

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:** July 12, 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=eMzzpyl2n0A>

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

**Phone Conference ID:** 538 483 541#

### 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 538 483 541#. 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 the June 14, 2022 and June 27, 2022 Meeting Minutes**  
(For possible action)

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

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

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

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Lakshmy Ramen to assist with payroll instruction and timekeeping for the Department of Agriculture through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee John Stauverman to provide maintenance and repair of equipment for the Department of Transportation through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Susan Genzler to assist in accomplishing the rapid and efficient response to COVID-19 and other public health programs through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

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

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

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

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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from May 24, 2022 through June 20, 2022.

- 9. 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 538 483 541#. 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.

## 10. 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 [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov). We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Dale Ann Luzzi at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov). Supporting materials for this meeting are available at 209 E. Musser Street, Suite 200, Carson City, NV 89701 or by contacting Dale Ann Luzzi at (775) 684-0223 or by email at [daluzzi@finance.nv.gov](mailto:daluzzi@finance.nv.gov).

### **Agenda Posted at the Following Locations:**

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

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

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### MEETING MINUTES

**Date and Time:** June 14, 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

#### **MEMBERS PRESENT:**

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

#### **STAFF PRESENT:**

Melanie Young, Clerk of the Board  
Rosalie Bordelove, Board Counsel  
Dale Ann Luzzi, Board Secretary

#### **OTHERS PRESENT:**

Cole Mortensen, Deputy Director, Department of Transportation  
Sherri McGee, Chief IT Manager, Department of Transportation  
Tara Hagan, Chief Deputy, State Treasurer's Office  
Kevin Benson, General Counsel, Governor's Office  
Kim Peterson, Education Programs Professional, Department of Corrections  
Adrienne Monroe, Administrative Services Officer, Department of Corrections  
Bill Quenga, Deputy Director, Department of Corrections  
Jennifer Idema, Administrative Services Officer, Department of Conservation and Natural Resources

## 1. Call to Order / Roll Call

**Governor:** I'd like to call to order today's meeting of the State of Nevada, Board of Examiners for Tuesday, June 14, 2022, Election Day, to order. Could I ask the Clerk to take the roll, please?

**Board Secretary:** Yes, good morning. Governor Sisolak.

**Governor:** Here.

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

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

**Board Secretary:** Attorney General Ford.

**Attorney General:** Here.

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

## 2. Public Comment

The first public comment 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. When prompted to provide the meeting ID, please enter 316 240 28#. 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.

**Governor:** Moving on to item number two, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board on any item on today's agenda, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have anybody in Las Vegas? No. Do we have anybody in Carson City?

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

**Governor:** Do we have any electronic or written public comments?

**Clerk of the Board:** We did not receive any.

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

## 3. Approval of the May 10, 2022 Meeting Minutes (For possible action)

**Governor:** Moving on to item number three, *Approval of the May 10, 2022 Meeting Minutes*. Do we have a motion to approve the minutes?

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

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

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

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Public Safety - Nevada Highway Patrol Division	2	\$126,337
<b>Total</b>	<b>2</b>	<b>\$126,337</b>

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

**Clerk of the Board:** Good morning. There is one request to purchase vehicles under this agenda item. This request is from the Department of Public Safety, Highway Patrol Division to purchase two replacement vehicles for an amount not to exceed \$126,377. The vehicles being replaced were totaled in accidents and are being funded with insurance recoveries. Are there any questions on this item?

**Governor:** These are electric vehicles, right?

**Clerk of the Board:** Yes, that is correct.

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

**Attorney General:** None here, move approval.

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

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

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Lleta Brown to provide technical assistance to registered apprenticeship programs for the Department of Businesses and Industry through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee William Steves to act as an audit subject matter expert for the requirement gathering and request for the proposed phase of Project MYNT for the Department of Taxation through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Michelle Dobbs to assist with fiscal operations and to provide back-up as a Finance Section Chief during State Emergency Operations Center activations for the Division of Emergency Management through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Christian LaPrairie to perform training on body-worn cameras and equipment for various agencies through Axon Enterprise, Inc.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee David Wooldridge to work as a Project Manager for the Multi-Application Geographic Information Center project for the Nevada Department of Transportation through Master Service Agreement #21167 with Guidesoft, Inc. dba Knowledge Services.

**F. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the Nevada Department of Transportation requests authority to contract with former employee Dave Schwartz to provide contract administration services on contract 3907, I-80 Button Point highway project, in Humboldt County.

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

**Clerk of the Board:** There are six requests under this agenda item to contract with former employees. I'll present these individually as there were revisions and responses to questions we received late last night to item 5-E and the agency is here today to add additional information.

**Governor:** Great, go ahead.

**Clerk of the Board:** Agenda item 5-A is from the Department of Administration, Purchasing Division to contract with a former employee to provide technical assistance to registered apprenticeship programs for the Department of Business and Industry. This individual will be employed on a part-time basis through HAT Limited Partnership, doing business as Manpower, through June 30, 2023.

Item 5-B is also for the Department of Administration, Purchasing Division to contract with a former employee to provide subject matter expert assistance for the requirements gathering for the modernization of the Unified Tax System for the Department of Taxation. This individual will be employed on a full-time basis, also through Manpower, through June 30, 2023.

Item 5-C is also for the Department of Administration, Purchasing Division to contract with a former employee to provide fiscal support for the Office of the Military, Division of Emergency Management. This individual will be employed on a part-time basis through Marathon Staffing Group through July 31, 2024.

Item 5-D for the Department of Administration, Purchasing Division to contract with a former employee to perform training on body-worn cameras and equipment through Axion Enterprises through a contract with the National Association of State Procurement Officials.

Then, Governor, I'll go on to agenda item 5-F, if you'd like to take a vote on those matters and then, we can hear from the agency for 5-E separately.

**Governor:** We'll take them all together except for 5-E.

**Clerk of the Board:** Item under 5-F is from the Department of Transportation to contract with a former employee to provide contract administration services on the I-80 Button Point Highway Project through HDR Engineering through June of 2023.

Are there any questions on these items?

**Governor:** No, do I have a motion on 5-A, B, C, D and F?

**Attorney General:** Move for approval.

**Governor:** We have a motion for approval from General Ford on items 5-A, 5-B, 5-C, 5-D and 5-F. Is there any discussion on the motion? Hearing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

**Clerk of the Board:** Item 5-E is for the Department of Administration, Purchasing Division to contract with a former employee to provide project manager duties for the Multi-Application Geographic Information Center project for the Department of Transportation



through Guidesoft Incorporated, doing business as Knowledge Services. The agency has some revisions to make to this if they could please come forward.

**Cole Mortensen:** Good morning, Governor and members of the Board. This is Cole Mortensen, Deputy Director for the Nevada Department of Transportation. I understand there were questions but the largest revision we have is that we reduced the agreement length from four years to two years. We had originally anticipated the project taking approximately four years which is why we had started with that but with the understanding that that might be a contract that's a little longer than what we'd like and we'd like to do a two-year agreement here and extend if necessary.

**Governor:** Well, I'm a little concerned that you're already talking about extending it if necessary when you're doing two years. I mean, four-and-a-half years, to me, is extreme, which is what you had asked for originally.

**Cole Mortensen:** It was my understanding that was the anticipated schedule for the project itself. With the amount of data that we anticipate utilizing our geographic information system (GIS) and we're really in the early stages of getting all that on similar platforms so that we have better access to the data that we have out there.

**Governor:** Alright and I'll reiterate my statement that the initial request is for four-and-a-half years and I'm opposed to a four-and-a-half-year item with this extension with somebody that just qualified for their pension. It's two years to when, June 2024?

**Cole Mortensen:** That would be my understanding, sorry. I have staff on the line that will correct me if I am mistaken.

**Governor:** Well could I get an affirmative answer to what it is?

**Sherri McGee:** This is Sherri McGee. So, Governor and Board Members, this is a multi-million dollar, multi-year Request for Proposal (RFP) that was just released and the time frame we were estimating was what we had initially put in for support for this project. This large multi-million dollar, phased projects take a long time to implement and that was our estimate but we won't know until we get the actual RFP proposals in. We're thinking it could probably be a shorter timeframe. So, we were just estimating and it could come in at two years but we know for sure, that it will probably be at least two years and that's why we revised the timeframe. We had the worst-case scenario in the estimation. We won't know for sure until the RFP comes back and we need this person on-site to be part of the RFP process as well.

**Governor:** Then, why don't I do this – why don't I give you six months and then when you have a project, you have the RFP finalized, you can come back and ask for more. How's that?

**Sherri McGee:** That would be great. Then we'd have the exact timelines for you. Thank you, Governor.

**Governor:** I move approval on item number 5-E, expiring on January 1, 2023.

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

**Governor:** Is there any discussion on the motion? All in favor, signify by saying aye. The motion passes.

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

(For possible action)

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

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee an allocation of \$102,029 from the Interim Finance Committee Contingency Account to cover costs associated with the repair and maintenance of the South Fork Dam.

**B. Department of Conservation & Natural Resources – Division of Forestry**

Pursuant to NRS 353.268, the Division requests the Board's recommendation to the Interim Finance Committee for an allocation of \$5,935,293 from the Interim Finance Committee Contingency Account to cover costs associated with the emergency response expenses within the Nevada Division of Forestry fire suppression account.

**C. Department of Indigent Defense Services**

Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$136,268 from the Interim Finance Contingency Account to reimburse Douglas, Lincoln, Nye, Carson City, Elko, Humboldt, and Pershing counties for costs associated with case-related expenses for indigent defense services.

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

**Clerk of the Board:** Thank you. There are three requests under this agenda item for a positive recommendation to the Interim Finance Committee, pursuant to NRS 353.268, for an allocation from the Interim Finance Committee Contingency Account. The current balance in the account is approximately \$18.4 million. If all of these items were approved the remaining balance would be \$12.2 million.

The first request is from the Department of Conservation and Natural Resources, Division of Water Resources for an allocation of \$102,029 to cover anticipated costs for the repairs of the South Fork Dam.

The second request is from the Department of Conservation and Natural Resources, Division of Forestry for an allocation of \$5,935,293 to cover emergency response expenses with the Forestry Fire Suppression Account.

The third request is from the Department of Indigent Defense Services for an allocation of \$136,268 to reimburse counties for the costs associated with case-related expenses for Indigent Defense Services.

Are there any questions on these items?

**Governor:** Appreciate that. Do we have any questions on item numbers 6-A, 6-B or 6-C?

**Attorney General:** None here, move approval.

**Governor:** We have a motion on the floor for approval from General Ford. Is there any discussion? All in favor, signify by saying aye. Are any opposed? The motion passes.

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

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

Claimant: Jazmin Melgar  
Claim No: TC20094  
Settlement Amount: \$95,000  
Date of Loss: November 9, 2013

Claimant: Douglas Melgar  
Claim No: TC20095  
Settlement Amount: \$91,152.18  
Date of Loss: November 9, 2013

Claimant: Estate of Helen Liu  
Claim No: TC20096  
Settlement Amount: \$25,489.27  
Date of Loss: November 9, 2013

Claimant: Hui Liu  
Claim No: TC20097  
Settlement Amount: \$95,000  
Date of Loss: November 9, 2013

Claimant: Lianfen Xu  
Claim No: TC20098  
Settlement Amount: \$95,000  
Date of Loss: November 9, 2013

**Governor:** Item number seven, *Request for Approval to Pay a Tort Claim.*

**Clerk of the Board:** There is one request under this agenda item. This represents a \$401,641.45 claim for which the Office of the Attorney General recommends payment from the Tort Claim Account. This includes a settlement agreement of \$95,000 for three of the claimants, another is \$91,152.18 and the last one is \$25,489.27. Are there any questions on this item?

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

**Attorney General:** None here, move approval.

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

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

### **A. Department of Education**

Pursuant to NRS 333.475, the Department requests approval to enter into a Joinder Contract to utilize the Nevada Association of School Administrators contract with EDU2000 to provide a program for students to transition from pre-algebra to algebra 1.

### **B. Department of Employment, Training and Rehabilitation – Employment Security Division**

Pursuant to NRS 333.475, the Department requests approval to enter into a Joinder Contract to utilize the Department of Health and Human Services, Division of Welfare and Supportive Services contract with CSG Government Solutions to provide project management services.

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

**Clerk of the Board:** There are two joinder contracts under this agenda item. The first is a request from the Department of Education to utilize the Nevada Association of School Administrators Contract with EDU 2000 to provide a program for students in the form of pre-algebra and algebra.

The second item is from the Department of Employment Training and Rehabilitation to utilize a contract with the Department of Health and Human Services, Division of Welfare and Support Services and CSG Government Solutions to provide project management services. Are there any questions on these items?

**Governor:** No questions. Do we have any questions on item number eight, the two joinders? Do we have a motion?

**Attorney General:** Move approval.

**Governor:** We have a motion from General Ford for approval on item numbers 8-A and 8-B. Is there any discussion? Hearing none. All in favor, signify by saying aye. Are any opposed? The motion passes.

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

**Governor:** Item number nine, *Approval Proposed Leases*.

**Clerk of the Board:** There are eight leases under this agenda item for approval by the Board. These are extensions of existing leases. Are there any questions on these items?

**Governor:** Do we have any discussion or any questions on the leases? Do I have a motion on item number nine?

**Attorney General:** Move approval.

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

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

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

**Clerk of the Board:** There are 84 contracts under this agenda item. I would note contract numbers 23, 36, 46, 54 and 72 are contingent upon approval at the June 21, 2022 Interim Finance Committee meeting. Are there any questions on these items?

**Governor:** I have a couple of questions. On contract numbers 10 through 17, all of these for \$4 million – do we have somebody available from the Treasurer's Office?

**Tara Hagan:** Good morning, Governor, Members of the Board. Tara Hagan with the Treasurer's Office. These are contracts for our Unclaimed Property Division and what they are, they're audits and what these audits do is, they're nationwide audits and these various auditors go out and some have different specialties, such as financial services, et cetera, but the main thing is, they don't get paid unless money is returned to the Nevada Unclaimed Property Division and then, dispersed out to Nevada residents.

**Governor:** My question is since we have so many of them on here, eight of them, did every vendor who applied just get put on the list?

**Tara Hagan:** Thanks, Governor. Yes, I think the evaluation committee decided to enter into contracts with every vendor that submitted a proposal.

**Governor:** What was the term? There was, in my briefing and my counsel brought this up and I don't know, Kevin, if you're on the phone, that it says that they were the highest scoring, is that correct?

**Tara Hagan:** I believe so. I was not on the committee but I recollect that the committee decided to hire every single auditor that submitted a proposal.

**Governor:** I guess the concern is that if we say that they're the highest-scoring for eight of them and then they don't get any work, can they not have some recourse at the State that says, "Hey look, you said I was the highest-scoring and I didn't get any business?"

**Tara Hagan:** That's a good question. I know in the past we've hired these auditors and they have not had work because simply, they didn't return money to the Unclaimed Property Division. So, it is possible but I'm happy to work with Counsel if that's a concern.

**Governor:** Well, it's a concern and I don't know who's going to opine that this is alright or not. I mean, I know the wording of it is, if I'm a business and I get a contract from the State that says you're the best and then, I don't get any business, I might not be too happy but I see Kevin there.

**Kevin Benson:** This is Kevin Benson for the record, General Counsel, Governor's Office and I would refer to the Board's Counsel but my impression is that that's essentially a clerical error in the contract summary in the packet that says each of them is the highest scorer which, obviously, cannot be correct and so, again, I defer to Board Counsel but I would suggest that any motion to approve be made with the clarification that that is not the case and that that's simply a clerical error.

**Rosalie Bordelove:** Rosalie Bordelove of Board Counsel for the record. Any kind of qualification can be given upon a motion for these contracts and so, if the Board would like to approve them with that clarification, I think that would be a good idea.

**Attorney General:** Mr. Governor, if I could, I think now I'm a little confused because it could very well be that all eight of them tied and so they are, in fact, the highest-scoring but I'm not sure we know enough information to be able to accurately either qualify or take it as it is but is the time of the essence on these? Maybe the representative from the Treasurer's Office can ask because if not, maybe we can get some clarification and bring it back.

**Tara Hagan:** Tara Hagan again for the record. We can certainly get clarification and bring them back to the meeting in July. I'm happy to do that.

**Attorney General:** We're not going to muddy the waters but now I'm a little confused because if we're going to clarify this in a way that does not reflect the reality of the way these were scored then, I'd be interested in ensuring that the clarification is accurate.

**Governor:** Then let's hold these for the July meeting.

**Tara Hagan:** Yes, Governor, that's fine. We'll work with staff on this.

**Governor:** I appreciate it.

Then I've got two more. I know, Kevin, you sent me a memo but I didn't get it until two minutes before the meeting so, I didn't get a chance to read it regarding the Vocational Services for Youthful Offenders. Who's handling that one?

**Clerk of the Board:** Let me check to see if there's somebody from the Department of Corrections.

**Kim Peterson:** I am here. Kim Peterson.

**Governor:** The question I had is, how many kids or inmates were we getting through the program and I was told it was two and then, it was explained that it's because they're moving around that we don't have many.

**Kim Peterson:** Governor, this is Kim Petersen, the Education Program Specialist with the Department of Corrections. We have around 33 youthful offenders enrolled in Lovelock. What happens is because of PREA (Prison Rape Elimination Act) as soon as they turn 18, we have to transfer them to the general population, usually outside of that institution. So, that's where you hear about transferring. But on a daily basis, we're serving about 33 offenders.

**Governor:** I guess what I'm interested in is are we getting enough kids through this to renew this?

**Clerk of the Board:** Governor, it appears we lost connection with the person from the Department of Corrections. Is there anyone else on the line that can step in for the Department of Corrections?

**Adrienne Monroe:** Governor, this is Adrienne Monroe, Chief of Fiscal for the Nevada Department of Corrections. I don't know if I can speak to the particulars of the programmatic content but I'll do my best. I am familiar with the expansion of programs and our long history of the number of high school diplomas that the department has been able to issue to inmates.

**Governor:** As long as somebody's watching this, I guess that's what I'm concerned about.

**Adrienne Monroe:** Yes, I have spoken with our program staff recently. I was hoping to get some stats for you in time for meeting today's meeting, just in case you asked but I can tell you that going back as far as 2017, we have from 2017 through fiscal year 2021, we have doubled the number of high school diplomas that we have been able to issue to inmates. I think it started, maybe in 2017, it was about 160 and we're nearly double that now and I know that they're expanding for this fiscal year. I just don't have that statistic for you but it is very successful and it plays into reducing recidivism significantly and with this particular program, through Pershing and for Lovelock, it not only includes a concentration on math skills but adds a vocational skills component to it as well.

**Governor:** I'm fine with that one then.

Then I had one, and Kevin if you can hear me, the memo you sent me here, and I got a number here wrong on the inmate labor one. Remember the one, there was an inmate labor contract for the compost facility and you know what number that was?

**Adrienne Monroe:** Governor, that is item number 71 under the Information Contract Summary and that's for Nevada Organic.

**Governor:** So we're not at that one yet. I'll get to that one. Alright, those are all of my questions.

**Secretary of State:** Governor, I just wanted to make sure that I thanked your staff again for talking to my staff, for responding to us and giving us all the answers so that we don't have to bring up all of it here and also, thank you for what you brought up, those were some of the questions we had as well. I just want to thank your staff, they do an excellent job. Thank you.

**Governor:** Thank you, Secretary, they certainly do and I appreciate it. They're great at answering questions. I apologize, for some of mine that I didn't get the answers to until this morning and that's why I had the follow-ups.

Do we have any further questions on the proposed contracts? Do I have a motion on the contracts except numbers 10 through 17 that are being held for July?

**Attorney General:** I move for approval of contracts except contract numbers 10 through 17, which are being held until July.

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

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

**Governor:** Moving on to item number eleven, *Approval Proposed Master Service Agreements*.

**Clerk of the Board:** Thank you there are 77 Master Service Agreements under agenda item 11 for approval by the Board. Are there any questions on these items?

**Governor:** Do we have any questions on the proposed Master Service Agreements? Hearing and seeing none. Do I have a motion?

**Attorney General:** None here. I move for approval.

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



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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from April 20, 2022 through May 23, 2022.

**Governor:** Item number 12, *Information Contracts*.

**Clerk of the Board:** Agenda item 12 has 109 contracts with contracts over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board between April 20, 2022 through May 23, 2022. Are there any questions on these items?

**Governor:** I have two. Item number 71 is for the Nevada Organics and it's the Compost Facility up there at the prison, correct? I've toured that, twice now and it's a great facility and they do some great training there. The question I have is that I guess they pay a dollar an hour to four dollars an hour for labor?

**Bill Quenga:** For the record Bill Quenga, the Deputy Director of Industrial Programs for the Nevada Department of Corrections. Governor this is an extension from the contract that expired in February. I'll bring this out in August. We are in negotiations at this point to increase that salary and I'm working with Nevada Organics to propose a new contract coming out for another two to four-year term.

**Governor:** Bill, I appreciate that because I was there and I don't know if the Attorney General or the Secretary of State were ever at the organics plant but you talk about hard work, let me tell you something. I mean they're shoveling all of that, well, stuff and bagging it and there's an odor associated with it and these guys really, really work hard and I find it a little disingenuous if we're paying them a dollar an hour and the company is reaping the benefit of getting this work done at such a low, low price and then the folks doing the work aren't really even compensated. So, I don't know where my colleagues are on this. I'm alright with an extension but I would certainly want this addressed in a new contract.

**Bill Quenga:** Governor, working with them and in this program, we get a lot of the offenders that go to the camp coming in from the medium facility and we select these offenders. They start from one to four dollars, depending on the occupation or job that they do, within about six months, going on to nine months and then, we watch the work ethic and they progress to our Erickson Trust which pays minimum wage, which is a facility out in Washoe County and we progress them up there to make minimum wage, working. We have approximately 14 offenders working at the trust company and the majority of them are coming out from the compost facility.

**Governor:** Though, you're right, I think it's great that they can come out and get a full-time job at the compost facility and get minimum wage but when they're under our jurisdiction or

our care, it just seems like, to me, I don't want to be taking advantage to this extent that we're paying a dollar an hour for guys that are, well, I'm telling you – I didn't pick up a shovel but it sure looks like hard work that these guys are doing out there, shoveling these massive piles and bagging this stuff for the compost company. When this contract is addressed, I would hope that we would certainly look at that.

**Bill Quenga:** Governor, I'm in negotiations at this time. We'll also have Mr. Buk, who is the owner of the company, present at the next meeting if we move forward.

**Governor:** They leased the land from us as well, right?

**Bill Quenga:** Yes, sir.

**Governor:** I don't know if anybody else has any questions on that one.

The other one I have is contract number 85. If I'm not mistaken, item number 85 was a gentleman that came to the last meeting that had a problem. He had some kayaks and surfboards or something at Lake Tahoe and he didn't get awarded the contract and he was going to lose his business and employees and whatnot. And now, we came back and we gave him the contract. Am I kind of summarizing that correctly?

**Clerk of the Board:** Is this contract number 85 or 86 on the agenda? Contract number 85 is for Nevada Adventures, LLC and contract number 86 is the Outdoor Immersion Incorporated.

**Governor:** Did one of them appear at the last meeting complaining they didn't get the contract?

**Clerk of the Board:** Yes, I'm going to double-check the minutes for the individual's name, one moment.

**Governor:** I'm just asking the question and pointing it out and I don't know if General Ford -- we've got a lot of lawyers here that more educated on this than I am. It seems like if recollection serves me, we had an RFP for this, the gentleman did not get it, we awarded it to somebody else. He got up and talked, that he had boats and paddles and all that kind of thing that he wanted to lease out and we didn't give it to him. We gave it to somebody else. And now he spoke up and objected and now we gave it to him and we gave it to another person.

**Clerk of the Board:** Governor, in the minutes, the individual that came forward was Andrew Laughlin for Outdoor Immersion Inc. and I'm not sure if somebody from State Parks is on the line to answer the Governor's questions.

**Jennifer Idema:** Hello, this is Jennifer Idema with Nevada State Parks, I'm happy to answer any questions you have on the contract.

**Governor:** Did you understand my question?

**Jennifer Idema:** Yes, Governor and Members of the Board, the contracts are for two different services. The contract that he made a comment on at the last meeting was an RFP that was done for equipment rentals out of Sand Harbor whereas this particular contract is for guided tours and it includes kayaks and different equipment other than just the boat rentals.

**Governor:** So, it's an expansion of the other contract. I mean, this must be more than tours alone.

**Jennifer Idema:** The special use permit is for kayaks, stand-up paddleboards, snowshoes, mountain bikes and hiking tours in an organized and controlled fashion whereas the other contract that was awarded to Clearly Tahoe is just for equipment rental.

**Governor:** Is equipment rental allowed under this one?

**Jennifer Idema:** No, it is not.

**Governor:** I guess I'm good. Yes, General Ford?

**Attorney General:** As I understand the question, Mr. Governor, the concern is whether the gentleman who voiced opposition last go-round to not being able to participate in the RFP is now being awarded a comparable contract. I think the answer to that is no – we had two separate contracts, one that was issued through RFP and however this one was issued. As they are two separate contracts, I don't see an issue with him being able to get one and not the other and if that's your sole concern, I don't share it and I think that we're alright moving forward.

**Governor:** I'm good then. Thank you much.

### **13. Information Item Reports**

#### **A. Department of Conservation and Natural Resources – Division of State Lands – Fiscal Year 2022, 3rd Quarter**

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This submittal reports program activities for the 3rd quarter of fiscal year 2022.

#### **B. Statewide Quarterly Overtime Report – Fiscal Year 2022, 3rd Quarter**

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget

Division regarding the report. The Budget Division submits the 3rd Quarter Overtime Report and analysis for fiscal year 2022.

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

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds, and IFC Restricted Contingency Funds as of April 30, 2022.

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

Tort Claim Fund	\$ 3,598,122.35
Statutory Contingency Account	\$ 11,553,837.97
Stale Claims Account	\$ 2,124,292.39
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 8,011,031.70
IFC Unrestricted Contingency Fund General Fund	\$ 18,847,547.78
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 8,150,769.00
IFC Restricted Contingency Highway Fund	\$ 334,796.00

**Governor:** I'll move on to item number 13, *Information Item Reports*.

**Clerk of the Board:** There are three informational reports under agenda item 13 today, the first one is from the Department of Conservation and Natural Resources, State Lands regarding lands or interest in lands, transferred, sold, exchanged, or leased under the Tahoe Basin Act Program as well as the quarterly report on the status of real property or interest in real property transferred under the Lake Tahoe Mitigation Program. This report is for the quarter ending on March 31, 2022. There was one acquisition of 10.6 acres of undeveloped land and two acquisitions of real property totaling 5,224 square feet. The total acquisition costs were \$1,158,421. Are there any questions on this report?

**Governor:** No questions. Any questions?

**Attorney General:** None here.

**Clerk of the Board:** Moving on to the second report. This is a report of overtime and accrued compensatory time for the third quarter of fiscal year 2022. This has been summarized and I'll go over some of the highlights. Overtime and accrued comp time leave account for the total of approximately \$20.9 million for the third quarter of 2022 which relates to 7.95% of base pay. By comparison, total overtime was approximately \$16 million in the same period in fiscal year 2021. The total overtime for the first three quarters of this fiscal

year is \$60.75 million compared to \$51 million for the same period in fiscal year 2021. The overtime for the third quarter is an 18.9% increase over the same period in fiscal year 2021.

The Department of Corrections has the highest amount of overtime and accrued comp time of \$7.82 million or 20.64% of the base pay followed by the Department of Health and Human Services at \$6.95 million or 8.91% of the base pay. Next is the Department of Public Safety with \$1.94 million or 9.66% of base pay.

The final report under this agenda item is the balance of the various contingency accounts as of April 30, 2022. Are there any questions on these items?

**Governor:** Do we have any questions on either of those, the overtime or the accounts? That was an information item, I'll close item number 13.

**14. 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. When prompted to provide the meeting ID, please enter 316 240 28#. 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.

**Governor:** Moving on to item number 14, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item under our jurisdiction, please step forward, identify yourself for the record and comments will be limited to three minutes. We have no one in Las Vegas. Do we have anyone in Carson City?

**Clerk of the Board:** There is no one coming forward in Carson City.

**Governor:** Do we have any written or telephonic public comment?

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

**Governor:** We have none down here either.

## **15. Adjournment**

**Governor:** We are adjourned. Thanks, everybody and Secretary, good luck today.

Governor Steve Sisolak  
*Chairman*

Susan Brown  
*Clerk of the Board*



Attorney General Aaron D. Ford  
*Member*

Secretary of State Barbara K. Cegavske  
*Member*

## STATE OF NEVADA BOARD OF EXAMINERS

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

### MEETING MINUTES

**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

#### **MEMBERS PRESENT:**

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

#### **STAFF PRESENT:**

Susan Brown, Clerk of the Board  
Greg Ott, Board Counsel  
Dale Ann Luzzi, Board Secretary

### **1. Call to Order / Roll Call**

**Governor:** I'd like to call to order today's meeting of the State of Nevada, Board of Examiners for Monday, June 27, 2022 to order. Could I ask the Clerk to take the roll, please?

**Board Secretary:** Yes, good morning. Governor Sisolak.

**Governor:** Here.

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

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

**Board Secretary:** Attorney General Ford.

**Attorney General:** Here.

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

**2. Public Comment** The first public comment 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. When prompted to provide the meeting ID, please enter 316 240 28#. 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.

**Governor:** Moving on to item number two, *Public Comment*. This is the first time set aside for public comment. Anyone wishing to address the Board on any item on today's agenda, please step forward, identify yourself for the record and comments will be limited to three minutes. Do we have no one in Las Vegas? Is there anyone in Carson City?

**Clerk of the Board:** There is no one in Carson City.

**Governor:** Do we have any written or telephonic public comment?

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

**Governor:** I'll close item number two.

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

**Governor:** Moving on to item number three, *Approval Proposed Master Service Agreements*.

**Clerk of the Board:** Thank you there are 146 Master Service Agreements under agenda item 3 for approval by the Board. Are there any questions on these items?

**Governor:** Do we have any questions on the 146 proposed Master Service Agreements? Hearing and seeing none. Do I have a motion?

**Attorney General:** Move approval.

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

**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. When prompted to provide the meeting ID, please enter 316 240 28#. 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.

**Governor:** Moving on to item number 4, *Public Comment*. This is the second time set aside for public comment. Anyone wishing to address the Board on any item under our jurisdiction, please step forward, identify yourself for the record and comments will be limited to three minutes. We have no one in Las Vegas. Do we have anyone in Carson City?

**Clerk of the Board:** We have no one in Carson City.

**Governor:** Do we have any written or telephonic public comment?

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

## **5. Adjournment**

**Governor:** We are adjourned. Thank you, everybody.



Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

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

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

Date: June 9, 2022  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Dustin Speed, Executive Branch Budget Officer *DS*  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

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

Additional Information:

Ms. Dobson retired from the Division of Environmental Protection on April 3, 2021 and is receiving pension benefits. Her skills and experience overseeing the Fiscal Management Branch within the Bureau of Administrative Services are necessary to help train new staff. The division intends to contract with Ms. Dobson from July 25, 2022 until September 30, 2022 on a part-time basis for approximately 16 hours per week.

Statutory Authority:

NRS 333.705 (1)

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



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

June 9, 2022

**MEMORANDUM**

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

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

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

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

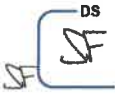
If you have any questions, please contact me at [amorfin@admin.nv.gov](mailto:amorfin@admin.nv.gov)



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

Date: June 09, 2022

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

From: Sheryl Fontaine, Chief, Bureau of Administrative Services  
Nevada Division of Environment Protection 

Subject: Authorization to Extend an Existing Contract with a Former Employee

---

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

We are requesting to extend this contract with Ms. Dobson due to her expertise and experience overseeing and managing the Fiscal Management Branch within the Bureau of Administrative Services. This branch provides critical fiscal services and support to the entire Division but has been significantly understaffed for over a year. Ms. Dobson's experience is needed to assist with the State Fiscal Year 2024-2025 budget building as well as year-end closing processes.

If you have any questions, please contact me at 775-687-9374 or [sfontaine@ndep.nv.gov](mailto:sfontaine@ndep.nv.gov).



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

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

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>Report to Sheryl Fontaine, Chief Bureau of Administrative Services</p> <ol style="list-style-type: none"> <li>1. Assist with training new ASO III, to include:               <ol style="list-style-type: none"> <li>a. Budget preparation</li> <li>b. Fiscal note drafting</li> <li>c. Work program development</li> <li>d. Indirect cost allocation calculation</li> <li>e. Contract development and management</li> <li>f. Federal grant oversight, including tracking, draws, fiscal reporting and SARFs</li> <li>g. Self-Assessment Questionnaires</li> </ol> </li> </ol>
<b>B</b>	<p><b>Document former job description.</b></p> <p>The employee worked as an ASO III in the Bureau of Administrative Services, overseeing the Fiscal Management branch staff and work products, including 1a through 1f above.</p>

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

<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	07/25/2022 – 09/30/2022
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part time, estimated to average 16 hours per week
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	N/A

**Comments – Provide any additional comments:**

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

DocuSigned by:  
  
82A8895AC8294F3 6/9/2022 | 10:51 AM PDT  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request Date

  
\_\_\_\_\_  
Purchasing Administrator Signature (if a Statewide Contract) Date 6/9/22

  
\_\_\_\_\_  
Budget Analyst Signature Date 6/9/22

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

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenmeyer  
Deputy Director

Melanie Young  
Administrator

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

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

Date: June 6, 2022  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Dustin Speed, Executive Branch Budget Officer *DS*  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Lakshmy Ramen to assist with payroll instruction and timekeeping for the Department of Agriculture through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Ramen retired from the Department of Wildlife on October 29, 2021 and is receiving pension benefits. Her skills and experience as a former Payroll Clerk are needed to assist with payroll instruction and timekeeping. The department intends to contract with Ms. Ramen upon BOE approval until July 29, 2022 on a full-time basis.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: LA  
ACTION ITEM: \_\_\_\_\_





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

June 6, 2022

**MEMORANDUM**

**To:** Dustin Speed  
**From:** Annette Morfin, Purchasing Officer  
**Subject:** CETS Contract 23928 – HAT LTD Partnership dba Manpower  
RFP 99SWC-S1406 – Temporary Employment Services

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

Manpower is aware they will not be able to hire Lakshmy until July BOE approval.

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

STEVE SISOLAK  
Governor

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



JENNIFER OTT  
Director

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

STATE OF NEVADA  
DEPARTMENT OF AGRICULTURE

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

DATE: June 1, 2022

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

FROM: Katie Jameson, Fiscal Administrator  
Department of Agriculture

SUBJECT: Authorization to Contract with Former Employee – Lakshmy Ramen

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The Nevada Department of Agriculture is requesting to contract with former employee, Lakshmy Ramen, using Manpower Temporary Services. The request is made in accordance with the State Administrative Manual Chapter 0323. In her previous position, Ms. Ramen handled department payroll, employee payouts, employee timekeeping, employee technical questions, payroll reconciliation, payroll roll-overs, leave adjustments and other payroll duties. Through this contract for a short duration of two weeks Lakshmy Ramen will provide the NDA staff processing payroll and employee documents with expertise and training to transfer knowledge about state processes and policy.

This assistance will be greatly resourceful for current staff since Central Payroll no longer offers training certifications and help the agency ensure accuracy in these documents and workflows.

Thank you,

Katie Jameson, Fiscal Administrator



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

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

**Authorization to Contract with a Former Employee**

Employee Information				
Former Employee Name:	Lakshmy Ramen			
Former Employee ID Number:	27108			
Former Job Title:	Accounting Assistant 3			
Former Employee Agency:	Dept. of Wildlife			
Former Class and Grade:	Class:	2.000	Grade:	27
Former Employment Dates:	From:	7/22/2002	To:	10/29/2021
Requesting Agency:	Dept. of Agriculture			
Vendor:	Manpower			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Assist with payroll instruction and pay clerk duties/work for a period less than three weeks.
<b>B</b>	<b>Document former job description.</b> Former Payroll Clerk for State Agency. Performed timekeeping, employee payouts, special pay requests, timesheet approval, and payroll reconciliations.
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b> Yes. Candidate will be contracted through Manpower.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>

	Central Payroll is no longer offering payroll training or timekeeping training. The agency does not have a current staff member with such knowledge. The agency has experienced turn-over in the employee timekeeper position and is need of training to maintain these functions.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b> N/A
<b>F</b>	<b>List contractors' hourly rate.</b> \$25.67
<b>G</b>	<b>List the range of comparable State employee rates.</b> \$17.62- \$25.67 - <a href="#">Accounting Assistant III</a>
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b> N/A – Pay is reflective of a Grade 27 Step 10.
<b>I</b>	<b>Document justification for hiring contractor.</b> Central Payroll is no longer offering payroll training or timekeeping training. The agency does not have a current staff member with such knowledge. The agency has experienced turn-over in the employee timekeeper position and is need of training to maintain these functions. The duties are critical to ensure accuracy in employee pay records.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b> Yes.
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b> 2 weeks - upon BOE approval to 7/29/22
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b> Full Time
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b> No.
<b>Comments – Provide any additional comments:</b>	

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

**Katie Jameson**

Digitally signed by Katie Jameson  
DN: cn=Katie Jameson, o=Florida Department of Agriculture,  
ou=Administrative Services, email=kjameson@flda.gov, c=US  
Date: 2022.05.11 13:28:12 -0700

\_\_\_\_\_  
Signature of Agency Head Authorizing Request

\_\_\_\_\_  
Date

*Kevin D. Osty*

*6/6/22*

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

\_\_\_\_\_  
Date

*Ashley*

\_\_\_\_\_  
Budget Analyst Signature

*6/6/22*

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

Melanie Young  
Administrator

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

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

Date: May 24, 2022  
To: Susan Brown, Clerk of the Board  
Governor's Finance Office  
From: Dustin Speed, Executive Branch Budget Officer DS  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee John Stauverman to provide maintenance and repair of equipment for the Department of Transportation through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

Additional Information:

Mr. Stauverman retired from the Department of Transportation on June 24, 2022 and is receiving pension benefits. His skills and experience are needed to assist with equipment repair and maintenance at the Fallon Maintenance Yard. The Highway Mechanic I position has been vacant since January 24, 2022. The recruitment for this position has been lengthy with no viable candidates. The department intends to contract with Mr. Stauverman from July 12, 2022 until December 31, 2022 on a full-time basis.

Statutory Authority:

NRS 333.705 (1)

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



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

May 24, 2022

**MEMORANDUM**

**To:** Dustin Speed  
**From:** Annette Morfin, Purchasing Officer  
**Subject:** CETS Contract 23928 – HAT LTD Partnership dba Manpower  
RFP 99SWC-S1406 – Temporary Employment Services

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

Manpower is aware they will not be able to hire John until July BOE approval.

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



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

## MEMORANDUM

May 17, 2022

**To: Nevada State Purchasing, Governor's Finance Office**  
**From: Kristina Swallow, Director**  
**Subject: Authorization to Contract with a Former Employee – John Stauverman**

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### SUMMARY

District II is requesting to employ a person who will have been retired from State Service less than 3 weeks after his retirement date.

The Highway Equipment Mechanic I position in the Fallon Maintenance Yard has been vacant since January 24, 2022.

It is anticipated that John could start as a Manpower Temporary Staff employee July 12, 2022.

### BACKGROUND

The position was advertised on February 10, 2022, and we had 2 candidates to interview. Neither candidate showed up for the interview and the recruitment has been open continuously since then.

The incumbent was Barnett Haden who promoted to the Mechanic 2 position on January 24, 2022. Mr. Stauverman is currently the Highway Equipment Mechanic Supervisor I who is retiring from State service on June 24, 2022.

The recruitment for this position has been lengthy will no viable candidates. The Fallon shop is responsible for all equipment for D2 east maintenance stations. Hiring the former supervisor back for a limited time through a temporary staffing contract will assist with the repair needs with this vacancy and assist with the future vacancy for the shop supervisor position with training and guidance.

### RECOMMENDATION

DocuSigned by:

*Kristina Swallow*

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\_\_\_\_\_  
P.E., Director





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information				
<b>Former Employee Name:</b>	John R. Stauverman			
<b>Former Employee ID Number:</b>	02468			
<b>Former Job Title:</b>	Highway Equipment Mechanic Supervisor I			
<b>Former Employee Agency:</b>	NDOT			
<b>Former Class and Grade:</b>	<b>Class:</b>	9.315	<b>Grade:</b>	37
<b>Former Employment Dates:</b>	<b>From:</b>	August 2, 1993	<b>To:</b>	June 24, 2022
<b>Requesting Agency:</b>	NDOT – District II			
<b>Vendor:</b>	Manpower Northern Nevada			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Diagnose, maintain, modify, and repair Nevada Department of Transportation (NDOT) equipment and are responsible for keeping equipment in the district's fleet in good repair for routine highway maintenance and emergency response
<b>B</b>	<b>Document former job description.</b> Direct the operation of a major maintenance station; and supervise equipment shop personnel including mechanics, trades workers, semi-skilled personnel and support staff.
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b> Employee has 30 years of NDOT equipment mechanic experience. Training will occur as a Manpower Temp employee for up to several months
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>


	State Employees can perform this function, but they need training. Hiring the former equipment supervisor back for a limited time through a temporary staffing contract will assist in the transfer of institutional knowledge to the new supervisor and still keep the current equipment fleet operational
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	Not related.
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$33.40 hourly rate to employee, plus Manpower Administrative fee
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	Highway Equipment Mechanic I, Class 9.321, \$22.60 - \$33.40
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	N/A
<b>I</b>	<b>Document justification for hiring contractor.</b>
	The recruitment for this position has been lengthy with no viable candidates. The Fallon shop is responsible for all equipment for D2 east maintenance stations. Hiring the former supervisor back for a limited time through a temporary staffing service will assist with the repair needs with this vacancy and assist with the future vacancy for the shop supervisor position with training and guidance.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Dates are anticipated to begin as early July 12, 2022, and end on December 31, 2022. If needed and funding approved contract not to exceed 6 months from start date or earlier if viable candidate is hired
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Full Time. Anticipate 40 hours per week
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No

**Comments – Provide any additional comments:**

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

DocuSigned by:  
  
Signature of Agency Head Authorizing Request

05/23/2022  
Date

  
Gideon K Davis for Kevin Doty

Purchasing Administrator Signature (if a Statewide Contract)

05/24/2022  
Date

  
Budget Analyst Signature

5/24/22  
Date

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

\_\_\_\_\_  
Date

Steve Sisolak  
Governor



Susan Brown  
Director

Tiffany Greenameyer  
Deputy Director

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

Melanie Young  
Administrator

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

Date: June 22, 2022

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

From: Kelli Anderson, Executive Branch Budget Officer  
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Susan Genzler to assist in accomplishing the rapid and efficient response to COVID-19 and other public health programs. through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

Additional Information:

The agency indicates that the contract position will provide knowledge transfer and training to support incoming staff with COVID-19 and public health activities throughout the State of Nevada. This includes direct services, such as nurses, as well as support and administrative staff. She has specialized knowledge of the agency and programs fiscal operations, familiarity with the staff's technical skill set, and the ability to coordinate and facilitate the necessary resources to assist in accomplishing the rapid and efficient response to COVID-19 and other public health programs.

