:14:15 PM
Department Approval	ldeloach	05/04/2022 15:34:19 PM
Contract Manager Approval	rvradenb	05/04/2022 15:38:20 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:47:37 PM
BOE Agenda Approval	laaron	05/26/2022 12:36:31 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# I. DESCRIPTION OF CONTRACT

1. Contract Number: 26061

Agency Code:

Legal Entity Name:

RK Contractors. Inc.

**MSA MASTER SERVICE** 

Contractor Name:

**RK Contractors, Inc.** 

Agency Name: **AGREEMENTS** MSA

PO Box 34952 Address:

Appropriation Unit: 9999 - All Categories

Yes

Is budget authority available?:

City/State/Zip

Reno, NV 89533

If "No" please explain: Not Applicable

Contact/Phone:

Ryan Kautz 530-412-3344

Vendor No.:

T32012412

**NV Business ID:** 

2022-2025

NV20081448402

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: RFQ 99SWC-S1426 NF

Contract start date:

a. Effective upon Board of

Yes or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/07/2025

Contract term:

3 years and 7 days

4. Type of contract:

MSA

Contract description:

**Fire Fuels Reduction** 

5. Purpose of contract:

This is a new contract to provide fire fuel, vegetation reduction and forest management services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,250,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels and vegetation in various locations throughout the state. This contract is awarded for the following Scopes of Work: Hauling Services, and Road Construction/Maintenance/Rehabilitation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contact provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

Sierra Peaks

Pa

**Bordges Timber** 

Paleo West

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This RFQ has been awarded to 28 Vendors that qualified in the various scopes of work.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified

agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 684-0175

20. Contract Status:

Contract Approvals:

Signature Date Approval Level User 04/28/2022 13:28:05 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/28/2022 13:28:08 PM Department Approval Ideloach 05/03/2022 15:41:26 PM Contract Manager Approval nfese1 05/03/2022 15:43:35 PM **Budget Analyst Approval** dspeed1 05/10/2022 16:30:26 PM 05/26/2022 12:56:29 PM **BOE** Agenda Approval laaron

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26400

Legal Entity RON WOOD FAMILY RESOURCE

Name: CENTER

**MSA MASTER SERVICE** Contractor Name: **RON WOOD FAMILY RESOURCE** Agency Name:

**AGREEMENTS** CENTER

**2621 NORTHGATE LN STE 62** Agency Code: MSA Address:

Appropriation Unit: 9999 - All Categories **2621 NORTHGATE LN STE 62** 

Is budget authority Yes City/State/Zip **CARSON CITY, NV 89706-1619** 

available?:

If "No" please explain: Not Applicable Contact/Phone: Joyce Buckingham 775/884-2269

> Vendor No.: T81021043 **NV Business ID:** NV19971146602

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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing case management, behavioral support, counseling, customized employment, educational tutoring, education support, foster care, job development, marriage and family therapy, pre-employment, psychology, social worker, substance abuse counseling, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Was the solicitation (RFP) done by the Purchasing Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 119** Contract #: 26400 Page 1 of 2

No

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

# III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain No

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified

agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract: No

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. Not Applicable
- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:29:16 AM **Division Approval** gdavi6 06/03/2022 09:29:18 AM Department Approval Ideloach 06/03/2022 14:51:47 PM rvradenb 06/03/2022 15:48:56 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/09/2022 16:20:48 PM **BOE** Agenda Approval hfield 06/09/2022 16:20:51 PM **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26295

Legal Entity

SACRED HEART RESIDENCE, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: SACRED HEART RESIDENCE, LLC

**AGREEMENTS** 

**448 DUGGAN AVE** Address:

Agency Code: MSA

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**SPARKS, NV 89431** 

Is budget authority available?:

Contact/Phone:

RAMON ALANO 775/750-4279

If "No" please explain: Not Applicable

Vendor No.:

T29037314

**NV Business ID:** 

NV20071303608

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds

0.00 %

Fees **Bonds**  0.00 % 0.00 %

NA

2022-2026

Federal Funds Highway Funds 0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contact to provide ongoing behavioral support, community based living arrangements and supportive living arrangements services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 120** Contract #: 26295 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

# III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:39:25 PM
Division Approval	gdavi6	05/10/2022 13:39:28 PM
Department Approval	Ideloach	05/11/2022 15:39:11 PM
Contract Manager Approval	rvradenb	05/16/2022 10:26:34 AM
Budget Analyst Approval	hfield	06/06/2022 10:20:40 AM
BOE Agenda Approval	hfield	06/06/2022 10:20:43 AM

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26396

Legal Entity

SARAH'S INTUITIVE HEALING, PLLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: SARAH'S INTUITIVE HEALING, PLLC

**AGREEMENTS** MSA

Address:

6300 MCCARRAN ST UNIT 1109

Agency Code: Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

North Las Vegas, NV 89081

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Sarah Marmon 702-538-4267

Vendor No.:

T27044756

**NV Business ID:** 

NV20222368709

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 Federal Funds

0.00 % 0.00 % Fees

0.00 % 0.00 %

Highway Funds

0.00 %

**Bonds** Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing counseling, mental health, psychology, substance abuse counseling, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,900,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Signature Date User 06/03/2022 09:28:19 AM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 06/03/2022 09:28:21 AM **Department Approval** 06/03/2022 14:43:56 PM Ideloach Contract Manager Approval rvradenb 06/03/2022 15:54:45 PM **Budget Analyst Approval** tsmorra 06/03/2022 16:22:51 PM **BOE** Agenda Approval hfield 06/06/2022 10:25:09 AM

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26110

Legal Entity

SEAN MARCINIK

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: SEAN MARCINIK

Agency Code: MSA

Address:

1627 E 2ND ST

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**WINNEMUCCA, NV 89445-2844** 

Is budget authority available?:

If "No" please explain: Not Applicable

Contact/Phone:

Sean Marcinik 775-770-8082

Vendor No.:

T29032372

**NV Business ID:** 

NV20151050451

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 Federal Funds

0.00 % 0.00 % Fees

0.00 % 0.00 %

Highway Funds

0.00 %

**Bonds** Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

04/30/2026

Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for community work experience programs, employment support, job development, and rehabilitation.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$5,300,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 122** Contract #: 26110 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified

agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract: No

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?

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:45:16 PM
Division Approval	gdavi6	04/28/2022 13:45:18 PM
Department Approval	ldeloach	05/05/2022 14:22:14 PM
Contract Manager Approval	rvradenb	05/06/2022 10:08:47 AM
Budget Analyst Approval	dspeed1	05/09/2022 10:41:59 AM
BOE Agenda Approval	laaron	05/28/2022 09:11:08 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26100

Legal Entity

SIERRA HOME HEALTH CARE

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

SIERRA HOME HEALTH CARE

**AGREEMENTS** Agency Code:

**MSA** 

3500 LAKESIDE CT Address:

**SUITE 145** 

Appropriation Unit: 9999 - All Categories Is budget authority Yes

City/State/Zip

RENO, NV 89509-4866

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Diana Pearce 775-359-7272

Vendor No.:

T29033023

**NV Business ID:** 

NV20061450205

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing personal care and respite care services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$2,500,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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** 04/28/2022 13:42:29 PM gdavi6 **Division Approval** gdavi6 04/28/2022 13:42:31 PM Department Approval Ideloach 05/05/2022 14:02:08 PM 05/06/2022 10:04:10 AM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/16/2022 12:40:10 PM **BOE** Agenda Approval 05/28/2022 09:19:03 AM laaron **BOE Final Approval** Pending

Contract #: 26100 Page 2 of 2 **MSA 123** 

**CONTRACT SUMMARY** 

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# I. DESCRIPTION OF CONTRACT

1. Contract Number: 26029

Legal Entity SIERRA NEVADA CHILD &

Name: ADOLESCENT PSYCHIATRY, INC.

Agency Name: MSA MASTER SERVICE Contractor Name: SIERRA NEVADA CHILD &

**AGREEMENTS** 

ADOLESCENT PSYCHIATRY, INC.

Agency Code: MSA Address: 9900 Wilbur May Pkwy

Appropriation Unit: 9999 - All Categories Suite 4001

Is budget authority Yes City/State/Zip RENO, NV 89521

available?:

If "No" please explain: Not Applicable Contact/Phone: Jennifer McKay 775-450-6034

Vendor No.: T29014967 NV Business ID: NV20121081685

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing medical, mental health and pediatric services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$2,100,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation 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?

17. a. Does the contractor have a current Nevada State Business License (SBL)?