Ms. Genzler will start upon Board of Examiners' approval on July 12, 2022 and continue through June 30, 2023. The position is 100% funded through the CDC Foundation and will work part-time 20 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: <u>   <i>JK</i>   </u>
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

July 8, 2022

**MEMORANDUM**

**To:** Dustin Speed  
**From:** Annette Morfin, Purchasing Officer  
**Subject:** CETS Contract 23927 – Marathon Staffing Group Inc.  
RFP 99SWC-S1406 – Temporary Employment Services

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

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

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

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Division of Public and Behavioral Health  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

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

## MEMORANDUM

DATE: July 8, 2022

TO: Annette Morfin, Purchasing Officer

FROM: Lisa Sherych   
Administrator, Division of Public and Behavioral Health

RE: Authorization to Contract with Former State Employee – Sue Genzler, Budget Analyst for the Community Health Nursing Program

The Division of Public and Behavioral Health is requesting approval for prior state employee Sue Genzler to work through Marathon Staffing Group. The request is made in accordance with the State Administrative Manual Chapter 0323. She has specialized knowledge of agency and program fiscal operations, familiarity of staff's technical skill set, and ability to coordinate and facilitate the necessary resources to assist in accomplishing the rapid and efficient response to COVID-19 and other public health programs through the Community Health Nursing Program.

Ms. Genzler will serve as a Budget Analyst for the Community Health Nursing Program. She will be doing the following:

- Draft policies and procedures related to the fiscal management of the Community Health Nursing (CHN) Program.
- Support the CHN Program ensure compliance and timely fiscal operations during the duration of the contract.
- Assist in the training and technical assistance provide to new fiscal staff as they onboard to the programs.
- Monitor and verify financial expenditures to ensure conformance with rules, regulations, and budgetary limits.
- Approve all coding for POs, RXQs, subgrants, MOUs, travel, inter-local contracts as needed.
- Utilize the fiscal templates provided by the agency to monitor all program income and expenses to ensure compliance with our multiple funding sources and the budgetary restrictions of each.
- Provide any historical data or financial projections or data analysis as requested by Program Manager or Central Fiscal unit.

Previously, Ms. Genzler served in many roles within the State of Nevada 7.000 Fiscal Management and State Services Series. Within those positions, the following are examples of job duties for each position in which she served:

- Monitor state authority for multiple budget accounts by RGL and category, analyze expenditures, prepare monthly indirect calculations, verify allocations for salaries and related expenditures, present budgets, and projections at monthly fiscal briefings with each program and fiscal staff, complete year-end reconciliation of all budget expenditures and revenue and prepare fiscal year-end closings

documentation. prepare and implement biennial budgets in NEBS including narrative justifications and detailed spending plans.

- Responsible for the overall financial management of the program. Monitor and verify financial expenditures to ensure conformance with rules, regulations, and budgetary limits. Approve all coding for POs, RXQs, subgrants, MOUs, travel, inter-local contracts as needed. Create an advanced excel financial tracking spreadsheets to review and monitor all program expenses to ensure compliance with our multiple funding sources and the budgetary restrictions of each. Provide any historical data or financial projections or data analysis as requested by Program Manager or Fiscal unit.
- Responsible for the overall financial management of the program. Monitor and verify financial expenditures to ensure conformance with rules, regulations, and budgetary limits. Review and approve monthly Request for Reimbursements reports from all preparedness subcontractors. Tracked all program expenses under each federal award and prepared data for federal reports and subcontractor meetings.
- Keyed Billing Claims and Journal Vouchers submitted by other State Agencies. Reviewed and verified all Advantage documents. Performed other accounting duties as needed to assist the CAFR Accountants including SARFs.

If you need further clarification, please do not hesitate to contact Kelli Quintero by email at [kquintero@health.nv.gov](mailto:kquintero@health.nv.gov).

Thank you for your consideration.





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**

Employee Information			
<b>Former Employee Name:</b>	Susan (Sue) Genzler		
<b>Former Employee ID Number:</b>	42671		
<b>Former Job Title:</b>	Budget Analyst, Management Analyst, Grants and Projects Analyst, Accounting Assistant		
<b>Former Employee Agency:</b>	Nevada State Controller, Nevada Division of Public and Behavioral Health, Nevada Department of Environmental Protection		
<b>Former Class and Grade:</b>	<b>Class:</b> <u>7.655</u>	<b>Grade:</b> <u>38</u>	
<b>Former Employment Dates:</b>	<b>From:</b> 3/16/09	<b>To:</b> 4/1/22	
<b>Requesting Agency:</b>	Nevada Division of Public and Behavioral Health		
<b>Vendor:</b>	Marathon Staffing Group, Inc.		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <ul style="list-style-type: none"> <li>• Draft policies and procedures related to the fiscal management of the Community Health Nursing (CHN) Program.</li> <li>• Support the CHN Program ensure compliance and timely fiscal operations during the duration of the contract.</li> <li>• Assist in the training and technical assistance provide to new fiscal staff as they onboard to the programs.</li> <li>• Monitor and verify financial expenditures to ensure conformance with rules, regulations, and budgetary limits.</li> <li>• Approve all coding for POs, RXQs, subgrants, MOUs, travel, inter-local contracts as needed.</li> <li>• Utilize the fiscal templates provided by the agency to monitor all program income and expenses to ensure compliance with our multiple funding sources and the budgetary restrictions of each.</li> <li>• Provide any historical data or financial projections or data analysis as requested by Program Manager or Fiscal unit.</li> </ul>
<b>B</b>	<p><b>Document former job description.</b></p> <p>The individual has served in many roles within the State of Nevada 7.000 Fiscal Management and State Services Series. Within those positions, the following are examples of job duties for each position in which she served:</p> <ul style="list-style-type: none"> <li>• Monitor state authority for multiple budget accounts by RGL and category, prepare and make monthly federal draws, prepare monthly and quarterly federal financial reports, prepare monthly indirect calculations, verify</li> </ul>

	<p>allocations for salaries and related expenditures, complete year-end reconciliation of all budget expenditures and revenue and prepare fiscal year-end closings documentation.</p> <ul style="list-style-type: none"> <li>• Monitor state authority for multiple budget accounts by RGL and category, analyze expenditures and monitor fiscal transactions. prepare monthly Financial Expanded Fund Maps and projections, prepare monthly indirect calculations, verify allocations for salaries and related expenditures, present budgets and projections at monthly fiscal briefings with each program and fiscal staff, complete year-end reconciliation of all budget expenditures and revenue and prepare fiscal year-end closings documentation. prepare and implement biennial budgets in NEBS including narrative justifications and detailed spending plans</li> <li>• Responsible for the overall financial management of the program. Monitor and verify financial expenditures to ensure conformance with rules, regulations, and budgetary limits. Approve all coding for POs, RXQs, subgrants, MOUs, travel, inter-local contracts as needed. Create an advanced excel financial tracking spreadsheets to review and monitor all program expenses to ensure compliance with our multiple funding sources and the budgetary restrictions of each. Provide any historical data or financial projections or data analysis as requested by Program Manager or Fiscal unit.</li> <li>• Responsible for the overall financial management of the program. Monitor and verify financial expenditures to ensure conformance with rules, regulations, and budgetary limits. Review and approve monthly Request for Reimbursements reports from all preparedness subcontractors. Tracked all program expenses under each federal award and prepared data for federal reports and subcontractor meetings.</li> <li>• Keyed Billing Claims and Journal Vouchers submitted by other State Agencies. Reviewed and verified all Advantage documents. Performed other accounting duties as needed to assist the CAFR Accountants including SARFs.</li> </ul>
	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p>
<b>C</b>	<p>Yes, this individual has worked at the Division on both central fiscal services, as well as within the CHN Program. This employee has the specialized knowledge to support the program during current vacancies, but more importantly, to train the new staff and ensure that the job duties and activities can be documented so turnover within the staff does not create such a notable challenge in operations.</p>
	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p>
<b>D</b>	<p>The CHN Program has had turnover in fiscal staff but are working to recruit. This contractor will both fill the gap of essential fiscal services during the recruitment process but will also train and provide technical assistance to the new fiscal staff upon hire through the duration of the contract.</p>
	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p>
<b>E</b>	<p>There is no relationship with this contractor that would violate NAC 284.750.</p>
	<p><b>List contractors' hourly rate.</b></p>
<b>F</b>	<p>Hourly rate will be \$45/hour</p>
<b>G</b>	<p><b>List the range of comparable State employee rates.</b></p>

	<p>This contractor was formerly several grades, but the last was a grade 38 within the Budget Analyst Series.</p> <p>The compensation range for a BA III is: \$27.96 to \$41.82 (PP01 – employee/employer)</p>
<b>H</b>	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b></p> <p>This position will be compensated at \$45/hour. The comparable state position (grade 38) ceiling is \$41.82. The 10% for this rate is \$46/hour; therefore, the planned rate does not exceed the 10% above the comparable maximum.</p>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>This contractor has recently retired from state service and is able and willing to return to the support the CHN Program during a period of great vacancy. The program has also had turnover in fiscal staff, so someone with historical knowledge of the fiscal program operations is imperative to ensure the learning curve of new staff is minimal. The cooperative agreement that is providing funding for this position has specific allowance to hire contractors to support the public health workforce needs.</p>
<b>J</b>	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes, the employee is retired and will be collecting PERS.</p>
<b>K</b>	<p><b>What is the duration of the contract with the former employee? (Include start and end date)</b></p> <p>Proposed Start Date: July 12, 2022; Proposed End Date: June 30, 2023 (end of project period for the cooperative agreement noted below)</p> <p>This position is funded through the Centers for Disease Control and Prevention (CDC) - CDC-RFA-TP18-1802: Cooperative Agreement for Emergency Response: Public Health Crisis Response. This position will be directly supporting the Community Health Nursing Program to ensure public health nursing services can be offered in Nevada's rural counties.</p>
<b>L</b>	<p><b>Will the former employee be working full time or part time? If part time, how many hours?</b></p> <p>Part-time, up to 20 hours per week</p>
<b>M</b>	<p><b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b></p> <p>None</p>

**Comments – Provide any additional comments:**

Our Community Health Nursing Program provides critical services in 11 nursing clinics (Dayton, Fernley, Yerington, Fallon, Hawthorne, Tonopah, Pahrump, Panaca, Winnemucca, Lovelock, Ely) and provide the following services:

**Mandatory Services Include:**

- Investigation and reporting infectious disease
- STI: control, prevention, and treatment
- HIV: testing, counseling referral for treatment
- TB: screening, control, prevention, and treatment
- Vaccine clinics scheduled as necessary for outbreaks
- Participation in Local Emergency Preparedness Committees, Points of Dispensing exercises, and Board of Health meetings

**Optional Essential Services:**

- Family Planning and Reproductive Health
- Preventive Health Care
- Adult and childhood immunizations
- Breast and cervical cancer screenings
- Laboratory testing
- Early Periodic Screening Diagnosis and Treatment (EPSDT) exams
- Topical fluoride varnish treatment
- Outreach and education
- Women, Infants, and Children (WIC) services

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

*Joe J. [unclear]*

7/8/22

Signature of Agency Head Authorizing Request

Date

*Kevin D. Doherty*

7/8/22

Purchasing Administrator Signature (if a Statewide Contract)

Date

*[Signature]*

7.11.22

Budget Analyst Signature

Date

Clerk of the Board of Examiners Signature

Date

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – HEALTHCARE QUALITY AND COMPLIANCE	LILLIAN TALLMAN DBA KOHR TALLMAN LIVING TRUST	\$1,122,920
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>10/01/2022</b> – <b>09/30/2029</b>	<b>Located in Carson City</b>
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES	M&H SUNRISE, LLC	\$200,490
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>08/01/2022</b> – <b>07/31/2027</b>	<b>Located in Yerington</b>
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES AND DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	HOLLY- CARSON I & II, LLC	\$9,578,688
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>08/01/2023</b> – <b>07/31/2027</b>	<b>Located in Carson City</b>

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

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

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
Division of Public and Behavioral Health, Healthcare Quality and Compliance  
4150 Technology Way, Third Floor  
Carson City, Nevada 89706  
Irma Janssen  
T: 775.684.4224 E: contractunit@health.nv.gov

Remarks: This is a renewal of an existing lease. Tenant Improvements are incorporated in the renewal, and it is still below Area Market Rate.

Exceptions/Special notes:

2. Name of Lessor: Tallman, Lillian dba Kohr Tallman Living Trust

3. Address of Lessor: o/o Nevada Commercial Services Inc.  
1475 Terminal Way, Suite A  
Reno, NV 89502

4. Property contact: Niki Wilcox  
T: 775.851.3666 (Office) T: 775.220.4760 (Cell) E: nwilcox@NCSReno.com

5. Address of Lease property: 727 Fairview Drive, Suite E  
Carson City, Nevada 89701

a. Square Footage:  Rentable  Usable 8,370

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 13,224.60	12	\$ 158,695.20	October 1, 2022 - September 30, 2023	\$0.05	\$1.53	\$1.58
3% \$ 13,643.10	12	\$ 163,717.20	October 1, 2023 - September 30, 2024	\$0.05	\$1.58	\$1.63
-5% \$ 12,973.50	12	\$ 155,682.00	October 1, 2024 - September 30, 2025	\$0.00	\$0.00	\$1.55
2% \$ 13,224.80	12	\$ 158,695.20	October 1, 2025 - September 30, 2026	\$0.00	\$0.00	\$1.58
0% \$ 13,224.60	12	\$ 158,695.20	October 1, 2026 - September 30, 2027	\$0.00	\$0.00	\$1.58
3% \$ 13,643.10	12	\$ 163,717.20	October 1, 2027 - September 30, 2028	\$0.00	\$0.00	\$1.63
0% \$ 13,643.10	12	\$ 163,717.20	October 1, 2028 - September 30, 2029	\$0.00	\$0.00	\$1.63

c. Total Lease Consideration: 84 \$ 1,122,919.20

d. Total Improvement Cost: \$10,462.50

e. Option to renew:  Yes  No 365 Renewal terms: One identical term per lease

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

g. Term: Seven (7) years

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

i. Utilities:  Landlord  Tenant

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

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

l. Comparable Area Market Rate Average: \$1.68

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

n. Lease will be paid for by Agency Budget Account Number: 3216

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

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

RECEIVED

JUN 14 2022

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

**STATEWIDE LEASE INFORMATION**

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

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

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

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

\_\_\_\_\_

Kelli P Quintero      6/10/22  
 Authorized Agency Signature      Date

44

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Sole Proprietor.	
f. Nevada Business ID Number:	NV20161718621	Exp: 12/31/2023
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T32011485	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature]      6.13.20  
 Authorized Signature      Date  
 Public Works Division

For Board of Examiners       YES       NO



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

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

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Health and Human Services  
 Division of Child and Family Services  
 4126 Technology Way, 3rd Floor  
 Carson City, Nevada 89706  
 Sharon Knigge  
 T: 775.684.7952 E: contracts@dcfs.nv.gov

Remarks: This is a renewal of an existing lease.

Exceptions/Special notes:

2. Name of Lessor: M&H Sunrise, LLC

3. Address of Lessor: 6774 Glissando Ct  
 Las Vegas, Nevada 89139

4. Property contact: Darren Wagner  
 T: 775.530.4826 E: dew072014@gmail.com

5. Address of Lease property: 205 West Goldfield Avenue  
 Yerington, Nevada 89447

a. Square Footage:  Rentable  
 Usable 2,350

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	\$ 3,265.50	12	\$ 39,186.00	August 1, 2022 - July 31, 2023	\$0.00	\$0.00	\$1.39
2%	\$ 3,337.00	12	\$ 40,044.00	August 1, 2023 - July 31, 2024	\$0.00	\$0.00	\$1.42
0%	\$ 3,337.00	12	\$ 40,044.00	August 1, 2024 - July 31, 2025	\$0.00	\$0.00	\$1.42
1%	\$ 3,384.00	12	\$ 40,608.00	August 1, 2025 - July 31, 2026	\$0.00	\$0.00	\$1.44
0%	\$ 3,384.00	12	\$ 40,608.00	August 1, 2026 - July 31, 2027	\$0.00	\$0.00	\$1.44
c. Total Lease Consideration:		60	\$ 200,490.00				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One (1) identical term			
f. Holdover notice:	# of Days required	30	Holdover terms:	5%/90			
g. Term:	Five (5) year term						
h. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
i. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant						
j. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input type="checkbox"/> 5 day	<input checked="" type="checkbox"/> Rural 3 day	<input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see special notes)		
k. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
l. Comparable Area Market Rate Average:	\$1.38						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	3229						

**STATEWIDE LEASE INFORMATION**

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

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

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

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

\_\_\_\_\_

  
Authorized Agency Signature

5/31/2022  
Date

For Public Works Information:

7. State of Nevada Business License information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
*If Yes, explain....	_____	
c. Does the Lessor have a current Nevada State Business License?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....	_____	
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	<u>Domestic</u>	
f. Nevada Business ID Number:	<u>NV20171038539</u>	Exp: <u>1/31/2023</u>
g. Is the Lessor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....	_____	
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	<u>T32004653</u>	
j. Is this an Arms Length Transaction (No Conflict of Interest)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain....	_____	

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

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

  
Authorized Signature  
Public Works Division

6/2/22  
Date

bm  
For Board of Examiners  YES  NO

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

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

**STATEWIDE LEASE INFORMATION**

1. Agency:

Department of Health and Human Services  
 Division of Child and Family Services / Division Of Public and Behavioral Health  
 4128/4150 Technology Way  
 Carson City, Nevada 89708  
 Sharon Knigge  
 T: 775.684.7952 E: contracts@dohs.nv.gov  
 Irma Janssen  
 T: 775.684.4224 E: contractunit@health.nv.gov

Remarks:

This is a renewal of an existing lease.

Exceptions/Special notes:

2. Name of Lessor:

Holly-Carson I & II, LLC

3. Address of Lessor:

c/o Sperry Van Ness  
 305 North Carson Street, Suite 200  
 Carson City, Nevada 89701

4. Property contact:

Dan Sheehan  
 T: 775.825.3330 x 106 E: dan.sheehan@svn.com

5. Address of Lease property:

4128 & 4150 Technology Way  
 Carson City, Nevada 89708

a. Square Footage:

Rentable  
 Usable 98,748

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 164,043.78	12	\$ 1,848,525.12	August 1, 2022 - July 31, 2023	\$0.00	\$0.00	\$1.88
3% \$ 158,665.07	12	\$ 1,903,980.87	August 1, 2023 - July 31, 2024	\$0.00	\$0.00	\$1.81
0% \$ 168,695.07	12	\$ 1,903,980.87	August 1, 2024 - July 31, 2025	\$0.00	\$0.00	\$1.81
3% \$ 163,425.02	12	\$ 1,991,100.24	August 1, 2025 - July 31, 2026	\$0.00	\$0.00	\$1.86
0% \$ 183,425.02	12	\$ 1,981,100.24	August 1, 2026 - July 31, 2027	\$0.00	\$0.00	\$1.88
	60	\$8,578,687.35			\$0.00	

c. Total Lease Consideration:

d. Total Improvement Cost:

e. Option to renew:

f. Holdover notice:

g. Term:

h. Pass-thrus/CAM/Taxes

i. Utilities:

j. Janitorial:

k. Repairs:

l. Comparable Area Market Rate Average:

m. Specific termination clauses in lease:

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

<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One (1) identical term
# of Days required	30	Holdover terms:	6%/90
Term:	Five (5) years		
Pass-thrus/CAM/Taxes:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant		
Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant		
Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input checked="" type="checkbox"/> 3 day <input type="checkbox"/> 5 day <input type="checkbox"/> Rental 3 day <input type="checkbox"/> Rental 5 day <input type="checkbox"/> Other (see special notes)	
Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant
Comparable Area Market Rate Average:	\$1.98		
Specific termination clauses in lease:	Breach/Default lack of funding		
Lease will be paid for by Agency Budget Account Number:	Multiple		

8. This lease constitutes:

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

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

**STATEWIDE LEASE INFORMATION**

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

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

Yes:  No:  Dec Unit Base

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

[Signature] 6/7/22  
 Authorized Agency Signature Date  
[Signature] 6/7/22  
 Authorized Agency Signature Date  
 325 DCFS

For Public Works Information:

7. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c.	Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d.	The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>
e.	Ownership Type (Domestic, Foreign, Government, etc.):	<u>Domestic</u>	
f.	Nevada Business ID Number:	<u>NV20141106661</u>	Exp: <u>2/28/2023</u>
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i.	State of Nevada Vendor number:	<u>T27034447</u>	
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature] 6/7/22  
 Authorized Signature Date  
 Public Works Division  
 AA For Board of Examiners  YES  NO

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	LCPDS, LLC	OTHER: REGULATORY ASSESSMENTS	\$100,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness and technical expertise in analyzing the general areas involving electric, gas and water utilities.				
		Term of Contract:	07/15/2022 - 07/13/2024	Contract # 26323		
2.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	AUDIT SERVICES U.S., LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25893		
3.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	AVENU INSIGHTS & ANALYTICS, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$744,688	
	Contract Description:	This is a new contract to provide ongoing securities custodian services, including selling and transferring securities and tracking corporate actions on these securities for the Unclaimed Property Division.				
		Term of Contract:	09/01/2022 - 08/31/2026	Contract # 26200		
4.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	DISCOVERY AUDIT SERVICES, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25901		
5.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	EECS, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25898		
6.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	INNOVATIVE ADVOCATE GROUP INCORPORATED	OTHER: ABANDONED PROPERTY RECEIPTS	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25897		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	KELMAR ASSOCIATES, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25902		
8.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	KROLL GOVERNMENT SOLUTIONS, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25896		
9.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	SPECIALTY AUDIT SERVICES, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25894		
10.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	TREASURY SERVICES GROUP, LLC	OTHER: ABANDONED PROPERTY RECEIPTS	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 25900		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$340,810	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Blasdel Building in Carson City.				
		Term of Contract:	08/01/2022 - 07/31/2026	Contract # 26415		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$232,783	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Stewart Facility, Building #107 in Carson City.				
		Term of Contract:	08/01/2022 - 07/31/2026	Contract # 26417		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$289,140	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the EICON building in Carson City. Term of Contract: 08/01/2022 - 07/30/2026 Contract # 26419				
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$882,654	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Department of Motor Vehicles building in Reno. Term of Contract: 08/01/2022 - 07/31/2026 Contract # 26420				
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$953,887	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Bryan Building in Carson City. Term of Contract: 08/01/2022 - 07/31/2026 Contract # 26421				
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$204,572	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Department of Motor Vehicles building on Donovan in Las Vegas. Term of Contract: 08/01/2022 - 07/31/2026 Contract # 26422				
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - NEVADA SYSTEM OF HIGHER EDUCATION CIP PROJECTS - NON-EXEC	CORE CONSTRUCTION SERVICES OF NEVADA, INC.	BONDS 92.2% OTHER: AGENCY FUNDS 7.8%	(\$3,299,272)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides Owner Construction Manager at Risk services for the College of Southern Nevada - Health and Sciences Building CIP project: CIP Project No. 19-C28; SPWD Contract No. 112926. This amendment decreases the maximum amount from \$50,201,550 to \$46,902,278 due to returning the remaining owner's contingency. Term of Contract: 10/08/2019 - 06/30/2023 Contract # 22351				

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	OTHER: AGENCY FUNDED CIP	(\$107,320)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Desert Regional Center - Security Fencing and Shade Structure CIP project: CIP Project No. 21-A021; SPWD Contract No. 114207. This amendment decreases the maximum amount from \$172,780 to \$65,460 due to a request by the agency to close out the contract.				
		Term of Contract:	08/10/2021 - 09/30/2023	Contract # 24615		
19.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME	BRIGHTON HOSPICE NEVADA, LLC	OTHER: REVENUE	\$400,000	
	Contract Description:	This is a new revenue contract to provide alternative hospice services to residents.				
		Term of Contract:	Upon Approval - 05/31/2026	Contract # 26170		
20.	240	DEPARTMENT OF VETERANS SERVICES - NORTHERN NEVADA VETERANS HOME	AVALON CARE CENTER VA RENO, LLC	OTHER: COST SETTLEMENT 2% FEDERAL 98%	\$20,579,920	
	Contract Description:	This is the first amendment to the original contract which provides management and operations of the veterans home in Sparks. This amendment extends the termination date from August 13, 2022 to August 13, 2024 and increases the maximum amount from \$21,840,160 to \$42,420,080.				
		Term of Contract:	08/14/2018 - 08/13/2024	Contract # 20237		
21.	300	DEPARTMENT OF EDUCATION - ASSESSMENTS AND ACCOUNTABILITY	EMETRIC, LLC	GENERAL 75% FEDERAL 25%	\$1,108,641	
	Contract Description:	This is the fifth amendment to the original contract which provides ongoing maintenance, support and enhancement to the state's Longitudinal Data System called the Student Accountability Information Network. This amendment extends the termination date from September 30, 2022 to September 30, 2023 and increases the maximum amount from \$5,630,233 to \$6,738,874 due to the continued need for these services.				
		Term of Contract:	10/01/2017 - 09/30/2023	Contract # 19139		
22.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	DEPARTMENT OF HEALTH AND HUMAN SERVICES - DIVISION OF CHILD AND FAMILY SERVICES	FEDERAL	\$1,935,191	Exempt
	Contract Description:	This is a new interlocal agreement to provide quality early childhood mental health services including counseling, case management, training, social-emotional issues, and parental skills development.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 26426		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	ACT, INC.	FEDERAL	\$1,600,000	Sole Source
	Contract Description:	This is a new contract to provide a web-based curriculum for students to build essential career-relevant skills needed for learning, personal development and effective job performance.				
		Term of Contract:	Upon Approval - 09/30/2023	Contract # 26427		
24.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	EDUCATION NORTHWEST	FEDERAL	\$100,000	Professional Service
	Contract Description:	This is a new contract to provide enhanced and new lesson plans that incorporate tribal nations in Nevada into the Indian Education program.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 26380		
25.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	NS4ED, INC.	FEDERAL	\$450,000	Sole Source
	Contract Description:	This is a new contract to provide a technical labor market resource center to inform education practices and successfully prepare students for the workforce.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 26388		
26.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	OREGON HEALTH & SCIENCE UNIVERSITY	FEDERAL	\$501,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide utilization of resources to implement evidence-based strategies to enhance the program.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 26328		
27.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	ALIGNMENT HEALTH PLAN OF NEVADA, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25794		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	COVENTRY HEALTH CARE OF NEBRASKA, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25801		
29.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HMO COLORADO, INC. DBA HMO NEVADA	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25795		
30.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HOMETOWN HEALTH PLAN, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25800		
31.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HUMANA INSURANCE COMPANY (PPO)	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25803		
32.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION (HMO)	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25806		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	MOLINA HEALTHCARE OF NEVADA, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25845		
34.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	SILVERSUMMIT HEALTHPLAN, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25804		
35.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	UNITEDHEALTHCARE BENEFITS OF TEXAS, INC.	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.				
		Term of Contract:	01/01/2023 - 12/31/2024	Contract # 25805		
36.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	ALSCO, INC.	GENERAL	\$209,132	Sole Source
	Contract Description:	This is a new contract to provide ongoing laundry services.				
		Term of Contract:	07/01/2022 - 06/30/2023	Contract # 25998		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	NETSMART TECHNOLOGIES, INC.	GENERAL	\$691,414	Sole Source
	Contract Description:	This is a new contract to provide an upgrade to the Netsmart MyAvatar Electronic Health Records to create new modules for integrated billing claims submission, medical records clearinghouse, eligibility verification, coverage identification, and prior authorization solutions. <b>This contract is contingent upon IFC approval of work program #C59621.</b>				
	Term of Contract:	Upon Approval - 06/30/2026	Contract # 26412			
38.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	GREATER GOOD GROUP	FEDERAL	\$400,000	Sole Source
	Contract Description:	This is a new contract to provide an interim disease surveillance system and technical support while the new system EpiTrax is implemented.				
	Term of Contract:	Upon Approval - 01/31/2023	Contract # 26465			
39.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	MAXIMUS US SERVICES, INC.	FEDERAL	\$2,600,699	
	Contract Description:	This is a new contract to provide a centralized call center for COVID-19 with a toll-free number to assist with incoming calls for Nevadans to support epidemiology, vaccination, testing, therapeutics options, contract tracing, language translation services, and other COVID-19 response efforts.				
	Term of Contract:	Upon Approval - 07/31/2023	Contract # 26447			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	NETSMART TECHNOLOGIES, INC.	FEDERAL	\$2,608,302	Sole Source
	Contract Description:	This is a new contract to provide a modernized National Vital Statistics System and integration of Fast Healthcare Interoperability Resources for automated sharing of vital statistics between the state and national levels.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26383		
41.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - OFFICE OF HEALTH ADMINISTRATION	NETSMART TECHNOLOGIES, INC.	GENERAL 54% FEDERAL 46%	\$306,935	Sole Source
	Contract Description:	This is a new contract to provide a new patient portal to integrate into the existing Netsmart MyAvatar Platform to supply health information exchange to clients.				
		Term of Contract:	10/20/2022 - 06/30/2026	Contract # 26381		
42.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	CLARK COUNTY	OTHER: COUNTY FEES 34% FEDERAL 66%	\$10,358,014	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 24898		
43.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	SOLIX, INC.	OTHER: COST ALLOCATION	\$308,812	
	Contract Description:	This is a new service agreement under contract #25200 which provides cost allocation and random moment time study services.				
		Term of Contract:	07/12/2022 - 12/14/2025	Contract # 26351		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	AMERICAN TRANSPORTATION SYSTEMS	GENERAL 46% OTHER: 19% FEDERAL 35%	\$1,480,076	
	Contract Description:	This is a new contract to provide ongoing transportation services for children in the Early Childhood Mental Health Services Treatment Program.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26314		
45.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	SOLIX, INC.	OTHER: COST ALLOCATION	\$260,029	
	Contract Description:	This is a new service agreement under contract #25200 which provides cost allocation and random moment time study services.				
		Term of Contract:	07/12/2022 - 12/14/2025	Contract # 26355		
46.	550	DEPARTMENT OF AGRICULTURE - LIVESTOCK INSPECTION	BUREAU OF LAND MANAGEMENT	OTHER: REVENUE	\$150,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide brand inspection, equine infectious anemia testing and other blood tests and cultures for equine diseases.				
		Term of Contract:	Upon Approval - 02/28/2023	Contract # 26448		
47.	650	DEPARTMENT OF PUBLIC SAFETY - DIRECTOR'S OFFICE	LAS VEGAS METROPOLITAN POLICE DEPARTMENT	GENERAL 36% HIGHWAY 39% OTHER: FORFEITURES 25%	\$384,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide for the shared use of the Las Vegas Metropolitan Police Department - Joint Emergency Training Institute facilities to conduct law enforcement-specific training. <b>This contract is contingent upon IFC approval of work program #C59376.</b>				
		Term of Contract:	Upon Approval - 07/31/2026	Contract # 26456		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	SOFTWARE AG USA, INC.	FEE: FINGERPRINT	\$328,614	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides ongoing maintenance and support services for the integrated software platform system. This amendment extends the termination date from September 30, 2023 to June 30, 2024 and increases the maximum amount from \$298,740 to \$627,354 due to the continued need for these services.				
		Term of Contract:	02/09/2021 - 06/30/2024	Contract # 23877		
49.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	WILDLIFE CAPTURE, INC.	OTHER: GAME DONATIONS AND HERITAGE TAG AUCTIONS 50% FEDERAL 50%	\$500,000	
	Contract Description:	This is the first amendment to the original contract which provides aerial wildlife capture and transport services to support research projects. This amendment extends the termination date from November 10, 2022 to November 30, 2024 and increases the maximum amount from \$600,000 to \$1,100,000 due to the continued need for these services.				
		Term of Contract:	01/13/2021 - 11/30/2024	Contract # 23788		
50.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	GOLD SYSTEMS, INC.	GENERAL	\$191,423	
	Contract Description:	This is the first amendment to the original contract which provides a web-based fire billing system linked to the Integrated Reporting of Wildland Fire Information database that provides incident data in real-time. This amendment increases the maximum amount from \$229,043 to \$420,466 due to the addition of training, support, licensing, and hosting.				
		Term of Contract:	04/14/2020 - 04/13/2024	Contract # 22869		
51.	810	DEPARTMENT OF MOTOR VEHICLES - CENTRAL SERVICES	INTELLECTUAL TECHNOLOGY, INC.	HIGHWAY	\$667,794	
	Contract Description:	This is a new contract to provide printing and mailing of Off-Highway Vehicle documents.				
		Term of Contract:	Upon Approval - 08/31/2026	Contract # 26324		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO COLLEGE OF SOUTHERN NEVADA	FEDERAL	\$200,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing apprenticeship training programs.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 26226			
53.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO TRUCKEE MEADOWS COMMUNITY COLLEGE	FEDERAL	\$160,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing apprenticeship training programs.				
	Term of Contract:	Upon Approval - 06/30/2023	Contract # 26227			
54.	B017	LICENSING BOARDS AND COMMISSIONS - NURSING	CREDENTIAL NURSE AIDE, LLC	FEE: TESTING	\$100,000	
	Contract Description:	This is a new contract to provide a Nursing Assistant Certification Examination designed to determine the competency of nursing assistant candidates.				
	Term of Contract:	Upon Approval - 07/11/2025	Contract # 26394			



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26323**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>LCPDS, LLC</b>
Agency Code: <b>030</b>	Contractor Name: <b>LCPDS, LLC</b>
Appropriation Unit: <b>1038-10</b>	Address: <b>PO BOX 2195</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89702-2195</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dale Stransky 775/790-9263</b>
	Vendor No.: <b>T27042424</b>
	NV Business ID: <b>NV20181350935</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2025</b>

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

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

Agency Reference #: **20217**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/13/2024**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide expert witness and technical expertise in analyzing the general areas involving electric, gas and water utilities.**

6. NEW CONTRACT

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

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

Other basis for payment: Presentation and approval of monthly invoices that itemize work performed by times and dates of services rendered.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Statutory requirement to represent consumers' interests in matters before the Nevada Public Utilities Commission and any legislature, board or commission with jurisdiction over Nevada regulated public utilities.**

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

**Specialized expertise is required by our office to adequately protect the public interest.**

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

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

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

**Not Applicable**

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

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

Contractor was chosen in preference for his specialized expertise, availability and reasonable rate.

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 \$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:

The contractor is currently engaged under contract with the Bureau of Consumer Protection and the services have been verified as satisfactory.

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

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

Not Applicable

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

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:

Ernest Figueroa, Consumer Advocate Ph: (775) 684-1197

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	06/06/2022 08:11:38 AM
Division Approval	hrobinso	06/06/2022 08:11:46 AM
Department Approval	jhoba2	06/06/2022 11:03:04 AM
Contract Manager Approval	pmcco1	06/07/2022 09:20:57 AM
Budget Analyst Approval	jcoope8	06/10/2022 07:56:59 AM
BOE Agenda Approval	hfield	06/13/2022 13:39:21 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: **25893**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: <b>AUDIT SERVICES U.S., LLC</b>
Agency Code: <b>054</b>	Contractor Name: <b>AUDIT SERVICES U.S., LLC</b>
Appropriation Unit: <b>3815-14</b>	Address: <b>370 Lexington Ave, Suite 707</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NEW YORK, NY 10017-6589</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ben Spann 2253240139</b>
	Vendor No.: <b>T81088031</b>
	NV Business ID: <b>NV20051034334</b>

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

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

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

Agency Reference #: **RFP #05TO-S1789 TB**

2. Contract start date:

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

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: **Contract**

Contract description: **Auditing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: **As invoiced by the Contractor and approved by the State**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Treasurer Office has the authority to conduct unclaimed property audits to ensure property is reported correctly and timely under NRS and NAC 120A .**

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

**The Treasurer Office does not have the staff or expertise to conduct these nationwide audits.**

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):

Innovative Advocate Group  
Audit Services U.S.  
Kelmar

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1789, and in accordance with NRS 333, the selected vendor was one of several proposers whose proposal was reviewed, scored and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 06/21/2026

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:

State Treasurer &#65533; Jan 2005 through present  
Satisfactory

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	05/02/2022 15:37:33 PM
Division Approval	alaw1	05/02/2022 15:37:38 PM
Department Approval	alaw1	05/02/2022 15:37:41 PM
Contract Manager Approval	alaw1	05/02/2022 15:37:45 PM
Budget Analyst Approval	dlenzner	05/22/2022 13:47:40 PM
BOE Agenda Approval	dlenzner	06/17/2022 08:52:48 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: **26200**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: <b>Avenu Insights &amp; Analytics, LLC</b>
Agency Code: <b>054</b>	Contractor Name: <b>Avenu Insights &amp; Analytics, LLC</b>
Appropriation Unit: <b>3815-14</b>	Address: <b>5860 Trinity Parkway Suite 120</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Centreville, VA 20120</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>David Milby 5713135155</b>
	Vendor No.: <b>T32012345</b>
	NV Business ID: <b>NV20071747320</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

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

Agency Reference #: **RFP #05TO-S1800 TB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2022**

Anticipated BOE meeting date **08/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Securities Custodian**

5. Purpose of contract:

**This is a new contract to provide ongoing securities custodian services, including selling and transferring securities and tracking corporate actions on these securities for the Unclaimed Property Division.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$744,688.00**

Other basis for payment: **As invoiced by the Contractor and approved by the State**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 120A.500 requires that stock considered to be abandoned be reported to the State Treasurer as Unclaimed Property. NRS 120A.610 states that securities may be sold. The State Treasurer holds nearly \$30 million in Unclaimed Property securities. The Contractor will sell and transfer securities at the request of the State Treasurer to ensure the owners of the securities receive proceeds. The Contractor will also keep track of all corporate actions on these securities while the shares are held in custody on behalf of the State Treasurer.**

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

**The State Treasurer does not employ a licensed stockbroker or anyone with the ability to make a market on a security or transfer securities to individual owners.**

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):

JP Morgan Chase Bank  
Bank of Nevada  
  
Deloitte & Touche LLP

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1800, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/09/2022 Anticipated re-bid date: 02/09/2026

- 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:  
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	alaw1	05/02/2022 15:49:23 PM
Division Approval	alaw1	05/02/2022 15:49:25 PM
Department Approval	alaw1	05/02/2022 15:49:27 PM
Contract Manager Approval	alaw1	05/02/2022 15:49:30 PM
Budget Analyst Approval	dlenzner	06/14/2022 08:44:32 AM
BOE Agenda Approval	dlenzner	06/14/2022 08:44:41 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: **25901**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: <b>Discovery Audit Services, LLC</b>
Agency Code: <b>054</b>	Contractor Name: <b>Discovery Audit Services, LLC</b>
Appropriation Unit: <b>3815-14</b>	Address: <b>7515 Jefferson Hwy #244</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Baton Rouge, LA 70806</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Mr. J. King Woolf, III 225-928-9175</b>
	Vendor No.: <b>T29043639</b>
	NV Business ID: <b>NV20181283767</b>

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

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

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

Agency Reference #: **RFP # 05TO-S1789 TB**

2. Contract start date:

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

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: **Contract**

Contract description: **Auditing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: **As invoiced by the Contractor and approved by the State**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Treasurer Office has the authority to conduct unclaimed property audits to ensure property is reported correctly and timely under NRS and NAC 120A .**

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

**The Treasurer Office does not have the staff or expertise to conduct these nationwide audits.**

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):

Innovative Advocate Group  
Audit Services U.S.  
Kelmar

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1789, and in accordance with NRS 333, the selected vendor was one of several proposers whose proposal was reviewed, scored and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 01/21/2026

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:

State Treasurer, July 1, 2018 &#65533; Present  
Satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	05/02/2022 15:46:57 PM
Division Approval	alaw1	05/02/2022 15:47:00 PM
Department Approval	alaw1	05/02/2022 15:47:02 PM
Contract Manager Approval	alaw1	05/02/2022 15:47:04 PM
Budget Analyst Approval	dlenzner	05/22/2022 14:27:28 PM
BOE Agenda Approval	dlenzner	06/17/2022 08:53:05 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: **25898**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: <b>EECS, LLC</b>
Agency Code: <b>054</b>	Contractor Name: <b>EECS, LLC</b>
Appropriation Unit: <b>3815-14</b>	Address: <b>111 Broadway, Suite 2002</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>New York, NY 10006</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Oliver Olanoff 646-589-7640</b>
	Vendor No.: <b>T29045240</b>
	NV Business ID: <b>NV20222405294</b>

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

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

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

Agency Reference #: **RFP # 05TO-S1789 TB**

2. Contract start date:

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

5. Purpose of contract:

**This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Treasurer Office has the authority to conduct unclaimed property audits to ensure property is reported correctly and timely under NRS and NAC 120A .**

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

**The Treasurer Office does not have the staff or expertise to conduct these nationwide audits.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1789, and in accordance with NRS 333, the selected vendor was one of several proposers whose proposal was reviewed, scored and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 01/21/2026

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:

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	alaw1	05/02/2022 15:45:15 PM
Division Approval	alaw1	05/02/2022 15:45:17 PM
Department Approval	alaw1	05/02/2022 15:45:19 PM
Contract Manager Approval	alaw1	05/02/2022 15:45:21 PM
Budget Analyst Approval	dlenzner	05/22/2022 14:34:19 PM
BOE Agenda Approval	dlenzner	06/17/2022 08:53:33 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: **25897**

Agency Name:	<b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name:	Innovative Advocate Group Incorporated
Agency Code:	<b>054</b>	Contractor Name:	<b>Innovative Advocate Group Incorporated</b>
Appropriation Unit:	<b>3815-14</b>	Address:	<b>370 State Highway 35, Ste 201</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Red Bank, NJ 07701</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kelly DEmilia 732-576-7710
		Vendor No.:	T29045267
		NV Business ID:	NV20181190220

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

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

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

Agency Reference #: RFP # 05TO-S1789 TB

2. Contract start date:

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

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: **Contract**Contract description: **Auditing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Treasurer Office has the authority to conduct unclaimed property audits to ensure property is reported correctly and timely under NRS and NAC 120A .**

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

**The Treasurer Office does not have the staff or expertise to conduct these nationwide audits.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1789, and in accordance with NRS 333, the selected vendor was one of several proposers whose proposal was reviewed, scored and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 01/21/2026

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:

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	alaw1	05/02/2022 15:43:24 PM
Division Approval	alaw1	05/02/2022 15:43:27 PM
Department Approval	alaw1	05/02/2022 15:43:29 PM
Contract Manager Approval	alaw1	05/02/2022 15:43:32 PM
Budget Analyst Approval	dlenzner	05/22/2022 18:36:13 PM
BOE Agenda Approval	dlenzner	06/17/2022 08:53:53 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **25902**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: Kelmar Associates, LLC
Agency Code: <b>054</b>	Contractor Name: <b>Kelmar Associates, LLC</b>
Appropriation Unit: <b>3815-14</b>	Address: <b>500 Edgewater Dr. Suite 525</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Wakefield, MA 01880</b>
If "No" please explain: Not Applicable	Contact/Phone: Catherine Graham Zejnnullahu 781-928-9231
	Vendor No.: T27026457
	NV Business ID: NV20061245329
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

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

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

Agency Reference #: RFP # 05TO-S1789 TB

2. Contract start date:

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

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: **Contract**Contract description: **Auditing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: As invoiced by the the Contractor and approved by the State

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**The Treasurer Office has the authority to conduct unclaimed property audits to ensure property is reported correctly and timely under NRS and NAC 120A .**

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

**The Treasurer Office does not have the staff or expertise to conduct these nationwide audits.**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):

Innovative Advocate Group  
Audit Services U.S.  
Kelmar

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1789, and in accordance with NRS 333, the selected vendor was one of several proposers whose proposal was reviewed, scored and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 01/21/2026

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:

State Treasurer, July 2018 &#65533; Present  
Satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	05/02/2022 15:47:46 PM
Division Approval	alaw1	05/02/2022 15:47:48 PM
Department Approval	alaw1	05/02/2022 15:47:50 PM
Contract Manager Approval	alaw1	05/02/2022 15:47:53 PM
Budget Analyst Approval	dlenzner	05/22/2022 18:40:10 PM
BOE Agenda Approval	dlenzner	06/17/2022 08:54:07 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: **25896**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: <b>Kroll Government Solutions, LLC</b>
Agency Code: <b>054</b>	Contractor Name: <b>Kroll Government Solutions, LLC</b>
Appropriation Unit: <b>3815-14</b>	Address: <b>500 Chase Parkway</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Waterbury, CT 06708</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Caroline Marshall 6465974705</b>
	Vendor No.: <b>T32000982</b>
	NV Business ID: <b>NV20101136695</b>

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

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

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

Agency Reference #: **RFP # 05TO-S1789 TB**

2. Contract start date:

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

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: **Contract**

Contract description: **Auditing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: **As invoiced by the Contractor and approved by the State**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Treasurer Office has the authority to conduct unclaimed property audits to ensure property is reported correctly and timely under NRS and NAC 120A .**

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

**The Treasurer Office does not have the staff or expertise to conduct these nationwide audits.**

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1789, and in accordance with NRS 333, the selected vendor was one of several proposers whose proposal was reviewed, scored and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 01/21/2026

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:

State Treasurer, June 2010 - Present  
Satisfactory

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	alaw1	05/02/2022 15:41:28 PM
Division Approval	alaw1	05/02/2022 15:41:32 PM
Department Approval	alaw1	05/02/2022 15:41:35 PM
Contract Manager Approval	alaw1	05/02/2022 15:41:38 PM
Budget Analyst Approval	dlenzner	05/22/2022 18:46:16 PM
BOE Agenda Approval	dlenzner	06/17/2022 08:54:25 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25894**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: <b>Specialty Audit Services, LLC</b>
Agency Code: <b>054</b>	Contractor Name: <b>Specialty Audit Services, LLC</b>
Appropriation Unit: <b>3815-14</b>	Address: <b>724 Montgomery Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Narberth, PA 19072</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michael Danowitz 610-617-0452</b>
	Vendor No.: <b>T29045241</b>
	NV Business ID: <b>NV20222379055</b>

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

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

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

Agency Reference #: **RFP # 05TO-S1789 TB**

2. Contract start date:

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

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: **Contract**

Contract description: **Auditing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: **As invoiced by the Contractor and approved by the State**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Treasurer Office has the authority to conduct unclaimed property audits to ensure property is reported correctly and timely under NRS and NAC 120A .**

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

**The Treasurer Office does not have the staff or expertise to conduct these nationwide audits.**

9. Were quotes or proposals solicited? **Yes**

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1789, and in accordance with NRS 333, the selected vendor was one of several proposers whose proposal was reviewed, scored and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 06/21/2026

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:  
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	alaw1	05/02/2022 15:39:32 PM
Division Approval	alaw1	05/02/2022 15:39:35 PM
Department Approval	alaw1	05/02/2022 15:39:37 PM
Contract Manager Approval	alaw1	05/02/2022 15:39:39 PM
Budget Analyst Approval	dlenzner	05/24/2022 10:26:24 AM
BOE Agenda Approval	dlenzner	06/17/2022 08:54:39 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25900**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b>	Legal Entity Name: Treasury Services Group, LLC
Agency Code: <b>054</b>	Contractor Name: <b>Treasury Services Group, LLC</b>
Appropriation Unit: <b>3815-14</b>	Address: <b>235 N. Duke Street, Suite 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Lancaster, PA 17602</b>
If "No" please explain: Not Applicable	Contact/Phone: Shane Osborn 402-682-7260
	Vendor No.: T27042228
	NV Business ID: NV20181287671

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

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

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

Agency Reference #: RFP # 05TO-S1789 TB

2. Contract start date:

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

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: **Contract**

Contract description: **Auditing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing unclaimed property audits, compliance reviews and to collect unclaimed property to be delivered to the Treasurer's Office on a percentage reimbursement basis.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Treasurer Office has the authority to conduct unclaimed property audits to ensure property is reported correctly and timely under NRS and NAC 120A .

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

The Treasurer Office does not have the staff or expertise to conduct these nationwide audits.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #05TO-S1789, and in accordance with NRS 333, the selected vendor was one of several proposers whose proposal was reviewed, scored and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 01/21/2022 Anticipated re-bid date: 01/21/2026

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:

State Treasurer, 7/1/2018-Present

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

**No** If "Yes", please provide details of the litigation 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	alaw1	05/02/2022 15:46:10 PM
Division Approval	alaw1	05/02/2022 15:46:12 PM
Department Approval	alaw1	05/02/2022 15:46:14 PM
Contract Manager Approval	alaw1	05/02/2022 15:46:17 PM
Budget Analyst Approval	dlenzner	05/22/2022 18:55:18 PM
BOE Agenda Approval	dlenzner	06/17/2022 08:54:52 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: **26415**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 19913</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2559</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/691-2939</b>
	Vendor No.: <b>T32003728A</b>
	NV Business ID: <b>NV20141642364</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

Agency Reference #: **08DOA-S1975 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**  
Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Contract**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Blasdel Building in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$340,810.12**

Other basis for payment: **FY23 \$80,747.43; FY24 \$80,747.43; FY25 \$87,741.77; FY26 \$91,573.49**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.**

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

**Buildings and Grounds does not have the manpower needed to maintain the integrity of additional properties.**

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):

**WOW Cleaning  
Enterprise Janitorial**

b. Solicitation Waiver: **Not Applicable**

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

Best price for the building

d. Last bid date: 05/09/2022 Anticipated re-bid date: 04/09/2026

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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 775-684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/27/2022 14:54:15 PM
Division Approval	jkidd	05/27/2022 15:16:14 PM
Department Approval	ssands	05/31/2022 15:52:04 PM
Contract Manager Approval	ssands	06/01/2022 09:34:24 AM
Budget Analyst Approval	vmilazz1	06/14/2022 13:12:25 PM
BOE Agenda Approval	jrodrig9	06/15/2022 15:06:29 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: **26417**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 19913</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2559</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-691-2939</b>
	Vendor No.: <b>T32003728A</b>
	NV Business ID: <b>NV20141642364</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

Agency Reference #: **08DOA-S2001 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**  
Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial Contract**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Stewart Facility, Building #107 in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$232,783.40**

Other basis for payment: **FY23 \$58,195.85; FY24 \$58,195.85; FY25 \$58,195.85; FY26 \$58,195.85**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

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

Buildings and Grounds does not have the manpower needed to maintain the integrity of additional properties.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Best price for the building

d. Last bid date: 05/09/2022 Anticipated re-bid date: 04/09/2026

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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 775-684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/27/2022 14:50:53 PM
Division Approval	jkidd	05/27/2022 15:13:33 PM
Department Approval	ssands	05/31/2022 15:52:22 PM
Contract Manager Approval	ssands	06/01/2022 09:31:52 AM
Budget Analyst Approval	jrodrig9	06/10/2022 00:51:26 AM
BOE Agenda Approval	jrodrig9	06/10/2022 00:51:31 AM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **26419**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	ENTERPRISE JANITORIAL, INC.
Agency Code:	<b>082</b>	Contractor Name:	<b>ENTERPRISE JANITORIAL, INC.</b>
Appropriation Unit:	<b>1349-12</b>	Address:	<b>PO BOX 19913</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511-2559</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-691-2939
		Vendor No.:	T32003728A
		NV Business ID:	NV20141642364

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

Agency Reference #: 08DOA-S2002 JS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **07/30/2026**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **Janitorial contract**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the EICON building in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$289,139.60**

Other basis for payment: FY23 \$72,284.90; FY24 \$72,284.90; FY25 \$72,284.90; FY26 \$72,284.90

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

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

Buildings and Grounds does not have the manpower needed to maintain the integrity of additional properties.

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):

We Clean San Diego  
McNeil's Cleaning  
Enterprise Janitorial

b. Solicitation Waiver: **Not Applicable**

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

Best price for the building

d. Last bid date: 05/09/2022 Anticipated re-bid date: 04/09/2026

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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 775-684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/27/2022 14:48:18 PM
Division Approval	jkidd	05/27/2022 15:17:05 PM
Department Approval	ssands	05/31/2022 15:52:43 PM
Contract Manager Approval	ssands	06/01/2022 13:39:55 PM
Budget Analyst Approval	jrodrig9	06/07/2022 16:47:17 PM
BOE Agenda Approval	jrodrig9	06/07/2022 16:47:20 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26420**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 19913</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2559</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-691-2939</b>
	Vendor No.: <b>T32003728A</b>
	NV Business ID: <b>NV20141642364</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

Agency Reference #: **08DOA-S2003**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**  
Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial service**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Department of Motor Vehicles building in Reno.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$882,654.00**

Other basis for payment: FY23 \$220,663.50; FY24 \$220,663.50; FY25 \$220,663.50; FY26 \$220,663.50

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

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

Buildings and Grounds do not have the manpower needed to maintain the integrity of additional properties.

9. Were quotes or proposals solicited? **Yes**

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

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

Enterprise Janitorial

Wow Cleaning Corp  
McNeil's Cleaning  
We Clean San Diego

b. Solicitation Waiver: **Not Applicable**

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

Best price for the building

d. Last bid date: 05/09/2022 Anticipated re-bid date: 04/09/2026

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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 775-684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/27/2022 14:47:24 PM
Division Approval	jkidd	05/27/2022 15:10:11 PM
Department Approval	ssands	05/31/2022 15:52:59 PM
Contract Manager Approval	ssands	06/01/2022 09:30:03 AM
Budget Analyst Approval	vmilazz1	06/14/2022 13:56:15 PM
BOE Agenda Approval	jrodrig9	06/15/2022 15:08:24 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **26421**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 19913</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2559</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-691-2939</b>
	Vendor No.: <b>T32003728A</b>
	NV Business ID: <b>NV20141642364</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

Agency Reference #: **08DOA-S2004 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**Anticipated BOE meeting date **07/2022**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **07/31/2026**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Janitorial contract**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Bryan Building in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$953,887.20**

Other basis for payment: FY23 \$238,471.80; FY24 \$238,471.80; FY25 \$238,471.80; FY26 \$238,471.80

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.**

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

**Buildings and Grounds do not have the manpower needed to maintain the integrity of additional properties.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

WOW Cleaning  
We Clean San Diego  
ENTERPRISE JANITORIAL

b. Solicitation Waiver: **Not Applicable**

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

Best price for the building

d. Last bid date: 05/09/2022 Anticipated re-bid date: 04/09/2026

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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/31/2022 14:09:57 PM
Division Approval	jkidd	05/31/2022 15:37:16 PM
Department Approval	ssands	05/31/2022 15:51:32 PM
Contract Manager Approval	ssands	06/01/2022 09:35:15 AM
Budget Analyst Approval	vmilazz1	06/14/2022 14:02:52 PM
BOE Agenda Approval	jrodrig9	06/15/2022 15:09:15 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **26422**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>XCEL MAINTENANCE SERVICES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>XCEL MAINTENANCE SERVICES, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>7260 W. Azure Drive #140 PMB 108</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89130</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kathia Winchell 702-355-3895</b>
	Vendor No.: <b>T81103343</b>
	NV Business ID: <b>NV20021426879</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

Agency Reference #: **08DOA -S2022 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Janitorial contract**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Department of Motor Vehicles building on Donovan in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$204,572.00**

Other basis for payment: FY23 \$47,360.00; FY24 \$49,980.00; FY25 \$52,356.00; FY26 \$54,876.00

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

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

Buildings and Grounds does not have the manpower needed to maintain the integrity of additional properties.

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):

CIRCLE OF LIFE INC

XCEL MAINTENANCE

b. Solicitation Waiver: **Not Applicable**

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

Best price for the building

d. Last bid date: 05/09/2022 Anticipated re-bid date: 04/09/2026

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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 775-684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/31/2022 14:10:30 PM
Division Approval	jkidd	05/31/2022 15:49:46 PM
Department Approval	ssands	05/31/2022 15:51:21 PM
Contract Manager Approval	ssands	06/01/2022 09:35:54 AM
Budget Analyst Approval	jrodrig9	06/14/2022 00:34:17 AM
BOE Agenda Approval	jrodrig9	06/14/2022 00:34:21 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22351</b>	Amendment Number: <b>1</b>	
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CORE CONSTRUCTION SERVICES OF NEVADA, INC.</b>	Contractor Name: <b>CORE CONSTRUCTION SERVICES OF NEVADA, INC.</b>
Agency Code: <b>082</b>	Address: <b>7150 CASCADE VALLEY CT.</b>	
Appropriation Unit: <b>1510-74</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-0455</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>702-794-0550</b>	Vendor No.: <b>T81092744</b>
If "No" please explain: <b>Not Applicable</b>	NV Business ID: <b>NV19861002524</b>	

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>92.20 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>7.80 % Agency Funds</b>

Agency Reference #: 112926

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/08/2019**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 266 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR**

5. Purpose of contract:

**This is the first amendment to the original contract which provides Owner Construction Manager at Risk services for the College of Southern Nevada - Health and Sciences Building CIP project: CIP Project No. 19-C28; SPWD Contract No. 112926. This amendment decreases the maximum amount from \$50,201,550 to \$46,902,278 due to returning the remaining owner's contingency.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$50,201,550.00	\$50,201,550.00	\$50,201,550.00	Yes - Action
2. Amount of current amendment (#1):	-\$3,299,272.00	-\$3,299,272.00	-\$3,299,272.00	Yes - Action
3. New maximum contract amount:	\$46,902,278.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg Approved CIP funding

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

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

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. 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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	06/10/2022 10:53:10 AM
Division Approval	nmann	06/10/2022 10:53:20 AM
Department Approval	nmann	06/10/2022 10:53:29 AM
Contract Manager Approval	lwildes	06/10/2022 12:36:14 PM
Budget Analyst Approval	jrodrig9	06/13/2022 21:46:26 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24615** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS PC**

Agency Code: **082** Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS PC**

Appropriation Unit: **All Appropriations** Address: **8882 SPANISH RIDGE AVE.**

Is budget authority available?: **No** City/State/Zip: **LAS VEGAS, NV 89148-1303**

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

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3279, expenditure category 31, ELC Fence Project.

Vendor No.: **T80997582**  
NV Business ID: **NV20101108616**

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

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

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

Agency Reference #: **114207**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/10/2021**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 51 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is the first amendment to the original contract which provides professional architectural/engineering services for the Desert Regional Center - Security Fencing and Shade Structure CIP project: CIP Project No. 21-A021; SPWD Contract No. 114207. This amendment decreases the maximum amount from \$172,780 to \$65,460 due to request by the agency to close out the contract.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$172,780.00	\$172,780.00	\$172,780.00	Yes - Action
2. Amount of current amendment (#1):	-\$107,320.00	-\$107,320.00	-\$107,320.00	Yes - Action
3. New maximum contract amount:	\$65,460.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

"Agency Submitted Application : 21-A021 Security Fencing and Shade Structure

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

10. 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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	05/19/2022 11:03:11 AM
Division Approval	nmann	05/19/2022 11:03:18 AM

Department Approval	nmann	05/19/2022 11:03:26 AM
Contract Manager Approval	lwildes	05/19/2022 11:06:52 AM
Budget Analyst Approval	jrodrig9	06/14/2022 02:01:45 AM
BOE Agenda Approval	jrodrig9	06/14/2022 02:01:51 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26170**

Agency Name:	<b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name:	Brighton Hospice Nevada LLC
Agency Code:	<b>240</b>	Contractor Name:	<b>Brighton Hospice Nevada LLC</b>
Appropriation Unit:	<b>2561-00</b>	Address:	<b>8925 West Russell Rd. Ste 240</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89148</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Nichole Juliano 702-790-4013
		Vendor No.:	@29045304
		NV Business ID:	NV20161657873

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2026**

Contract term: **3 years and 335 days**

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

Contract description: **Hospice Services**

5. Purpose of contract:

**This is a new revenue contract to provide alternative hospice services to residents.**

6. NEW CONTRACT

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

Other basis for payment: Medicaid rate of \$275.27 per day (subject to change based on facility's annual Medicaid cost report settlement review)

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Under CMS guidelines, SNSVH must provide alternative hospice sources for residents and families.

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

SNSVH is required to provide alternative hospice providers for residents. this is not a service NDVS nor the State is able to provide

9. Were quotes or proposals solicited? No

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

This is a revenue contract. If the hospice wishes to work with the residents of NSVH, NSVH becomes the provider of health care services to the hospice organization.

d. Last bid date: 04/27/2022 Anticipated re-bid date: 04/27/2026

- 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:

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	04/27/2022 13:37:51 PM
Division Approval	jtheil1	04/27/2022 13:37:53 PM
Department Approval	jtheil1	04/27/2022 13:37:57 PM
Contract Manager Approval	cbenham	05/25/2022 08:24:04 AM
Budget Analyst Approval	kanders2	06/20/2022 15:31:22 PM
BOE Agenda Approval	afrantz	06/20/2022 15:37:06 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>20237</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>AVALON CARE CENTER VA RENO, LLC</b>
Agency Code: <b>240</b>	Contractor Name: <b>AVALON CARE CENTER VA RENO, LLC</b>
Appropriation Unit: <b>2569-04</b>	Address: <b>206 NORTH 2100 WEST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SALT LAKE CITY, UT 84116</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Carl Hugie 435-730-3396</b>
	Vendor No.: <b>T27042480A</b>
	NV Business ID: <b>NV20171801266</b>

To what State Fiscal Year(s) will the contract be charged? **2019-2025**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>98.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>2.00 % Cost Settlement</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/14/2018**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **08/13/2022**

Termination Date:

Contract term: **6 years and 1 day**

4. Type of contract: **Contract**

Contract description: **NNSVH Mngmnt/Operatn**

5. Purpose of contract:

**This is the first amendment to the original contract which provides management and operations of the veterans home in Sparks. This amendment extends the termination date from August 13, 2022 to August 13, 2024 and increases the maximum amount from \$21,840,160 to \$42,420,080.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$21,840,160.00	\$21,840,160.00	\$21,840,160.00	Yes - Action
2. Amount of current amendment (#1):	\$20,579,920.00	\$20,579,920.00	\$20,579,920.00	Yes - Action
3. New maximum contract amount:	\$42,420,080.00			
and/or the termination date of the original contract has changed to:	08/13/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Northern Nevada State Veterans Home (NNSVH) is currently under construction and slated to open in early 2019. An experienced management company is necessary to manage and operate the NNSVH as there are no State employees with the experience to stand up a new State Veterans Home.

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

There are no State employees with the experience to open a State Veterans Home.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3520, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. We are exercising the 4 year renewal option in the original contract.

d. Last bid date: 01/18/2018 Anticipated re-bid date: 08/14/2026

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?

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

jtheil1

05/19/2022 11:11:40 AM

Division Approval	jtheil1	05/19/2022 11:11:43 AM
Department Approval	jtheil1	06/30/2022 10:15:18 AM
Contract Manager Approval	jtheil1	06/30/2022 10:58:28 AM
Budget Analyst Approval	Pending	
BOE Agenda Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>19139</b>	Amendment Number: <b>5</b>
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>eMetric, LLC</b>
Agency Code: <b>300</b>	Contractor Name: <b>eMetric, LLC</b>
Appropriation Unit: <b>2697-45</b>	Address: <b>211 N. Loop 1604, Suite 170</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>San Antonio, TX 78232</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dixie Knight 210-496-6500</b>
	Vendor No.: <b>T27000846</b>
	NV Business ID: <b>NV20101526272</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2024**

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

<input checked="" type="checkbox"/> General Funds	<b>75.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>25.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2017**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **09/30/2022**

Termination Date:

Contract term: **6 years**

4. Type of contract: **Contract**

Contract description: **Framework Support**

5. Purpose of contract:

**This is the fifth amendment to the original contract which provides ongoing maintenance, support and enhancement to the state's Longitudinal Data System called the Student Accountability Information Network. This amendment extends the termination date from September 30, 2022 to September 30, 2023 and increases the maximum amount from \$5,630,233 to \$6,738,874 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,853,676.00	\$3,853,676.00	\$3,853,676.00	Yes - Action
a. Amendment 1:	-\$101,296.00	-\$101,296.00	-\$101,296.00	Yes - Action
b. Amendment 2:	\$120,000.00	\$120,000.00	\$120,000.00	Yes - Action
c. Amendment 3:	\$1,182,853.00	\$1,182,853.00	\$1,182,853.00	Yes - Action
d. Amendment 4:	\$575,000.00	\$575,000.00	\$575,000.00	Yes - Action
2. Amount of current amendment (#5):	\$1,108,641.00	\$1,108,641.00	\$1,108,641.00	Yes - Action
3. New maximum contract amount:	\$6,738,874.00			
and/or the termination date of the original contract has changed to:	09/30/2023			

## II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

RFP 1987 was conducted in 2012 and this vendor was chosen by the evaluation team as the highest in accomplishing deliverables with the best cost proposal. Contract Extension Justification #445 was approved by State Purchasing on 5/02/2022 to extend the contract with this vendor through 9/30/2023.

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

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

b. Is the contract part of an IT investment project over \$50,000? Yes

## III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

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

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mbro28	05/31/2022 12:51:14 PM
Division Approval	carol1	05/31/2022 12:52:13 PM
Department Approval	carol1	05/31/2022 12:52:16 PM
Contract Manager Approval	mwadsw1	05/31/2022 12:58:32 PM
EITS Approval	ljean	06/01/2022 08:06:17 AM
Budget Analyst Approval	mranks1	06/07/2022 11:07:07 AM
BOE Agenda Approval	dlenzner	06/14/2022 15:35:08 PM



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

<i>Purchasing Use Only:</i>	
Approval #:	44500

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

<b>1</b>	<b>Agency Contact Information – Note: Approved copy will be sent to <u>only</u> the contact(s) listed below:</b>		
	<b>ENTER STATE AGENCY NAME:</b>	<i>Nevada Department of Education</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Peter Zutz, Administrator</i>	<i>775-987-9166</i>	<i><u>pzutz@doe.nv.gov</u></i>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor Name:	<i>eMetric, LLC</i>
	Contact Name:	<i>Dixie Knight</i>
	Complete Address: City, State and Zip Code	<i>211 North Loop, Suite 170, San Antonio, Texas 78232</i>
	Phone Number:	<i>210-496-6500</i>
	Email Address:	<i>dknight@emetric.net</i>

<b>3</b>	<b>List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):</b>			
	Solicitation Type, if applicable:	<i>RFP</i>	#:	<i>1987</i>
	Enter CETS Number:	#		
	Contract Amount:	<i>\$3,748,143.00</i>		
	Contract Term:	Start Date:	<i>9/12/2012</i>	End Date:

<b>Purchasing Use Only:</b>	
Approval #:	445 (C)

<b>Current Contract Information:</b>			
Solicitation Type, if applicable:	Waiver		#: 175
4 Enter CETS Number:	# 19139		
Initial Contract Amount:	\$3,853,676.00		
Contract Term:	Start Date:	10/1/2017	End Date: 9/30/2021

<b>Amendment Information – List <u>all previously</u> approved amendments:</b>			
<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
5 #1	<i>Revises the Scope of Work to remove the Data Interaction Tool for the High School Proficiency Examination Writing Test</i>	<i>Decreases the contract amount by \$101,296.00 to \$3,752,380.00</i>	<i>No change in End Date</i>
#2	<i>Revises the Scope of Work to include 400 Additional Enhancement Hours per year</i>	<i>Increases the contract amount by \$120,000.00 to \$3,872,380.00</i>	<i>No change in End Date</i>
#3	<i>Revises the Scope of Work to include Financial Reporting</i>	<i>Increases the contract amount by \$1,182,853.00 to \$5,055,233.00</i>	<i>Extends the End Date from September 30, 2021 to September 30, 2022</i>
#4	<i>Revises the Scope of Work to include Spanish Translation</i>	<i>Increases the contract amount by \$575,000.00 to \$5,630,233.00</i>	<i>No change in End Date</i>

<b><u>Proposed</u> Amendment Information:</b>			
<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
6 #5	<i>Revises the Scope of Work to include the ESEA Addendum</i>	<i>Increases the contract amount by \$1,108,641.00 to \$6,738,874.00</i>	<i>Extends the End Date from September 30, 2022 to September 30, 2023</i>



#4450

What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?

*This one-year extension provides the vendor the required time to complete the entire scope of work for Amendment #4, the adaptation of the Nevada Report Card into Spanish. The project plan and scope of work approved in Amendment #4 required chronological step-by-step implementation to occur beginning with the first delivery of a comprehensive text document in October 2021. Since the contract was not approved by the Board of Examiners until December 14, 2021, the Department requires this extension to provide sufficient time for the vendor to complete all approved and funded scope of this project. The scope of work for this project will enhance the reporting capabilities of the Nevada Report Card and adapt the Report Card into Spanish. This work positions the Department to meet regulation requiring information and data be reported in an understandable format to the widest variety of Nevada education stakeholders and audiences including speakers of other languages. The focus of this work will provide Nevada stakeholders information and data with Spanish language support.*

*The United States Department of Education (USDE) expects the Nevada Department of Education to comply with the Elementary and Secondary Education Act (ESEA) as amended by Every Student Succeeds Act (ESSA).*

*The Department requests a one-year contract extension with eMetric, so the Department, with eMetric assistance, can maintain and update the Nevada Longitudinal Data System for Accountability Reporting.*

7

*From this extension, the Department will continue to report clear and interpretable data for public users and education stakeholders.*

*eMetric will provide project management, data systems management, database administration, software application, programming, report design, and psychometric analysis services to support the following:*

1. Nevada Report Card
2. Nevada Accountability Portal
3. Nevada School Performance Framework
4. Alternate Performance Framework
5. Nevada Academic Growth Model
6. English Language Proficiency Reporting
7. Cohort Graduation Rate
8. Financial Reporting
9. EdFacts Reporting
10. Data Validation
11. Assessment Load
12. Spanish Translation

*The Department will also continue to implement the 2021-2022 Addendum for the Consolidated State Plan due to COVID-19 and reestablish the Nevada School Performance Framework moving forward to meaningfully differentiate schools and identify schools for improvement as required by the USDE.*

8

What are the potential consequences to the State if the contract extension request is denied?

#445 (C)

*The Department would have to work with State Purchasing to solicit vendors. This process would involve an RFP and require additional time and potentially more funding for the work given the chance that the evaluation committee does not select eMetric.*

*The time and effort that would be needed by the Department to solicit vendors and bring a new vendor up to speed would critically impair the ability to meet the federal reporting deadline. There is also risk of having to change to a new vendor that may require a greater amount of funding equal to the cost of all the previous work done by eMetric.*

**Purchasing Use Only:**

Approval #: 445 (C)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct.

*Peter Zutz*

Signature of Agency Representative Initiating Request

Peter Zutz, Administrator, The Nevada Department of Education

3.22.2022

Print Name of Agency Representative Initiating Request

Date

*Jonathan P. Moore*

Signature of Agency Head Authorizing Request

Jonathan P. Moore

3/22/2022

Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5) and SAM 0338 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

**\*\* NOTE: TIN approval must be included in CETS as an attachment \*\***

Signed:

*Kevin O. Ostry*

Administrator, Purchasing Division or Designee

5/2/22

Date

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Timothy Galluzi  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

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

**TO:** Peter Zutz, Administrator ADAM, NDE  
Glenn Meyer, IT Manager, NDE  
Matthew Brown, Budget Analyst III, NDE

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – NDE – 45 – *E-Metric Amendment* – BA 2697

**DATE:** April 5, 2022

We have completed an updated review for the Nevada Department of Education (NDE) – *E-Metric Amendment* – TIN 45. The previous TIN (T269745) Completion Memo was issued on April 22, 2020.

The submitted TIN, for an estimated value of \$831,480.75 in the FY22/FY23 biennium and \$277,160.25 in the FY24/FY25 biennium (an increase of \$943,641 for the combined biennia) (100% General Funding), is to extend the eMetric contract for an additional year.

With this contract extension, eMetric will continue to provide services to enhance the Nevada Report Card and Nevada Accountability Portal to include school financial transparency reporting that provides detailed visualizations and explanatory information of financial data for schools, LEAs, and the State.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26426**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	Dept. of Health and Human Svcs.: Division of Child and Family Svcs.
Agency Code:	<b>300</b>	Contractor Name:	<b>Dept. of Health and Human Svcs.: Division of Child and Family Svcs.</b>
Appropriation Unit:	<b>2709-21</b>	Address:	<b>4126 Technology Way, Floor 3</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Carson City, NV 89706</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Sharon Knigge 775-684-7952
		Vendor No.:	D40900000
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **Yes**

If "Yes", please explain

**Due to the process of interdepartmental exchange and review of a revised scope of work and cost schedule, delays have resulted in a pending approval date by the Board of Examiners to be after the desired effective date of July 1, 2022. Future actions will include additional review of contents to ensure that submissions contain correct cost schedules.**

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

Contract term: **4 years**

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

Contract description: **Early Childhood**

5. Purpose of contract:

**This is a new interlocal agreement to provide quality early childhood mental health services including counseling, case management, training, social-emotional issues, and parental skills development.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,935,191.32**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS receives Federal Child Care Development Funds (CCDF) which are used to improve the quality of childcare services in Nevada. This contract is designed to provide childhood mental health services ensuring health, safety, and proper treatment of Nevada's children.

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

DCFS is a State Agency and has the expertise to provide these services.

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

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

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

Not Applicable

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

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

Interlocal agreement, pursuant to NRS 277.180.

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 \$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:

NDE-DCFS contract 04/01/2014 - 06/30/2022 CETS 15553

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mbro28	05/31/2022 11:38:39 AM
Division Approval	carnol1	05/31/2022 11:40:43 AM
Department Approval	carnol1	05/31/2022 11:40:46 AM
Contract Manager Approval	mwadsw01	05/31/2022 12:13:38 PM
Budget Analyst Approval	mranki1	06/17/2022 15:34:56 PM
BOE Agenda Approval	dlenzner	06/17/2022 15:35:30 PM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Jhone M. Ebert  
Superintendent of  
Public Instruction



Southern Nevada Office  
2080 East Flamingo Rd,  
Suite 210  
Las Vegas, Nevada 89119-0811  
Phone: (702) 486-6458  
Fax: (702) 486-6450

**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**  
700 E. Fifth Street | Carson City, Nevada 89701-5096  
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-9101

**MEMORANDUM**

**TO:** Susan Brown  
Clerk of the Board of Examiners  
Governor's Finance Office – Budget Division

**THROUGH:** David Lenzner  
Executive Budget Officer 2, Governor's Finance Office- Budget Division

**FROM:** Heidi Haartz, *HH*  
Deputy Superintendent, Student Investment Division

**DATE:** May 9, 2022

**SUBJECT:** Retroactive Contract

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This memorandum serves as a request for retractive approval of the Department of Health and Human Services: Division of Child and Family Services (DHHS: DCFS) Interlocal Contract to June 30, 2022. The services provided by Nevada's Department of Health and Human Services: Division of Child and Family Services were originally contracted from July 1, 2014, and through two amendments were extended, with a termination date of June 30, 2022.

To provide a continuity of Early Childhood Mental Health Services (ECMHS), Nevada's Department of Education Office of Early Learning and Development initiated a new contract with DHHS: DCFS with NDE Budget Analyst approval on March 2, 2022. However, due to the process of interdepartmental exchange and review of a revised, and more defined Scope of Work Deliverables, and revised Cost Schedule, delays have resulted in a pending approval date by the Board of Examiners to be after the desired start date of July 1, 2022.

This contract was originally rejected due to a contractual cost summary discrepancy; otherwise, it was submitted in a timely manner for the July 1, 2022. Due to the discrepancy and mathematical corrections, the contract requires new signatures being obtained by vendor, two NDE representatives, and the Deputy Attorney General before resubmission to the Governor's Finance Office. Future actions will include additional review of contents to ensure that submissions correspond Cost Schedules correctly.

CC: Jhone M Ebert, Superintendent of Public Instruction  
CC: Patti Oya,

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **26427**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>ACT, Inc.</b>
Agency Code: <b>300</b>	Contractor Name: <b>ACT, Inc.</b>
Appropriation Unit: <b>2710-21</b>	Address: <b>500 ACT Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Iowa City, IA 52243-0168</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Bruce Smith 913-645-4890</b>
	Vendor No.: <b>T29022931</b>
	NV Business ID: <b>NV20071357380</b>
To what State Fiscal Year(s) will the contract be charged? <b>2023-2024</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
<b>X</b> Federal Funds <b>100.00 %</b>	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **09/30/2023**Contract term: **1 year and 91 days**4. Type of contract: **Contract**Contract description: **Curriculum**

5. Purpose of contract:

**This is a new contract to provide a web-based curriculum for students to build essential career-relevant skills needed for learning, personal development and effective job performance.**

6. 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?

Students who earn Nevada's Career Readiness Certification are entering the workforce with desired skills, into higher wage careers and careers in-demand helping to counteract Nevada's unemployment rate.

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

Currently, the opportunity provides career ready skills from a variety of fields that allow students all over Nevada to have access through a system that offers stand-alone courses and progression accordingly. The knowledge is vast and variable and too extensive for educators.

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

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



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

**Approval #: 220501U**

**Approval Date: 05/02/2022**

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

[Empty text box]

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

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

b. Is the contract part of an IT investment project over \$50,000? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

ACT Inc currently has contract 16058 and 17863 in effect with Nevada's Department of Education. ACT, Inc. is in good standing with NDE and the state of Nevada.

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

**No** If "Yes", please provide details of the litigation 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	mbro28	05/31/2022 12:10:36 PM
Division Approval	carnol1	05/31/2022 12:14:46 PM
Department Approval	carnol1	05/31/2022 12:14:49 PM
Contract Manager Approval	mwadsw01	05/31/2022 12:57:46 PM
EITS Approval	daxtel1	05/31/2022 15:50:15 PM
Budget Analyst Approval	mranki1	06/02/2022 15:44:18 PM
BOE Agenda Approval	dlenzner	06/14/2022 08:13:55 AM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval#:	2205010

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b><u>ENTER STATE AGENCY NAME HERE:</u></b>	<i>Department of Education</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Craig Statucki, Director</i>	<i>775-687-7283</i>	<i>cstatucki@doe.nv.gov</i>
	<i>Cindi Chang, Assistant Director</i>	<i>702-486-7952</i>	<i>cchang@doe.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>ACT, Inc.</i>
	Contact Name:	<i>Bruce Smith</i>
	<b>Complete Address:</b> City, State, and Zip Code	<i>500 ACT Dr., Iowa City, IA 52243-0168</i>
	Telephone Number:	<i>913-645-4890</i>
	Email Address:	<i>Bruce.smith@act.org</i>

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase:	<input type="checkbox"/>		
	Contract:	Start Date:	<i>Upon BOE approval</i>	End Date:

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<input type="checkbox"/>
	Federal Funds:	<input checked="" type="checkbox"/>
	Grant Funds:	<input type="checkbox"/>
	Other (Explain):	

Purchasing Use Only:	
Approval #:	220501(4)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$1,600,000

2	Provide a description of work/services to be performed or commodity/good to be purchased:
	<i>Provide the ACT WorkKeys curriculum to approximately 100 high schools and adult high school diploma programs within school districts. Provide the three assessments (Applied Math, Workplace Documents, Graphic Literacy) necessary for a student to earn the ACT National Career Readiness Certificate (NCRC) for 50,000 students.</i>

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor:
	<i>The NCRC is a nationally recognized credential which verifies foundational skills that are required for success in the workplace. Nevada has, as of December 2021, 675 employers that support WorkKeys and Clark County is a certified Work Ready Community. Students who earn the NCRC will be more employable than their peers and adults with similar education experience due to the credential.</i>
	<i>ACT WorkKeys builds upon existing workplace readiness skills taught in CTE courses and aligns the assessment with workforce needs. Students who are not enrolled in CTE courses would have the opportunity to complete a career-readiness course that is aligned with workplace success and earn a nationally recognized credential. Students who are award a silver or higher on the NCRC may be eligible for the Career-Ready Endorsement and the College and Career Ready Diploma.</i>
	<i>ACT, Inc. is the sole source and owner of the following assessments, test items, scoring algorithms, reporting, curricula, training, and research services and the sole source for all related materials. These materials are protected by copyright and trademark and can only be ordered directly from ACT, Inc.</i>

- ACT WorkKeys® assessments
- ACT National Career Readiness Certificate™ (ACT NCRC®)
- ACT WorkKeys Curriculum
- ACT Job Profiling

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>ACT, Inc. is the sole source and owner of the following assessments, test items, scoring algorithms, reporting, curricula, training, and research services and the sole source for all related materials. These materials are protected by copyright and trademark and can only be ordered directly from ACT, Inc.</i>

- ACT WorkKeys® assessments
- ACT National Career Readiness Certificate™ (ACT NCRC®)
- ACT WorkKeys Curriculum
- ACT Job Profiling

<b>5</b>	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
			<b>X</b>
	a. <b><i>If yes</i></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
b. <b><i>If not</i></b> , why were alternatives not evaluated?			
<b><i>ACT is the only provider of the ACT WorkKeys assessments and ACT National Career Readiness Certificate™ (ACT NCRC®) which is a nationally recognized industry credential for workplace readiness.</i></b>			

Purchasing Use Only:

Approval #:

220501②

	Has the agency purchased this service or commodity in the past? Check One:			Yes	No
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <b>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</b></i>				X
6	a. If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, the following information <b>must</b> be provided:				
	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #
	Start Date	End Date			
			\$		
			\$		
			\$		
			\$		
		\$			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?
	<i>The consequences would be detrimental to the school districts and communities we serve. The Department is working very hard to expend our federal funds diligently in efforts to provide the best service to our educators and students.</i>

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?
	<i>ACT is the only provider of the ACT WorkKeys assessments and ACT National Career Readiness Certificate™ (ACT NCRC®)</i>

	Will this purchase obligate the State to this vendor for future purchases? Check One:			Yes	No
	Should future funding become available, the agency could request additional purchases such as: curriculum, assessments, and/or professional development. <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>			X	
9	a. If yes, please provide details regarding future obligations or needs.				
	<i>Should future funding become available, the agency could request additional purchases such as: curriculum, assessments, and/or professional development.</i>				

Purchasing Use Only:	
Approval #:	220501(2)

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

Craig Statucki  
 Agency Representative Initiating Request

Craig Statucki 12/27/21  
 Print Name of Agency Representative Initiating Request Date

[Signature] 12/28/21  
 Signature of Agency Head Authorizing Request

Jhone Boert 12/28/21  
 Print Name of Agency Head Authorizing Request Date

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

**\*\* NOTE: Agency must include TIN approval as an attachment in CETS \*\***

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

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

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

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

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

Approved by:  
Kevin D. Coyle 5/2/22  
 Administrator, Purchasing Division or Designee Date

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Timothy Galluzi  
Administrator

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

MEMORANDUM

**TO:** Craig Statucki, Director, DOE  
Cindi Chang, Assistant Director, DOE  
Glenn Meyer, IT Manager, DOE  
Matthew Brown, Budget Analyst III, DOE

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, Business Process Analyst III, EITS, DOA

**SUBJECT:** TIN Completion Memo – NDE – 335 – *ACT WorkKeys* – BA 2710 – Update B

**DATE:** April 27, 2022

We have completed our review for the Nevada Department of Education's (NDE) – *ACT WorkKeys* – TIN 335. Update B.