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:24:15 PM
Division Approval	gdavi6	04/28/2022 13:24:18 PM
Department Approval	ldeloach	05/04/2022 14:58:41 PM
Contract Manager Approval	rvradenb	05/04/2022 15:39:24 PM
Budget Analyst Approval	dspeed1	05/13/2022 11:27:02 AM
BOE Agenda Approval	laaron	05/25/2022 12:50:40 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26429

Legal Entity

SIERRA SERENITY PROVIDERS

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: SIERRA SERENITY PROVIDERS

Agency Code: MSA

Address:

1075 Harbor Town Circle

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

**SPARKS, NV 89436** 

Is budget authority available?:

If "No" please explain: Not Applicable

Trena Anderson 775/432-1035

Contact/Phone: Vendor No.:

T29041685

**NV Business ID:** NV20171232466

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

2022-2026

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, community based living arrangements, supportive living arrangements, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$9,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 125** Contract #: 26429 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 Signature Date User 06/03/2022 09:29:45 AM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 06/03/2022 09:29:48 AM **Department Approval** Ideloach 06/03/2022 14:56:29 PM Contract Manager Approval rvradenb 06/03/2022 15:55:59 PM **Budget Analyst Approval** hfield 06/06/2022 09:33:02 AM **BOE** Agenda Approval hfield 06/06/2022 09:33:04 AM

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26164

Legal Entity SPECIAL EDUCATION SUPPORT

Name: STAFF, LLC

**SPECIAL EDUCATION SUPPORT MSA MASTER SERVICE** Contractor Name: Agency Name:

STAFF, LLC **AGREEMENTS** 

**MSA 6630 SURREY STREET** Agency Code: Address:

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip LAS VEGAS, NV 89119

available?:

If "No" please explain: Not Applicable Contact/Phone: Danielle Ferreira 702-431-6260

> Vendor No.: T32011897

**NV Business ID:** NV20121497000

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing pre-employment services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$2,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

**Nevada Corporation** 

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 04/30/2022 20:35:14 PM **Division Approval** 04/30/2022 20:35:18 PM gdavi6 Department Approval Ideloach 05/05/2022 16:22:23 PM 05/06/2022 10:21:09 AM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/16/2022 12:06:33 PM **BOE** Agenda Approval 05/26/2022 14:39:31 PM laaron **BOE Final Approval** Pending

**MSA 126** Contract #: 26164 Page 2 of 2

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26300

Legal Entity

SPECIAL EMPLOYMENT SERVICES

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: SPECIAL EMPLOYMENT SERVICES

**AGREEMENTS** MSA

Address:

1415 S ARVILLE ST SUITE 100

Agency Code: Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89102

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Virginia Pei 702/628-0074

Vendor No.:

T29040559

**NV Business ID:** 

NV20031445503

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, case management, counseling, customized employment, disabilities support, employment support, job development, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 127** Contract #: 26300 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:41:14 PM
Division Approval	gdavi6	05/10/2022 13:41:16 PM
Department Approval	Ideloach	05/11/2022 16:00:19 PM
Contract Manager Approval	rvradenb	05/16/2022 10:37:55 AM
Budget Analyst Approval	nhovden	05/26/2022 15:20:49 PM
BOE Agenda Approval	nhovden	05/26/2022 15:20:52 PM
BOE Final Approval	Pending	

Contract #: 26300 Page 2 of 2 MSA 127

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 26028

Legal Entity SPECIAL RECREATION SERVICES,

Name: INC

Agency Name: MSA MASTER SERVICE Contractor Name: SPECIAL RECREATION SERVICES,

AGREEMENTS INC. DBA AMPLIFY LIFE

Agency Code: MSA Address: 480 Galletti Way

Appropriation Unit: 9999 - All Categories Building 2A

Is budget authority Yes City/State/Zip Sparks, NV 89510-7178

available?:

If "No" please explain: Not Applicable Contact/Phone: Cynthia Gustafson 702-241-8033

Vendor No.: T80935771A NV Business ID: NV19801000216

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 % X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Yes or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive? No

If "Yes", please explain

Not Applicable

3. Termination Date: **04/30/2026** 

Contract term: 3 years and 334 days

4. Type of contract: MSA

Contract description: Direct Client Srvcs

5. Purpose of contract:

This is a new contract to provide ongoing services for community work experience programs, disabilities support, educational tutoring and support, employment support, pre-employment, and respite care.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Was the solicitation (RFP) done by the Purchasing Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

d. Last bid date:

12/01/2021

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

06/01/2025

b. Is the contract part of an IT investment project over

No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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?

No b. If "No", please explain:

Vendor provides services under two DBAs. Camp Lotsafun and Amplify Life.

- 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	04/28/2022 13:23:57 PM
Division Approval	gdavi6	04/28/2022 13:23:59 PM
Department Approval	Ideloach	05/04/2022 14:25:44 PM
Contract Manager Approval	rvradenb	05/04/2022 15:39:05 PM
Budget Analyst Approval	dspeed1	05/13/2022 11:33:33 AM
BOE Agenda Approval	laaron	05/25/2022 08:36:05 AM
BOE Final Approval	Ponding	

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26246

Legal Entity

STACI R. ROSS, PH.D.

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: STACI R. ROSS, PH.D.