The submitted TIN, for an estimated value of \$1,300,000 in the FY22/FY23 biennium and \$300,000 in the FY24/FY25 biennium (for a decrease of \$500,000 from the original TIN submission) (100% Federal Grant funding), is to implement *ACT WorkKeys*, a tool that builds upon existing workplace readiness skills taught in CTE courses and aligns the assessment with workforce needs. This TIN has been edited to reflect a change in budget.

This project includes: (1) a fully scripted career awareness system taught as a core subject in grades 8- 12; (2) an employer/education partnership to infuse learning with relevant labor market information; and (3) resources to support replicability. Additionally, the following activities are included as part of the project: (1) integrated career exploration tools into the curriculum; (2) professional development courses which complement and enhance the program; (3) support of STEM careers and professional development through post-secondary partners; (4) employer videos and podcasts showcasing high demand careers and workforce diversity; (5) develop mentoring, internship, and apprenticeship programs; and (6) produce

operations manual to guide continuous improvement, sustainability, and replicability.

Students who earn the National Career Readiness Certificate (NCRC), especially those students who are in a CTE program of study, will be able to fulfill Nevada's high skill, high wage, and in-demand workforce needs. The NCRC is a nationally recognized credential which verifies foundational skills that are required for success in the workplace. Nevada has, as of December 2021, 675 employers that support WorkKeys.

This investment is considered by the agency to be mission critical and a low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **26380**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: Education Northwest
Agency Code: <b>300</b>	Contractor Name: <b>Education Northwest</b>
Appropriation Unit: <b>2710-21</b>	Address: <b>1417 NW Everett St Suite 310</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Portland, OR 97209</b>
If "No" please explain: Not Applicable	Contact/Phone: Kellie Harry 503-275-9489
	Vendor No.: T29044835
	NV Business ID: NV20212105267

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 07/2022

Retroactive? **Yes**

If "Yes", please explain

**The contract is due to start upon approval by BOE. However, the Scope of Work included a timetable that indicated that work would start in May. Due to the process involved in the Solicitation Waiver and the timeliness in securing new signatures if the scope of work was edited, the program is submitting a retroactive memorandum explaining that the work will start upon approval but the timetable schedule is acknowledged as incorrect within the scope of work.**

3. Termination Date: **06/30/2024**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Curriculum Project**

5. Purpose of contract:

**This is a new contract to provide enhanced and new lesson plans that incorporate tribal nations in Nevada into the Indian Education program.**

6. NEW CONTRACT

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

7. What conditions require that this work be done?

AB 261 of the 2021 Legislative Session required K-12 schools to adopt a curriculum on the history and contributions to the science, the arts and humanities of Native Americans and Native American Tribes. This contract will address that mandate along with addressing the cultural need for adding correct historical and cultural details as an enhancement to current curriculum addressing Native Americans in Nevada. A collaboration of experts in curriculum and tribal representatives are needed to accomplish the needed deliverables.

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

There are no experienced, proven successful vendors within the state agencies' staff with the type of tribal awareness, knowledge, and investment in historical and cultural aspects to work in partnership with experienced educators on correcting curriculum.

9. Were quotes or proposals solicited?

No

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

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

Not Applicable

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

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

This vendor has proven track record of partnering with tribes, native organizations, and state and local education agencies to develop high-quality curriculum, professional development, technical assistance, evaluation and other professional services.

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 \$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: 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	mbro28	05/19/2022 14:18:03 PM
Division Approval	carnol1	05/19/2022 14:24:24 PM
Department Approval	carnol1	05/19/2022 14:24:28 PM
Contract Manager Approval	mwadswol	05/19/2022 15:14:48 PM
Budget Analyst Approval	mranki1	06/21/2022 14:35:00 PM
BOE Agenda Approval	laaron	06/21/2022 14:36:43 PM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval#:	#220403 @

### SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>only</u> the contact(s) listed below:</b>		
	<b>ENTER STATE AGENCY NAME:</b>	Nevada Department of Education	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Julie Bowers, Director for Office of Inclusive Ed.	775-687-9146	jabowers@doe.nv.gov
	Fredina Romero, Education Program Professional	775-687-9143	fromero@doe.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Education Northwest
	Contact Name:	Kellie Harry, Senior Advisor for Native and Culturally Responsive Education
	Complete Address: City, State, and Zip Code	1417 NW Everett St., Ste. 310, Portland, OR 97209
	Telephone Number:	503.275.9489 ext. 489
	Email Address:	kellie.harry@ednw.org

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	X

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	Amendment Number:	#		
	<b>Enter CETS Number:</b>	#		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	X	No:
	Contract:	Start Date:	Upon Approval	End Date: 06/30/2024

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

#220403 @

Other (Explain):

Purchasing Use Only:
Approval #:

1g Total Estimated Value of this Service Contract, Amendment or Purchase:
\$100,000.00

2 Provide a description of work/services to be performed or commodity/good to be purchased:
Education Northwest will provide statewide services to the Nevada Department of Education, Office of Inclusive Education, focused on American Indian and Alaska Native instructional content and curriculum development support. Specific tasks will include:
1. Create a new lesson plan template for the Indian Education Program.
2. Adapt (5) lessons plans currently posted on the website.
3. Revise and place into the new lesson plan template (8) lessons previously developed by Nevada educators for the Indian Education Program.
4. Develop (5) new lessons aligned to Nevada standards and essential understandings to support instruction by and about the Tribal Nations in Nevada into a new lesson plan templates.
5. Revise the Essential Understandings brochure to visually align with the new lesson plan template.
6. Revise the Tribal Consultation brochure to visually align with the new lesson plan template and recent research.

3 What are the unique features/qualifications required for this service or good that are not available from any other vendor:
Education Northwest has fifty years of experience with collaborative partnerships with Native Tribes and communities to expand and increase student learning outcomes. They have had a successful partnership with the Bureau of Indian Education to conduct comprehensive assessment of online learning delivery in more than 100 Bureau and Tribally controlled schools. They are also actively supporting systems improvement in state education agencies by facilitating culturally responsive strategic planning efforts; culturally specific mentoring programs; collaborating with Tribal nations to create culturally appropriate and historically accurate curriculum; and supporting multilingual Indigenous students. Education Northwest has core staff members who are dedicated experts in Indian Education, linguistic and cultural identities, languages, and culture.

4 Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:
Other vendors were queried about their services to include:
American Institutes for Research (AIR )
WestEd
National Indian Education Association
(Reasons why they could meet needs are listed in Section 5)
This vendor has a record of successful partnerships with Tribes and Native organizations and has particular expertise in developing high-quality curriculum focused on the historical and contemporary experiences of American Indian and Alaska Native Tribes. They have worked alongside five Oregon tribal partners over the past four years – Coquille, Cow Creek, Siletz, and Burns Paiute – to help fulfill

#202103@

Oregon's 2018 SB13 legislation (Tribal History/Shared History) and build tribally specific curricular materials spanning K-12. Education Northwest has also worked with Tribes and state departments of education in Nebraska, Alaska, North Dakota, and South Dakota in assisting in implementation of local Native Education for All efforts, which includes curriculum support, survey development, and training supports. In addition, Education Northwest has worked with other state departments of education to align Common Core and social studies standards. They have the infrastructure, procedures, and quality assurance systems already in place. They have core staff members who are dedicated experts in Indian education. They also already use a culturally responsive consultancy framework to manage projects.

Education Northwest has a successful record of curriculum development, technical assistance, and professional development on the specific needs of American Indian and Alaska Native students.

	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
	<p>Education Northwest is uniquely suited to this project based on their deep experience collaborating with Tribes, Tribal colleges, and Native nonprofits across the nation in both rural and urban contexts to develop resources and curricula that reflect Indigenous culture, traditions, and values. Their approach to training, coaching, technical assistance, and evaluation is culturally responsive, honors and upholds Tribal sovereignty, and engages Tribes and Native communities as full partners in the work with staff that addresses Nevada's tribes specifically. The sole source would be most cost efficient because they would not have to rely on a secondary contractor to learn about the tribes in Nevada or traveling from out of state.</p> <p>Other vendors were asked if they could meet the needs and participate in a bidding process.</p>		
5	<p><b>American Institutes for Research (AIR):</b> they do not have extension native staff who work directly with tribes but lack tribal specific knowledge and expertise. Of the 1,800 Technical Assistance Consultants, less than 5 are dedicated to work on Indian education initiatives. Additionally, there would be an additional cost associated with travel for the field practitioner—who is not local; and costs associated with orienting the field practitioner to the tribes in Nevada</p> <p><b>WestEd:</b> work is primarily with State Education Agencies (SEAs) and they do not have an existing relationships with tribes. Tribally led initiatives are done in a secondary capacity to tribes, adding to their cost.</p> <p><b>National Indian Education Association (NIEA):</b> Although there are field practitioners, NIEA would subcontract with other tribal organizations who are not familiar with Nevada tribes. Cost associated would include a secondary contract and travel costs.</p> <p>No other vendors responded. The aforementioned vendors staff do not hold a state of Nevada Teacher's License or a Great Basin Native American Language endorsement; except, Education Northwest.</p>		
	b. <i>If not, why were alternatives not evaluated?</i>		

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

Page 3 **850**

# 220403 @

<p><b>Has the agency purchased this service or commodity in the past? Check One:</b></p> <p><i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i></p>		Yes	No		
			X		
<p>a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:</p>					
6	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #
	Start Date	End Date			
			\$		
			\$		
			\$		
			\$		

<p><b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b></p>	
7	<p>The American Indian and Alaska Native students and Tribal communities in the state would continue to experience inequitable learning outcomes, as they would continue to be inadequately represented in statewide educational curriculum.</p>

<p><b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b></p>	
8	<p>The Nevada Department of Education identified other vendors that the SEA works with, and steps were taken to be sure there was no competition for the service requested. Refer to 5a for outreach to like vendors.</p>

<p><b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b></p> <p><u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></p>		Yes	No
<p>a. If yes, please provide details regarding future obligations or needs.</p> <p><i>If this project is successful, there is a possibility to use this vendor for future work.</i>          The state is not obligated to future work with Education Northwest, however future work may occur through an evaluation of measures of success in the curriculum, implementation, and assessment reporting results.</p>			

Purchasing Use Only:	
Approval #:	

Page 4 of 5 @

#220403@

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

*Fredina Drye-Romero*

Agency Representative Initiating Request

Fredina Drye-Romero

Print Name of Agency Representative Initiating Request

03/28/2022

Date

*Jonathan P. Moore*

Signature of Agency Head Authorizing Request

Jonathan P. Moore

Print Name of Agency Head Authorizing Request

3/29/2022

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

4/5/22

Date

Steve Sisolak  
Governor

Jhone M. Ebert  
Superintendent of  
Public Instruction



Southern Nevada Office  
2080 East Flamingo Rd,  
Suite 210  
Las Vegas, Nevada 89119-0811  
Phone: (702) 486-6458  
Fax: (702) 486-6450

**STATE OF NEVADA**  
**DEPARTMENT OF EDUCATION**  
700 E. Fifth Street | Carson City, Nevada 89701-5096  
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-9101

**MEMORANDUM**

**TO:** Susan Brown  
Clerk of the Board of Examiners  
Governor's Finance Office – Budget Division

**THROUGH:** David Lenzner  
Executive Budget Officer 2, Governor's Finance Office- Budget Division

**FROM:** Heidi Haartz *Heidi Haartz*  
Deputy Superintendent, Student Investment Division

**DATE:** May 9, 2022

**SUBJECT:** Request for Retroactive Contract with Education Northwest

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This memorandum serves as a request for retroactive approval to a contract with the Nevada Department of Education (NDE) Office of Inclusive Education (OIE). The Education Northwest anticipated the start date to be May 2022 when the contract was drafted. The solicitation waiver was submitted in March and approved early April with a Scope of Work that included a timeline reflecting May 2022 as the start date. Education Northwest has not started the work and are waiting on approval of a signed contract as indicated on the contract. These services are intended to begin "Upon Approval by BOE". However, due to the Scope of Work timeline table, it has been decided to request a retroactive date, if necessary, to prevent from further delay in revision of a SOW affecting the Solicitation Waiver and signature approvals already in place.

The NDE Office of Inclusive Education is currently reviewing their internal process and addressing the need to better understand the time management of approval processes. If this retroactive memo is not approved, NDE OIE will not be able to fulfill the plan for the American Rescue Plan (ARP) ESSER Funds that provides access to high-quality instructional materials for educators and students to help address learning loss.

cc: Julie Bowers, Director, Office of Inclusive Education (OIE)  
cc: Ms. Fredina Drye-Romero, Education Programs Professional



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26388**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>NS4ed, LLC.</b>
Agency Code: <b>300</b>	Contractor Name: <b>NS4Ed, Inc.</b>
Appropriation Unit: <b>2710-13</b>	Address: <b>200 E Broadway Ave Ste 215</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Maryville, TN 37804</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Joseph L Goins Edd.D. 864-414-0033</b>
	Vendor No.: <b>T32012362</b>
	NV Business ID: <b>NV20222418974</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

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

2. Contract start date:

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

Anticipated BOE meeting date: **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **CCRS Support**

5. Purpose of contract:

**This is a new contract to provide a technical labor market resource center to inform education practices and successfully prepare students for the workforce.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$450,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This project provides students, educators, and community with marketing data identifying workforce needs to further prepare students for occupations according to current trends and employment success.

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

This is a labor market data assessment with resources and accessibility to communities for Nevada public schools career and college readiness programs to address regional perspective and their alignment to real-world employers. The platform allows for access across all of Nevada for a broader perspective as it pertains to career pathways addressed in public schools.

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

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

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

**Not Applicable**

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

**Approval #: 220502U**

**Approval Date: 05/02/2022**

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

[Empty text box]

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

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

b. Is the contract part of an IT investment project over \$50,000? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

**It is the same group but identified incorrectly as an Incorporated versus LLC by the program.**

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mbro28	05/23/2022 12:21:43 PM
Division Approval	carnol1	05/23/2022 12:25:10 PM
Department Approval	carnol1	05/23/2022 12:25:13 PM
Contract Manager Approval	mwadsw01	05/23/2022 13:19:18 PM
EITS Approval	ljean	05/23/2022 14:16:03 PM
Budget Analyst Approval	mranki1	06/16/2022 13:26:26 PM
BOE Agenda Approval	dlenzner	06/16/2022 13:27:22 PM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval#:	2205020

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
	State Agency Name:	Department of Education		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Craig Statucki, Director	775.687.7283	cstatucki@doe.nv.gov
		Cindi Chang, Assistant Director	702-486-7952	cchang@doe.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	NS4ed, LLC
	Contact Name:	Joseph L. Goins, Ed.D.
	Complete Address:	200 East Broadway, Suite 305 Maryville, TN 37804
	Telephone Number:	864.414.0033
	Email Address:	jgoins@ns4ed.com

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

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

<b>1e</b>	<b>Term:</b>				
	One (1) Time Purchase:				
	Contract:	Start Date:	Upon BOE approval	End Date:	June 30, 2025

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	<input checked="" type="checkbox"/>
	Grant Funds:	
	Other (Explain):	

Resub 04/2022

Purchasing Use Only:

Approval #:

220502 ©

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$450,000

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>This project includes: (1) a fully scripted career awareness system taught as a core subject in grades 8-12; (2) an employer/education partnership to infuse learning with relevant labor market information; and (3) resources to support replicability. Additionally, the following activities are included as part of the project: (1) integrated career exploration tools into the curriculum; (2) professional development courses which complement and enhance the program; (3) support of STEM careers and professional development through postsecondary partners; (4) employer videos and podcasts showcasing high-demand careers and workforce diversity; (5) develop mentoring, internship, and apprenticeship programs; and (6) produce operations manual to guide continuous improvement, sustainability, and replicability.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>NS4ed, Inc. has a customizable Pathway2Career Labor Market Policy Tool that researches local labor market data and then ties that data directly to a dashboard that is accessible by educators and students, identifying local high-value careers that can be aligned to educational practices.  The agency has researched this offering and discovered that other states such as TN and NM use this framework to align to the priorities of real-world employers in the communities that they serve.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>NS4ed has the exclusive capacity to not only develop the research from the best personnel available but to also utilize the technical capability to accomplish the following:</i> <ul style="list-style-type: none"><li>• <i>Establish accountability for development of programs leading to career opportunities in high-growth, high-wage occupations.</i></li><li>• <i>Facilitate conversation between education, workforce, and economic development.</i></li><li>• <i>Ensure career counselors have access to relevant regional labor market information and career pathways supporting employment opportunities.</i></li><li>• <i>Benchmark workforce literacies for demand occupations utilizing math.</i></li><li>• <i>Promote systems integration and transformation using common data analysis and information.</i></li><li>• <i>Develop a state portal to disseminate information constructed through research and delivered around best practices.</i></li><li>• <i>Deliver comprehensive course offerings around CTE that promotes equity and makes a broad availability of high-need, high-growth occupations delivered in the context of math and employability skills</i></li></ul>

	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	<input checked="" type="checkbox"/>	No:	<input type="checkbox"/>
5	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	<i>The Department did not identify any services that had all of the features in the NS4ed product embedded into a single product that is directed at educators and students. While some vendors may have offered career exploration tools, labor market information, or curriculum, none of them were in a single product and having multiple products is not viable for a cohesive system. In addition, no vendors were identified that could develop a state portal that could connect Nevada labor workforce data to the career and technical education (CTE) programs to develop reports necessary for school districts and charter schools to conduct their local comprehensive needs assessment (CLNA) as required by Carl D. Perkins V (Federal Grant) and effectively communicate with their stakeholders to make decisions regarding CTE programs based on the CLNA.</i>				
	b. <u>If not</u> , why were alternatives not evaluated?				

Purchasing Use Only:	
Approval #:	7205020

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

7		<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>  <i>The consequences would be detrimental to the school districts and communities we serve. The Department is working to expend our federal funds diligently in efforts to provide the best service to educators, district leaders, and students.</i>
---	--	---

8		<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>  <i>The Department did an extensive search and spoke with education leaders in TN and NM. All agreed that NS4ed was the most qualified and all encompassing framework based on their expertise in market policy tied to education practice.</i>
---	--	--

9	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>			Yes:	X	No:	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>  <i>Should future funding become available, the agency could request additional purchases such as: maintenance and support for the framework tool, additional curriculum and/or continued professional development.</i>						

#220502(C)

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Purchasing Use Only:	
Approval #:	220502(4)

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

*Craig Statucki*

Agency Representative Initiating Request

Craig Statucki

12/16/21

Print Name of Agency Representative Initiating Request

Date

*Jhone M. Ebert*

Signature of Agency Head Authorizing Request

Jhone M. Ebert, Superintendent of Public Instruction

1/11/2022

Print Name of Agency Head Authorizing Request

Date

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

*\* NOTE: TIN approval must be included as an attachment*

Name of agency or entity who provided information or review:

*IN CETS \**

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

*\* Kevin D. Ostry*

Administrator, Purchasing Division or Designee

5/2/22

Date



## **TIN #396 Has moved to "Pending Completion Memo"**

TIR's <TIRs@admin.nv.gov>

Thu 4/14/2022 9:57 AM

To: Lisa Morigeau <lmorigeau@doe.nv.gov>

Cc: Michael D. Smith <mdsmithjr@admin.nv.gov>; David Axtell <daxtell@admin.nv.gov>

Greetings,

TIN ID #396 for NS4Ed has completed SME Review and is now pending the issuance of a Completion Memo.

TIN Completion Memos are generated in the order in which the SMEs complete their reviews.

If there are any questions, please reach out to the Technology Investment Administrator.

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Timothy Galluzi  
Administrator

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

MEMORANDUM

**TO:** Craig Statucki, Director, NDE  
Glenn Meyer, ITM I, NDE  
Matthew Brown, Budget Analyst III, NDE

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – NDE – TIN 396 – *NS4Ed* – BA 2710

**DATE:** April 27, 2022

We have completed our review for the Nevada Department of Education's (NDE) – *NS4Ed* – TIN 396. The submitted TIN, for an estimated value of \$450,000 in the FY22/FY23 biennium (100% Federal Grant), is to fund a three-year contract for the Pathways to Careers platform.

To focus on recovery, the Office of Career Readiness, Adult Learning, and Education Options (CRALEO) will use the cloud-based Pathways to Careers platform to develop an education-focused labor market data dashboard with accompanying professional development training for educators. This data dashboard will function specifically for Nevada to align Career and Technical Education (CTE) courses and pathways to their local labor market to assist students in finding employment opportunities due to jobs lost during COVID-19.

The agency considers the investment and final implementation to have an ongoing low security risk. There will be no State owned data maintained on this system.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26328**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Oregon Health & Science University
Agency Code:	<b>403</b>	Contractor Name:	<b>Oregon Health &amp; Science University</b>
Appropriation Unit:	<b>3158-32</b>	Address:	<b>3030 SW Moody Ave., Suite 250 Mailstop MDYCEBP</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Portland, OR 97201</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Harvey 503-494-9734
		Vendor No.:	T32010349
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

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

Contract description: **MED/DERP Project**

5. Purpose of contract:

**This is a new interlocal agreement to provide evidence-based strategies to enhance the Medicaid program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$501,000.00**

Payment for services will be made at the rate of \$250,500.00 per year

Other basis for payment: As invoiced per Attachment A and approved by the State; MED - \$155,000/yr; DERP - \$95,500/yr

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a subscription contract for access to evidence-based policy research and resources to benefit the Medicaid program. This will allow the Nevada Medicaid program to improve policy and strategies in services and programs.

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

State employees do not perform these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Phillip Burrell, Deputy Administrator Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	05/13/2022 09:25:17 AM
Division Approval	ltuttl1	05/13/2022 10:04:10 AM
Department Approval	pburrel1	05/13/2022 15:27:09 PM
Contract Manager Approval	dmartin3	05/13/2022 15:43:07 PM
Budget Analyst Approval	laaron	05/28/2022 08:56:42 AM
BOE Agenda Approval	laaron	05/28/2022 08:56:44 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25794**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Alignment Health Plan of Nevada, Inc.
Agency Code:	<b>403</b>	Contractor Name:	<b>Alignment Health Plan of Nevada, Inc.</b>
Appropriation Unit:	<b>3243-14</b>	Address:	<b>1100 W Town &amp; Country Rd Suite 1600</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Orange, CA 92868</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kelsey Schuffenhauer 657-600-1191
		Vendor No.:	N/A
		NV Business ID:	NV20171738385

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No Cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

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

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

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

**Not Applicable**

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

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

Chelsea Heath, Social Services Prog Spec 3 Ph: null

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/23/2022 14:00:07 PM
Division Approval	ltuttl1	05/23/2022 14:03:06 PM
Department Approval	pburrel1	05/25/2022 15:27:14 PM
Contract Manager Approval	ltuttl1	05/26/2022 10:14:29 AM
Budget Analyst Approval	laaron	06/14/2022 09:29:27 AM
BOE Agenda Approval	laaron	06/14/2022 09:29:29 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: **25801**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Coventry Health Care of Nebraska, Inc.</b>
Agency Code: <b>403</b>	Contractor Name: <b>Coventry Health Care of Nebraska, Inc.</b>
Appropriation Unit: <b>3243-14</b>	Address: <b>11819 Miami St. Suite 101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Omaha, NE 68164</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Victoria Coley 480-262-4875</b>
	Vendor No.: <b>N/A</b>
	NV Business ID: <b>NV20191498118</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits,

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

The State does not have the resources to provide these services.

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

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

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

**Not Applicable**



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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

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

Chelsea Heath, Social Services Program Spec. 3 Ph: null

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/23/2022 13:47:37 PM
Division Approval	ltuttl1	05/23/2022 13:50:04 PM
Department Approval	pburrel1	05/25/2022 15:26:54 PM
Contract Manager Approval	ltuttl1	05/26/2022 10:11:26 AM
Budget Analyst Approval	laaron	06/14/2022 10:46:26 AM
BOE Agenda Approval	laaron	06/14/2022 10:46:28 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: **25795**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: HMO Colorado, Inc. dba HMO Nevada
Agency Code: <b>403</b>	Contractor Name: <b>HMO Colorado, Inc. dba HMO Nevada</b>
Appropriation Unit: <b>3243-14</b>	Address: <b>9133 West Russell Rd Bldg 9</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89148</b>
If "No" please explain: Not Applicable	Contact/Phone: Robin Price 732-259-8681
	Vendor No.: N/A
	NV Business ID: NV19911047987

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning.

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

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

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

Kirsten Coulombe, Social Services Chief 3 Ph: null

Chelsea Heath, Social Services Prog Spec Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/27/2022 07:12:30 AM
Division Approval	ltuttl1	05/27/2022 07:28:14 AM
Department Approval	pburrel1	06/02/2022 15:17:30 PM
Contract Manager Approval	ltuttl1	06/02/2022 15:46:02 PM
Budget Analyst Approval	laaron	06/14/2022 10:28:38 AM
BOE Agenda Approval	laaron	06/14/2022 10:28:40 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: **25800**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Hometown Health Plan, Inc.</b>
Agency Code: <b>403</b>	Contractor Name: <b>Hometown Health Plan, Inc.</b>
Appropriation Unit: <b>3243-14</b>	Address: <b>10315 Professional Circle</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89521</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Tabatha Eddy 775-982-3721</b>
	Vendor No.: <b>N/A</b>
	NV Business ID: <b>NV19871019956</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No Cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DNSP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

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

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

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

**Not Applicable**

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

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

Chelsea Heath, Social Services Prog Spec 3 Ph: null

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/26/2022 15:54:06 PM
Division Approval	ltuttl1	05/26/2022 15:58:51 PM
Department Approval	pburrel1	05/31/2022 05:05:32 AM
Contract Manager Approval	ltuttl1	05/31/2022 08:25:36 AM
Budget Analyst Approval	laaron	06/14/2022 10:14:33 AM
BOE Agenda Approval	laaron	06/14/2022 10:14:35 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25803**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Humana Insurance Company</b>
Agency Code: <b>403</b>	Contractor Name: <b>Humana Insurance Company</b>
Appropriation Unit: <b>3243-14</b>	Address: <b>1100 Employers Blvd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>DePere, WI 54115</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Misty Tudor 502-580-8373</b>
	Vendor No.: <b></b>
	NV Business ID: <b>NV20181754848</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

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

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

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

**Not Applicable**

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

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

Chelsea Heath, Social Services Prog Spec. 3 Ph: null

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/16/2022 15:11:19 PM
Division Approval	trya4	05/17/2022 08:47:46 AM
Department Approval	pburrel1	05/17/2022 09:11:16 AM
Contract Manager Approval	trya4	05/17/2022 09:45:43 AM
Budget Analyst Approval	laaron	05/28/2022 08:59:17 AM
BOE Agenda Approval	laaron	05/28/2022 08:59:20 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25806**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Humana Wisconsin Health Organization Insurance Corporation
Agency Code:	<b>403</b>	Contractor Name:	<b>Humana Wisconsin Health Organization Insurance Corporation</b>
Appropriation Unit:	<b>3243-14</b>	Address:	<b>Two Riverwood Place N19W24133 Riverwood Dr STE 300</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Waukesha, WI 53188</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Misty Tudor 502-580-8373
		Vendor No.:	
		NV Business ID:	NV20181754784

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

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

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

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

**Not Applicable**



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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

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

Kirsten Coulombe, Social Services Chief 3 Ph: null

Chelsea Heath, Social Services Prog Spec 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/16/2022 15:10:51 PM
Division Approval	trya4	05/17/2022 08:55:35 AM
Department Approval	pburrel1	05/17/2022 09:10:39 AM
Contract Manager Approval	trya4	05/17/2022 09:45:32 AM
Budget Analyst Approval	laaron	05/28/2022 08:59:32 AM
BOE Agenda Approval	laaron	05/28/2022 08:59:34 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25845**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Molina Healthcare of Nevada, Inc.
Agency Code:	<b>403</b>	Contractor Name:	<b>Molina Healthcare of Nevada, Inc.</b>
Appropriation Unit:	<b>3243-14</b>	Address:	<b>8329 W Sunset Rd Suite 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89113</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jackie Hernandez 725-249-0298
		Vendor No.:	
		NV Business ID:	NV20161415756

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No Cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

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

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

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

**Not Applicable**

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP Eff 1/1/2022 to current. Satisfactory.

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

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

Not Applicable

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

Chelsea Heath, Social Services Prog Spec 3 Ph: null

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/19/2022 14:38:02 PM
Division Approval	ltuttl1	05/19/2022 14:50:31 PM
Department Approval	pburrel1	05/27/2022 12:40:25 PM
Contract Manager Approval	ltuttl1	05/27/2022 13:16:30 PM
Budget Analyst Approval	laaron	06/14/2022 11:21:19 AM
BOE Agenda Approval	laaron	06/14/2022 11:21:21 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: **25804**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: SilverSummit Healthplan, Inc.
Agency Code: <b>403</b>	Contractor Name: <b>SilverSummit Healthplan, Inc.</b>
Appropriation Unit: <b>3243-14</b>	Address: <b>2500 N. Buffalo Dr. Suite 250</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89128</b>
If "No" please explain: Not Applicable	Contact/Phone: Eric Schmacker 775-834-9308
	Vendor No.:
	NV Business ID: NV20061600559

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No Cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

9. Were quotes or proposals solicited? No

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

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

**Not Applicable**

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

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

Chelsea Heath, Social Services Prog Spec 3 Ph: null

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/23/2022 13:43:53 PM
Division Approval	ltuttl1	05/23/2022 13:48:23 PM
Department Approval	pburrel1	05/24/2022 13:51:12 PM
Contract Manager Approval	ltuttl1	05/24/2022 13:54:54 PM
Budget Analyst Approval	laaron	06/14/2022 11:05:07 AM
BOE Agenda Approval	laaron	06/14/2022 11:05:09 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: **25805**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	UnitedHealthcare Benefits of Texas, Inc.
Agency Code:	<b>403</b>	Contractor Name:	<b>UnitedHealthcare Benefits of Texas, Inc.</b>
Appropriation Unit:	<b>3243-14</b>	Address:	<b>2716 N. Tenaya Way</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas , NV 89128</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kelly Simonson 702-242-7497
		Vendor No.:	N/A
		NV Business ID:	NV20211988268

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % No Cost</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is a new contract to provide ongoing medical services to Dual Eligible Special Needs Plan recipients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$0.01**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Centers for Medicare and Medicaid (CMS) only allows registered Medicare Advantage Plans to operate D-SNPs. State staff will provide oversight however they cannot operate the plan. The D-SNP will provide better coordination of services and benefits for Dual Eligible Medicaid recipients. This D-SNP provides the recipients assistance with coordinating the delivery of all benefits covered by both Medicare and the State Medicaid Agency, including when Medicaid benefits are delivered via the State Medicaid Agency fee-for-service and/or Managed Care Organizations. The MA Plan is responsible for coordinating the enrollees Medicare and Medicaid benefits, including, but not limited to discharge planning, disease management, and care management.

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

The State does not have the resources to provide these services.

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

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

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

**Not Applicable**

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

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

42 CFR 422.107 - Special needs plans and dual eligibles: Contract with State Medicaid Agency.

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 \$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:

DHCFP 1/1/22 - current. Satisfactory.

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

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

Not Applicable

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

Chelsea Heath, Social Services Prog Spec 3 Ph: null

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	05/18/2022 15:11:57 PM
Division Approval	ltuttl1	05/18/2022 16:19:16 PM
Department Approval	pburrel1	05/20/2022 17:15:52 PM
Contract Manager Approval	ltuttl1	05/23/2022 08:28:41 AM
Budget Analyst Approval	laaron	06/14/2022 11:36:19 AM
BOE Agenda Approval	laaron	06/14/2022 11:36:21 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: **25998**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>ALSCO, INC.</b>
Agency Code: <b>406</b>	Contractor Name: <b>ALSCO, INC.</b>
Appropriation Unit: <b>3161-04</b>	Address: <b>2300 N COMMERCE ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89030</b>
If "No" please explain: Not Applicable	Contact/Phone: Rigoberto Ocegueda 702-561-6662
	Vendor No.: T60153013D
	NV Business ID: NV19591000546

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

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

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 17988

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **Yes**

If "Yes", please explain

**This contract required a solicitation waiver from the Purchasing Division due to the Statewide MSA not providing biohazard cleaning services. Due to change in staff and training this contract missed the May 10, 2022 Board of Examiners (BOE) cut off for the June 14, 2022 BOE meeting and the June 7, 2022 cut off for July 12, 2022 BOE meeting.**

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

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Laundry Services**

5. Purpose of contract:

**This is a new contract to provide ongoing laundry services.**

#### 6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$209,132.00**

Other basis for payment: Installments payable upon receipt of invoice and approval of services.

#### II. JUSTIFICATION

7. What conditions require that this work be done?



Southern Nevada Adult Mental Health Services has linen that requires handling with appropriate measures for infection control.

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

State employees are not equipped or have the knowledge to perform necessary tasks in handling large amounts of laundry and biohazard issues.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

**Approval #: 220503**

**Approval Date: 05/03/2022**

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

d. Last bid date: 03/25/2022 Anticipated re-bid date: 03/01/2023

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:

Good of the State contract 7/1/18 - 6/30/22. Satisfactory service.

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Matthew Laruccia, Supply Manager Ph: 702-486-0770

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	rmille8	05/03/2022 15:39:39 PM
Division Approval	rmille8	05/03/2022 15:39:42 PM
Department Approval	lsherych	06/14/2022 11:43:32 AM
Contract Manager Approval	rmille8	06/15/2022 09:42:12 AM
Budget Analyst Approval	kanders2	06/17/2022 15:17:38 PM
BOE Agenda Approval	afrantz	06/20/2022 07:42:33 AM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval#:	220503 (u)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

1a	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>ENTER STATE AGENCY NAME HERE:</b>	Division of Public and Behavioral Health Southern Nevada Adult Mental Health Services	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Menyone Thomas, Contract Manager Ronda Miller, MA III	702-486-4252 775-684-5932	mthomas@health.nv.gov Rondamiller@health.nv.gov

1b	<b>Vendor Information:</b>	
	Vendor Name:	Alsco Inc.
	Contact Name:	Rigoberto Ocegueda
	<b>Complete Address:</b> City, State, and Zip Code	2300 N. Commerce Street, NLV, NV 89030
	Telephone Number:	702-561-6662
	Email Address:	rocegueda@alsco.com

1c	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	X
	Professional Service Exemption:	

1d	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	<b>If 'No' Enter Amendment Number:</b>	#		
	<b>Enter CETS Number:</b>	#		

1e	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No: X
	Contract:	Start Date:	7/1/2022	End Date: 6/30/2023

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

Rec'd 04/20/22 // auto v

Purchasing Use Only:

Approval #:

2205030

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$209,132.00

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	AlSCO will provide and launder linens bed sheets, bed pads, blankets, and towels to Southern Nevada Adult Mental Health Services (SNAMHS) hospital facilities. Soiled linens will be placed in biohazard bags by SNAMHS staff. AlSCO will pick up soiled laundry to be hygienically cleaned and handled to prevent recontamination during loading and transport.

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	The Center for Medicare & Medicaid Services (CMS) states it is important that all potentially contaminated linen be handled with appropriate measures to prevent and control infection transmission. AlSCO provides services that will remove soil, and hygienically clean linens. The new State of Nevada vendor, Cintas does not provide this needed / required service for the hospitals.

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	AlSCO has provided services to SNAMHS facilities for the past eight years as a statewide contractor. Cintas was the only vendor awarded a statewide contract through the new RFP. Cintas do not provide or clean linens required for SNAMHS health-care facilities. Cintas is unable to meet the laundry needs of SNAMHS.

5	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
		X	
	a. <b><i>If yes</i></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <b><i>If not</i></b> , why were alternatives not evaluated?		

*AlSCO is the only current laundry services contractor able to provide the laundry services for SNAMHS. Services provided by Cintas did not meet the needs of the agency, therefore was never used. Cintas required the agency launder and purchase types of linen needed for the hospitals. The agency does not have the budget or the manpower to purchase and launder linen in house.*

<b>Purchasing Use Only:</b>	
Approval #:	2205030

<b>6</b>	<b>Has the agency purchased this service or commodity in the past? Check One:</b>				Yes	No
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <b>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</b></i>				X	
	a. If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, the following information <b>must</b> be provided:					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>	
	<i>Start Date</i>	<i>End Date</i>				
	1/1/2014	12/31/2017	\$700,000	Laundry Services	RFP#2048	
	7/1/2018	6/30/2022	\$678,676	Laundry Services	RFP#3485	

<b>7</b>	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	Denial of waiver request would result in the hospital not having a supply of clean and sanitized bedsheets, pads, blankets, and towels, which could jeopardize patient and staff safety. SNAMHS is requesting this waiver be approved for one year to allow the Division to go through the RFP process.

<b>8</b>	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	Services was solicited by the Purchasing Division. Cintas was the only vendor to bid for services. Cintas was awarded statewide contract 99SWC-NV22-11324 to replace AlSCO, however Cintas is not able to supply the needed linens and services as AlSCO is able to provide.

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

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

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

*Ronda Miller*

Signature of Agency Representative Initiating Request

Ronda Miller

Print Name of Agency Representative Initiating Request

*4-19-22*

Date

*Kelli Quintero*

Signature of Agency Head Authorizing Request

Kelli Quintero

Print Name of Agency Head Authorizing Request

*4/25/22*

Date

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

\* *NOTE: Agency to include Cintas email dated 04-05-2022 from*  
 Name of agency or entity who provided information or review:  
*Brett Herzog as an attachment in CETS\**

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

\*

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

*5/3/22*

Date

**Cindy L. Stoeffler**

---

**From:** Ronda Miller  
**Sent:** Monday, May 2, 2022 4:37 PM  
**To:** Cindy L. Stoeffler  
**Subject:** FW: Laundry services for Southern Nevada Adult Mental Services

**From:** Menyone Thomas <[mthomas@health.nv.gov](mailto:mthomas@health.nv.gov)>  
**Sent:** Monday, April 11, 2022 10:35 AM  
**To:** Ronda Miller <[rondamiller@health.nv.gov](mailto:rondamiller@health.nv.gov)>  
**Subject:** FW: Laundry services for Southern Nevada Adult Mental Services

Here is the emails from Cintas.

**From:** Herzog, Brett <[HerzogB2@cintas.com](mailto:HerzogB2@cintas.com)>  
**Sent:** Tuesday, April 5, 2022 10:21 AM  
**To:** Menyone Thomas <[mthomas@health.nv.gov](mailto:mthomas@health.nv.gov)>  
**Cc:** Zito, Zachary <[ZitoZ@cintas.com](mailto:ZitoZ@cintas.com)>; Guesman, Leandra <[GuesmanL@cintas.com](mailto:GuesmanL@cintas.com)>  
**Subject:** RE: Laundry services for Southern Nevada Adult Mental Services

**WARNING** - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Menyone,

*Waiver # 220503 @*

Cintas offers a large variety of services and products on the Nevada State Contract. Unfortunately "Biohazard" pickup of Bed Linens is not one of them. Is it possible to launder those in-house?

Brett Herzog | Government Account Manager  
P: [949.910.1718](tel:949.910.1718)



**From:** Menyone Thomas <[mthomas@health.nv.gov](mailto:mthomas@health.nv.gov)>  
**Sent:** Monday, April 4, 2022 1:11 PM  
**To:** Herzog, Brett <[HerzogB2@cintas.com](mailto:HerzogB2@cintas.com)>  
**Cc:** Zito, Zachary <[ZitoZ@cintas.com](mailto:ZitoZ@cintas.com)>; Guesman, Leandra <[GuesmanL@cintas.com](mailto:GuesmanL@cintas.com)>  
**Subject:** RE: Laundry services for Southern Nevada Adult Mental Services

EXTERNAL USE CAUTION

Steve Sisolak  
Governor



Richard Whitley, MS  
Director

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



Lisa Sherych  
Administrator

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

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## MEMORANDUM

DATE: June 13, 2022

TO: Kelli Anderson, Budget Officer  
Governor's Finance Office

THROUGH: Kitty DeSocio, Administrative Services Officer IV  
Division of Public and Behavioral Health

FROM: Kelli Quintero, Administrative Services Officer III  
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL – AlSCO CETS #25998 Contract C# 17988

---

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

The following information is required:

- Name of Contractor: AlSCO
- Services to be provided: Laundry Services
- Funding source and expenditure category: BA 3161 – CAT 04
- Requested start date of work:
- Expected execution date of agreement: July 12, 2022
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - This contract required a solicitation waiver from the Purchasing Division due to the Statewide MSA not providing biohazard cleaning services. Due to change in staff and training this contract missed the May 10, 2022 Board of Examiners (BOE) cut off for the June 14, 2022 BOE meeting and the June 7, 2022 cut off for July 12, 2022 BOE meeting.
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: SNAMHS requires items such as bed sheets and bed pads that is not provided by the current State vendor. These items also require biohazard handling. If the laundry services at Rawson Neal and Stein hospitals cannot continue, this would create safety issues among the patients and staff.
  - Explain how the program/bureau will prevent future retroactive requests: The program is in the process of establishing a long-term contract to continue laundry services once this contract terminates, which will prevent retroactive requests.

If you have any questions, please contact Menyone Thomas at (702) 486-4252 or [mthomas@health.nv.gov](mailto:mthomas@health.nv.gov).

cc: Contract Unit  
Division of Public and Behavioral Health



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26412**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Netsmart Technologies, Inc.
Agency Code:	<b>406</b>	Contractor Name:	<b>Netsmart Technologies, Inc.</b>
Appropriation Unit:	<b>3168-26</b>	Address:	<b>11100 Nall Avenue</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>Overland Park, KS 66211-1612</b>
If "No" please explain: Contingent upon approval of WP C59261		Contact/Phone:	Jeff Matthews 913-242-6053

Vendor No.:  
NV Business ID: NV20101021052

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

<input checked="" type="checkbox"/>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 17935

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **myAvatar**

5. Purpose of contract:

**This is a new contract to provide an upgrade to the Netsmart myAvatar Electronic Health Records to create new modules for integrated billing claims submission, medical records clearinghouse, eligibility verification, coverage identification, and prior authorization solutions. This contract is contingent upon IFC approval of work program #C59621.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$691,414.00**

Other basis for payment: Per Attachment AA: Scope of Work and Deliverables

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Federal and state requirements for Health Information Exchange (HIE) between providers and patients.

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

DPBH does not have the resources and staff to replicate this module and integrate it with the existing myAvatar EHR system.

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

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

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

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

**Approval #: 220602**

**Approval Date: 06/07/2022**

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? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

DPBH vendor since 2004, satisfactory services.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	06/08/2022 10:18:11 AM
Division Approval	rmille8	06/08/2022 10:18:13 AM
Department Approval	cphinney	06/08/2022 15:19:51 PM
Contract Manager Approval	rmille8	06/08/2022 16:05:09 PM
EITS Approval	ljean	06/09/2022 07:21:29 AM
Budget Analyst Approval	kanders2	06/20/2022 11:27:04 AM
BOE Agenda Approval	afrantz	06/21/2022 14:11:41 PM
BOE Final Approval	Pending	



<b>Purchasing Use Only:</b>	
Approval#:	2206020

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

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

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>ENTER STATE AGENCY NAME HERE:</b>	Division of Public and Behavioral Health	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	John Borrowman, CFO	775-684-3496	j.borrowman@health.nv.gov
	Margaret Moe, Rates & Cost Containment Manager	775-684-5990	mmoe@health.nv.gov
	Ronda Miller, MA III	775-684-5932	rondamiller@health.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Netsmart Technologies
	Contact Name:	Jeff Matthews
	<b>Complete Address:</b>	11100 Nall Ave., Overland Park, KS 66211
	City, State, and Zip Code	
	Telephone Number:	(913) 242-6053
	Email Address:	jmatthews@ntst.com

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:
	Contract:	Start Date:	07/01/2022	End Date:
			06/30/2026	

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	General Funds 100% Cost Allocation

Redd 05/26/22 Auto ✓

<b>Purchasing Use Only:</b>	
Approval #:	220602 (24)

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$ 691,414.00

<b>2</b>	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<p>The Nevada Division of Public and Behavioral Health (DPBH) currently provides access to and use of the Netsmart myAvatar Electronic Health Record (EHR) for various community providers.</p> <p>RevConnect Clearinghouse is a comprehensive, configurable claims submission and remittance management platform that increases first-pass acceptance rates (98 percent or greater). It can be integrated with the EHR to further increase first-pass acceptance rates, speed delivery to payers and reduce denials for medical billing.</p> <p>The clearinghouse can be customized to DPBH needs and remains in compliance with complicated rule sets to measurably improve electronic claims management. With superior claim-scrubbing, more complete documentation and better visibility, this clearinghouse solution eliminates administrative burdens for staff and improves the bottom line.</p> <p>Prior Authorization allows users to obtain current client Insurance Plans, verify insurance coverage prior to patient visits and treatments.</p> <p>When patients don't have coverage, they often can't pay. This means providers don't get compensated. Uncovering previously unknown Medicare, Medicaid and commercial insurance helps eliminate costly self-pay situations, bad debt write-offs and unwarranted charity designations.</p> <p>Coverage Discovery will prevent financial hardship for patients and improve reimbursement by finding coverage that patients didn't know they had. The Coverage Discovery solution automatically finds available coverage that pays the bills and gives patients peace of mind.</p> <p>Coverage Discovery is a tool that spans the revenue cycle and helps you find billable commercial and government coverage that was previously unknown or forgotten, and additionally it identifies accounts that may be submitted for immediate payment with primary, secondary, or tertiary coverages.</p>

<b>3</b>	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<p>The RevConnect Coverage Discovery key feature includes:</p> <ul style="list-style-type: none"> <li>• Innovative, non-code-based rules engine supports easy customization\</li> <li>• Clinical claims "scrubber" uses the most current rules from commercial payers, CMS and more</li> <li>• Eligibility checking is integrated with claims processing and flags any issues</li> <li>• Produces a 98 percent or greater first-pass payer acceptance rate</li> <li>• Reduces payer rejections with continuously updated claims-scrubbing logic</li> <li>• Delivers, fast, clear correction guidance to the user</li> <li>• Reduces A/R days and speeds up the payment cycle by validating claims against the most accurate, current rules available.</li> </ul>

<b>Purchasing Use Only:</b>	
Approval #:	<i>J. [Signature]</i>

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

RevConnect Coverage Discovery is proprietary Netsmart software prohibiting outside access to the Netsmart Plexus cloud.

An outside system would require state data to be transferred to another vendors platform, creating additional risk to the data established within the Netsmart Plexus Cloud.

Replicating this system through another vendor would be cost prohibitive.

<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
	Yes	No
		<b>X</b>

*If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*

**5** *If not, why were alternatives not evaluated?*

This is an add-on module that Netsmart created for myAvatar EHR. Using this add-on module will result in significant savings to the State regarding project investment relating to budget, development, implementation, and maintenance. Using an integrated application result in a considerable reduction to project risk which, in turn, ultimately increases patient safety and customer satisfaction.

Netsmart RevConnect Coverage Discovery is a proprietary product developed exclusively by Netsmart Technologies. Netsmart's intimate knowledge of the software and database will result in significant savings to the State regarding the project's investments relating to budget, analysis, configuration, and extraction. Having Netsmart perform these service in their own proprietary software and cloud will result in considerable reduction to data integrity issues and risks. Even if another vendor were considered for these services, it is unlikely that Netsmart would allow third-party to access their environment. If, however, Netsmart did allow access or agreed to provide a copy of the data, the high fees that Netsmart would charge could prevent the execution of this contract.

<b>Has the agency purchased this service or commodity in the past? Check One:</b>	Yes	No
<b>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></b>		<b>X</b>

**6** *If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, the following information must be provided:*

Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #
Start Date	End Date			

Purchasing Use Only:

Approval #:

880020

**What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?**

7

Currently, DPBH does not have a clearinghouse for myAvatar Insurance Claims which are being processed manually by staff. This has resulted in a loss of revenue due to the inability to reconcile claims at the clearinghouse level. Manual operations will only increase the level of revenue lost. The ability to use Prior Authorization, sending claims to the Clearinghouse, receiving Explanations of Benefits and reconciling unpaid claims with carriers will increase the ability to generate revenue from claims and ultimately, this system will pay for itself.

In addition to that, the State would then need to enter into a contract with another vendor which would need to analyze the data and structure, develop a plan for extraction, perform the extraction and Netsmart and the SAPTA providers were no longer able to access the data in the Netsmart Plexus Cloud, the SAPTA providers would be out of Federal compliance since providers must be able to access and download their data for historical purposes and must comply with State and Federal Record Retention policies.

**What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?**

8

Netsmart RevConnect Coverage Discovery is a proprietary product exclusively by Netsmart Technologies, logically their team would be the preferred vendor. Costs for Netsmart's professional services are comparable to the State of Nevada's MSA contractor negotiated rates.

**Will this purchase obligate the State to this vendor for future purchases? Check One:**

Yes No

9

Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.

X

*If yes, please provide details regarding future obligations or needs.*

Future obligations include ongoing annual maintenance, support, and application upgrade costs.

Purchasing Use Only:

Approval #:

770602@

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

*Ronda Miller*

Signature of Agency Representative Initiating Request

Ronda Miller

Print Name of Agency Representative Initiating Request

5/24/22

Date

*Kelli Quintero*

Signature of Agency Head Authorizing Request

Kelli Quintero

Print Name of Agency Head Authorizing Request

5/24/22

Date

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

**\*\* Agency must include TIN Approval Memo as an**  
Name of agency or entity who provided information or review:  
**attachment in CETS\*\***

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

\* *Kevin D. Doty*

Administrator, Purchasing Division or Designee

6/7/22

Date

Steve Sisolak  
Governor



#270602 @

Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Timothy Galluzi  
Administrator

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

MEMORANDUM

**TO:** Debi Reynolds, Deputy Administrator, DHHS  
Erin Williams, OIT IT Manager III, DHHS  
John Borrowman, Acting Manager RCCU, DHHS  
Kathleen Nojima, OIT IT Professional II/ IT Project Manager, DHHS

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DHHS – TIN 257 – *myAvatar Prior Authorization, Eligibility and Revenue Management System* – BA 3168 – Update C

**DATE:** May 18, 2022

We have completed our review for the Department of Health and Human Services Division's (DHHS) – *myAvatar Prior Authorization, Eligibility and Revenue Management System* – TIN 257, Update C.

The submitted TIN, for an estimated value of \$252,166 in the FY22/FY23 biennium and \$292,832 in the FY24/FY25 biennium, and an additional \$146,416 for FY26 (100% General Fund), is to reflect adjusted costs from a new quote for ScriptLink services. Due to timing issues, this update is to shift all costing information forward by one year, thus reducing this contract by \$146,416. This is a cost update only with amended start and implementation dates.

The primary purpose of this technology investment is to upgrade the Netsmart MyAvatar EHR currently in use by the agency with additional modules to create a more integrated billing claims submission/clearinghouse for Medicare, Medicaid, Medicaid HMO/MCO, and private insurance, eligibility verification/coverage identification, and prior authorization solution. This integrated solution will:



#220220

- Optimizing/maximizing facility staff time
- Capturing otherwise lost revenue (eligibility/other coverage, prior authorizations)
- Allow staff to transition from strictly transactional to oversight and auditing
- Keeps up to date with changes in regulations/compliance • Simplifying support processes
- Streamlining efficiencies, aggregates data
- Leveraging automation to reduce manual workflow, increase productivity and reducing errors
- Increasing PHI security using MyAvatar Claims Clearinghouse

DPBH's OIT ISO will be asked to conduct pre- and post-implementation security reviews for the investment. The agency does not expect this solution to affect enterprise services utilizations.

The agency considers the investment and final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **26465**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Greater Good Group
Agency Code:	<b>406</b>	Contractor Name:	<b>Greater Good Group</b>
Appropriation Unit:	<b>3219-13</b>	Address:	<b>840 Owens Lake Road</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Alpharetta, GA 30004</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Anitha Remala (Signing authority) Srinath Remala (Technical contact) 470-366-6365
		Vendor No.:	
		NV Business ID:	NV20222457885
To what State Fiscal Year(s) will the contract be charged?	<b>2023</b>		

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

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

Agency Reference #: 18021

2. Contract start date:

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

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **01/31/2023**Contract term: **214 days**4. Type of contract: **Contract**Contract description: **Disease Surveillance**

5. Purpose of contract:

**This is a new contract to provide an interim disease surveillance system and technical support while the new system EpiTrax is implemented.**

6. NEW CONTRACT

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

Other basis for payment: Upon receipt of invoice and approval of services (via a Deliverable Acceptance Document)

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Current ongoing support contract expires on 9/30/2022 and cannot be renewed. A disease surveillance system needs to be active in order to manage disease surveillance activities within the State of Nevada.**

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

**There is no software expertise within the State available to support this application.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

**Approval #: 220606**

**Approval Date: 06/14/2022**

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? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttilto1	06/10/2022 16:15:26 PM
Division Approval	rmille8	06/13/2022 08:30:51 AM
Department Approval	lsherych	06/14/2022 11:21:53 AM
Contract Manager Approval	rmille8	06/14/2022 14:43:23 PM
EITS Approval	ljean	06/14/2022 15:10:45 PM
Budget Analyst Approval	kanders2	06/16/2022 15:02:48 PM
BOE Agenda Approval	afrantz	06/20/2022 10:38:08 AM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval#:	220606@

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b><u>ENTER STATE AGENCY NAME HERE:</u></b>		<i>Division of Public and Behavioral Health.</i>
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Julia Peek, DPBH Deputy Administrator	775-684-5902	jpeek@health.nv.gov
	Ronda Miller, MA III	775-684-5932	rondamiller@health.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Greater Good Group, LLC
	Contact Name:	Anitha Remala (Signing authority) Srinath Remala (Technical contact)
	<b><u>Complete Address:</u></b> City, State, and Zip Code	840 Owens Lake Road Alpharetta, GA 30004
	Telephone Number:	470-366-6365
	Email Address:	sremala@gggllc.com and aremala@gggllc.com

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	Contract:	Start Date:	7/12/2022	End Date: 1/31/2023

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	100% (ELC EDX)
	Grant Funds:	

*Revision  
Rec'd 06/09/22*

	Other (Explain):	

<i>Purchasing Use Only:</i>	
Approval #:	22060600

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$ 400,000.00

<b>2</b>	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b></p> <p>Vendor to provide a 'lift and shift' of the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) solution from its current environment (which expires on 9/30/2022) to a secure hosted environment. This scope includes State of Nevada customized expertise with Rhapsody, the back-end integration engine. This also includes NBS ongoing technical support for the application for up to 6 months. If additional time is required, this scope of work will go out for a competitive solicitation. This will allow time for the new statewide disease surveillance system called EpiTrax to be implemented within the State and NBS data migration activities to continue until they are completed.</p>
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<b>3</b>	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b></p> <p>CDC funds the maintenance and support of the disease surveillance system annually through Epidemiology &amp; Laboratory Capacity (ELC) grants given to Nevada. This disease surveillance system is required for daily importing for Electronic Laboratory Reports (ELR) and is required to meet state and federal reporting requirements. In 2015, SRA International was contracted, via a sole source contract per the CDC recommendation, to develop and support State of Nevada's disease surveillance system. As part of this scope, the main component was called Rhapsody and was developed to meet State of Nevada's specific requirements. The key resource from SRA International who completed this specialized scope is now the owner of Greater Good Group (GGG). Rhapsody has the expertise required to move, set up and reconfigure in another environment and to accomplish this in a very short timeline (3 months), furthermore, GGG is the only one who has the knowledge, skills and competence with State of Nevada's customized version. In addition, GGG has extensive experience with the entire NBS solution platform that is required for this 'life and shift' effort.</p>
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<b>4</b>	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b></p> <p>With the specialized experience required for the 'lift and shift' of the NBS solution, specifically Rhapsody, this vendor has the necessary experience to perform this effort. All other vendors would take months to reverse engineer how Rhapsody was developed so that they could correctly move, set up and reconfigure. In addition, GGG's experience in NBS implementations allows them to perform this 'lift and shift' in a very short timeframe (3 months) which is required so that the State has enough time to move to the state-wide version of EpiTrax and be in accordance with CDC recommendations by the end of 2022.</p>
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Purchasing Use Only:

Approval #:

2206060

5	<b>Check One:</b>	Yes	No
	<b>Were alternative services or commodities evaluated?</b>		X
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
	b. <i>If not, why were alternatives not evaluated?</i>		
This company is recommended by the CDC, email documentation attached. This vendor understands the complexity of Rhapsody, an application used for a Data Message Brokering service with CDC that currently processes de-identified ELR from public health laboratories and case notifications for notifiable diseases; and the expertise that GGG has with State of Nevada's custom Rhapsody application; therefore no other alternatives were evaluated.			

6	<b>Has the agency purchased this service or commodity in the past? Check One:</b>			Yes	No	
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</i>			X		
	a. <i>If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:</i>					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement</i>	
	<i>Start Date</i>	<i>End Date</i>			<i>ENTER RFP#, RFQ#, Waiver #</i>	
	1/8/15	7/31/18	\$309,000.00	NBS System Upgrades	CETS 16262 vendor SRA International. Unable to locate additional information	
	10/1/19	9/30/21	\$289,200.00	NBS Hosting	MA 17515 – Inductive Health	
		\$				
		\$				
		\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	The State would have no available disease surveillance system available for statewide users, other than Clark County, which would pose a risk to disease tracking and case management activities and ELC funding. The disease surveillance system is used daily to support public health functions and disease mitigation across the state and cannot risk a single day without a system in place.

Purchasing Use Only:

Approval #:

220606 @

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	The main component is a custom developed piece of software that cannot be moved, set up or reconfigured in the very short time frame proposed. GGG's owner was the original developer there is no other party able to perform this transition and support this system in the time frame available.

Will this purchase obligate the State to this vendor for future purchases? Check One:		Yes	No
9	<u><i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></u>		
	DPBH anticipates by the end of 2022, State of Nevada should be on their new statewide EpiTrax solution and will no longer need the NBS solution and associated components like Rhapsody.	X	X
a. <i>If yes, please provide details regarding future obligations or needs.</i>			

<b>Purchasing Use Only:</b>	
Approval #:	22060600

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

*Ronda Miller*

Signature of Agency Representative Initiating Request

Ronda Miller

6/2/22

Print Name of Agency Representative Initiating Request

Date

*Kelli P. Quintero*

Signature of Agency Head Authorizing Request

Kelli Quintero

6/2/22

Print Name of Agency Head Authorizing Request

Date

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

**\*\* NOTE:** *Agency must include a copy of their*  
 Name of agency or entity who provided information or review:  
*TIN Approval Memo as an attachment in CETS\*\**

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

*\* Kevin D. Doty*

Administrator, Purchasing Division or Designee

6/14/22

Date



Steve Sisolak  
Governor



#2206060  
Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Timothy Galluzi  
Administrator

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

MEMORANDUM

**TO:** Julia Peek, Deputy Administrator, DPBH, DHHS  
Brooke Barlow, Administrative Services Officer III, DPBH, DHHS  
Erin Williams, OIT IT Manager III, DPBH, DHHS  
Lorraine McMullen, OIT ITP III – Project Manager, DPBH, DHHS

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DHHS – TIN 538 – *NBS AWS Migration to Greater Good Group* – BA 3219

**DATE:** May 23, 2022

We have completed our review for the Department of Health and Human Services, (DHHS), Division of Public and Behavioral Health's (DPBH) – *NBS AWS Migration to Greater Good Group* – TIN 538.

The submitted TIN, for an estimated value of \$400,000 in the FY22/FY23 biennium (100% Federal Grant), is to move the NBS solution from its current AWS environment, supported by InductiveHealth, to a secure, hosted environment supported by Greater Good Group (GGG).

NBS, the disease surveillance system currently in use within the State of Nevada, is scheduled for replacement by the statewide EpiTrax solution, however implementation of EpiTrax has been delayed. The ongoing support contract with InductiveHealth for NBS expires on 9/30/2022, so the existing NBS solution will be migrated to GGG to ensure the State's users have a system in place for their daily disease surveillance activities and as required for CDC reporting until EpiTrax goes live.

The agency considers the investment and final implementation to have an ongoing moderate security risk therefore the DPBH OIT ISO will conduct pre- and post-implementation security reviews for the investment.

#220606@

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26447**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Maximus US Services, Inc.
Agency Code:	<b>406</b>	Contractor Name:	<b>Maximus US Services, Inc.</b>
Appropriation Unit:	<b>3219-13</b>	Address:	<b>1891 Metro Center Dr</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reston, VA 20190</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kyle Gregory 513-907-9279
		Vendor No.:	T27043917
		NV Business ID:	NV20081088905
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2024</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	C 18027		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**  
Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2023**

Contract term: **1 year and 30 days**

4. Type of contract: **Contract**

Contract description: **COVID-19 call center**

5. Purpose of contract:

**This is a new contract to provide a centralized call center for COVID-19 with a toll-free number to assist with incoming calls for Nevadans to support epidemiology, vaccination, testing, therapeutics options, contract tracing, language translation services, and other COVID-19 response efforts.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,600,698.84**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Due to the ongoing COVID-19 pandemic response, DPBH needs a centralized contact center and toll-free number to handle incoming calls for Nevadans in need of assistance with answering question related to epidemiology and COVID-19 response efforts, 7 days a week from 7am - 8pm. Services include but are not limited to: provide general COVID-19 support to Nevadans seeking assistance through the COVID-19 contact center; assist with vaccine appointments, referrals, NV WebIZ record requests; aid in COVID-19 testing service availability, appointments, and results of COVID-19 tests; support epidemiology, vaccination, testing, therapeutics options, contract tracing, and other COVID-19 response efforts and language translation services; provide daily, weekly, monthly, and/or as requested activity reports.

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

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

9. Were quotes or proposals solicited? **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):

Abacus Service Corp  
Public Consulting Group  
CSAA Insurance

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1901, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

- 10. 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:

Vendor with the state since 2020, satisfactory services.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kquinter	06/03/2022 13:36:04 PM
Division Approval	kquinter	06/03/2022 14:10:44 PM
Department Approval	cphinney	06/06/2022 16:29:14 PM
Contract Manager Approval	ttlto1	06/17/2022 14:06:54 PM
Budget Analyst Approval	kanders2	06/20/2022 15:11:55 PM
BOE Agenda Approval	afrantz	06/20/2022 15:13:18 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26383**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Netsmart Technologies, Inc.
Agency Code:	<b>406</b>	Contractor Name:	<b>Netsmart Technologies, Inc.</b>
Appropriation Unit:	<b>3219-13</b>	Address:	<b>11100 Nall Ave</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Overland Park, KS 66211</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kade Harris 913-242-6176
		Vendor No.:	PUR0003686
		NV Business ID:	NV20101021052
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2026</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	C 17937		

2. Contract start date:

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

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Vital Records**

5. Purpose of contract:

**This is a new contract to provide a modernized National Vital Statistics System and integration of Fast Healthcare Interoperability Resources for automated sharing of vital statistics between the state and national levels.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,608,302.37**

Other basis for payment: Per Attachment EE: Negotiated Payment Schedule

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Under the conditions of the received grant, this program must be updated following specific requirements to obtain a cohesive system throughout the nation. Additionally, the current system will no longer be supported in the Internet Explorer environment by the end of 2022.

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

The requirements of this upgrade exceed the internal capabilities and functionalities to successfully implement within the current time constraints.

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

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

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

Not Applicable

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

**Approval #: 211206**

**Approval Date: 12/13/2021**

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? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

DPBH vendor since 2004, satisfactory services.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	06/01/2022 09:43:07 AM
Division Approval	rmille8	06/01/2022 09:51:09 AM
Department Approval	cphinney	06/07/2022 12:59:28 PM
Contract Manager Approval	rmille8	06/07/2022 15:12:45 PM
EITS Approval	ljean	06/07/2022 15:43:06 PM
Budget Analyst Approval	kanders2	06/20/2022 12:21:55 PM
BOE Agenda Approval	afrantz	06/20/2022 14:40:15 PM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval#:	211206 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>only</u> the contact(s) listed below:</b>		
	<b>ENTER STATE AGENCY NAME:</b>	<i>Department of Health and Human Services Division of Public and Behavioral Health, Office of HIV</i>	
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	<i>Stephanie Herrera</i>	<i>775-684-4162</i>	<i>s.herrera@health.nv.gov</i>
	<i>Ronda Miller, MA III</i>	<i>775-684-5932</i>	<i>rondamiller@health.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>Netsmart</i>
	Contact Name:	<i>Kade Harris</i>
	Complete Address: City, State, and Zip Code	<i>4950 College Boulevard Overland Park, KS 66211</i>
	Telephone Number:	<i>913-242-6176</i>
	Email Address:	<i>kharris@ntst.com</i>

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:
	Contract:	Start Date:	<i>1/1/22</i>	End Date:
				<input checked="" type="checkbox"/>
			<i>1/1/26</i>	

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>Vital Records System fees</i>
	Federal Funds:	
	Grant Funds:	<i>ELC DMI Funding</i>
	Other (Explain):	

*Rec'd 12/07/21*



Purchasing Use Only:

Approval #:

21206 @

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>Total estimated value over 4 year is \$2,894,767.50.</i>

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>The current Netsmart BA vital records system (VRS) is old and antiquated and will need to be upgraded to NX to eliminate the complexity for installation and dependency on Internet Explorer browser.</i> <i>The Program received ELC DMI Grant Funding to meet Fast Healthcare Interoperability Resources (FHIR) interoperability. To meet FHIR interoperability, the current Netsmart VRS BA system must be upgraded to Netsmart VRS NX. The upgrade will also include FHIR Integration and the development of 3 APIs.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>Due to this being proprietary software upgrade that can be provided through the current vendor. The current vendor will also not allow other 3<sup>rd</sup> party APIs to meet FHIR/HL7 interoperability.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>The Division completed an RFI for budgetary purposes and it was determined after reviewing submitted proposals that a system upgrade was the most cost effective due to our current budget. Since it is an upgrade and not a new system it is the most economical option in order to receive ELC DMI grant funding and meet the goal date for interoperability.</i>

	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
		X	
5	a. <b><i>If yes</i></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	<i>We received 10 responses as a result of the RFI. As a result of the RFI it was determined a new system is very costly and DPBH does not have the funds in our budget for a new system. We narrowed down our choices to 3 vendors (Axiel, Mantech, &amp; Genesis) but their quotes were too high and the total contract cost over 5 years ranged from about \$4 million to \$6.6 million. These quotes did not include FHIR interoperability.</i>		
	<i>An NX system upgrade including the FHIR interoperability would cost approximately \$2,894,767.50 over 4 years and DPBH has received \$1.3 million in grant funding to cover the upgrade costs, MSA contractor, FHIR training, and API development.</i> <i>The current system is not browser agnostic and is dependent on Internet Explorer, an upgrade is imperative since Microsoft will no longer support IE as of October 2025. The program has received</i>		

many complaints from the end user that they are unable to use mobile devices and are limited to Microsoft OS for access. An upgrade to NX will support multiple browsers and mobile devices (iOS and Android). The NX upgrade will also simplify onboarding new users and reduce technical support issues.

b. If not, why were alternatives not evaluated?

Has the agency purchased this service or commodity in the past? Check One:				Yes	No	
NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u>				X		
a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:						
6	Term		Value	Short Description	Type of Procurement	
	Start Date	End Date			ENTER RFP#, RFQ#, Waiver #	
	July 2021	June 2023	\$753,604.42	Maintenance & Support	MA 14557-6	
	November 2019	Dec 2019	\$14,000	Environment Sync & VA hotfix	MA 14557-5	
	July 2019	June 2020	\$180833.57(annual fee)	Amendment for Maintenance & Support terms; and hosting terms	MA 14557-4	
	Aug 2016	Dec 2016	\$0	Amendment for training for mobile app with no additional cost	MA 14557-3	
	July 2014	June 2019	\$1,883,655	Amendment Maintenance Agreement License and Services; Fee Schedule for year 1-5 (total value)	MA 14557-3 (&C01),2,1 -	
	June 20154	June 2019	\$0	Language update only since Netsmart excluded reference to 200 Concurrent User.	MA 14557-1	
	July 2014	June 2019	\$see update MA 14557-2	Maintenance & Support; Schedule for year 1-5	MA 14557	
						Original contract cannot be located by program or vendor

Purchasing Use Only:

Approval #:

211206 @

7 What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?

*The current VRS system is running on a Microsoft platform and can only be used on Internet Explorer. Microsoft will no longer support IE from October 2025.*

*If this request is denied we will be unable to ensure the security of death and birth data. The following are a few critical reasons to modernize:*

- Current technologies used are outdated.*
- It is creating a security risk.*
- the System Security needs to be up-to-date to adhere to all Federal and State Information Security Regulations and Policies including those from the National Institute of Standards and Technology (NIST) and HIPAA.*
- A secure system will reduce the risk of a breach of Personal Health Information (PHI) and subsequent Identity Theft.*

*The program has received many complaints from the end user that they are unable to use mobile devices and are limited to Microsoft OS for access. An upgrade to NX will support multiple browsers and mobile devices (iOS and Android). The NX upgrade will also simplify onboarding new users and reduce technical support issues.*

8 What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?

*We completed an RFI. We asked for very detailed cost analysis and it was determined that to purchase a new system was not an option with our current budget, and other reasons stated above in #5.*

9 Will this purchase obligate the State to this vendor for future purchases? Check One:

Yes No

*Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.*

X

a. *If yes, please provide details regarding future obligations or needs.*

*There will be ongoing annual costs for system maintenance, support and hosting.*

<b>Purchasing Use Only:</b>	
Approval #:	211206 (W)

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

*Ronda Miller*

Agency Representative Initiating Request

Ronda Miller

12/6/21

Print Name of Agency Representative Initiating Request

Date

*[Signature]*  
Signature of Agency Head Authorizing Request

Kelli Quintero

12/6/21

Print Name of Agency Head Authorizing Request

Date

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

**\*\* Note:** *EITS TIN approval memo must be included as an attachment in EITS \*\**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

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

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

Approved by:

*[Signature]*

Administrator, Purchasing Division or Designee

12/13/21

Date

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Alan Cunningham  
State Chief Information Officer

Timothy Galluzi  
Administrator

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

MEMORANDUM

**TO:** Cody Phinney, Deputy Administrator, DPBH  
Kathleen Nojima, IT Professional 2, DPBH  
Stephanie Herrera, OVR Program Officer 3, DPBH  
Veronica Sheldon, Management Analyst III, DPBH

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - DPBH - 73 - Vital Records System Modernization  
- 3190 – Update a

**DATE:** November 12, 2021

We have completed the review for DPBH's - Vital Records System Modernization - TIN 73 Update a.

The submitted TIN is for an estimated value of \$1,675,146.55 in the current biennium and \$1,219,620.78 next biennium (60% State Fees and 40% Federal Grant) to enhance and or upgrade an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The Office of Vital Records (OVR) currently uses a cloud-based Vital Records System (VRS) to manage documents, processes and reporting requirements related to statewide births and deaths. The current VRS is very outdated, difficult to use and has numerous issues that impede the efficient and accurate processing of daily tasks and mandated reporting. In an effort to modernize the VRS and significantly increase OVR staff efficiency, state and federal reporting needs and customer satisfaction, OVR intends to update the current VRS system.

Rec'd 12/09/21

**Amendment 11/4/2021:**

Program received ELC DMI Grant Funding to meet FHIR/HL7 interoperability.

To meet FHIR/HL7 interoperability, the current Netsmart VRS BA system must be upgraded to Netsmart VRS NX. Technical staff will also receive training on FHIR (Intro to FHIR 2.0 and HLS FHIR Fundamentals course)

One Project Manager IV consultants will be hired for 19 months to manage the project.

The implementation plan will be a phased approach:

- Upgrade the current Netsmart VRS BA system to Netsmart VRS NX.
- FHIR/HL7 Interoperability with NCHS, Clark County and Washoe county coroner's offices

A project plan and timeline will be developed with the goal to support FHIR-based interoperability with NCHS by July 2023. Once this is achieved, the State will also implement a plan to integrate FHIR/HL7 with two major county coroner's offices (Clark and Washoe).

A new quote for the NX upgrade (\$600,000) impacts the Cost section. Program applied and received grant funding to cover costs up to 1.35 million dollars. This will also impact the Funding and Cost section. Ongoing FHIR Subscription fees and reporting enhancements are also factored into the Cost section.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26381**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Netsmart Technologies, INC.
Agency Code:	<b>406</b>	Contractor Name:	<b>Netsmart Technologies, INC.</b>
Appropriation Unit:	<b>3223-12</b>	Address:	<b>4950 College Blvd</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Overland Park, KS 6211-1612</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jeff Matthews 913-242-6053
		Vendor No.:	
		NV Business ID:	NV20101021052

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

<input checked="" type="checkbox"/> General Funds	<b>54.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>46.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 17932

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 254 days**

4. Type of contract: **Contract**

Contract description: **Patient Portal**

5. Purpose of contract:

**This is a new contract to provide a new patient portal to integrate into the existing Netsmart MyAvatar Platform to supply health information exchange to clients.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$306,934.70**

Other basis for payment: Per Attachment AA: Scope of Work and Deliverables.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Federal and state requirements for Health Information Exchange (HIE) between providers and patients.

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

DPBH does not have the resources and staff to replicate this module and integrate it with the existing myAvatar EHR system.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

**Approval #: 211207**

**Approval Date: 12/21/2021**

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? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

DPBH vendor since 2004, satisfactory services.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	05/19/2022 16:36:09 PM
Division Approval	rmille8	05/26/2022 10:28:31 AM
Department Approval	cphinney	06/07/2022 13:01:18 PM
Contract Manager Approval	rmille8	06/07/2022 15:32:02 PM
EITS Approval	ljean	06/07/2022 15:43:39 PM
Budget Analyst Approval	kanders2	06/17/2022 16:15:56 PM
BOE Agenda Approval	afrantz	06/20/2022 12:26:19 PM
BOE Final Approval	Pending	





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

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

<b>Purchasing Use Only:</b>	
Approval#:	211207②

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>only</u> the contact(s) listed below:		
	<b>ENTER STATE AGENCY NAME:</b>	<i>Department of Health and Human Services Division of Public and Behavioral Health</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Erin Williams, DPBH OIT ITM III</i>	<i>(775) 684-4213</i>	<i>williams@health.nv.gov</i>
	<i>Tasha Couste, DPBH OIT ITM II</i>	<i>(775) 684-4244</i>	<i>tmcouste@health.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>Netsmart Technologies, Inc.</i>
	Contact Name:	<i>Jeff Matthews</i>
	Complete Address: City, State, and Zip Code	<i>4950 College Blvd. Overland Park, KS 66211-1612</i>
	Telephone Number:	<i>913-242-6053</i>
	Email Address:	<i>jmatthews@ntst.com</i>

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

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	Amendment Number:	#		
	<b>Enter CETS Number:</b>	<del>#17932</del> <i>what per agency email 12/17/21 - This is a new contract request.</i>		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:
	Contract:	Start Date:	<i>6/1/2022</i>	End Date:
			<i>6/30/2025</i>	

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>General Funds BA3168</i>
	Federal Funds:	<i>BA3223 Cat 12</i>
	Grant Funds:	

*Rec'd 12/16/21*

Other (Explain):	<b>Biennial Cost Estimate Summary</b>				
	<i>myHealthPointe Consumer Portal</i>				
	Budget Account:	Current Biennium Estimated Costs		Next Biennium Estimated Costs	
	Fiscal Year:	BA 3223 cat 12	BA 3168		
		FY22	FY23	FY24	FY25
	FY One Time Cost Est.:	\$ -	\$ -	\$ -	\$ -
	FY Ongoing Cost Est.:	\$ 74,333.28	\$ 78,049.94	\$ 81,952.44	\$ 86,050.06
	Total FY Cost Est.:	\$ 74,333.28	\$ 78,049.94	\$ 81,952.44	\$ 86,050.06
	Total Biennium Cost Est.:	\$ -	\$ 152,383.22	\$ -	\$ 168,002.50
	<b>Cost Estimate for each year</b>				
Description	FY22	FY23	FY24	FY25	
myHealthPoint Patient Portal (Annual) subscription/5% increase per year	\$ 74,333.28	\$ 78,049.94	\$ 81,952.44	\$ 86,050.06	
Total Annual Costs	\$ 74,333.28				

<b>Purchasing Use Only:</b>	
Approval #:	211207 ②

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$352,313.43

**Provide a description of work/services to be performed or commodity/good to be purchased:**

*myHealthPoint is a patient portal that integrates into the existing Netsmart myAvatar Platform as a Service (PAAS) and will facilitate patient requests related to clinical notes. The myHealthPointe Portal supports consumer driven care by connecting individuals to their treatment through a portal that provides consumers access to clinical and personal information. The solution allows collaboration between the consumer and provider by allowing the individual to actively participate in their health plan and recovery by logging into the portal. The portal will implement the following functionality:*

2

- Access to personal health record (PHR)*
- Meaningful use certification (All Stages)*
- Appointment scheduling*
- Alerts, reminders, and notifications*
- Secure messaging*
- Medication refill request*
- Lab results*
- Evidence-based practices integration*
- Standardized consumer satisfaction surveys*
- Consumer education resources*
- Transitions of care documents*

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

3

*This module integrates seamlessly with the existing Netsmart myAvatar Platform as a Service (PAAS) facilitating the delivery of consumer-driven care and facilitating access to existing myAvatar Electronic Health Record patients clinical and personal information. This is an add-on module, developing a custom solution to integrate with the existing PAAS would be cost prohibitive.*

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

4

*myHealthPoint is a patient portal add-on module that integrates into the proprietary Netsmart myAvatar Platform as a Service (PAAS). The myHealthPoint add-on module is a cost effective solution for providing Health Information Exchange (HIE) information to our clients and adheres to federal and state requirements. Using an alternative solution would require DPBH to port data outside of the PAAS. This would not occur with the integrated module.*

	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			X
5	a. <i><b>If yes</b>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
	b. <i><b>If not</b>, why were alternatives not evaluated?</i>		
<i>Netsmart myAvatar Platform as a Service is a proprietary system and the myHealthPoint module is the most cost effective solution to providing Health Information Exchange (HIE) information, meeting federal and state requirements, for the collaboration between the consumer and provider to actively participate in their health plan and recovery.</i>			

Purchasing Use Only:	
Approval #:	21207 @

	Has the agency purchased this service or commodity in the past? Check One:			Yes	No
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <b>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</b></i>				X
6	a. If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, the following information <b>must</b> be provided:				
	Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #
	Start Date	End Date			
			\$		
			\$		
			\$		
			\$		
		\$			

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?	
	<i>This would require a custom solution that would be cost prohibitive. Additionally, using an alternative solution would require DPBH to port data outside of the PAAS which adds additional risk to the security of HIPAA protected health data. The vendor for the existing PAAS would need to be paid to create a data interface to the outside portal based on the new vendors specifications. This would not be required with the integrated myHealthPoint patient portal.</i>	

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?	
	<i>An alternate system that is not integrated to the existing EHR would require purchasing separate Cloud hosting, custom development to port data from myAvatar EHR to the Patient Portal Platform, and a method for continuous update of that data. Between infrastructure, cost and security, an alternative is not feasible.</i>	

9	Will this purchase obligate the State to this vendor for future purchases? Check One:			Yes	No
	<i><u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></i>			X	
a. If yes, please provide details regarding future obligations or needs.					
<i>The myHealthPoint Patient Portal solution is an ongoing service, and will be contracted through 6/30/25.</i>					

<i>Purchasing Use Only:</i>	
Approval #:	212070

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

Ronda Miller  
 Agency Representative Initiating Request

Ronda Miller 11-8-21  
 Print Name of Agency Representative Initiating Request Date

[Signature]  
 Signature of Agency Head Authorizing Request

Kelli P. Quintek 11/8/21  
 Print Name of Agency Head Authorizing Request Date

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

\* Please Note: Agency must include their TIN approval memo as an attachment in CETS \*

Name of agency or entity who provided information or review:

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

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

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

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

Approved by:

Kevin D. Doherty 12/21/21  
 Administrator, Purchasing Division or Designee Date

Steve Sisolak  
Governor



Laura E. Freed  
Director  
Matthew Tuma  
Deputy Director  
Alan Cunningham  
State Chief Information Officer  
Timothy Galluzi  
Administrator

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

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

**TO:** Debi Reynolds, Deputy Administrator, DPBH  
Tasha Couste, IT Manager II, DPBH  
Lorraine McMullen, ITP III/OIT Project Manager, DPBH  
John Borrowman, Fiscal Manager, DPBH

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - DPBH – 303 – myHealthPointe Avatar Patient Portal – 3162 – Update a

**DATE:** November 17, 2021

We have completed the review for DPBH's - myHealthPointe Avatar Patient Portal - TIN 303 Update a.

The submitted TIN is for an estimated value of \$167,567.24 in the current biennium and \$184,746.19 next biennium (100% General Fund) to enhance and/or upgrade an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

myHealthPointe is a patient portal that will be integrated into the existing Netsmart myAvatar Platform as a Service (PAAS) and will facilitate patient requests related to clinical notes.

The myHealthPointe Portal supports consumer-driven care by connecting individuals to their treatment through a portal that provides consumers access to clinical and personal information. The solution allows collaboration between the consumer and provider by allowing the individual to actively participate in their health plan and recovery by logging into the portal.

The portal will implement the following functionality:

- Access to personal health record (PHR)
- Meaningful use certification (All Stages)
- Appointment scheduling
- Alerts, reminders, and notifications
- Secure messaging
- Medication refill request
- Lab results
- Evidence-based practices integration
- Standardized consumer satisfaction surveys
- Consumer education resources
- Transitions of care documents

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **24898**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>CLARK COUNTY</b>
Agency Code: <b>407</b>	Contractor Name: <b>CLARK COUNTY</b>
Appropriation Unit: <b>3238-10</b>	Address: <b>DISTRICT COURT ADMIN # 82 200 LEWIS AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89155-0001</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>702/671-3107</b>
	Vendor No.: <b>T81026920AH</b>
	NV Business ID: <b>Gov't Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>66.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % County Fees</b>

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **Yes**

If "Yes", please explain

**The contract was sent to the 8th Judicial District for signatures on September 2021 and follow up status emails were sent beginning early February 2022 and every month thereafter. The 8th Judicial was unable to obtain all necessary signatures by May 10th, but the contract was placed on the May 17th Clark County Board of Commissions meeting agenda. Due to the county's timing of commissioner meetings, the division did not receive the signed documents back prior to the June 14, 2022, BOE deadline.**

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

Contract term: **4 years**

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

Contract description: **Hearing Masters**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing hearing master and court services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity and adjust support orders.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,358,014.00**

Other basis for payment: Actual per invoice

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada Revised Statutes and Title IV-D of the Social Security Act requires that the Division attempt to establish paternity, secure support, and recover support debts for children who may or may not be receiving public assistance.

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

This is a function performed by the Judges/Hearing Masters in the Judicial District Courts.

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



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

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

Not Applicable

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

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

States may enter into interlocal contracts to administer the CSEP, per 45 CFR 302.10; 45 CFR 302.34; 45 CFR 303.107.

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 \$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:

Currently under contract with the Division and providing satisfactory services.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Cathy Kaplan, Chief, Child Support Enforcement Program Ph: 775-684-0752

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	05/03/2022 07:46:21 AM
Division Approval	cbuscay	06/06/2022 09:10:42 AM
Department Approval	rthomps1	06/06/2022 16:38:08 PM
Contract Manager Approval	mpomerle	06/20/2022 09:46:42 AM
Budget Analyst Approval	afrantz	06/20/2022 11:40:23 AM
BOE Agenda Approval	afrantz	06/20/2022 11:40:25 AM
BOE Final Approval	Pending	

Steve Sisolak  
Governor

Richard Whitley, MS  
Director




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



Robert H. Thompson  
Administrator

May 27, 2022

**To:** Aaron Frantz, Executive Branch Budget Officer II, Governor's Finance Office

**From:** Robert H. Thompson, Administrator, Division of Welfare and Supportive Services 

**SUBJECT:** Retroactive approval of the Interlocal Agreement between the Division of Welfare and Supportive Services (DWSS) and the Eighth Judicial District Court.