**MSA** Agency Code:

**AGREEMENTS** 

Address:

716 S 6TH ST

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89101-6922

available?:

If "No" please explain: Not Applicable

Contact/Phone:

702/382-3670

Vendor No.:

T27002014

**NV Business ID:** 

NV20021492179

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 Federal Funds

0.00 %

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing psychology and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

**Nevada Corporation** 

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:29:36 PM
Division Approval	gdavi6	05/10/2022 13:29:38 PM
Department Approval	Ideloach	05/11/2022 12:02:59 PM
Contract Manager Approval	rvradenb	06/03/2022 09:23:48 AM
Budget Analyst Approval	tsmorra	06/03/2022 10:34:30 AM
BOE Agenda Approval	hfield	06/03/2022 11:15:55 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26258

Legal Entity

STEPHANIE SCHOEN

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: STEPHANIE SCHOEN

Agency Code:

**AGREEMENTS** MSA

Address:

329 BRET HARTE AVE

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

RENO, NV 89509-2613

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Stephanie Schoen 775/348-0641

Vendor No.:

2022-2026

T81038949

**NV Business ID:** 

NV20161371052

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 %

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 % 0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for disabilities support, home health care, behavioral support, early intervention, home modification, occupational therapy, personal care, rehabilitation, and supportive living arrangements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 130** Contract #: 26258 Page 1 of 2

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

# III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

Nο

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State 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
- Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:32:00 PM
Division Approval	gdavi6	05/10/2022 13:32:02 PM
Department Approval	Ideloach	05/11/2022 12:33:26 PM
Contract Manager Approval	rvradenb	05/16/2022 10:14:50 AM
Budget Analyst Approval	nhovden	05/26/2022 12:53:46 PM
BOE Agenda Approval	nhovden	05/26/2022 12:53:48 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26260

Legal Entity

STEVEN W. KLOMP, DMD

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

STEVEN W. KLOMP, DMD DBA FAMILY DENTISTRY OF NEVADA

**AGREEMENTS** 

Address:

450 E. Main Ste. 308

Agency Code: MSA

Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip

PANACA, NV 89042-0308

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Jennifer Shurtliff 775/728-4432

Vendor No.:

2022-2026

T80931486

**NV Business ID:** 

NV20101118099

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

NA

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing dental services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$200,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

12/01/2021 d. Last bid date: Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

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?

b. If "No", please explain:

# Vendor provides services using a DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:32:28 PM
Division Approval	gdavi6	05/10/2022 13:32:31 PM
Department Approval	Ideloach	05/11/2022 14:21:11 PM
Contract Manager Approval	rvradenb	05/16/2022 10:15:15 AM
Budget Analyst Approval	nhovden	05/26/2022 11:48:08 AM
BOE Agenda Approval	nhovden	05/26/2022 11:48:10 AM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# I. DESCRIPTION OF CONTRACT

1. Contract Number: 26038

Legal Entity

Safe Zone

Name:

Agency Name: MSA MASTER SERVICE AGREEMENTS

i varric.

Contractor Name: Safe Zone

agency Code: MSA

Address:

1813 Fighting Falcon Ln

Agency Code: MS

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

North Las Vegas, NV 89031

Is budget authority available?:

If "No" please explain: Not Applicable

.

LaChasity Carroll 702-550-9120

Contact/Phone: Vendor No.:

Pendina

**NV Business ID:** 

NV20212059834

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 Federal Funds

0.00 % 0.00 % Fees Bonds 0.00 % 0.00 %

NA

Highway Funds

0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

. 1 - 2 -

If "Yes", please explain

Not Applicable

04/30/2026

Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing case management, emergency shelter care and safe-housing provider services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$5,000,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

Contract #: 26038 Page 1 of 2 **MSA 132** 

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified

agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract: No

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	04/28/2022 13:26:16 PM
Division Approval	gdavi6	04/28/2022 13:26:19 PM
Department Approval	ldeloach	05/04/2022 16:31:25 PM
Contract Manager Approval	rvradenb	05/05/2022 16:56:32 PM
Budget Analyst Approval	dspeed1	05/13/2022 12:44:20 PM
BOE Agenda Approval	laaron	05/26/2022 12:32:36 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

# **DESCRIPTION OF CONTRACT**

1. Contract Number: 26281

Legal Entity

MCMAHAN, SHERYLL J DBA

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

Shervii McMahan DBA STEPPING

STONES TO

Agency Code: MSA

Address:

**5221 RANCHER AVE** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89108-4030

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Sheryll Mcmahan 702/622-0714

Vendor No.:

T27022606

**NV Business ID:** 

2022-2026

NV20121688742

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing assistive technology services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$200,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

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?

b. If "No", please explain:

# Vendor provides services using DBA.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:35:26 PM
Division Approval	gdavi6	05/10/2022 13:35:29 PM
Department Approval	Ideloach	05/11/2022 14:51:56 PM
Contract Manager Approval	rvradenb	05/16/2022 10:17:45 AM
Budget Analyst Approval	nhovden	05/26/2022 16:28:30 PM
BOE Agenda Approval	nhovden	05/26/2022 16:28:32 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26077

Agency Code:

Legal Entity

RESTINA A. ANGAT

Name:

Contractor Name: St. Francis Group Home 2

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS MSA** 

**4151 E ST LOUIS AVENUE** Address:

Appropriation Unit: 9999 - All Categories

Is budget authority Yes

available?:

City/State/Zip

LAS VEGAS, NV 89104

If "No" please explain: Not Applicable

Contact/Phone:

**RESTINA A ANGAT 702-581-3487** 

Vendor No.:

T32002900

**NV Business ID:** 

NV20201749994

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

2022-2026

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

06/2022

NA

Examiner's approval?

Anticipated BOE meeting date

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing group home services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$300,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

dba

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 04/28/2022 13:31:04 PM **Division Approval** gdavi6 04/28/2022 13:31:07 PM Department Approval Ideloach 05/06/2022 11:50:59 AM 05/09/2022 13:50:31 PM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/09/2022 15:56:42 PM **BOE** Agenda Approval 05/26/2022 16:27:26 PM laaron **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26216

Legal Entity

Sunrise Health Clinics, LLC

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: Sunrise Health Clinics, LLC

Agency Code: MSA

Address:

6767 W. Tropicana Ave.

Appropriation Unit: 9999 - All Categories

Suite 100

Is budget authority

Yes

City/State/Zip

Las Vegas, NV 89103

available?:

If "No" please explain: Not Applicable

Contact/Phone:

702/209-0370

Vendor No.:

Pendina

**NV Business ID:** 

0.00 %

0.00 %

NV20141642973

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.

0.00 %

Federal Funds Highway Funds

General Funds

0.00 % 0.00 % **Bonds** Other funding

Fees

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing autism treatment assistance program, disabilities support services and psychology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 135** Contract #: 26216 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

06/01/2025

b. Is the contract part of an IT investment project over

\$50,000?

No

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	mstar2	05/05/2022 13:22:29 PM
Division Approval	mstar2	05/05/2022 13:22:34 PM
Department Approval	Ideloach	05/06/2022 12:25:54 PM
Contract Manager Approval	rvradenb	05/09/2022 14:00:47 PM
Budget Analyst Approval	nhovden	05/26/2022 15:32:22 PM
BOE Agenda Approval	nhovden	05/26/2022 15:32:24 PM
BOE Final Approval	Pending	

Contract #: 26216 Page 2 of 2 MSA 135

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26218

Legal Entity

T.A.L.K.S.PECIALISTS, LLC

Name:

**MSA MASTER SERVICE** Agency Name:

**MSA** 

Contractor Name: T.A.L.K.S.PECIALISTS, LLC

**AGREEMENTS** 

Address:

6701 W. Charleston Blvd #26

Appropriation Unit: 9999 - All Categories

City/State/Zip

Las Vegas, NV 89146

Is budget authority

Agency Code:

available?:

If "No" please explain: Not Applicable

Contact/Phone:

702/716-7496 T29039961

Vendor No.: **NV Business ID:** 

NV20021029250

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 Federal Funds

0.00 % 0.00 %

Yes

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing speech pathology, therapy, counseling, and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$200,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies. Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation 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)?

18. 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	mstar2	05/05/2022 13:23:16 PM
Division Approval	mstar2	05/05/2022 13:23:21 PM
Department Approval	ldeloach	05/06/2022 14:30:40 PM
Contract Manager Approval	rvradenb	05/09/2022 14:01:01 PM
Budget Analyst Approval	dspeed1	06/02/2022 14:24:35 PM
BOE Agenda Approval	hfield	06/02/2022 15:14:10 PM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26276

Legal Entity TAKING ACTION (A COMMITMENT TO Name:

IMPACT OUR NEIGHBORHOODS), LLC

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name:

**TAKING ACTION (A COMMITMENT TO** IMPACT OUR NEIGHBORHOODS),

LLC

Address:

4780 W. Ann Rd., STE 5-282

**MSA** Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

North Las Vegas, NV 89031

available?:

Agency Code:

Contact/Phone:

Breauna Trotter 702/591-1231

If "No" please explain: Not Applicable Vendor No.:

T27035020

**NV Business ID:** 

To what State Fiscal Year(s) will the contract be charged?