The division is requesting a retroactive approval of the above referenced Contract Amendment to July 1, 2022.

This interlocal agreement is to continue Hearing Master and Court Services to enforce child support obligations owed by non-custodial parents to their children as well as locate non-custodial parents, establish paternity, and adjust support orders.

The division is aware that interlocal agreements with the District Courts historically take longer to obtain vendor signatures than other contracts due to the multiple County Commissioners and Judicial Judges that need to sign. Knowing this, our contracts team sent the 8<sup>th</sup> Judicial District Hear Masters contract to the 8<sup>th</sup> Judicial District for signatures in September of 2021 and sent follow up status emails beginning in early February 2022 and every month thereafter.

On May 04, 2022, our division was informed that 8<sup>th</sup> Judicial was unable to obtain all necessary signatures and the contract would be placed on the May 17<sup>th</sup> Clark County Board of Commissions meeting agenda. However, due to the county's timing of commissioner meetings, the division did not receive the signed documents back prior to the June 14, 2022, BOE deadline.

The division is requesting that the contract be approved retroactively to July 1, 2022, to ensure ongoing services.

Thank you for your assistance in this matter.

Sincerely,

Monique Pomerleau  
Management Analyst II, Certified Contract Manager (CCM)  
Division of Welfare and Supportive Services  
775-684-0678  
[mpomerleau@dwss.nv.gov](mailto:mpomerleau@dwss.nv.gov)

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26351**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Solix, Inc.
Agency Code: <b>409</b>	Contractor Name: <b>Solix, Inc.</b>
Appropriation Unit: <b>3143-26</b>	Address: <b>10 Lanidex Plaza West Suite 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Parsippany, NJ 07054</b>
If "No" please explain: Not Applicable	Contact/Phone: Eric Seguin 973-581-7676
	Vendor No.: T32011740
	NV Business ID: NV20051804228

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/14/2025**

Contract term: **3 years and 156 days**

4. Type of contract: **Contract**

Contract description: **Cost Allocation/RMS**

5. Purpose of contract:

**This is a new service agreement under contract #25200 which provides cost allocation and random moment time study services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$308,812.00**

Other basis for payment: See Attachment BB: DCFS CW SSG Cost Breakdown

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Code of Federal Regulations Part 200, CMS requirements, Title XIX, Title XXI and any other State and Federal regulations.

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

Division staff do not have the expertise required.

9. Were quotes or proposals solicited? Yes

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

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

Public Consulting Group  
Fuselogix LLC  
Solix Inc.  
Interactive Voice Applications

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S1568, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/27/2021 Anticipated re-bid date: 01/13/2025

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? Yes

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Vendor has been under contract with Public Utilities Commission since July 2020. Services have been satisfactory.

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

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

Not Applicable

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

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Anne Jones, Management Analyst 4 Ph: 775-684-4412

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	05/18/2022 08:12:36 AM
Division Approval	knielsen	05/18/2022 08:12:40 AM
Department Approval	cpitlock	06/07/2022 14:03:45 PM
Contract Manager Approval	sknigge	06/07/2022 16:05:30 PM
EITS Approval	ljean	06/08/2022 07:58:09 AM
Budget Analyst Approval	laaron	06/20/2022 13:28:46 PM
BOE Agenda Approval	laaron	06/20/2022 13:28:48 PM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Stacey Johnson, Deputy Director Fiscal Services, DHHS  
Tasha Couste, IT Manager II, DHHS  
Christina Hadwick, Chief Financial Officer, DHHS

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - DHHS – 314 – Cost Allocation - 3150

**DATE:** November 23, 2021

We have completed the review for DHHS' Cost Allocation - TIN 314.

The submitted TIN is for an estimated value of \$807,616.80 in the current biennium and \$1,081,770.00 next biennium (100% multi-agency resources.) to replace an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The Nevada Department of Health and Human Services (DHHS) five divisions': Aging and Disability Services Division (ADSD); Division of Child and Family Services (DCFS), Division of Health Care Financing and Policy (DHCFP); Division of Public and Behavioral Health (DPBH); and Division of Welfare and Supportive Services (DWSS) is procuring a software solution that is used for ensuring the proper allocation of expenditure data to produce quarterly claims for the Public Assistance Cost Allocation Plan (PACAP).

The solution will replace the current software solutions for the five DHHS divisions' Random Moment Time Study (RMTS) and/or Time and Effort Tracking (T&E) systems. The RMTS and T&E software solutions have a significant impact and are critical to the PACAP and the quarterly claims.

The e-SivicCAP and e-SivicMACS solutions shall: ensure a reduction in manual effort and inefficiencies; increase federal and state compliance; ensure data accuracy through improved controls for data editing and validation, transaction balancing, and financial reporting and accounting; increase system flexibility to accommodate multiple program areas, growth, and future mandates; eliminate redundant data entry by streamlining data entry points; reduce data entry errors through data interfaces or imports of source data from the State's financial system, RMTS, and T&E solutions.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26314**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: American Transportation Systems
Agency Code: <b>409</b>	Contractor Name: <b>American Transportation Systems</b>
Appropriation Unit: <b>3646-04</b>	Address: <b>3133 East South Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Long Beach, CA 90805</b>
If "No" please explain: Not Applicable	Contact/Phone: Dan Wilson 951-970-3269
	Vendor No.: T32012340
	NV Business ID: NV20191399826

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>46.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>35.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>19.00 %</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Transport Services**

5. Purpose of contract:

**This is a new contract to provide ongoing transportation services for children in the Early Childhood Mental Health Services Treatment Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,480,075.52**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Youth need to be transported to and from program sessions.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have staff or equipment 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):

HopSkipDrive  
Harbor Transportation  
The Transportation Network

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #40DHHS-S1863, and in accordance with NRS333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/20/2022 Anticipated re-bid date: 12/01/2025

- 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:  
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:

Rick Rassier, Admin Services Officer III Ph: 702-486-4335

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	05/10/2022 10:59:12 AM
Division Approval	knielsen	05/10/2022 11:04:18 AM
Department Approval	cpitlock	06/06/2022 13:24:38 PM
Contract Manager Approval	sknigge	06/06/2022 15:10:13 PM
Budget Analyst Approval	bmacke1	06/16/2022 16:55:02 PM
BOE Agenda Approval	afrantz	06/21/2022 10:33:04 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26355**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>SOLIX, INC.</b>
Agency Code: <b>409</b>	Contractor Name: <b>SOLIX, INC.</b>
Appropriation Unit: <b>3646-26</b>	Address: <b>10 LANIDEX PLAZA W SUITE 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PARSIPPANY, NJ 07054</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Eric Seguin 973-581-7676</b>
	Vendor No.: <b>T32011740</b>
	NV Business ID: <b>NV20051804228</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Cost Allocation</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/14/2025**

Contract term: **3 years and 156 days**

4. Type of contract: **Contract**

Contract description: **Cost Allocation/RMS**

5. Purpose of contract:

**This is a new service agreement under contract #25200 which provides cost allocation and random moment time study services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$260,029.00**

Other basis for payment: Per Attachment BB: DCFS, CMH SSG Cost Breakdown

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Code of Federal Regulations Part 200, CMS requirements, Title XIX, Title XXI and any other State and Federal regulations.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Division staff do not have the expertise required.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Solix Inc.  
Fusellogix LLC  
Interactive Voice Applications  
Public Consulting Group**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 40DHHS-S1568, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/27/2021 Anticipated re-bid date: 01/13/2025

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has been under contract with Public Utilities Commission since July 2020. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rick Rassier, Admin Services Officer 2 Ph: 702-486-4335

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	06/07/2022 10:50:43 AM
Division Approval	knielsen	06/07/2022 12:17:25 PM
Department Approval	cpitlock	06/07/2022 14:04:08 PM
Contract Manager Approval	sknigge	06/07/2022 16:05:20 PM
EITS Approval	ljean	06/08/2022 07:56:05 AM
Budget Analyst Approval	laaron	06/20/2022 13:20:33 PM
BOE Agenda Approval	laaron	06/20/2022 13:20:35 PM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Stacey Johnson, Deputy Director Fiscal Services, DHHS  
Tasha Couste, IT Manager II, DHHS  
Christina Hadwick, Chief Financial Officer, DHHS

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - DHHS – 314 – Cost Allocation - 3150

**DATE:** November 23, 2021

We have completed the review for DHHS' Cost Allocation - TIN 314.

The submitted TIN is for an estimated value of \$807,616.80 in the current biennium and \$1,081,770.00 next biennium (100% multi-agency resources.) to replace an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The Nevada Department of Health and Human Services (DHHS) five divisions': Aging and Disability Services Division (ADSD); Division of Child and Family Services (DCFS), Division of Health Care Financing and Policy (DHCFP); Division of Public and Behavioral Health (DPBH); and Division of Welfare and Supportive Services (DWSS) is procuring a software solution that is used for ensuring the proper allocation of expenditure data to produce quarterly claims for the Public Assistance Cost Allocation Plan (PACAP).

The solution will replace the current software solutions for the five DHHS divisions' Random Moment Time Study (RMTS) and/or Time and Effort Tracking (T&E) systems. The RMTS and T&E software solutions have a significant impact and are critical to the PACAP and the quarterly claims.

The e-SivicCAP and e-SivicMACS solutions shall: ensure a reduction in manual effort and inefficiencies; increase federal and state compliance; ensure data accuracy through improved controls for data editing and validation, transaction balancing, and financial reporting and accounting; increase system flexibility to accommodate multiple program areas, growth, and future mandates; eliminate redundant data entry by streamlining data entry points; reduce data entry errors through data interfaces or imports of source data from the State's financial system, RMTS, and T&E solutions.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26448**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: <b>BUREAU OF LAND MANAGEMENT</b>
Agency Code: <b>550</b>	Contractor Name: <b>BUREAU OF LAND MANAGEMENT</b>
Appropriation Unit: <b>4546-00</b>	Address: <b>1340 FINANCIAL BLVD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-7147</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Martin Barraza 775-861-6440</b>
	Vendor No.: <b>T80964941</b>
	NV Business ID: <b>GOVERNMENTAL ENTITY</b>
To what State Fiscal Year(s) will the contract be charged? <b>2023</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % REVENUE</b>

Agency Reference #: **22R-04**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2023**

Contract term: **242 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **GNA Interlocal**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide brand inspection, equine infectious anemia testing and other blood tests and cultures for equine diseases.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Land Management has agreed to provide the Nevada Department of Agriculture with this funding to achieve their goals of performing brand inspections and equine infectious anemia (EIA) testing for equine diseases as requested. Without their funding, it would be impossible for the agency to perform these inspections and testing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

N/A

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

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 \$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 not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	btait	06/02/2022 13:24:25 PM
Division Approval	kdailey	06/02/2022 15:56:49 PM
Department Approval	kdailey	06/02/2022 15:56:53 PM
Contract Manager Approval	btait	06/02/2022 15:59:39 PM
Budget Analyst Approval	dspeed1	06/09/2022 15:55:12 PM
BOE Agenda Approval	laaron	06/20/2022 15:13:43 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26456**

Agency Name: <b>DPS-DIRECTOR'S OFFICE</b>	Legal Entity Name: <b>LAS VEGAS METROPOLITAN POLICE DEPARTMENT</b>
Agency Code: <b>650</b>	Contractor Name: <b>LAS VEGAS METROPOLITAN POLICE DEPARTMENT</b>
Appropriation Unit: <b>4706-30</b>	Address: <b>400 S. Martin Luther King</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89106</b>
If "No" please explain: This contract is pending approval of Work Program # C59376. Anticipated IFC approval in August 2022.	Contact/Phone: <b>Richard Hoggan 702-828-1365</b>
	Vendor No.: <b>T81038884</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>36.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<input checked="" type="checkbox"/> Highway Funds	<b>39.00 %</b>	<input checked="" type="checkbox"/> Other funding	<b>25.00 % Forfeitures</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2026**

Contract term: **4 years and 31 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **LVMPD JETI Facility**

5. Purpose of contract:

**This is a new interlocal agreement to provide for the shared use of the Las Vegas Metropolitan Police Department - Joint Emergency Training Institute facilities to conduct law enforcement-specific training. This contract is contingent upon IFC Work Program # C59376.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$384,000.00**

Payment for services will be made at the rate of \$96,000.00 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Department of Public Safety needs a suitable facility to conduct law enforcement specific training.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The State does not currently have this type of facility to conduct this training.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

- 10. 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:

The contractor is currently under contract with Nevada Highway Patrol and the Department of Public Safety. Services provided have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lgallow1	06/07/2022 11:10:51 AM
Division Approval	lgallow1	06/07/2022 11:10:56 AM
Department Approval	jdekoekk	06/07/2022 11:48:56 AM
Contract Manager Approval	jdekoekk	06/07/2022 11:49:00 AM
Budget Analyst Approval	jrodrig9	06/10/2022 01:29:57 AM
BOE Agenda Approval	jrodrig9	06/10/2022 01:30:02 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: **23877** Amendment Number: **1**

Agency Name: **DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE** Legal Entity Name: **Software AG USA, Inc.** Contractor Name: **Software AG USA, Inc.**

Agency Code: **655** Address: **11170 Plaza America Drive Suite 700**

Appropriation Unit: **4709-26** City/State/Zip: **Reston, VA 20190**

Is budget authority available?: **Yes** Contact/Phone: **Mary Lalouch 214-507-8930**

If "No" please explain: **Not Applicable** Vendor No.: **PUR0005376**

NV Business ID: **NV20081664091**

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Fingerprint</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **Software AG**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2021**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2023**

Contract term: **3 years and 141 days**

4. Type of contract: **Contract**

Contract description: **Software AG**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing maintenance and support services for the integrated software platform system. This amendment extends the termination date from September 30, 2023 to June 30, 2024 and increases the maximum amount from \$298,740 to \$627,354 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$298,740.00	\$298,740.00	\$298,740.00	Yes - Action
2. Amount of current amendment (#1):	\$328,614.00	\$328,614.00	\$328,614.00	Yes - Action
3. New maximum contract amount:	\$627,354.00			
and/or the termination date of the original contract has changed to:	06/30/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The software platform house critical programs that if not under contract and supported would create a risk to officer and public safety.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The software is proprietary and state employees do not have the training or access to program code.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**  
**Approval #: 200802**  
**Approval Date: 08/11/2020**

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? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has performed satisfactory services for various state agencies since 2014 according the State of Nevada Controller's Office DataWarehouse.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	jkolenut	06/08/2022 11:15:17 AM
Division Approval	twollan1	06/08/2022 15:15:30 PM
Department Approval	jdekoekk	06/09/2022 08:42:04 AM
Contract Manager Approval	jdekoekk	06/14/2022 07:32:05 AM
EITS Approval	ljean	06/14/2022 07:41:12 AM
Budget Analyst Approval	jrodrig9	06/15/2022 00:43:12 AM
BOE Agenda Approval	jrodrig9	06/15/2022 00:43:17 AM

Steve Sisolak  
Governor



#4510

Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Timothy Galluzi  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

MEMORANDUM

**TO:** Erica Souza-Llamas, Division Administrator, RCCD, DPS  
Jason Kolenut, Administrative Services Officer III, RCCD, DPS  
Tom Dorsey, DPS Information Security Officer, RCCD, DPS

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Sean Montierth, IT Chief, Computing, EITS, DOA  
Jason Benshoof, IT Chief, Agency IT Services, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DPS – TIN 512 – *DPS-SAG CPU Class Contract Update* – BA 4709

**DATE:** April 18, 2022

We have completed our review for the Department of Public Safety (DPS), Records, Communications and Compliance Division's (RCCD) – *DPS-SAG CPU Class Contract Update* – TIN 512.

The submitted TIN, for an estimated value of \$214,097 in the FY22/FY23 biennium and \$214,097 in the FY24/FY25 biennium (100% General Fund), is to update the existing Software AG (SAG) license agreement to allow DPS to host the platform on a supported computing processor, update the existing SAG license agreement from a perpetual to a subscription license, and change the end date of the existing SAG license agreement to 06/30/2024.

The DPS NCJIS Modernization program implementation has slipped beyond the current SAG agreement termination date of 9/30/2023. Extending the termination date to June 30, 2024 with a subscription license will allow DPS to operate its legacy systems until the NCJIS Modernization program has been fully implemented.

#451@

The Software AG (SAG) platform currently hosts several DPS mission-critical applications on unsupported and unpatched hardware. The Processor Core Type B was installed in 2013 and has not been under vendor support since 2019 which leaves the platform at risk for security breaches as it is no longer receiving security updates.

The investment involves changing the processor core type on an existing virtual machine at the EITS Data Center. The agency should communicate with appropriate personnel at the EITS Data Center to ensure there are no compatibility issues. DPS considers the investment and final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23788** Amendment Number: **1**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Wildlife Capture, Inc.**

Agency Code: **702** Contractor Name: **Wildlife Capture, Inc.**

Appropriation Unit: **4464-14** Address: **533 Pauley Avenue**

Is budget authority available?: **Yes** City/State/Zip: **Cody, WY 82414**

If "No" please explain: **Not Applicable** Contact/Phone: **Mike Reed 250-351-4289**

Vendor No.: **F00000454**

NV Business ID: **NV20201962265**

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>50.00 % Game Donations and Heritage Tag Auctions</b>

Agency Reference #: **RFP # 72DOW-S1266 TB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2021**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/10/2022**

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Aerial Capture Srvcs**

5. Purpose of contract:

**This is the first amendment to the original contract which provides aerial wildlife capture and transport services to support research projects. This amendment extends the termination date from November 10, 2022 to November 30, 2024 and increases the maximum amount from \$600,000 to \$1,100,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$600,000.00	\$600,000.00	\$600,000.00	Yes - Action
2. Amount of current amendment (#1):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$1,100,000.00			
and/or the termination date of the original contract has changed to:	11/30/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To more effectively manage our big game herds by better understanding herd distribution, seasonal movements, migration corridors, survival rates, pathogen exposure, and critical use areas. Big game captures are also conducted to collaborate on research projects with academia and universities to support graduate research and assist in collecting scientifically credible information for future use in conservation of critical big game habitat.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is Department policy to use private vendors due to extreme safety issues related to big game netgun captures from a helicopter. We do have NDOW pilots and biologists conducting aerial big game surveys, but this contract would further assist in conducting more timely surveys to augment the existing NDOW aircraft when they are unavailable or when NDOW aircraft are already conducting surveys and there are additional survey needs not being met.

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):

Wildlife Capture Management, Inc.  
Heliwild, LLC  
Quicksilver Air

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #72DOW-S1266, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee. There were multiple awards as a result of the RFP in order to have statewide coverage for wildlife capture and transport services.

d. Last bid date: 08/14/2020 Anticipated re-bid date: 08/14/2022

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:

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	nroble1	04/29/2022 09:36:17 AM
Division Approval	jneubau2	05/06/2022 08:58:35 AM
Department Approval	bvale1	05/09/2022 10:05:26 AM
Contract Manager Approval	cprasa1	05/19/2022 10:42:22 AM
Budget Analyst Approval	dspeed1	06/10/2022 17:08:37 PM
BOE Agenda Approval	laaron	06/17/2022 10:21:58 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22869** Amendment Number: **1**

Agency Name: **DCNR - FORESTRY DIVISION** Legal Entity Name: **Gold Systems, Inc.**

Agency Code: **706** Contractor Name: **Gold Systems, Inc.**

Appropriation Unit: **4195-33** Address: **2121 S McClelland St Suite 204**

Is budget authority available?: **Yes** City/State/Zip: **Salt Lake City, UT 84106-2558**

If "No" please explain: **Not Applicable** Contact/Phone: **Steve Gold 801-456-6129**

Vendor No.: **T29042829**

NV Business ID: **NV20191645381**

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	<b>100.00 %</b>	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP #70CNR-S926**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2020**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **04/13/2024**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Fire Billing System**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a web-based fire billing system linked to the Integrated Reporting of Wildland Fire Information database that provides incident data in real-time. This amendment increases the maximum amount from \$229,043 to \$420,466 due to the addition of training, support, licensing, and hosting.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$229,043.00	\$229,043.00	\$229,043.00	Yes - Action
2. Amount of current amendment (#1):	\$191,423.00	\$191,423.00	\$191,423.00	Yes - Action
3. New maximum contract amount:	\$420,466.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Gold Systems web based Fire Billing System is linked to the Integrated Reporting of Wildland Fire Information (IRWIN) database allowing NDF to access incident data in real time, eliminating the need for manual data entry. Additional features include advanced reporting capabilities and also allow Cooperators to access the data base directly to enter billing rates, accounts payables/receivables and the like to further eliminate manual entry.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the skill set required to accomplish this project.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #70CNR-S926, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dsorens	06/02/2022 16:05:47 PM
Division Approval	dsorens	06/02/2022 16:05:50 PM
Department Approval	dsorens	06/02/2022 16:05:55 PM
Contract Manager Approval	rmorse	06/02/2022 16:06:39 PM
EITS Approval	ljean	06/03/2022 06:54:38 AM

Budget Analyst Approval  
BOE Agenda Approval

rjacob3  
laaron

06/20/2022 07:24:26 AM  
06/20/2022 10:49:32 AM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
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**MEMORANDUM**

**TO:** Dara Ludi, Administrative Services Officer III, DCNR

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DCNR – TIN 523 – *Fire Billing Software* – BA 4195

**DATE:** May 11, 2022

We have completed our review for the Department of Conservation and Natural Resources (DCNR), Fire Division's – *Fire Billing Software* – TIN 523.

The submitted TIN, for an estimated value of \$174,675 in the FY22/FY23 biennium and \$80,019 in the FY24/FY25 biennium (100% General Fund), is to extend licensing and hosting for the Fire Billing System (FBS) for FY2023 through 2024.

FBS licensing and hosting is a cloud-based solution that includes a Production and Test/Training copy of the FBS system, as well as warranty support. This investment is driven by improved processing and data management. The original TIN, T706180315104859, was submitted in the TIN 1.0 system.

The agency considers the investment and final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26324**

Agency Name: <b>DEPARTMENT OF MOTOR VEHICLES</b>	Legal Entity Name: <b>INTELLECTUAL TECHNOLOGY, INC.</b>
Agency Code: <b>810</b>	Contractor Name: <b>INTELLECTUAL TECHNOLOGY, INC.</b>
Appropriation Unit: <b>4741-40</b>	Address: <b>2980 Coliseum Blvd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Fort Wayne, IN 46805</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>206-459-8800</b>
	Vendor No.: <b>T27006453</b>
	NV Business ID: <b>NV20101412115</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

Agency Reference #: **RFP # 810DMV-S1920-HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2026**

Contract term: **4 years and 62 days**

4. Type of contract: **Contract**

Contract description: **Print & Mail OHV doc**

5. Purpose of contract:

**This is a new contract to provide printing and mailing of Off-Highway Vehicle documents.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$667,794.45**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 490 sets requirements for the issuance of titles and registrations for off highway vehicles (OHV). This contract enables the issuance of registration decals and titles for the OHV program.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**There are no State employees available to provide this service.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #81DMV-S1920, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/15/2022 Anticipated re-bid date: 03/01/2026

10. a. Does the contract contain any IT components? Yes  
b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Current vendor. Services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	pgra1	06/16/2022 17:11:12 PM
Division Approval	asmit3	06/17/2022 09:15:06 AM
Department Approval	asmit3	06/17/2022 09:15:10 AM
Contract Manager Approval	asampso2	06/17/2022 09:20:11 AM
EITS Approval	ljean	06/17/2022 11:50:18 AM
Budget Analyst Approval	vmilazz1	06/21/2022 15:47:32 PM
BOE Agenda Approval	jrodrig9	06/21/2022 15:59:26 PM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
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**M E M O R A N D U M**

**TO:** Julie Butler, Director, DMV  
Suzie Block, MVIT Administrator, DMV  
Marian Henderson, Administrative Services Officer III, DMV  
Kalyn Gomez, Business Process Analyst II, DMV

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DMV – TIN 307 – *Printing and Mailing of Off-Highway Documents* – BA 4741 – Update A

**DATE:** May 23, 2022

We have completed our review for the Department of Motor Vehicles' (DMV) – *Printing and Mailing of Off-Highway Documents* – TIN 307, Update A.

The submitted TIN, for an estimated value of \$139,123.85 in the FY22/FY23 biennium and \$333,897.22 in the FY24/FY25 biennium, for a total decrease of \$194,773.78 from the original TIN submission (100% Fee Funded), is to renew the existing vendor contract and to allow time for RFP release, proposal opening, vendor presentation and BOE Approval.

The current contract with the existing vendor will expire 8/31/2022. The printing and Mailing of Off-Highway Vehicle Documents project is seeking proposals for an outsourced solution for the production, printing, and mailing of Off-Highway vehicle registration forms with decals, renewal notices, and titles. The proposed investment is pre-RFP. A TIN update and subsequent review are required after vendor selection.

The agency considers the investment and final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26226**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO
Agency Code: <b>902</b>	Contractor Name: BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO
Appropriation Unit: <b>4770-11</b>	Address: COLLEGE OF SOUTHERN NEVADA 3200 E CHEYENNE AVE
Is budget authority available?: <b>Yes</b>	City/State/Zip: NORTH LAS VEGAS, NV 89030
If "No" please explain: Not Applicable	Contact/Phone: 702/651-4344
	Vendor No.: D35000800
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: APPRENTICE

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **PY22-GR-CSN-APPREN**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing apprenticeship training programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Other basis for payment: As invoiced by vendor and approved by the state.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Apprenticeship programs are a requirement under the Department of Labor - Workforce Innovation and Opportunity Act (WIOA) of 2014. During the 2011 the Nevada Legislature session the source of funding for the Apprenticeship Program was moved from the Department of Education to DETR in the Governor's budget.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department does not employ staff who are qualified to operate an apprenticeship program.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal agreement pursuant to NRS 277.180.

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 \$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 not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knelso4	06/08/2022 11:25:58 AM
Division Approval	knelso4	06/08/2022 11:26:01 AM
Department Approval	knelso4	06/08/2022 11:26:03 AM
Contract Manager Approval	jwixon	06/08/2022 11:26:31 AM
Budget Analyst Approval	vfajota	06/08/2022 14:59:06 PM
BOE Agenda Approval	laaron	06/20/2022 12:03:17 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26227**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO</b>
Agency Code: <b>902</b>	Contractor Name: <b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO</b>
Appropriation Unit: <b>4770-11</b>	Address: <b>TMCC</b>
Is budget authority available?: <b>Yes</b>	<b>7000 DANDINI BLVD RM 318</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89512-3999</b>
	Contact/Phone: <b>775/673-7155</b>
	Vendor No.: <b>D35000841</b>
	NV Business ID: <b>Governmental entity</b>

To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **364 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **PY22-GR-TMCC-APPREN**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing apprenticeship training programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$160,000.00**

Other basis for payment: As invoiced by the vendor and approved by the state.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Apprenticeship programs are a requirement under the Department of Labor - Workforce Innovation and Opportunity Act (WIOA) of 2014. During the 2011 the Nevada Legislature session the source of funding for the Apprenticeship Program was moved from the Department of Education to DETR in the Governor's budget.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The division does not employ staff who are qualified to operate an apprenticeship program.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Interlocal agreement pursuant to NRS 277.180.

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 \$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 not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knelso4	06/08/2022 11:25:40 AM
Division Approval	knelso4	06/08/2022 11:25:41 AM
Department Approval	knelso4	06/08/2022 11:25:43 AM
Contract Manager Approval	jwixon	06/08/2022 11:26:17 AM
Budget Analyst Approval	vfajota	06/08/2022 15:05:22 PM
BOE Agenda Approval	dlenzner	06/17/2022 15:46:36 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26394**

Agency Name:	<b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name:	Credentia Nurse Aide, LLC
Agency Code:	<b>BDC</b>	Contractor Name:	<b>Credentia Nurse Aide, LLC</b>
Appropriation Unit:	<b>B017 - All Categories</b>	Address:	<b>3 Bala Plaza West, Suite 400e</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Bala Cynwyd, PA 19004</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jennifer Mankowski 267-996-3118
		Vendor No.:	
		NV Business ID:	NV20222367803

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Testing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: RFP # BRDCOM-S1836

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/11/2025**

Contract term: **3 years and 11 days**

4. Type of contract: **Contract**

Contract description: **Certification Exam**

5. Purpose of contract:

**This is a new contract to provide a Nursing Assistant Certification Examination designed to determine the competency of nursing assistant candidates.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$100,000.00**

Payment for services will be made at the rate of \$0.00 per itemized invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statutes require that candidates for a certificate as a Certified Nursing Assistant must be tested in the areas of nursing assistant didactic education and skills demonstration. The testing must be done by an independent testing agency.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

To avoid the mere appearance of impropriety, the testing must not be conducted by anyone associated with the schools that education the candidates for the certificate. Also, no employees of the Nevada State Board of Nursing possess the skills and resources to provide the testing.

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):

Prometric LLC  
Credentia Nurse Aide LLC  
Headmaster LLP

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #BRDCOM-S1836, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/15/2022 Anticipated re-bid date: 07/01/2025

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:  
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	1fred	06/14/2022 07:38:30 AM
Division Approval	1fred	06/14/2022 07:38:54 AM
Department Approval	1fred	06/14/2022 07:39:00 AM
Contract Manager Approval	1fred	06/14/2022 07:39:08 AM
Budget Analyst Approval	hfield	06/14/2022 13:24:18 PM
BOE Agenda Approval	hfield	06/14/2022 13:24:21 PM
BOE Final Approval	Pending	

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	AMERICAN SIGN LANGUAGE COMMUNICATION	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing interpretation of languages via in-person and captioning, communication access real-time translation and video remote sign language services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 25580		
2.		VARIOUS STATE AGENCIES	BRIDGER AIR TANKER, LLC	OTHER: VARIOUS AGENCIES	\$45,168,000	
	Contract Description:	This is a new contract to provide ongoing aircraft services for all jurisdictional wildland fires in Nevada.				
		Term of Contract:	Upon Approval - 06/07/2025	Contract # 26462		
3.		VARIOUS STATE AGENCIES	CAPTIONS UNLIMITED OF NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing communication access to real-time translation and captioning services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 26329		
4.		VARIOUS STATE AGENCIES	LAS VEGAS EVALUATION SERVICES	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychology services.				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 26076		
5.		VARIOUS STATE AGENCIES	LIONBRIDGE GLOBAL SOLUTIONS II, INC.	OTHER: VARIOUS AGENCIES	\$250,000	
	Contract Description:	This is a new contract to provide ongoing interpretation of languages via remote over-the-phone services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 26152		
6.		VARIOUS STATE AGENCIES	PROPIO LS, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing document translation, desktop publishing, interpretation of languages via remote over-the-phone, over-video-remote, and sign language services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 26325		

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25580**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>AMERICAN SIGN LANGUAGE COMMUNICATION</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>AMERICAN SIGN LANGUAGE COMMUNICATION</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>40 E. Horizon Ridge Suite 102</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89002</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Crystina Scott 702-610-4722</b>
	Vendor No.: <b>T29026382A</b>
	NV Business ID: <b>NV20081113914</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **S1847-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2026**

Contract term: **3 years and 274 days**

4. Type of contract: **MSA**

Contract description: **Interpreting Service**

5. Purpose of contract:

**This is a new contract to provide ongoing interpretation of languages via in-person and video remote sign language, captioning and communication access real-time translation 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.

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 Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**



c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 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	03/04/2022 11:39:18 AM
Division Approval	gdavi6	03/04/2022 11:39:21 AM
Department Approval	ldeloach	03/04/2022 15:35:56 PM
Contract Manager Approval	rvradenb	03/07/2022 10:56:18 AM
Budget Analyst Approval	dspeed1	06/10/2022 16:08:33 PM
BOE Agenda Approval	laaron	06/14/2022 11:56:55 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: **26462**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Bridger Air Tanker, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Bridger Air Tanker, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>90 Aviation Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Belgrade, MT 59714</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Cathrine Cooper 575-749-5312</b>
	Vendor No.: <b>T27043621</b>
	NV Business ID: <b>NV20201821226</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **99SWC-S1979 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/07/2025**

Contract term: **2 years and 342 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

**This is a new contract to provide ongoing aircraft services for all wildland fires in Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,168,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations with the use of a CL415EAF aircraft (Super Scooper aircraft) for all jurisdictional wildland fires in Nevada on an as needed basis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

RK Contractors, Inc.  
Bordges Timber, Inc.  
Paleo West, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 25 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 \$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:

State Forestry has contracted with Bridger Aerospace previously.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nancy Feser, Purchasing Officer II Ph: 775-684-0175

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	06/07/2022 13:42:48 PM
Division Approval	gdavi6	06/07/2022 13:42:50 PM
Department Approval	ldeloach	06/07/2022 13:50:05 PM
Contract Manager Approval	nfese1	06/07/2022 13:51:12 PM
Budget Analyst Approval	laaron	06/20/2022 09:54:20 AM
BOE Agenda Approval	laaron	06/20/2022 09:54:23 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: **26329**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	CAPTIONS UNLIMITED OF NEVADA, INC.
Agency Code:	<b>MSA</b>	Contractor Name:	<b>CAPTIONS UNLIMITED OF NEVADA, INC.</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>1533 Diamond Country Dr.</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89521</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Denise Hinxman 775-746-3534
		Vendor No.:	T81082135
		NV Business ID:	NV19971149411

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: S1847-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2026**

Contract term: **3 years and 274 days**

4. Type of contract: **MSA**

Contract description: **Interpreting Service**

5. Purpose of contract:

**This is a new contract to provide ongoing communication access real-time translation and captioning 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.

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 Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provide various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 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	User	Signature Date
Budget Account Approval	gdavi6	05/12/2022 13:00:45 PM
Division Approval	gdavi6	05/12/2022 13:00:49 PM
Department Approval	ldeloach	05/24/2022 10:47:40 AM
Contract Manager Approval	rvradenb	06/03/2022 11:49:54 AM
Budget Analyst Approval	dspeed1	06/09/2022 16:18:34 PM
BOE Agenda Approval	laaron	06/14/2022 14:52:44 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26076**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Las Vegas Evaluation Services
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Las Vegas Evaluation Services</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>1887 Roxbury Lane</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89119</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Valerie Tolbert 702-890-5554
		Vendor No.:	T29043489
		NV Business ID:	NV20181230668

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: S1737-RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2026**

Contract term: **3 years and 304 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.**

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 Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?  
This vendor was selected as part of a multi award solicitation 99SWC-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	User	Signature Date
Budget Account Approval	gdavi6	04/28/2022 13:32:18 PM
Division Approval	gdavi6	04/28/2022 13:32:20 PM
Department Approval	ldeloch	05/05/2022 11:38:21 AM
Contract Manager Approval	rvradenb	05/06/2022 09:56:02 AM
Budget Analyst Approval	dspeed1	06/13/2022 10:05:08 AM
BOE Agenda Approval	laaron	06/23/2022 14:28:16 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26152**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Lionbridge Global Solutions II, Inc.
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Lionbridge Global Solutions II, Inc.</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>1050 Winter St. Suite 2300</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Waltham, MA 02451</b>
If "No" please explain:	Not Applicable	Contact/Phone:	John Drugan 781-801-2929
		Vendor No.:	Pending
		NV Business ID:	NV20222383899

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: S1847\_RV

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2026**

Contract term: **3 years and 274 days**

4. Type of contract: **MSA**

Contract description: **OnDemand Translation**

5. Purpose of contract:

**This is a new contract to provide ongoing interpretation of languages via remote over-the-phone services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The 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 Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provided 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 \$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:

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	04/30/2022 20:33:09 PM
Division Approval	gdavi6	04/30/2022 20:33:12 PM
Department Approval	ldeloach	05/05/2022 16:04:23 PM
Contract Manager Approval	rvradenb	06/10/2022 16:40:14 PM
Budget Analyst Approval	dspeed1	06/13/2022 11:49:08 AM
BOE Agenda Approval	laaron	06/14/2022 15:05:29 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: **26325**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>PROPIO LS, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>PROPIO LS, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>10801 Mastin Street Suite 580</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Overland Park, KS 66210</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jared Shiffman 913-359-4770</b>
	Vendor No.: <b>T27044765</b>
	NV Business ID: <b>NV20222406186</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % VARIOUS AGENCIES</b>

Agency Reference #: **S1847-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2026**

Contract term: **3 years and 274 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, 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, 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.**

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 Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provide various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 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:

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	05/12/2022 13:00:24 PM
Division Approval	gdavi6	05/12/2022 13:00:27 PM
Department Approval	ldeloach	05/24/2022 10:57:23 AM
Contract Manager Approval	rvradenb	06/03/2022 11:49:36 AM
Budget Analyst Approval	dspeed1	06/09/2022 15:53:53 PM
BOE Agenda Approval	laaron	06/14/2022 12:09:52 PM
BOE Final Approval	Pending	