2022-2026

NV20151313487

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds

0.00 %

Fees

0.00 %

Federal Funds

0.00 %

Bonds

0.00 %

Highway Funds

0.00 %

X Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

No

3. Termination Date:

4 years and 30 days

Contract term: 4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for assistive technology, disabilities support, early intervention, home health care, personal care, respite care, case management, community work experience, customized employment, educational tutoring and education support, employment support, job development, and preemployment.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$10,000,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DETR, the agency is satisfied

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 05/10/2022 13:34:34 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 05/10/2022 13:34:37 PM Department Approval 05/11/2022 14:40:10 PM Ideloach Contract Manager Approval rvradenb 05/16/2022 10:17:00 AM **Budget Analyst Approval** 05/26/2022 16:40:33 PM nhovden **BOE** Agenda Approval nhovden 05/26/2022 16:40:37 PM

BOE Final Approval Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26016

Legal Entity

TIFFANY BUSALACCHI

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name:

**TIFFANY BUSALACCHI DBA** 

Tiffany Busalacchi 702-910-8574

RESPECTABILITY

**MSA** Agency Code:

Address:

5767 Pumpkin Ridge Rd.

Appropriation Unit: 9999 - All Categories

Is budget authority available?:

Yes

City/State/Zip

**Sparks**, **NV** 89436

If "No" please explain: Not Applicable

Contact/Phone:

Vendor No.:

Pendina

**NV Business ID:** 

2022-2026

NV20212181867

To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026 3. Termination Date:

Contract term: 3 years and 334 days

4. Type of contract: **MSA** 

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing employment support, job development and pre-employment services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,500,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DETR, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

Vendor provides services under the DBA Respectability.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** 04/30/2022 20:39:33 PM gdavi6 **Division Approval** gdavi6 04/30/2022 20:39:35 PM Department Approval Ideloach 05/09/2022 13:53:03 PM 05/09/2022 17:46:15 PM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/10/2022 11:14:07 AM **BOE** Agenda Approval 05/25/2022 12:18:00 PM laaron **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26093

Legal Entity

TRANSITION SERVICES, INC.

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

Contractor Name: TRANSITION SERVICES, INC.

Agency Code: MSA

2408 LAS VERDES ST Address:

Appropriation Unit: 9999 - All Categories

Is budget authority Yes

City/State/Zip

LAS VEGAS, NV 89102-3848

available?:

If "No" please explain: Not Applicable

Contact/Phone: Vendor No.:

Sally Rothfuss 702-383-1106 T81029761

**NV Business ID:** 

NV19981182644

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing services for community work experience programs, customized employment, employment support, job development, and pre-employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$7,500,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

**MSA 139** Contract #: 26093 Page 1 of 2

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date:

12/01/2021

Anticipated re-bid date:

06/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

\$50,000?

#### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation and facts supporting approval of the contract: No

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	04/28/2022 13:39:45 PM
Division Approval	gdavi6	04/28/2022 13:39:47 PM
Department Approval	Ideloach	05/04/2022 16:02:43 PM
Contract Manager Approval	rvradenb	05/06/2022 10:02:12 AM
Budget Analyst Approval	dspeed1	05/11/2022 17:34:00 PM
BOE Agenda Approval	laaron	05/25/2022 11:15:29 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: 25961

Legal Entity

The Williams Group, LLC

Name:

Agency Name: MSA MASTER SERVICE

varric.

Contractor Name: The Williams Group, LLC

AGREEMENTS

Address:

7720 Cowboy Trails

Agency Code: MS

MSA

/ taarco.

1120 COWDOY ITAIIS

Is budget authority

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

Las Vegas, NV 89131

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Sean Williams 702-675-0092

Vendor No.:

T32010531

NV Business ID:

NV20191595973

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 Federal Funds 0.00 % 0.00 % Fees Bonds 0.00 % 0.00 %

NA

Highway Funds

0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of

**Yes** or b. other effective date:

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing community based living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$3,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	04/01/2022 11:42:11 AM
Division Approval	gdavi6	04/01/2022 11:42:14 AM
Department Approval	Ideloach	04/04/2022 16:42:46 PM
Contract Manager Approval	gdavi6	04/07/2022 16:47:39 PM
Budget Analyst Approval	dspeed1	04/28/2022 14:30:16 PM
BOE Agenda Approval	laaron	05/28/2022 09:18:16 AM
BOE Final Approval	Pending	

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26389

Legal Entity

Theresa Fogal

**MSA MASTER SERVICE** Agency Name:

Name:

Contractor Name: Theresa Fogal DBA Eagles Nest

**AGREEMENTS** 

**MSA** 

4319 Toro Ct. Address:

Appropriation Unit: 9999 - All Categories

Is budget authority

Agency Code:

Yes

City/State/Zip

Reno, NV 89502

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Theresa Fogal 775-852-1078

Vendor No.:

T32011770

**NV Business ID:** 

NV20131309978

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

06/30/2026

Contract term:

4 years and 30 days

4. Type of contract:

MSA

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangements and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

# Vendor providers services using a DBA.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:26:59 AM **Division Approval** gdavi6 06/03/2022 09:27:01 AM Department Approval Ideloach 06/03/2022 14:21:00 PM rvradenb 06/03/2022 15:54:15 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/06/2022 09:33:53 AM **BOE** Agenda Approval hfield 06/06/2022 09:33:55 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: 26150

Legal Entity

United Language Group, Inc.

Name:

**MSA MASTER SERVICE** Agency Name: **AGREEMENTS** 

**United Language Group, Inc.** Contractor Name:

Agency Code: MSA

Address: 1600 Utica Avenue South

Suite 750

Appropriation Unit: 9999 - All Categories

Yes

City/State/Zip

Mineeapolis, MN 55416

Is budget authority available?:

If "No" please explain: Not Applicable

Mladen Cvijanovic 855-786-4833

Contact/Phone: Vendor No.:

T29045110

**NV Business ID:** 

NV20222394711

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 Federal Funds

0.00 % 0.00 %

Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

X Other funding

100.00 % Various Agencies

Agency Reference #: S1847-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable 3. Termination Date:

03/31/2026

Contract term:

3 years and 304 days

4. Type of contract:

MSA

Contract description:

Interpreting Service

5. Purpose of contract:

This is a new contract to provide ongoing document translation, desktop publishing and interpretation of languages via remote over-the-phone, over-video-remote, in-person, captioning, communication access real-time translation, and sign language services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$500,000.00

# II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides assistance to State employees, agencies, and citizens who are required to provide or need access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities. The State is required to provide services and official documents in languages other than English.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified or certified to provide these services

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provide various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 09/01/2025

10. a. Does the contract contain any IT components?

No No

b. Is the contract part of an IT investment project over

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

User Signature Date Approval Level **Budget Account Approval** gdavi6 04/30/2022 20:32:40 PM 04/30/2022 20:32:43 PM **Division Approval** gdavi6 Department Approval Ideloach 05/04/2022 14:10:25 PM 05/04/2022 15:41:01 PM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/11/2022 17:19:36 PM **BOE** Agenda Approval 05/26/2022 10:31:20 AM laaron **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26149

Legal Entity

Universal Language Service, Inc.

Name:

**MSA MASTER SERVICE** Agency Name:

**AGREEMENTS** 

Contractor Name:

Universal Language Service, Inc.

Agency Code: MSA

Address:

929 108th Avenue NE

Appropriation Unit: 9999 - All Categories

Suite 710

Is budget authority

Yes

City/State/Zip

Bellevue, WA 98004

available?:

If "No" please explain: Not Applicable

Contact/Phone:

Joe Whittington 425-389-2648

Vendor No.: **NV Business ID:**  T29045107

To what State Fiscal Year(s) will the contract be charged?

2022-2026

NV20222401611

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1847-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

03/31/2026

3. Termination Date: Contract term:

3 years and 304 days

4. Type of contract:

MSA

Contract description:

Interpreting Service

5. Purpose of contract:

This is a new contract to provide ongoing document translation, desktop publishing and interpretation of languages via remote over-the-phone, over-video-remote and sign language services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$500.000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities. The State is also required to provide services and official documents in languages other than English.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified or certified to provide these services.

9. Were quotes or proposals solicited?

Nο

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

**MSA 143** Contract #: 26149 Page 1 of 2

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provide various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 09/01/2025

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over

No

\$50,000?

# III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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 04/30/2022 20:32:18 PM **Budget Account Approval** gdavi6 **Division Approval** gdavi6 04/30/2022 20:32:20 PM Department Approval Ideloach 05/04/2022 14:21:36 PM Contract Manager Approval rvradenb 05/04/2022 15:40:48 PM **Budget Analyst Approval** 05/11/2022 13:59:24 PM dspeed1 **BOE** Agenda Approval 05/26/2022 10:57:38 AM laaron **BOE Final Approval** Pending

Contract #: 26149 Page 2 of 2 **MSA 143** 

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26374

Legal Entity

WAGNER DENTAL, PLLC

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name: WAGNER DENTAL, PLLC

**MSA** Agency Code:

**AGREEMENTS** 

Address:

2045 VILLAGE CENTER CIRCLE

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

LAS VEGAS, NV 89134

available?:

Contact/Phone:

Kimberli Irvin 702-878-5599

If "No" please explain: Not Applicable

Vendor No.:

T29045120

**NV Business ID:** 

NV20141477489

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026

3. Termination Date: Contract term:

4 years and 30 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing dental and related services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$200,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over

\$50,000?

No

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

**Contract Approvals:** 

Approval Level User Signature Date **Budget Account Approval** gdavi6 06/03/2022 09:26:02 AM **Division Approval** gdavi6 06/03/2022 09:26:04 AM Department Approval Ideloach 06/03/2022 14:14:34 PM rvradenb 06/03/2022 15:52:06 PM Contract Manager Approval **Budget Analyst Approval** hfield 06/06/2022 09:37:32 AM **BOE** Agenda Approval hfield 06/06/2022 09:37:35 AM **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26087

Legal Entity

WILLIAMS AKO ENOH

Name:

**MSA MASTER SERVICE** Agency Name:

Contractor Name:

WILLIAMS AKO ENOH DBA ENOH

**AGREEMENTS** 

**HOME** 

**MSA** Agency Code:

Address:

**430 VERONICA CT** 

Appropriation Unit: 9999 - All Categories

Is budget authority

Yes

City/State/Zip

**SPARKS, NV 89436-7910** 

available?:

If "No" please explain: Not Applicable

Contact/Phone:

WILLIAMS AKO ENOH 775-338-9474

Vendor No.:

T81200777

**NV Business ID:** 

NV20161501941

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 Federal Funds

0.00 % 0.00 % Fees **Bonds**  0.00 % 0.00 %

Highway Funds

0.00 %

Other funding

100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of

or b. other effective date:

NA

Examiner's approval?

Anticipated BOE meeting date

06/2022

Retroactive?

If "Yes", please explain

Not Applicable

04/30/2026

3. Termination Date: Contract term:

3 years and 334 days

4. Type of contract:

**MSA** 

Contract description:

**Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$6,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

Nο

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

# VENDOR PROVIDES SERVICES USING DBA

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable
- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level User Signature Date **Budget Account Approval** 04/28/2022 13:37:39 PM gdavi6 **Division Approval** gdavi6 04/28/2022 13:37:41 PM Department Approval Ideloach 05/05/2022 12:16:47 PM 05/06/2022 09:59:09 AM Contract Manager Approval rvradenb **Budget Analyst Approval** dspeed1 05/09/2022 10:55:11 AM **BOE** Agenda Approval 05/26/2022 16:11:37 PM laaron **BOE Final Approval** Pending

# CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### **DESCRIPTION OF CONTRACT**

1. Contract Number: 26310

Legal Entity YOUR CHOICE HOME HEALTH CARE.

Name:

**MSA MASTER SERVICE** Contractor Name: YOUR CHOICE HOME HEALTH CARE, Agency Name:

Address:

**AGREEMENTS** LLC

1963 E PRATER WAY #101

**MSA** Appropriation Unit: 9999 - All Categories

Is budget authority Yes City/State/Zip **SPARKS, NV 89434-8938** 

available?:

Agency Code:

If "No" please explain: Not Applicable Contact/Phone: Patricia Dotson 775/636-6269

> Vendor No.: T29038378

**NV Business ID:** NV20141164137

2022-2026 To what State Fiscal Year(s) will the contract be charged?

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source 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 % Other funding 100.00 % Various Agencies

Agency Reference #: S1737-RV

Contract start date:

a. Effective upon Board of or b. other effective date: NA

Examiner's approval?

Anticipated BOE meeting date 06/2022

Retroactive?

If "Yes", please explain

Not Applicable

06/30/2026 3. Termination Date:

Contract term: 4 years and 30 days

4. Type of contract: MSA

Contract description: **Direct Client Srvcs** 

5. Purpose of contract:

This is a new contract to provide ongoing personal care services.

NEW CONTRACT

The maximum amount of the contract for the term of the contract is: \$1,000,000.00

### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing

Yes

Division?

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: Not Applicable

c. Why was this contractor chosen in preference to other?

10. a. Does the contract contain any IT components?

b. Is the contract part of an IT investment project over No

\$50,000?

# **III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

If "Yes", please provide details of the litigation 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)?

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:
- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	05/10/2022 13:43:26 PM
Division Approval	gdavi6	05/10/2022 13:43:29 PM
Department Approval	Ideloach	05/11/2022 16:21:20 PM
Contract Manager Approval	rvradenb	05/16/2022 11:04:20 AM
Budget Analyst Approval	nhovden	05/26/2022 15:41:00 PM
BOE Agenda Approval	nhovden	05/26/2022 15:41:02 PM
BOE Final Approval	Pending	