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE	SHI INTERNATIONAL CORPORATION	FEDERAL	\$63,193	
	Contract Description:	This is a new service agreement under master service agreement #19222 with Intranet Quorum, which provides cloud services. This service agreement is to implement an approved technology investment which provides a boards and commission management program.				
		Term of Contract:	06/20/2022 - 06/30/2025	Contract # 26209		
2.	020	LIEUTENANT GOVERNOR'S OFFICE - OFFICE OF SMALL BUSINESS ADVOCACY	ERICKA AVILES CONSULTING, LLC	OTHER: American Rescue Plan Act	\$12,500	
	Contract Description:	This is a new contract to provide visibility and presence for the office through social media and digital marketing.				
		Term of Contract:	06/06/2022 - 06/30/2022	Contract # 26052		
3.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	JON F. DAVIS	OTHER: REGULATORY ASSESSMENTS	\$80,000	Professional Service
	Contract Description:	This is a new contract to provide expert witness and technical expertise in analyzing the general areas involving electric, gas and water utilities.				
		Term of Contract:	07/15/2022 - 07/13/2024	Contract # 26322		
4.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	CHAD ZAWITZ	OTHER: TORT CLAIM FUNDS	\$50,600	Exempt
	Contract Description:	This is the first amendment to the original contract which provides expert witness testimony for case number 3:19-cv-00577-MMD-CLB. This amendment increases the maximum amount from \$40,000 to \$90,600 due to the increased need for these services.				
		Term of Contract:	04/01/2020 - 06/30/2024	Contract # 23132		
5.	040	SECRETARY OF STATE'S OFFICE	ESTIPONA GROUP ADVERTISING	GENERAL	\$22,650	
	Contract Description:	This is a new contract to provide instructional videos that demonstrate how to navigate the statewide business portal.				
		Term of Contract:	06/03/2022 - 06/30/2023	Contract # 26408		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BUILDING CONTROL SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$73,000	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation and air conditioning maintenance and repair services for state-owned buildings in northern Nevada.				
		Term of Contract:	06/10/2022 - 06/15/2026	Contract # 26451		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES	
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	CHILL RITE, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$33,309		
		Contract Description:	This is a new contract to provide heating, ventilation, and air conditioning maintenance, repair, modifications, and new installation services for state-owned buildings in southern Nevada.				
		Term of Contract:	06/06/2022 - 05/31/2026	Contract # 26430			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	COIT SERVICES OF RENO, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$25,000		
		Contract Description:	This is a new contract to provide ongoing restoration and remediation services for state-owned buildings in northern Nevada.				
		Term of Contract:	06/14/2022 - 06/15/2026	Contract # 26445			
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$56,749		
		Contract Description:	This is a new contract to provide ongoing janitorial services for the Nevada Indian Commission located at Stewart Facility #3, Carson City.				
		Term of Contract:	06/14/2022 - 06/30/2026	Contract # 26353			
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ENTERPRISE JANITORIAL, INC.	OTHER: BUILDING AND GROUNDS RENTAL INCOME REVENUE	\$99,920		
		Contract Description:	This is a new contract to provide ongoing janitorial services for the Department of Education Building in Carson City.				
		Term of Contract:	06/10/2022 - 05/31/2026	Contract # 26403			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	INTERNATIONAL CHEMTEX CORPORATION	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$73,741		
		Contract Description:	This is a new contract to provide ongoing monthly heating, ventilation and air conditioning, system water treatment services for state-owned buildings.				
		Term of Contract:	06/01/2022 - 05/31/2026	Contract # 26413			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NEVADA EXHAUST CLEANING, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$21,560	
	Contract Description:	This is a new contract to provide ongoing cleaning of the kitchen hood and exhaust system at the Governor's Mansion.				
		Term of Contract:	06/05/2022 - 05/15/2026	Contract # 26333		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	STONE SERVICES, INC.	OTHER: BUILDING AND GROUNDS RENTAL INCOME REVENUE	\$56,748	
	Contract Description:	This is the first amendment to the original contract which provides floor cleaning, rehonng, grinding, polishing, and sealing services for state-owned buildings in northern Nevada. This amendment increases the maximum amount from \$18,897 to \$75,645 due to the continued need for these services.				
		Term of Contract:	09/30/2020 - 08/31/2024	Contract # 23531		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME REVENUE	\$99,776	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Attorney General's Office in Las Vegas.				
		Term of Contract:	06/13/2022 - 05/31/2026	Contract # 26439		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD	BONDS	\$18,860	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Heroes Memorial and Annex Advance Planning - Seismic Retrofit and Renovation CIP Project: CIP Project No. 21-P02; SPWD Contract No. 114434. This amendment increases the maximum amount from \$1,087,750 to \$1,106,610 due to additional design services for drainage improvements.				
		Term of Contract:	11/09/2021 - 06/30/2025	Contract # 25013		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS	BONDS 66% OTHER: NEVADA ENERGY REBATE 34%	\$40,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for Statewide CIP Projects - Electric Vehicle Charging Stations to include design, construction administration, and electrical engineering services for the installation of the vehicle charging stations in northern Nevada: CIP Project No. 21-S05-11; SPWD Contract No. 114737.				
		Term of Contract:	06/16/2022 - 06/30/2025	Contract # 26137		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS	BONDS 66% OTHER: NEVADA ENERGY REBATE 34%	\$25,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for Statewide CIP Projects - Electric Vehicle Charging Stations to include design, construction administration, and electrical engineering services for the installation of the vehicle charging stations in southern Nevada: CIP Project No. 21-S05-11; SPWD Contract No. 114738.				
		Term of Contract:	06/15/2022 - 06/30/2025	Contract # 26138		
18.	084	DEPARTMENT OF ADMINISTRATION - FLEET SERVICES	PETRO WEST, INC.	OTHER: INTERNAL SERVICES REVENUE	\$10,000	
	Contract Description:	This is the first amendment to the original contract which provides repair, maintenance, and inspection services of Las Vegas and Carson City fueling systems. This amendment increases the maximum amount from \$24,000 to \$34,000 due to the increased need for these services.				
		Term of Contract:	10/16/2019 - 06/30/2023	Contract # 22234		
19.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	GENERAL	\$25,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide technical service and funding match to aid in the development of the Comprehensive Economic Development Strategy (CEDS) and the integration of these goals into individual regional development authority's CEDS documents.				
		Term of Contract:	06/14/2022 - 06/30/2023	Contract # 26262		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	APPLIED MARKET ANALYSIS, LLC	FEDERAL	\$78,400	
	Contract Description:	This is a new contract to provide consultant services to assist in identifying optimal targeted funding levels for the Pupil Centered Funding Plan.				
		Term of Contract:	05/26/2022 - 09/30/2022	Contract # 26334		
21.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	NATIONAL EQUITY PROJECT	FEDERAL	\$35,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides project management, training and advisory services to help advance educational equity, eliminate opportunity and achievement gaps and decrease disproportionality in student outcomes that have been exacerbated by the circumstances created by COVID-19. This amendment extends the termination date from June 30, 2022 to February 28, 2023 and increases the maximum amount from \$135,700 to \$170,700 due to the continued need for these services.				
		Term of Contract:	09/14/2021 - 06/30/2022	Contract # 24734		
22.	333	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - NEVADA ARTS COUNCIL	AMERICANS FOR THE ARTS, INC.	OTHER: TRANSFER FROM TOURISM	\$15,300	
	Contract Description:	This is a new contract to provide an economic impact study of spending by Nevada's nonprofit arts and cultural organizations and their audiences.				
		Term of Contract:	06/17/2022 - 12/31/2023	Contract # 26402		
23.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - HOME AND COMMUNITY-BASED SERVICES	EIDE BAILLY, LLP	GENERAL	\$48,000	
	Contract Description:	This is a new contract to provide ongoing forensic financial specialist services to the Adult Protective Services social workers and assist in investigating complex adult abuse exploitation cases.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 26146		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	ALSCO, INC.	GENERAL	\$95,000	
	Contract Description:	This is a new contract to provide linen rental and laundry services for the Intermediate Care Facility.				
		Term of Contract:	07/01/2022 - 06/30/2023	Contract # 26443		
25.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	TRUCKEE MEADOWS CONSTRUCTION	GENERAL	\$17,024	
	Contract Description:	This is a new contract to supply and install three basin sinks and fixtures at the psychiatric residential treatment facility.				
		Term of Contract:	05/24/2022 - 06/30/2023	Contract # 25956		
26.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	CHILDREN'S ADVOCACY ALLIANCE	FEDERAL	\$74,700	
	Contract Description:	This is the first amendment to the original contract which provides support and facilitation of a Youth Advisory Board made up of youth who are currently or formerly in the foster care system. This amendment extends the termination date from June 30, 2022 to June 30, 2025 and increases the maximum amount from \$24,900 to \$99,600 due to the continued need for these services.				
		Term of Contract:	09/20/2021 - 06/30/2025	Contract # 24574		
27.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	ANYTIME PLUMBING, INC.	GENERAL	\$46,820	
	Contract Description:	This is a new contract to provide ongoing plumbing repair services.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 26051		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	JEANNE MORGAN	GENERAL 25% FEDERAL 75%	\$96,000	
	Contract Description:	This is a new contract to provide ongoing investigative services to assist the rural offices in finding relatives and fictive kin to move children from temporary care to permanent care.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 26114		
29.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	DESERT WINDS HOSPITAL, LLC	GENERAL	\$15,000	Exempt
	Contract Description:	This is a new contract to provide an acute psychiatric hospitalization for youth in care.				
		Term of Contract:	12/20/2021 - 06/30/2022	Contract # 26168		
30.	431	OFFICE OF THE MILITARY	A & C RUSSELL, LLC	GENERAL 25% FEDERAL 75%	\$85,368	
	Contract Description:	This is a new contract to provide installation services for new vinyl frames, double panes filled with argon gas and low E windows at the National Guard facility in Carlin.				
		Term of Contract:	06/20/2022 - 06/06/2026	Contract # 26463		
31.	431	OFFICE OF THE MILITARY	ALL CLEAN TECHNOLOGY, LLC	OTHER: TRANSFER FROM EDUCATION 25% FEDERAL 75%	\$44,900	
	Contract Description:	This is a new contract to provide removal of the vinyl composition tile, carpet, adhesive and polish the concrete floor at the Carlin facility.				
		Term of Contract:	05/24/2022 - 05/25/2024	Contract # 26263		
32.	431	OFFICE OF THE MILITARY	HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.	GENERAL 25% FEDERAL 75%	\$24,500	Professional Service
	Contract Description:	This is a new contract to provide the advance planning requirements for the Construct Aircraft Support Equipment/Jet Engine and Maintenance Shop Facility at the Nevada Air National Guard.				
		Term of Contract:	06/07/2022 - 06/30/2022	Contract # 26244		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	431	OFFICE OF THE MILITARY	T-N-T ROOFING, INC.	GENERAL 50% FEDERAL 50%	\$84,350	
	Contract Description:	This is a new contract to provide ongoing services of maintenance, repair, and replacement of the roofing systems for facilities in southern Nevada.				
		Term of Contract:	06/20/2022 - 03/24/2026	Contract # 26343		
34.	440	DEPARTMENT OF CORRECTIONS - HIGH DESERT STATE PRISON	ADVANCED FILTRATION CONCEPTS, INC.	GENERAL	\$51,289	
	Contract Description:	This is a new contract to provide services to replace the air handler media.				
		Term of Contract:	06/13/2022 - 06/30/2022	Contract # 26453		
35.	440	DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT	KINGWOOD SECURITY SERVICES, LLC	OTHER: INMATE WELFARE FUND	\$90,231	
	Contract Description:	This is the first amendment to the original contract which provides ongoing satellite television services for inmates. This amendment extends the termination date from June 30, 2022 to September 30, 2022 and increases the maximum amount from \$1,403,328 to \$1,493,559 to allow additional time to complete the solicitation process for a new four-year contract.				
		Term of Contract:	07/01/2018 - 09/30/2022	Contract # 20054		
36.	500	COMMISSION ON MINERAL RESOURCES - DIVISION OF MINERALS	YOUNG ELECTRIC SIGN COMPANY	FEE: MINING	\$24,000	
	Contract Description:	This is a new contract to provide billboard space for the Abandoned Mine Lands; Stay Out, Stay Alive campaign.				
		Term of Contract:	05/27/2022 - 06/30/2024	Contract # 26366		
37.	550	DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	FLO ADVERTISING, LLC	FEDERAL	\$20,000	
	Contract Description:	This is a new contract to provide mobile billboards for the Summer Food Service program in Las Vegas.				
		Term of Contract:	06/06/2022 - 08/31/2025	Contract # 26069		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	550	DEPARTMENT OF AGRICULTURE - NUTRITION EDUCATION PROGRAMS	KPS3, INC.	FEDERAL	\$19,500	
	Contract Description:	This is a new contract to provide a mobile-friendly webpage for the Summer Food Service Program.				
		Term of Contract:	06/07/2022 - 12/31/2022	Contract # 26247		
39.	650	DEPARTMENT OF PUBLIC SAFETY - DIRECTOR'S OFFICE	LAMAR ADVERTISING COMPANY	OTHER: DIRECTOR'S OFFICE COST ALLOCATED	\$12,000	
	Contract Description:	This is a new contract to provide advertising time on electronic billboards for recruiting purposes.				
		Term of Contract:	06/17/2022 - 12/31/2022	Contract # 25926		
40.	652	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF PAROLE AND PROBATION	STOMMEL, INC. DBA LEHR AUTO	GENERAL	\$66,960	
	Contract Description:	This is a new contract to provide ongoing installation services of laptop mounts for vehicles in Las Vegas.				
		Term of Contract:	06/15/2022 - 12/31/2022	Contract # 26399		
41.	654	DEPARTMENT OF PUBLIC SAFETY - DIVISION OF EMERGENCY MANAGEMENT	ONSOLVE, LLC	FEDERAL	\$19,420	
	Contract Description:	This is the first amendment to the original contract which provides Emergency Alert System and Integrated Public Alert & Warning System access for emergency notifications and alerts as required by law under Title 47 CFR, Chapter 73, part 11. This amendment provides additional messaging recipients, extends the termination date from August 30, 2022 to June 30, 2024 and increases the maximum amount from \$14,500 to \$33,920 due to the continued need for these services and additional message recipients.				
		Term of Contract:	09/30/2020 - 06/30/2024	Contract # 23512		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL	GL SUITE, INC.	FEE: PROGRAM, STATE EMERGENCY RESPONSE COMMISSION AND DIVISION OF ENVIRONMENTAL PROTECTION TRANSFERS	\$94,815	Sole Source
	Contract Description:	This is a new contract to provide ongoing software licensing and maintenance services for the web-based licensing and certification program.				
		Term of Contract:	06/01/2022 - 05/31/2026	Contract # 26466		
43.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	CC CLEANING SERVICE, LLC	FEE: SPORTSMEN REVENUE	\$45,695	
	Contract Description:	This is a new contract to provide janitorial services at the Fallon office.				
		Term of Contract:	06/07/2022 - 06/30/2026	Contract # 26182		
44.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	JORDAN KNIGHTON ARCHITECTS, INC.	FEE: SPORTSMEN REVENUE 50% BONDS 25% FEDERAL 25%	\$41,943	Professional Service
	Contract Description:	This is a new contract to provide architectural design services for a new dispatch center at the Valley Road office in Reno.				
		Term of Contract:	06/02/2022 - 12/31/2022	Contract # 26360		
45.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	MKCK, LLC	FEE: SPORTSMEN REVENUE	\$40,000	
	Contract Description:	This is a new contract to provide leadership training.				
		Term of Contract:	06/16/2022 - 06/30/2023	Contract # 26342		
46.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	MATRIX CONTRACTORS, INC.	FEE: SPORTSMEN REVENUE	\$42,363	
	Contract Description:	This is a new contract to provide painting services for residences and outbuildings at the Mason Valley Hatchery.				
		Term of Contract:	06/01/2022 - 03/31/2023	Contract # 25847		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	VILU JANITORIAL	FEE: SPORTSMEN REVENUE	\$59,200	
	Contract Description:	This is a new contract to provide ongoing janitorial services at the Elko office.				
		Term of Contract:	05/27/2022 - 03/31/2026	Contract # 25812		
48.	702	DEPARTMENT OF WILDLIFE - HABITAT	BAIR DISTRIBUTING, INC.	FEDERAL	\$24,000	
	Contract Description:	This is a new contract to provide trailer rental, delivery and transport services.				
		Term of Contract:	06/01/2022 - 06/30/2026	Contract # 26004		
49.	702	DEPARTMENT OF WILDLIFE - HABITAT	BOSS TANKS, INC.	FEDERAL	\$24,000	
	Contract Description:	This is a new contract to provide trailer rental, delivery and transport services.				
		Term of Contract:	06/06/2022 - 06/30/2026	Contract # 26005		
50.	702	DEPARTMENT OF WILDLIFE - HABITAT	BOXWHEEL TRAILER LEASING, LLC	FEDERAL	\$24,000	
	Contract Description:	This is a new contract to provide trailer rental, delivery and transport services.				
		Term of Contract:	06/06/2022 - 06/30/2026	Contract # 26006		
51.	702	DEPARTMENT OF WILDLIFE - HABITAT	GFI NEVADA, LLC	FEDERAL	\$24,000	
	Contract Description:	This is a new contract to provide trailer rental, delivery and transport services.				
		Term of Contract:	06/01/2022 - 06/30/2026	Contract # 26008		
52.	702	DEPARTMENT OF WILDLIFE - HABITAT	ROADWAY TOWING & REPAIR	FEDERAL	\$24,000	
	Contract Description:	This is a new contract to provide trailer rental, delivery and transport services.				
		Term of Contract:	06/06/2022 - 06/30/2026	Contract # 26007		
53.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS- NON-EXEC	ARTISTIC FENCE COMPANY	OTHER: ADMISSION CHARGE	\$24,998	
	Contract Description:	This is a new contract to provide the installation of a chain-link fence at the Silver Springs shop yard at Lahontan State Recreation Area.				
		Term of Contract:	06/02/2022 - 08/01/2022	Contract # 26411		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	AMBIENT EDGE, LLC	GENERAL	\$99,999	
	Contract Description:	This is a new contract to provide maintenance and repair of the heating and air conditioning systems at the southern region facility, Las Vegas Nursery, Jean Conservation Camp and Three Lakes Conservation Camp.				
		Term of Contract:	05/24/2022 - 06/30/2026	Contract # 26344		
55.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	AMERICAN EQUIPMENT SYSTEMS	GENERAL	\$40,000	
	Contract Description:	This is a new contract to provide ongoing services for annual inspections on overhead, mobile and vehicle-mounted cranes.				
		Term of Contract:	06/14/2022 - 06/30/2026	Contract # 26428		
56.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	S.R. BRAY, LLC	GENERAL	\$60,000	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair of emergency backup generators.				
		Term of Contract:	06/06/2022 - 06/30/2026	Contract # 26057		
57.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - AIR QUALITY	NYE COUNTY	FEE: PENALTY	\$60,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide compliance and enforcement of state and local fugitive dust laws, ordinances and regulations required to maintain and improve air quality.				
		Term of Contract:	06/07/2022 - 12/31/2025	Contract # 26237		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	BUREAU VERITAS NORTH AMERICA, INC.	OTHER: WORKER'S COMPENSATION AND SAFETY 75% FEDERAL 25%	\$41,300	
	Contract Description:	This is a new contract to provide certified analysis of potential exposure to asbestos, mold, silica, and other potentially hazardous elements to monitor employee safety.				
		Term of Contract:	06/16/2022 - 04/30/2024	Contract # 26068		
59.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	CHIEF SEPTIC AND SEWER, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$25,000	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair services for grease traps and grease interceptors in southern Nevada.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 26011		
60.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	RALPH JONES INC. DBA RALPH JONES DISPLAY	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$45,000	
	Contract Description:	This is a new contract to provide ongoing services of designing, building and installing cabinetry, countertops, display cases, shelving, and fixtures.				
		Term of Contract:	05/24/2022 - 02/28/2026	Contract # 25754		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
61.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - VOCATIONAL REHABILITATION	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	\$18,835	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing pre-employment transition services to disabled youths, ages 16-22, with the tools that will enable them to seek and retain employment.				
		Term of Contract:	05/24/2022 - 12/31/2022	Contract # 26010		
62.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - VOCATIONAL REHABILITATION	SOMERSET ACADEMY OF LAS VEGAS	FEDERAL	\$24,500	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing pre-employment transition services during the summer of 2022 to disabled youths, ages 14-22, by providing the tools that will enable them to seek and retain employment.				
		Term of Contract:	06/06/2022 - 06/30/2023	Contract # 26387		
63.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION	DEPARTMENT OF ADMINISTRATION	GENERAL 13.8% OTHER: BUSINESS ENTERPRISES SET ASIDE 30% FEDERAL 56.2%	\$40,000	Exempt
	Contract Description:	This is a new interlocal contract to provide ongoing neutral, knowledgeable and experienced attorney hearing officer services.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25747		
64.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	CRYSTAL C. YAN	FEDERAL	\$22,000	
	Contract Description:	This is a new contract to provide training to Employment Security Division staff in emotional intelligence at the leadership summit on June 28-29, 2022 in Reno.				
		Term of Contract:	06/08/2022 - 12/30/2022	Contract # 26271		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
65.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY	OTIS ELEVATOR COMPANY	OTHER: COST ALLOCATED	\$10,500	
	Contract Description:	This is a new contract to provide ongoing maintenance, monitoring and repair services for the elevator located in the building at East Third Street in Carson City.				
		Term of Contract:	06/20/2022 - 05/13/2026	Contract # 26026		
66.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	THE CENTER FOR EMPLOYMENT SECURITY	FEDERAL	\$37,000	Sole Source
	Contract Description:	This is a new contract to provide information technology advisory support services for the selection of the vendor for the unemployment insurance information technology modernization project.				
		Term of Contract:	04/01/2022 - 08/15/2022	Contract # 26446		
67.	950	PUBLIC EMPLOYEES BENEFIT PROGRAM	CLAIM TECHNOLOGIES, INC.	OTHER: PARTICIPANT PREMIUM AND STATE SUBSIDY	\$30,000	
	Contract Description:	This is the second amendment to the original contract which provides health plan auditing services. This amendment increases the maximum amount from \$1,551,662 to \$1,581,662 due to the addition of a Pharmacy Benefit Manager audit for fiscal year 2020.				
		Term of Contract:	04/13/2021 - 06/30/2027	Contract # 24030		
68.	950	PUBLIC EMPLOYEES' BENEFITS PROGRAM	THE SEGAL COMPANY (WESTERN STATES), INC.	OTHER: STATE SUBSIDY AND PARTICIPANT PREMIUMS	\$50,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing actuarial consulting services. This amendment increases the maximum amount from \$3,940,000 to \$3,990,000 due to the increased need for these services.				
		Term of Contract:	04/12/2022 - 06/30/2027	Contract # 25557		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
69.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHITECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	LING, LTD	FEE: LICENSURE	\$64,800	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services including representation in lawsuits, disciplinary actions, administrative hearings, and legislative assistance.				
		Term of Contract:	06/01/2022 - 05/31/2025	Contract # 26431		
70.	B019	LICENSING BOARDS AND COMMISSIONS - DISPENSING OPTICIANS	ABNEY TAUCHEN GROUP	FEE: APPLICATION AND LICENSURE	\$30,000	
	Contract Description:	This is a new contract to provide lobbying services.				
		Term of Contract:	06/15/2022 - 06/30/2023	Contract # 26278		
71.	B022	LICENSING BOARDS AND COMMISSIONS - PHARMACY	CASEY NEILON, INC.	FEE: LICENSURE	\$34,750	
	Contract Description:	This is a new contract to provide audit services.				
		Term of Contract:	06/07/2022 - 06/30/2023	Contract # 26327		
72.	B023	LICENSING BOARDS AND COMMISSIONS - PHYSICAL THERAPY EXAMINERS	CAMPBELL JONES COHEN CPA'S	FEE: LICENSURE	\$20,000	
	Contract Description:	This is a new contract to provide audit services.				
		Term of Contract:	07/01/2022 - 12/31/2023	Contract # 26372		
73.	B026	LICENSING BOARDS AND COMMISSIONS - OSTEOPATHIC MEDICINE	WATKINS JACKSON, CPAS	FEE: LICENSURE	\$26,000	Professional Service
	Contract Description:	This is a new contract to provide audit services of the financial statements for fiscal years 2022 and 2023.				
		Term of Contract:	08/01/2022 - 07/31/2024	Contract # 26332		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
74.	B028	LICENSING BOARDS AND COMMISSIONS - VETERINARY MEDICAL EXAMINERS	KATHLEEN LAXALT	FEE: LICENSURE	\$31,200	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides government affairs and lobbyist services. This amendment increases the maximum amount from \$36,000 to \$67,200 due to the increased need for these services.				
	Term of Contract:	02/26/2020 - 02/01/2024	Contract # 22681			
75.	B028	LICENSING BOARDS AND COMMISSIONS - VETERINARY MEDICAL EXAMINERS	LING, LTD	FEE: LICENSURE	\$81,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services including representation in lawsuits, disciplinary actions, administrative hearings, legislative assistance, and legal advice.				
	Term of Contract:	06/01/2022 - 05/31/2025	Contract # 26285			

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26209**

Agency Name: <b>GOVERNOR'S OFFICE</b>	Legal Entity Name: SHI INTERNATIONAL CORPORATION
Agency Code: <b>010</b>	Contractor Name: <b>SHI INTERNATIONAL CORPORATION</b>
Appropriation Unit: <b>1000-16</b>	Address: <b>290 DAVIDSON AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SOMERSET, NJ 08873-4145</b>
If "No" please explain: Not Applicable	Contact/Phone: Phil Spina 800-527-6389
	Vendor No.: PUR0001595
	NV Business ID: NV20131129294
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2025</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/20/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 11 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Cloud Services**

5. Purpose of contract:

**This is a new service agreement under master service agreement #19222, through Intranet Quorum, which provides cloud services. This Service Agreement is to implement an approved technology investment which provides a boards and commission management program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$63,192.58**

Other basis for payment: As invoiced by the Contractor and approved by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor's Office will have a single platform to manage board and commission appointments, applications, resignations, vacancies, and correspondence related to appointments.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise and resources.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	05/03/2022 11:57:52 AM
Division Approval	tmilazz1	05/03/2022 15:06:39 PM
Department Approval	tmilazz1	05/03/2022 15:06:42 PM
Contract Manager Approval	ssands	05/03/2022 15:55:58 PM
EITS Approval	daxtel1	05/05/2022 11:17:16 AM
Budget Analyst Approval	tgreenam	06/20/2022 07:42:17 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26052**

Agency Name: <b>LIEUTENANT GOVERNOR'S OFFICE</b>	Legal Entity Name: <b>ERICKA AVILES CONSULTING, LLC</b>
Agency Code: <b>020</b>	Contractor Name: <b>ERICKA AVILES CONSULTING, LLC</b>
Appropriation Unit: <b>1021-04</b>	Address: <b>10620 Southern Highlands Pkw Suite 110-26</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89141</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ericka Aviles 702-300-7670</b>
	Vendor No.: <b>T29045344</b>
	NV Business ID: <b>NV20151717490</b>

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % ARPA</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **24 days**

4. Type of contract: **Contract**

Contract description: **Consulting**

5. Purpose of contract:

**This is a new contract to provide visibility and presence of the Office of Small Business Advocacy through social media and digital marketing.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

this contract will create a strategic plan on how best to have the Office of Small Business Advocacy increase its visibility and presence through social medial and digital marketing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees not professional marketing & communications experts

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Ericka Aviles Consulting  
Success City  
The Abbi Agency

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best company for the job

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 \$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?  
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

19. Agency Field Contract Monitor:  
Sonny Vinuya, Director Ph: 702-493-3356

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcarloso4	04/29/2022 08:26:10 AM
Division Approval	jkidd	05/02/2022 11:23:31 AM
Department Approval	ssands	05/20/2022 08:05:19 AM
Contract Manager Approval	ssands	05/25/2022 16:19:41 PM
Budget Analyst Approval	afrantz	06/06/2022 14:18:21 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26322**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>DAVIS, JON F</b>
Agency Code: <b>030</b>	Contractor Name: <b>DAVIS, JON F</b>
Appropriation Unit: <b>1038-10</b>	Address: <b>5520 BOWERMAN WAY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89130-0184</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jon Davis 702/419-2943</b>
	Vendor No.: <b>T29037535</b>
	NV Business ID: <b>NV20161170710</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2025</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Regulatory Assessments</b>

Agency Reference #: 23156

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/13/2024**

Contract term: **1 year and 364 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide expert witness and technical expertise in analyzing the general areas involving electric, gas and water utilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

Payment for services will be made at the rate of \$100.00 per hour maximum

Other basis for payment: Presentation and approval of monthly invoices that itemize work performed by times and dates of services rendered.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Statute requires representation of consumers' interests in matters before the Nevada Public Utilities Commission and any legislature, board or commission with jurisdiction over Nevada regulated public utilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Based on this contractor's broad and extensive experience, he can provide assistance and credibility on issues that agency staff cannot cover.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This contractor was chosen based on his expertise, availability and reasonable rate.

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 \$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:

Currently, Jon F. Davis is engaged under contract with the Bureau of Consumer Protection and the service has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**Non-Title 7 Business Entity**

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Paul Stuhff, Senior Deputy Attorney General Ph: (702) 486-3490

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hrobinso	06/06/2022 11:07:38 AM
Division Approval	hrobinso	06/06/2022 11:07:45 AM
Department Approval	jhoba2	06/06/2022 11:17:49 AM
Contract Manager Approval	pmcco1	06/07/2022 09:15:40 AM
Budget Analyst Approval	jcoope8	06/13/2022 13:41:56 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23132** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **Chad Zawitz**

Agency Code: **030** Contractor Name: **Chad Zawitz**

Appropriation Unit: **1348-15** Address: **2800 S. CALIFORNIA AVENUE**

Is budget authority available?: **Yes** City/State/Zip: **CHICAGO, IL 60608**

If "No" please explain: **Not Applicable** Contact/Phone: **312-969-2727**

Vendor No.: **T27043503**

NV Business ID: **NV20201751906**

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % TORT CLAIM FUNDS</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2020**

Anticipated BOE meeting date **08/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years and 91 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is the first amendment which provides expert witness testimony for case number 3:19-cv-00577-MMD-CLB. This amendment increases the maximum amount from \$50,600 to \$90,600 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
2. Amount of current amendment (#1):	\$50,600.00	\$50,600.00	\$90,600.00	Yes - Info
3. New maximum contract amount:	\$90,600.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Expert witness review and testimony for ongoing litigation in a hepatitis C class action lawsuit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise needed for this type of litigation.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

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? 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 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	cdavis	06/06/2022 08:45:46 AM
Division Approval	jhoba2	06/06/2022 08:47:08 AM
Department Approval	jhoba2	06/06/2022 08:47:18 AM
Contract Manager Approval	Iramire7	06/06/2022 10:29:16 AM
Budget Analyst Approval	jcoope8	06/13/2022 10:18:18 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26408**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>ESTIPONA GROUP ADVERTISING</b>
Agency Code: <b>040</b>	Contractor Name: <b>ESTIPONA GROUP ADVERTISING &amp; PUBLIC RELATIONS</b>
Appropriation Unit: <b>1050-23</b>	Address: <b>PO BOX 10606</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89510-0606</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Nicole Dion 775/786-4445</b>
	Vendor No.: <b>T29035435</b>
	NV Business ID: <b>NV19951042070</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022-2023</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 040

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/03/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 27 days**

4. Type of contract: **Contract**

Contract description: **Training Video Dev**

5. Purpose of contract:

**This is a new contract to provide instructional videos that demonstrate how to navigate the statewide business portal.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,650.00**

Other basis for payment: FY22 - \$5,000 FY23 \$17,650

#### II. JUSTIFICATION

7. What conditions require that this work be done?

While we strive to design the Silverflume Business Portal to be as user friendly, and easy to use as possible, the licensing application itself is rather complex. Therefore the online workflows requiring customer input can be confusing as well. Our customer support team is overwhelmed with calls and emails daily from customers asking questions about the online workflows. In order to reduce the demand on customer support, and to improve the overall customer experience we are trying to provide more "self-help" in the form of video tutorials that walk the customer through 12 of our most popular business entity filings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools or expertise required to do this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Noble Studios  
KPS3  
Estipona Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

We received two responses to our informal solicitation. This vendor was chosen because they were the only vendor that could work within our budget.

d. Last bid date: 05/20/2022 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 \$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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the 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	svaldez	05/25/2022 09:24:58 AM
Division Approval	svaldez	05/25/2022 09:25:04 AM
Department Approval	svaldez	05/25/2022 09:25:11 AM
Contract Manager Approval	adale	05/25/2022 09:54:06 AM
Budget Analyst Approval	hfield	06/03/2022 13:14:29 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26451**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1349-12</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>BUILDING CONTROL SERVICES, INC.</b> Contractor Name: <b>BUILDING CONTROL SERVICES, INC.</b> Address: <b>4750 Longley Lane Suite 102</b> City/State/Zip: <b>RENO, NV 89502</b> Contact/Phone: <b>775-826-8998</b> Vendor No.: <b>T27001755</b> NV Business ID: <b>NV20161538859</b>
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To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/10/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/15/2026**

Contract term: **4 years and 6 days**

4. Type of contract: **Contract**

Contract description: **HVAC Contract**

5. Purpose of contract:

**This is a new contract to provide ongoing heating, ventilation and air conditioning maintenance and repair services for state owned buildings in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$73,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is to provide ongoing maintenance and repair for state owned and operated HAVC systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower, expertise, or materials and equipment to facilitate this need.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several vendors of the same services and Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 04/01/2022 Anticipated re-bid date: 04/01/2026

- 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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	06/03/2022 11:23:29 AM
Division Approval	jkidd	06/03/2022 15:10:18 PM
Department Approval	ssands	06/07/2022 08:53:52 AM
Contract Manager Approval	ssands	06/07/2022 08:53:55 AM
Budget Analyst Approval	jrodrig9	06/10/2022 00:25:41 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26430**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>CHILL RITE, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>CHILL RITE, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>6295 MCLEOD DR STE 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89120-4097</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-456-6200</b>
	Vendor No.: <b>T27042453</b>
	NV Business ID: <b>NV19941128460</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2026**

Contract term: **3 years and 360 days**

4. Type of contract: **Contract**

Contract description: **HVAC maintenance**

5. Purpose of contract:

**This is a new contract to provide heating, ventilation, and air conditioning maintenance, repair, modifications, and new installation services for state owned buildings in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,308.85**

Other basis for payment: Chiller Tech, M-F, 7-4pm \$110/per hour; Unitary Tech, M-F, 7-4pm \$95/per hour. See Attachment CC for complete rate list

#### II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC systems control the overall climate in a building, maintain good indoor air quality, and adequate ventilation with filtration that provides occupants a comfortable environment. HVAC service is important for the safety, health, and working conditions of all state employees and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**B&G does not have the experience nor personnel to perform this task.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Emcor  
Force Industrial  
Carrier  
Chill-Rite

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per SAM 0338.0, this is one of several same service vendors and each contractor will be contacted to submit bids on projects.

d. Last bid date: 05/01/2022 Anticipated re-bid date: 05/01/2026

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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/31/2022 15:59:15 PM
Division Approval	jkidd	05/31/2022 16:41:53 PM
Department Approval	ssands	06/02/2022 07:57:22 AM
Contract Manager Approval	ssands	06/02/2022 07:58:33 AM
Budget Analyst Approval	jrodrig9	06/06/2022 00:49:43 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26445**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>COIT SERVICES OF RENO, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>COIT SERVICES OF RENO, LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>105 E PARR BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89512-1006</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-762-1712</b>
	Vendor No.: <b>T29014945</b>
	NV Business ID: <b>NV20051259352</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/15/2026**

Contract term: **4 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Restoration**

5. Purpose of contract:

**This is a new contract to provide ongoing restoration and remediation services for state owned buildings in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Emergency restoration and remediation services are ongoing maintenance for facilities that are historically aged.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Buildings and Grounds does not have the manpower to facilitate restoration and remediation for all state-owned properties.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Belfor  
ServPro  
PuroClean  
COIT**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several vendors of the same services and Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 04/01/2022 Anticipated re-bid date: 04/01/2026

- 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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	06/03/2022 11:22:15 AM
Division Approval	jkidd	06/03/2022 14:10:36 PM
Department Approval	ssands	06/09/2022 07:58:41 AM
Contract Manager Approval	ssands	06/09/2022 07:58:44 AM
Budget Analyst Approval	jrodrig9	06/14/2022 00:07:51 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26353**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 19913</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2559</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ANA ARROYO 775-691-2939</b>
	Vendor No.: <b>T32003728A</b>
	NV Business ID: <b>NV20141642634</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years and 17 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Nevada Indian Commission located at Stewart Facility #3.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,748.96**

Payment for services will be made at the rate of \$970.77 per month

Other basis for payment: Window cleaning cost per time \$960.0; Blinds cleaning cost per time \$328.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds do not have the manpower needed to maintain the integrity of additional properties.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best price

d. Last bid date: 05/17/2022 Anticipated re-bid date: 05/17/2026

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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/25/2022 16:04:47 PM
Division Approval	jkidd	05/26/2022 10:04:57 AM
Department Approval	ssands	06/07/2022 09:01:12 AM
Contract Manager Approval	ssands	06/07/2022 09:01:15 AM
Budget Analyst Approval	vmilazz1	06/14/2022 15:28:03 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26403**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ENTERPRISE JANITORIAL, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 19913</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2559</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-691-2939</b>
	Vendor No.: <b>T32003728A</b>
	NV Business ID: <b>NV20141642364</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Building and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/10/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2026**

Contract term: **3 years and 356 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Department of Education Building in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,920.00**

Payment for services will be made at the rate of \$2,040.00 per Month

Other basis for payment: Blinds cleaning at \$15/per blind

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is to restore contracted janitorial services to this building. Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower for this property.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best quoted price

d. Last bid date: 05/17/2022 Anticipated re-bid date: 05/17/2026

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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Cheryl Warren, Custodial Supvr III Ph: 684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/24/2022 16:19:18 PM
Division Approval	jkidd	05/24/2022 16:54:40 PM
Department Approval	ssands	06/09/2022 07:34:35 AM
Contract Manager Approval	ssands	06/09/2022 07:35:43 AM
Budget Analyst Approval	jrodrig9	06/10/2022 01:13:54 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26413**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>INTERNATIONAL CHEMTEX CORPORATION</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>INTERNATIONAL CHEMTEX CORPORATION</b>
Appropriation Unit:	<b>1349-12</b>	Address:	<b>8287 214th STREET WEST</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAKEVIEW, MN 55044</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-846-8045
		Vendor No.:	T81017462
		NV Business ID:	NV20071161982
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **Yes**

If "Yes", please explain

**The agency inadvertently overlooked the expiration of the original contract that expired May 13, 2022, but continued services of the various HVAC systems throughout the state needed to be maintained. Buildings and Grounds now has implemented process improvements to ensure the contract team remains up to date on all its active contract to ensure this oversight is not repeated in the future.**

3. Termination Date: **05/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Chemical water treat**

5. Purpose of contract:

**This is a new contract to provide ongoing monthly heating, ventilation and air conditioning system water treatment services for state owned buildings throughout the state.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$73,740.80**

Other basis for payment: \$1,494.60 per month; plus \$2,000 for off contract hourly rate \$135/per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Specialty chemical water treatment is necessary to maintain the integrity of HVAC systems in various state-owned buildings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings & Grounds does not have the expertise nor the manpower to facilitate the need for special chemical water treatment.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

best price

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 \$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:

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:

Kevin Knigge, Project Manager Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/26/2022 15:32:01 PM
Division Approval	jkidd	06/07/2022 09:45:05 AM
Department Approval	ssands	06/07/2022 09:49:49 AM
Contract Manager Approval	ssands	06/07/2022 10:27:08 AM
Budget Analyst Approval	jrodrig9	06/13/2022 23:00:25 PM

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Kent A. LeFevre  
Interim Administrator

Carson City Office:  
515 East Musser Street, Suite 102  
Carson City, Nevada 89701  
Phone: (775) 684-4141

Buildings & Grounds Section  
Phone: (775) 684-1800

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
**PUBLIC WORKS DIVISION**

Las Vegas Office:  
2300 McLeod Street  
Las Vegas, Nevada 89104  
Phone: (702) 486-5115

Buildings & Grounds Section  
Phone: (702) 486-4300

May 26, 2022

## MEMORANDUM

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Chemtex International is a contract that is expiring on May 31, 2022, and will need to be a retro. Due to unforeseen circumstances, this contract slipped through the cracks but is needed for Buildings and Grounds HVAC section to maintain the water system.

Buildings and Grounds now has the contract team needed to ensure our contracts are kept up to date, and keep this from happening in the future.

Respectfully,

A handwritten signature in cursive script that reads "Michael Johnson".

Michael Johnson

Facility Manager

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26333**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>NEVADA EXHAUST CLEANING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>NEVADA EXHAUST CLEANING, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>PO BOX 20701</b>
Is budget authority available?: <b>Yes</b>	<b>940 Matley Lane, Suite #17</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>RENO, NV 89515-0701</b>
	Contact/Phone: <b>775-355-9915</b>
	Vendor No.: <b>T29036036A</b>
	NV Business ID: <b>NV19961093956</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/15/2026**

Contract term: **3 years and 345 days**

4. Type of contract: **Contract**

Contract description: **Governor's Kitchen**

5. Purpose of contract:

**This is a new contract that provides for ongoing cleaning of the kitchen hood and exhaust system at the Governor's Mansion.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,560.00**

Other basis for payment: Main hood cleaning \$575/every 3 months for FY23-24. Main Hood cleaning \$650/every 3 months for FY25-26. Fire reporting fee \$30/every cleaning service, plus \$1,000.00 for unexpected repairs or service.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Inspection and cleaning are to be done every 3 months per fire hazard and compliance to fire codes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

B&G does not have the manpower or the equipment to facilitate this need.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Uni Steam  
Nevada Exhaust Cleaning

b. Solicitation 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? 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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the 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	dcarlo4	05/12/2022 15:49:29 PM
Division Approval	jkidd	05/26/2022 10:00:46 AM
Department Approval	ssands	05/26/2022 11:07:24 AM
Contract Manager Approval	ssands	06/01/2022 13:38:03 PM
Budget Analyst Approval	jrodrig9	06/05/2022 22:53:43 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23531** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Stone Services, Inc.**

Agency Code: **082** Contractor Name: **Stone Services, Inc.**

Appropriation Unit: **1349-12** Address: **Alpen Glow Stone Restoration  
1080 Lavender Way**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89521**

If "No" please explain: **Not Applicable** Contact/Phone: **775-853-6985**

Vendor No.: **T29033084**

NV Business ID: **NV19951132117**

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Building and Grounds Rental Income Revenue</b>

Agency Reference #: **ASD 2834430**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2020**

Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/31/2024**

Contract term: **3 years and 336 days**

4. Type of contract: **Contract**

Contract description: **Stone floor care**

5. Purpose of contract:

**This is the first amendment to the original contract which provides floor cleaning, rehoning, grinding, polishing, and sealing services for state owned building in northern Nevada. This amendment increases the maximum amount from \$18,897 to \$56,748 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$18,897.18	\$18,897.18	\$18,897.18	Yes - Info
2. Amount of current amendment (#1):	\$56,748.00	\$56,748.00	\$75,645.18	Yes - Info
3. New maximum contract amount:	\$75,645.18			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly, and presentable as befitting public property.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise and manpower

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several vendors of the same services and Per SAM 0338.0, each contractor will be contacted to submit bids on projects.

d. Last bid date: 06/03/2020 Anticipated re-bid date: 07/03/2024

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:

**doing business as**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	05/25/2022 13:28:31 PM
Division Approval	jkidd	06/01/2022 14:40:20 PM
Department Approval	ssands	06/01/2022 14:42:00 PM
Contract Manager Approval	ssands	06/06/2022 12:00:23 PM
Budget Analyst Approval	jrodrig9	06/14/2022 01:25:19 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26439**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>XCEL MAINTENANCE SERVICES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>XCEL MAINTENANCE SERVICES, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>7260 W. Azure Drive #108 PMB 108</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89130-7999</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-341-9235</b>
	Vendor No.: <b>T81103343</b>
	NV Business ID: <b>NV20021426879</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Buildings And Grounds Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2026**

Contract term: **3 years and 353 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the Attorney General's Office in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,776.00**

Other basis for payment: **FY23 24694; FY24 24694 ; FY25 24694 ;FT26 24694; Plus \$1,000 for extra services**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower needed to maintain the integrity of additional properties.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



WOW Cleaning

XCEL Maintenance  
Accurate Building Maintenance

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best price for the building

d. Last bid date: 05/15/2022 Anticipated re-bid date: 05/15/2026

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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	06/03/2022 11:21:21 AM
Division Approval	jkidd	06/06/2022 11:09:54 AM
Department Approval	ssands	06/10/2022 13:10:22 PM
Contract Manager Approval	ssands	06/10/2022 13:10:25 PM
Budget Analyst Approval	jrodrig9	06/13/2022 21:39:10 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25013</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TATE SNYDER KIMSEY ARCHITECTS, LTD</b>
Agency Code: <b>082</b>	Contractor Name: <b>TATE SNYDER KIMSEY ARCHITECTS, LTD</b>
Appropriation Unit: <b>1558-11</b>	Address: <b>DBA TSK 314 S. WATER ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89015-7311</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-857-2949</b>
	Vendor No.: <b>T80883470</b>
	NV Business ID: <b>NV20212004081</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114434

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**  
Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 233 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the first amendment to the original contract which provides professional architectural/engineering services for the Heroes Memorial and Annex Advance Planning - Seismic Retrofit and Renovation CIP Project: CIP Project No. 21-P02; SPWD Contract No. 114434. This endorsement increases the maximum amount from \$1,087,750 to \$1,106,610 due to additional design services for drainage improvements.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,087,750.00	\$1,087,750.00	\$1,087,750.00	Yes - Action
2. Amount of current amendment (#1):	\$18,860.00	\$18,860.00	\$18,860.00	Yes - Info
3. New maximum contract amount:	\$1,106,610.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? No  
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. 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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	05/20/2022 11:40:25 AM
Division Approval	nmann	05/20/2022 11:40:32 AM
Department Approval	nmann	05/20/2022 11:40:38 AM
Contract Manager Approval	lwildes	05/20/2022 12:07:37 PM
Budget Analyst Approval	jrodrig9	06/15/2022 01:19:01 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26137**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JBA CONSULTING ENGINEERS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>JBA CONSULTING ENGINEERS, INC.</b>
Appropriation Unit: <b>1585-70</b>	Address: <b>DBA NV5 CONSULTANTS 5155 W. PATRICK LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-362-9200</b>
	Vendor No.: <b>T80928382A</b>
	NV Business ID: <b>NV20151389633</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>66.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % Nevada Energy Rebate</b>

Agency Reference #: 114737

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 15 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for Statewide CIP Projects - Electric Vehicle Charging Stations to include design, construction administration, and electrical engineering services for the installation of the vehicle charging stations throughout Northern Nevada: CIP Project No. 21-S05-11; SPWD Contract No. 114737.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. 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: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	05/20/2022 15:32:34 PM
Division Approval	nmann	05/20/2022 15:32:36 PM
Department Approval	nmann	05/20/2022 15:32:38 PM
Contract Manager Approval	lwildes	05/23/2022 06:58:32 AM
Budget Analyst Approval	jrodrig9	06/15/2022 01:03:24 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26138**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>JBA CONSULTING ENGINEERS, INC. DBA NV5 CONSULTANTS</b>
Appropriation Unit: <b>1585-70</b>	Address: <b>5155 W. PATRICK LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-362-9200</b>
	Vendor No.: <b>T80928382</b>
	NV Business ID: <b>NV20151389633</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>66.00 %</b>
Highway Funds	0.00 %	<b>X</b> Other funding	<b>34.00 % Nevada Energy Rebate</b>

Agency Reference #: 114738

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/15/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **3 years and 16 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for Statewide CIP Projects - Electric Vehicle Charging Stations to include design, construction administration, and electrical engineering services for the installation of the vehicle charging stations throughout southern Nevada: CIP Project No. 21-S05-11; SPWD Contract No. 114738.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program. Consultants are selected based on their ability to provide design and Professional Architectural/Engineering Services are provided by SPWD to support the State engineering services to meet the goals established by the Legislature.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. 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:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

McEntee, Markus, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	05/20/2022 15:10:40 PM
Division Approval	nmann	05/20/2022 15:10:42 PM
Department Approval	nmann	05/20/2022 15:10:44 PM
Contract Manager Approval	lwildes	05/20/2022 15:12:05 PM
Budget Analyst Approval	jrodrig9	06/15/2022 01:01:05 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22234** Amendment Number: **1**

Agency Name: **ADMIN - FLEET SERVICES DIVISION** Legal Entity Name: **PETRO WEST, INC.**

Agency Code: **084** Contractor Name: **PETRO WEST, INC.**

Appropriation Unit: **1354-04** Address: **DBA BEST PETROLEUM SERVICES 67 SPECTRUM BLVD.**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89101**

If "No" please explain: **Not Applicable** Contact/Phone: **Tony Capurro 702-641-3127**

Vendor No.: **T29034753**

NV Business ID: **NV20031234383**

To what State Fiscal Year(s) will the contract be charged? **2020-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Internal Services Revenue</b>

Agency Reference #: **ASD 2832439**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/16/2019**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2023**

Contract term: **3 years and 258 days**

4. Type of contract: **Contract**

Contract description: **Fuel systems repair**

5. Purpose of contract:

**This is the first amendment to the original contract which provides repair, maintenance, and inspections services of Las Vegas and Carson City fueling systems. This amendment will increase the maximum amount from \$24,000 to \$34,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,000.00	\$24,000.00	\$24,000.00	Yes - Info
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$34,000.00	Yes - Info
3. New maximum contract amount:	\$34,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Fleet Services fueling facilities provide fuel for stat, county and city vehicles and are a critical piece of infrastructure for these entities. To ensure the fueling systems are operational at all times, Fleet Services must have a contracted vendor available to perform emergency and non-emergency repairs. Additionally, city, county and state regulations require a certified contractor to perform annual testing of all fuel dispensing equipment.



8. Explain why State employees in your agency or other State agencies are not able to do this work:

Work has to be performed by a contractor licensed and certified in fuel systems repairs.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provides the best proposal.

d. Last bid date: 06/01/2019 Anticipated re-bid date: 05/01/2023

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:  
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	bmcDani	05/04/2022 10:35:20 AM
Division Approval	jkidd	05/04/2022 11:36:21 AM
Department Approval	ssands	05/10/2022 15:35:58 PM
Contract Manager Approval	ssands	06/15/2022 07:26:42 AM
Budget Analyst Approval	vmilazz1	06/15/2022 19:09:27 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26262**

Agency Name: <b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>  Agency Code: <b>102</b> Appropriation Unit: <b>1526-24</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name:  Contractor Name:  Address:  City/State/Zip  Contact/Phone: Vendor No.: NV Business ID:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO</b>  <b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO</b>  <b>1664 N Virginia St</b> <b>MAIL STOP 0325</b> <b>RENO, NV 89557-0325</b>  775/784-4040 D35000816 N/A
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To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**  
 Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 16 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Strategy Integration**

5. Purpose of contract:

**This is a new interlocal agreement to provide technical service and funding match to aid in the development of the Comprehensive Economic Development Strategy (CEDS) and integration of these goals into individual regional development authorities; CEDS documents.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency will work in partnership to provide support of the development of a new five-year statewide CEDS application.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agencies will work in partnership with third party consultants, local and state government agencies, and other entities involved in the development of a new five-year statewide CEDS.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes one or more public agencies to contract with another public agency to perform governmental functions.

d. Last bid date: Anticipated re-bid date:

10. 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:

Ongoing vendor with satisfactory services

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Icopelan	06/06/2022 16:32:55 PM
Division Approval	Icopelan	06/06/2022 16:32:57 PM
Department Approval	Icopelan	06/06/2022 16:32:59 PM
Contract Manager Approval	Icopelan	06/14/2022 09:54:09 AM
Budget Analyst Approval	tsmorra	06/16/2022 08:52:52 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26334**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b> Agency Code: <b>300</b> Appropriation Unit: <b>2710-20</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: Applied Market Analysis, LLC Contractor Name: <b>Applied Market Analysis, LLC</b> Address: <b>6385 S Rainbow BLVD Suite 105</b> City/State/Zip: <b>Las Vegas, NV 89118</b> Contact/Phone: 702-967-3333 Vendor No.: T32002332 NV Business ID: NV19971021720
--	---

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/26/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2022**

Contract term: **127 days**

4. Type of contract: **Contract**

Contract description: **Consulting Services**

5. Purpose of contract:

**This is a new contract to provide consultant services to assist in identifying optimal targeted funding levels for the ten year funding period for the Pupil Centered Funding Plan.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$78,400.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 387.12463 sets forth the duties for the Commission on School funding. Included in their charge is to identify a method to fully fund education within 10 years.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

A subject matter expert will help guide the Commissions recommendations on adequate and optimal education funding and help identify sales tax reforms necessary for meeting the funding targets.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The score of this vendor was higher than the only other bidder.

d. Last bid date: 04/12/2022 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 \$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:  
LLC

- 16. a. Is the Contractor Name the same as the legal Entity Name?  
Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?  
Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mbro28	05/12/2022 14:13:10 PM
Division Approval	carnol1	05/12/2022 14:14:46 PM
Department Approval	carnol1	05/12/2022 14:14:48 PM
Contract Manager Approval	mwadsw01	05/26/2022 08:57:33 AM
Budget Analyst Approval	mranki1	05/26/2022 08:58:06 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>24734</b>	Amendment Number: <b>1</b>
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>NATIONAL EQUITY PROJECT</b>
Agency Code: <b>300</b>	Contractor Name: <b>NATIONAL EQUITY PROJECT</b>
Appropriation Unit: <b>2710-13</b>	Address: <b>1720 BROADWAY, 4TH FLOOR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>OAKLAND, CA 94612</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>SCHANG@NATIONALEQUITYPROJECT.ORG 303-880-0915</b>
	Vendor No.: <b>T29043402</b>
	NV Business ID: <b>NV20201857440</b>

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/14/2021**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2022**

Contract term: **289 days**

4. Type of contract: **Contract**

Contract description: **PROJ MGMT SERVICES**

5. Purpose of contract:

**This is first amendment to the original contract which provides project management, training and advisory services to help advance educational equity, eliminate opportunity and achievement gaps and decrease disproportionality in student outcomes that have been exacerbated by the circumstances created by COVID-19. This amendment extends the termination date from June 30,2022 to February 28, 2023 and increases the maximum amount from \$135,700 to \$170,700 due to a continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$135,700.00	\$135,700.00	\$135,700.00	Yes - Action
2. Amount of current amendment (#1):	\$35,000.00	\$35,000.00	\$35,000.00	Yes - Info
3. New maximum contract amount:	\$170,700.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

COVID-19 has underscored the need for our education system leaders to do the difficult work of addressing opportunity gaps and racial biases, as schools work to reopen school amidst ongoing COVID-19 challenges, economic hardships, and significant learning loss. The Nevada Department of Education (NDE), as well as District and Charter School leadership, need immediate support and training to address these issues in a caring, supportive, and effective manner.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not have the resources or expertise to provide these services

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 210602**

**Approval Date: 06/23/2021**

c. Why was this contractor chosen in preference to other?

Vendor was selected based upon prior experience nationally and in Nevada

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 \$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:

8/18/20-10/31/20-Education-Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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

carno1

05/26/2022 15:19:45 PM

Division Approval	carnol1	05/26/2022 15:19:47 PM
Department Approval	carnol1	05/26/2022 15:19:51 PM
Contract Manager Approval	mwadsw01	05/26/2022 15:20:39 PM
Budget Analyst Approval	mranki1	06/02/2022 10:38:02 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26402**

Agency Name: <b>DTCA - NEVADA ARTS COUNCIL</b>	Legal Entity Name: <b>AMERICANS FOR THE ARTS, INC.</b>
Agency Code: <b>333</b>	Contractor Name: <b>AMERICANS FOR THE ARTS, INC.</b>
Appropriation Unit: <b>2979-21</b>	Address: <b>1275 K. St NW, Suite 1200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WASHINGTON, DC 20005</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ben Davidson 202-371-2830</b>
	Vendor No.: <b>T80959638A</b>
	NV Business ID: <b>NV20181208764</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2024</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Transfer from Tourism</b>

Agency Reference #: **333**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/17/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **1 year and 197 days**

4. Type of contract: **Contract**

Contract description: **AFTA Econ Study**

5. Purpose of contract:

**This is a new contract to provide an economic impact study of spending by Nevada's nonprofit arts and cultural organizations and their audiences.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,300.00**

Payment for services will be made at the rate of \$15,300.00 per study. Base Fee \$14100; Virtual Presentation \$1200

Other basis for payment: Payable in full upon completion of work and receipt of invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The data collected through this study will allow the Nevada Arts Council (NAC) to better respond to performance-based budgeting requirements and to increase competitiveness of grant applications to the National Endowment for the Arts. Engaging in such studies serves the agency's mission and strategic plan by 1) increasing research of trends, growth patterns and demographics to serve the arts industry and 2) position NAC as a main source for information, communications and professional development for the arts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Americans for the Arts has conducted hundreds of economic impact studies in all 50 states, as well as for state art agencies, measuring the economic impact of the arts and culture industry. No state agency or employee has this specific or extensive experience in performing such a study in Nevada.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Data Arts  
AMS Analytics  
Americans for the Arts

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was chosen based on their expertise and knowledge in the field.

d. Last bid date: 05/02/2022 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 \$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:

NAC has contracted with vendor in the past for prior year economic impact studies. The quality of services were deemed satisfactory in the past.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**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)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Maria Moreno, ASO Ph: 687-7118

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmoren1	05/24/2022 13:32:34 PM
Division Approval	mmoren1	05/24/2022 13:32:36 PM
Department Approval	amathies	06/09/2022 09:41:06 AM
Contract Manager Approval	mmoren1	06/14/2022 12:56:07 PM
Budget Analyst Approval	tsmorra	06/17/2022 10:51:45 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26146**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>EIDE BAILLY LLP</b>
Agency Code: <b>402</b>	Contractor Name: <b>EIDE BAILLY LLP</b>
Appropriation Unit: <b>3266-27</b>	Address: <b>4310 17TH AVE S</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>FARGO, ND 58103</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DOUGLAS CASH 303-589-8504</b>
	Vendor No.: <b>T29026023A</b>
	NV Business ID: <b>NV20201801760</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **APS Forensic Finance**

5. Purpose of contract:

**This is a new contract to provide ongoing forensic financial specialist services to the Adult Protective Services social workers and assist in investigating complex adult abuse exploitation cases.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Other basis for payment: As invoiced per Attachment BB

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 200.5093 ADSD, Adult Protective Services receives and investigates reports of abuse, neglect (including self neglect), exploitation, abandonment or isolation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Piercy Bowler Taylor & Kern  
Eide Bailley LLP  
Key Government Finance Inc.  
Cascade Financial Technology Corp

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor that replied with a bid.

d. Last bid date: 03/01/2022 Anticipated re-bid date: 03/01/2026

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:

LLP

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rhage1	04/25/2022 14:09:16 PM
Division Approval	rhage1	04/25/2022 14:09:18 PM
Department Approval	dschmid5	05/03/2022 16:32:59 PM
Contract Manager Approval	macedved1	05/03/2022 17:07:18 PM
Budget Analyst Approval	bmacke1	05/31/2022 08:24:37 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26443**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b> Agency Code: <b>402</b> Appropriation Unit: <b>3279-04</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>ALSCO, INC.</b> Contractor Name: <b>ALSCO, INC.</b> Address: <b>2300 N COMMERCE ST</b> City/State/Zip: <b>NORTH LAS VEGAS, NV 89030-4124</b> Contact/Phone: <b>RIGO OCEGUEDA 702-561-6662</b> Vendor No.: <b>T60153013D</b> NV Business ID: <b>NV19591000546</b>
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To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b>	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **DRC Linen & Laundry**

5. Purpose of contract:

**This is a new contract to provide linen rental and laundry services for the Intermediate Care Facility at Desert Regional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,000.00**

Other basis for payment: As Invoiced per Attachment CC

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Our 24 hour Intermediate Care Facility clients at Desert Regional Center, need fresh linens and laundry services, to maintain a sanitary and comfortable residence/facility.  
 Per the Code of Federal Regulations Title 42, Chapter 4, Part 483.70:  
 The facility must provide a safe, functional, sanitary and comfortable environment for the residents, staff and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools and inventory needed to provide these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

AlSCO, Inc  
Cintas  
Sodexo America  
The Service Companies

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

AlSCO was the only vendor to respond to our bid solicitation.

d. Last bid date: 05/01/2022 Anticipated re-bid date: 08/01/2022

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:

AlSCO have a statewide contract for these services that will end 06/30/2022, with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amanocha	06/02/2022 11:02:03 AM
Division Approval	amanocha	06/02/2022 11:02:07 AM
Department Approval	dschmid5	06/08/2022 08:46:55 AM
Contract Manager Approval	maceved1	06/08/2022 10:46:46 AM
Budget Analyst Approval	bmacke1	06/20/2022 15:01:14 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25956**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	<b>TRUCKEE MEADOWS CONSTRUCTION</b>
Agency Code:	<b>406</b>	Contractor Name:	<b>TRUCKEE MEADOWS CONSTRUCTION</b>
Appropriation Unit:	<b>3162-95</b>	Address:	<b>5945 S. Los Altos Parkway Suit</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>SPARKS, NV 89436</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jessie Barber 775-747-2322
		Vendor No.:	T32012270
		NV Business ID:	NV19841007292

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 17981

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/24/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 37 days**

4. Type of contract: **Contract**

Contract description: **Sink Installation**

5. Purpose of contract:

**This is a new contract to supply and install three basin sinks and fixtures at the Psychiatric Residential Treatment Facility, North 8N.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,024.00**

Payment for services will be made at the rate of \$0.00 per Base Bid Amount

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The PRTF North 8N client dining area does not have a sink for light dishwashing. Any light dishwashing currently must be performed behind the monitoring desk or in the breakroom kitchen.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform the work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

STRYKER CONSTRUCTION  
TRUCKEE MEADOWS CONSTRUCTION  
K7 CONSTRUCTION

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only this vendor responded.

d. Last bid date: 10/28/2021 Anticipated re-bid date: 01/02/2023

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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

BRIAN SOTOMAYOR, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	05/10/2022 11:03:14 AM
Division Approval	rmille8	05/10/2022 11:03:20 AM
Department Approval	lsherych	05/10/2022 13:02:23 PM
Contract Manager Approval	rmille8	05/10/2022 13:24:40 PM
Budget Analyst Approval	kanders2	05/24/2022 12:16:35 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24574** Amendment Number: **1**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **CHILDRENS ADVOCACY ALLIANCE**

Agency Code: **409** Contractor Name: **CHILDRENS ADVOCACY ALLIANCE**

Appropriation Unit: **3145-32** Address: **5258 S EASTERN AVE STE 151**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-2330**

If "No" please explain: **Not Applicable** Contact/Phone: **Tiffany Tyler-Garner 702/228-1869**

Vendor No.: **T32002443**

NV Business ID: **NV19981225099**

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/20/2021**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **3 years and 284 days**

4. Type of contract: **Contract**

Contract description: **YAB Facilitation**

5. Purpose of contract:

**This is the first amendment to the original contract which provides support and facilitation of a Youth Advisory Board made up of youth who are currently or formerly in the foster care system, as required by the John H. Chafee Foster Care Program for Successful Transition to Adulthood. This amendment extends the termination date from June 30, 2022 to June 30, 2025 and increases the maximum amount from \$24,900 to \$99,600 due to the ongoing need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,900.00	\$24,900.00	\$24,900.00	Yes - Info
2. Amount of current amendment (#1):	\$74,700.00	\$74,700.00	\$99,600.00	Yes - Info
3. New maximum contract amount:	\$99,600.00			
and/or the termination date of the original contract has changed to:	06/30/2025			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada receives funds from John H. Chafee Foster Care Program for Successful Transition to Adulthood. The Youth Advisory Board is a requirement of the funding.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada has struggled for years to maintain and support this statewide Youth Advisory Board due to significant turnover in staff. As a result, youth voice is not heard consistently to improve the services provided to foster youth. This approach will provide sustainability to the advisory board regardless of staffing issues.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor employs youth that have exited out of foster care and advocates for youth rights and aligns with the goals of the Youth Advisory Board.

d. Last bid date: 06/03/2021 Anticipated re-bid date: 06/01/2022

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:

Vendor is currently under contract with DCFS. Vendor has been under contract with the Division of Public and Behavioral Health. Services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	05/10/2022 12:49:06 PM
Division Approval	knielsen	05/12/2022 18:43:19 PM

Department Approval	cpitlock	05/17/2022 08:46:01 AM
Contract Manager Approval	kathr55	05/17/2022 08:59:28 AM
Budget Analyst Approval	bmacke1	06/09/2022 16:38:52 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26051**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: ANYTIME PLUMBING INC DBA ABES
Agency Code: <b>409</b>	Contractor Name: <b>ANYTIME PLUMBING INC DBA ABES</b>
Appropriation Unit: <b>3148-07</b>	Address: <b>PLUMBING AIR REPAIR FAST WATER 4690 W POST RD STE 130</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-4345</b>
If "No" please explain: Not Applicable	Contact/Phone: Scott Jester 702/362-9300
	Vendor No.: PUR0005090A
	NV Business ID: NV19991205584

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**  
Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing plumbing repair services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,820.00**

Payment for services will be made at the rate of \$110.00 per Hour (8am-4pm)

Other basis for payment: Anticipated 50 hours per year and 17 hours of emergency services per year. \$165 (After 8pm-8am and holiday); \$375 for Camera (1st 2 hours); \$600 Jetter (1st 2 hours); \$375 Mini-Jetter (1st 2 hours); \$375 Leak detection (1st 2 hours); \$100 Backflow testing; 20% Mark Up on parts

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The contractor is needed for specialized equipment and services such as line inspection cameras, sewer jets, backflow valve testing, etc.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized tools, licensing, and equipment are sometimes needed for larger repair jobs. This contract serves as backup on an as-needed basis if and when the on-site maintenance staff cannot first conduct the needed repairs.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Sin City Plumbing  
Anytime Plumbing  
Sound Plumbing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the only vendor to respond. This vendor has been used in the past and services have been satisfactory.

d. Last bid date: 02/08/2022 Anticipated re-bid date: 03/02/2026

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:

Vendor has been under contract with the Division since 2012. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Corrina Church, Admin Services Officer Ph: 702668-4758

Van Dishong, Facility Supervisor 2 Ph: 702-668-4747

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dander16	04/26/2022 08:51:34 AM
Division Approval	knielsen	05/06/2022 07:37:54 AM
Department Approval	cpitlock	05/19/2022 13:43:53 PM
Contract Manager Approval	sknigge	05/20/2022 14:33:14 PM
Budget Analyst Approval	bmacke1	06/02/2022 16:25:28 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26114**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>MORGAN, JEANNE</b>
Agency Code: <b>409</b>	Contractor Name: <b>MORGAN, JEANNE</b>
Appropriation Unit: <b>3229-44</b>	Address: <b>1677 QUAIL LN</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89701-9304</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jeanne Morgan 775/691-6188</b>
	Vendor No.: <b>T32008035</b>
	NV Business ID: <b>NV20191565481</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>25.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Investigative Svcs.**

5. Purpose of contract:

**This is a new contract to provide ongoing investigative services to assist the rural offices in finding relatives and fictive kin to move children in care timely to permanency.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$96,000.00**

Payment for services will be made at the rate of \$50.00 per hour

Other basis for payment: NTE \$1,000 per child. Estimated at 40 hours per month x \$50 x 12 months = \$24,000 per year x 4 years = \$96,000.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Statute requires agencies which provide child welfare services and others to give preference to relatives within the third degree of consanguinity when placing a child in the custody of a person other than the parent (NRS 62C.010, 62E.120, 62E.170, 125.480, 432B.390, 432B.480, 432B.550). Consanguinity definitions have expanded the relatives who receive such preference to include relatives within the fifth degree of consanguinity, especially when placing a child whose parents have had their parental rights terminated (NRS 128.110). Finding relatives is a time-intensive and specialized task.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to perform these duties.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

ADH Investigations  
Jeanne M. Morgan  
Grate Detectives  
American Process Service & Investigators

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the lowest cost responsible vendor to respond to the solicitation.

d. Last bid date: 04/01/2022 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 \$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:

This vendor is currently contracted by the Division. Services are satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. Not Applicable

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Specialist Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	05/10/2022 13:12:23 PM
Division Approval	knielsen	05/12/2022 17:26:50 PM
Department Approval	cpitlock	05/17/2022 08:49:32 AM
Contract Manager Approval	kathr55	05/17/2022 09:01:41 AM
Budget Analyst Approval	bmacke1	05/31/2022 08:52:28 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26168**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: <b>Desert Winds Hospital, LLC</b>
Agency Code: <b>409</b>	Contractor Name: <b>Desert Winds Hospital, LLC</b>
Appropriation Unit: <b>3646-16</b>	Address: <b>5900 W. Rochelle Ave</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89103</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Scott Langezin 702-522-7922</b>
	Vendor No.: <b>T29045290</b>
	NV Business ID: <b>NV20201941954</b>

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/20/2021**

Anticipated BOE meeting date **06/2022**

Retroactive? **Yes**

If "Yes", please explain

**Emergency approval was requested and approved to admit a youth that had no other options for placement.**

3. Termination Date: **06/30/2022**

Contract term: **191 days**

4. Type of contract: **Contract**

Contract description: **Acute Psych Hospital**

5. Purpose of contract:

**This is a new contract to provide an acute psychiatric hospitalization for a youth in care.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$750.00 per Day

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is to provide acute psychiatric care youth who meet the criteria for this level of service according to best practice and standards of care. Crisis residential treatment (acute psychiatric hospitalization) provides 24-hour intensive all-inclusive treatment of youth in a secure facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division does not have the facility or expertise to provide this level of care.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?



The Division requested and was granted approval under NAC 333.114.

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 \$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:  
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:

Rick Rassier, Admin Services Officer III Ph: 702-486-4335

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	04/26/2022 17:56:38 PM
Division Approval	knielsen	04/28/2022 16:48:25 PM
Department Approval	cpitlock	05/19/2022 13:43:34 PM
Contract Manager Approval	sknigge	06/03/2022 14:25:13 PM
Budget Analyst Approval	bmacke1	06/13/2022 16:48:09 PM

**From:** [Katrina Nielsen](#)  
**To:** [Kevin D. Doty](#)  
**Subject:** RE: Emergency Contract Request - Desert Winds Hospital  
**Date:** Friday, December 17, 2021 11:44:00 AM  
**Attachments:** [image001.png](#)

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Thank you! Have a great weekend.

Thanks,

*Katrina Nielsen*  
*Administrative Services Officer IV*  
*775-684-4414*  
*[KNielsen@dcfs.nv.gov](mailto:KNielsen@dcfs.nv.gov)*

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**From:** Kevin D. Doty <[kddoty@admin.nv.gov](mailto:kddoty@admin.nv.gov)>  
**Sent:** Friday, December 17, 2021 11:44 AM  
**To:** Katrina Nielsen <[KNielsen@dcfs.nv.gov](mailto:KNielsen@dcfs.nv.gov)>  
**Cc:** Cindy L. Stoeffler <[cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov)>; Rick Rassier <[rrassier@dcfs.nv.gov](mailto:rrassier@dcfs.nv.gov)>; Cindy Pitlock <[c.pitlock@dcfs.nv.gov](mailto:c.pitlock@dcfs.nv.gov)>; Katrina Nielsen <[KNielsen@dcfs.nv.gov](mailto:KNielsen@dcfs.nv.gov)>; Susie Miller <[smiller@dcfs.nv.gov](mailto:smiller@dcfs.nv.gov)>; Jennifer Ouellette <[JOuellette@dcfs.nv.gov](mailto:JOuellette@dcfs.nv.gov)>  
**Subject:** Re: Emergency Contract Request - Desert Winds Hospital

Hi Katrina,  
Pursuant to NAC 333.114, you are authorized to proceed with this contract.  
Kevin

Get [Outlook for iOS](#)

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**From:** Katrina Nielsen <[KNielsen@dcfs.nv.gov](mailto:KNielsen@dcfs.nv.gov)>  
**Sent:** Friday, December 17, 2021 10:53:44 AM  
**To:** Kevin D. Doty <[kddoty@admin.nv.gov](mailto:kddoty@admin.nv.gov)>  
**Cc:** Cindy L. Stoeffler <[cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov)>; Rick Rassier <[rrassier@dcfs.nv.gov](mailto:rrassier@dcfs.nv.gov)>; Cindy Pitlock <[c.pitlock@dcfs.nv.gov](mailto:c.pitlock@dcfs.nv.gov)>; Katrina Nielsen <[KNielsen@dcfs.nv.gov](mailto:KNielsen@dcfs.nv.gov)>; Susie Miller <[smiller@dcfs.nv.gov](mailto:smiller@dcfs.nv.gov)>; Jennifer Ouellette <[JOuellette@dcfs.nv.gov](mailto:JOuellette@dcfs.nv.gov)>  
**Subject:** Emergency Contract Request - Desert Winds Hospital

Good morning Kevin,

Attached for your approval is an emergency contract request with Desert Winds Hospital. We have a youth that is currently in detention in the North, set to be released back to DCFS' program this morning. She has broken glass doors, attacked staff and states she will continue to do so until she is removed. Desert Winds, a relatively new hospital in town, has accepted her and we would like to get her place there as quickly as possible.

Thanks,

|



**Katrina Nielsen**

**Administrative Services Officer IV – Administrative Services**

Nevada Department of Health and Human Services

Division of Child and Family Services

4126 Technology Way, 3<sup>rd</sup> Floor, Carson City, NV 89706

T: (775) 684-4414 E: [knielsen@dcfs.nv.gov](mailto:knielsen@dcfs.nv.gov)

[www.dhhs.nv.gov](http://www.dhhs.nv.gov) | [www.dhhs.nv.gov](http://www.dhhs.nv.gov)

Steve Sisolak  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF CHILD AND FAMILY SERVICES  
*Helping people. It's who we are and what we do.*




Cindy Pitlock, DNP  
Administrator

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## MEMORANDUM

To: Bridgette Mackey-Garrison, Executive Branch Budget Officer  
Governor's Finance Office  
Budget Division

From: Katrina Nielsen, Administrative Services Officer IV  
Department of Health and Human Services  
Division of Child and Family Services 

Date: June 3, 2022

Subject: Retroactive Contract Request: 26268 Desert Winds Hospital, LLC

---

The Division of Child and Family Services is requesting that a retroactive contract with an effective date of December 20, 2021 be approved for the Desert Winds Hospital, LLC.

An emergency contract was requested and approved by the Nevada Purchasing Division. This contract was requested due to a lack of bed space with existing contracted vendors and inadequate staffing. This request was approved to allow the agency the ability to use this vendor for providing acute hospitalization services.

We had a female youth requiring these services and had no other viable options available. The youth was admitted on 12/20/21 and released on 1/9/22.

Thank you for your consideration of this request. If you have any questions, please do not hesitate to contact me at (775) 684-4414.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26463**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>A &amp; C RUSSELL, LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>A &amp; C RUSSELL, LLC</b>
Appropriation Unit: <b>3650-19</b>	Address: <b>DBA GLASS DOCTOR 1111 WATER STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801-3965</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>PAULA MELLO 775-778-0611</b>
	Vendor No.: <b>T27030284</b>
	NV Business ID: <b>NV20111612191</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>25.00 %</b>	Fees	0.00 %
<b>X</b> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/20/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/06/2026**

Contract term: **3 years and 352 days**

4. Type of contract: **Contract**

Contract description: **Glass Service**

5. Purpose of contract:

**This is a new contract to provide services to install new vinyl frames, double panes filled with argon gas, low E windows at the National Guard facility in Carlin.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,367.84**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance to replace window frames.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills or tools to perform glass and mirror replacement and repair.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Fast Glass  
Montrose Glass  
Glass Doctor

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a bid.

d. Last bid date: Anticipated re-bid date:

- 10. 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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	06/07/2022 13:36:56 PM
Division Approval	ctyle1	06/07/2022 13:36:59 PM
Department Approval	ctyle1	06/07/2022 13:37:02 PM
Contract Manager Approval	csnido1	06/09/2022 14:49:12 PM
Budget Analyst Approval	vmilazz1	06/20/2022 11:50:02 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26263**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: ALL CLEAN TECHNOLOGY, LLC
Agency Code: <b>431</b>	Contractor Name: <b>ALL CLEAN TECHNOLOGY, LLC</b>
Appropriation Unit: <b>3650-19</b>	Address: <b>6437 HOME RUN DRIVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89130</b>
If "No" please explain: Not Applicable	Contact/Phone: KENNETH FELLOWS 702-869-5828
	Vendor No.: T32012484
	NV Business ID: NV20101342604

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>25.00 % Trans From Education</b>

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/24/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/25/2024**

Contract term: **2 years and 2 days**

4. Type of contract: **Contract**

Contract description: **Floor Services**

5. Purpose of contract:

**This is a new contract to provide removal of the vinyl composition tile, carpet, adhesive and then polish the concrete floor at the Carlin facility.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,900.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Removal of the vinyl composition tile, carpet, adhesive and polish the concrete will be safer in the building then having ripped carpet.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills or tools to perform the work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

All Clean Technology  
Acha Construction  
Resurfacing of Nevada

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

All Clean Technology was only vendor to submit a bid for this project.

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 \$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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	05/10/2022 15:37:13 PM
Division Approval	ctyle1	05/10/2022 15:37:19 PM
Department Approval	ctyle1	05/10/2022 15:37:21 PM
Contract Manager Approval	csnido1	05/13/2022 13:40:49 PM
Budget Analyst Approval	vmilazz1	05/24/2022 18:42:14 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26244**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.</b>
Agency Code: <b>431</b>	Contractor Name: <b>HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>5485 RENO CORPORATE DR STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-2262</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>MAX HERSHENOW 775-332-6640</b>
	Vendor No.: <b>T80984709</b>
	NV Business ID: <b>NV19941047730</b>

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>25.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/07/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **23 days**

4. Type of contract: **Contract**

Contract description: **Building Planning**

5. Purpose of contract:

**This is a new contract to provide professional services to accomplish the advance planning requirements for Construct Aircraft Support Equipment/Jet Engine and Maintenance Shop Facility at the Nevada Air National Guard.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Professional services needed to accomplish the advance planning requirements for Construct Aircraft Support Equipment/Jet Engine and Maintenance Shop Facility at the Nevada Air National Guard.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State workers do not have the expertise to complete the advance planning requirements.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty box]

d. Last bid date: Anticipated re-bid date:

- 10. 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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	05/06/2022 10:06:41 AM
Division Approval	ctyle1	05/06/2022 10:06:43 AM
Department Approval	ctyle1	05/06/2022 10:06:46 AM
Contract Manager Approval	csnido1	05/13/2022 14:08:41 PM
Budget Analyst Approval	vmilazz1	06/06/2022 14:36:17 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26343**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>T-N-T ROOFING, INC.</b>
Agency Code: <b>431</b>	Contractor Name: <b>T-N-T ROOFING, INC.</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>4357 CORPORATE CENTER STE 430</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>IDAN ETZYANI 702-220-4496</b>
	Vendor No.: <b>T29045437</b>
	NV Business ID: <b>NV19981244674</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/20/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/24/2026**

Contract term: **3 years and 278 days**

4. Type of contract: **Contract**

Contract description: **Roof Repairs**

5. Purpose of contract:

**This is a new contract to provide ongoing services of maintenance, preventive maintenance, repair, and replacement of the roofing systems for facilities in the southern Nevada region.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$84,350.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance to repair and replace roofing systems for facilities in the southern Nevada region.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills or tools to perform roof replacement and repair.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Summit Roofing  
TNT Roofing  
Commercial Roofing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal.

d. Last bid date: 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 \$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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	05/26/2022 08:44:11 AM
Division Approval	csnido1	05/26/2022 08:44:13 AM
Department Approval	csnido1	05/26/2022 08:44:14 AM
Contract Manager Approval	csnido1	06/16/2022 16:00:14 PM
Budget Analyst Approval	vmilazz1	06/20/2022 11:06:52 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26453**

Agency Name: **DEPARTMENT OF CORRECTIONS**  
 Agency Code: **440**  
 Appropriation Unit: **3762-07**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Advanced Filtration Concepts, Inc.**  
 Contractor Name: **Advanced Filtration Concepts, Inc.**  
 Address: **14010 Gracebee Avenue**  
 City/State/Zip: **Norwalk, CA 90650**  
 Contact/Phone: **John Fintland 818-519-4335**  
 Vendor No.: **T32012451**  
 NV Business ID: **NV20222437156**

To what State Fiscal Year(s) will the contract be charged? **2022**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2022**

Contract term: **17 days**

4. Type of contract: **Contract**

Contract description: **Replace Media AirHan**

5. Purpose of contract:

**This is a new contract to provide services to replace the air handler media at High Desert State Prison.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,289.32**

Other basis for payment: Invoices payable upon Department of Corrections approval for work completed per the terms of the contract.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The media in the air handlers at High Desert State Prison are worn out and requires replacement for the air handlers to work correctly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This service requires a crew of several people with the equipment, knowledge and skills to replace the media in these industrial air handlers. Neither the Nevada Department of Corrections nor any other State agency have the personnel to perform this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

WinSupply of Las Vegas  
U.S. Mechanical  
O'Flaherty Plumbing & Heating

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #44DOC-S1974, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/01/2022 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 \$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:  
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:

Scott Alexander, Acting ASO II Ph: 725-216-6660

Kathryn Reynolds, ASO III Ph: 775-977-5676

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bweisent	06/03/2022 14:03:06 PM
Division Approval	amonro1	06/13/2022 10:33:25 AM
Department Approval	amonro1	06/13/2022 10:33:28 AM
Contract Manager Approval	kreynol3	06/13/2022 10:36:40 AM
Budget Analyst Approval	vmilazz1	06/13/2022 11:00:51 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>20054</b>	Amendment Number: <b>1</b>
Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>KINGWOOD SECURITY SERVICES, LLC</b>
Agency Code: <b>440</b>	Contractor Name: <b>KINGWOOD SECURITY SERVICES, LLC</b>
Appropriation Unit: <b>3763-58</b>	Address: <b>DBA CORRECTIONAL CABLE 311 NNW LOOP 323</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>TYLER, TX 75702-8729</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dianne Huffstickler 903/939-7225</b>
	Vendor No.: <b>T32002940</b>
	NV Business ID: <b>NV20141111170</b>

To what State Fiscal Year(s) will the contract be charged? **2019-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Inmate Welfare Fund</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2018**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2022**

Termination Date:

Contract term: **4 years and 92 days**

4. Type of contract: **Contract**

Contract description: **Satellite TV Service**

5. Purpose of contract:

**This is the first amendment to the original contract which provides for satellite television services for inmates incarcerated in all Nevada Department of Corrections correctional facilities within the state. This amendment extends the termination date from June 30, 2022 to September 30, 2022 and increases the maximum amount from \$1,403,328 to \$1,493,559 to allow additional time to complete the solicitation process for a new four-year contract.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,403,328.00	\$1,403,328.00	\$1,403,328.00	Yes - Action
2. Amount of current amendment (#1):	\$90,231.00	\$90,231.00	\$90,231.00	Yes - Info
3. New maximum contract amount:	\$1,493,559.00			
and/or the termination date of the original contract has changed to:	09/30/2022			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Allowing offenders access to television improves the correctional management of inmates. Channels offered include educational and religious programming.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Historically, the Department has outsourced the satellite television services to a vendor with the technical expertise and/or equipment necessary to provide this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

Friendship Cable of Texas, Inc  
Buford Satellite Systems  
Cox Communication  
Kingwood Security Services, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #3507 and in accordance with NRS 333, the selected vendor was determined to be in the best interest of the State and no other vendors submitted proposals.

d. Last bid date: 03/21/2018 Anticipated re-bid date: 01/10/2022

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:

Current vendor for satellite television services for the Nevada Department of Corrections.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date



Budget Account Approval	bweisent	05/18/2022 14:21:18 PM
Division Approval	amonro1	05/19/2022 14:00:41 PM
Department Approval	lluca2	05/19/2022 14:31:40 PM
Contract Manager Approval	smong1	05/24/2022 12:46:44 PM
Budget Analyst Approval	vmilazz1	06/20/2022 10:24:21 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26366**

Agency Name: <b>COMMISSION ON MINERAL RESOURCE</b>	Legal Entity Name: <b>YOUNG ELECTRIC SIGN COMPANY</b>
Agency Code: <b>500</b>	Contractor Name: <b>YOUNG ELECTRIC SIGN COMPANY</b>
Appropriation Unit: <b>4219-18</b>	Address: <b>LLC DBA YESCO 1605 S Gramercy Rd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SALT LAKE CITY, UT 84104</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-721-3703</b>
	Vendor No.: <b>T81073323</b>
	NV Business ID: <b>NV20071343485</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Mining</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **AML Billboards**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/27/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **2 years and 35 days**

4. Type of contract: **Contract**

Contract description: **AML Billboards**

5. Purpose of contract:

**This is a new contract to provide Billboard space for the Abandoned Mine Lands, Stay Out, Stay Alive campaign in multiple locations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: **Upon Invoice From Vendor**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Under NRS 513.094 subsection 2 it states, "the Administrator shall work to educate the public to recognize and avoid those hazards resulting from mining practices which took place at a mine that is no longer operating." This contract will produce 3 vinyl billboard signs to be installed in multiple rural locations where AML hazard are numerous and SOSA messaging is most needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Minerals does not have the staff, equipment, or resources for billboards.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

YESCO  
Blue Line  
OutFront

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor offered great locations at the best price.

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 \$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:  
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	dvisher	05/19/2022 10:29:47 AM
Division Approval	dvisher	05/19/2022 10:29:49 AM
Department Approval	dvisher	05/19/2022 10:29:52 AM
Contract Manager Approval	rgighlie	05/19/2022 10:30:30 AM
Budget Analyst Approval	dspeed1	05/27/2022 14:50:26 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26069**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: Flo Advertising, LLC
Agency Code: <b>550</b>	Contractor Name: <b>Flo Advertising, LLC</b>
Appropriation Unit: <b>2691-16</b>	Address: <b>8169 HAVEN ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89123-2110</b>
If "No" please explain: Not Applicable	Contact/Phone: MIKE FOLAND 702-203-0471
	Vendor No.: T32009924
	NV Business ID: NV20181009739
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: #22-30

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2025**

Contract term: **3 years and 87 days**

4. Type of contract: **Contract**

Contract description: **Mobile Billboard LV**

5. Purpose of contract:

**This is a new contract to provide mobile billboards to place advertisements for Summer Food Service program in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Summer Food Service Program needs promoting in order to reach the desired demographics for free healthy meals and snacks for children and teens in low income areas.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the equipment necessary for completing this request.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Flo Advertising  
Monster Mobile Billboard  
Billboard Express

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Flo Advertising was the only contractor who responded.

d. Last bid date: 04/18/2022 Anticipated re-bid date: 03/18/2022

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:

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	btait	05/23/2022 10:09:32 AM
Division Approval	kdailey	05/23/2022 11:15:51 AM
Department Approval	kdailey	05/23/2022 11:15:54 AM
Contract Manager Approval	btait	05/23/2022 13:08:02 PM
Budget Analyst Approval	dspeed1	06/06/2022 12:03:35 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26247**

Agency Name: **DEPARTMENT OF AGRICULTURE**  
Agency Code: **550**  
Appropriation Unit: **2691-16**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **KPS3, INC.**  
Contractor Name: **KPS3, INC.**  
Address: **500 RYLAND ST STE 300**  
City/State/Zip: **RENO, NV 89502-1662**  
Contact/Phone: **Andy Walden 775/686-7439**  
Vendor No.: **PUR0004720**  
NV Business ID: **NV19941094961**

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **22-31**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/07/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **207 days**

4. Type of contract: **Contract**

Contract description: **SFSP Website**

5. Purpose of contract:

**This is a new contract to provide for the creation of a mobile-friendly webpage for the administration of the Nevada Department of Agriculture 's Summer Food Service Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**A fully functional mobile webpage is vital for the public to access all available information regarding the Summer Food Service Program, expanding outreach and access to all eligible-Nevadans.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not possess the time and expertise necessary to complete this project.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

D4 Advanced Media  
KPS/3  
5 Pixels  
BDG Web Design  
Reno Web Design Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

KPS/3's proposal met the program requirements in the most cost-effective way.

d. Last bid date: 04/13/2022 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 \$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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Lindsay Talbot, Community Nutrition Specialist Ph: 702-668-4581

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdailey	05/18/2022 16:51:15 PM
Division Approval	kdailey	05/18/2022 16:51:18 PM
Department Approval	kdailey	05/18/2022 16:51:21 PM
Contract Manager Approval	btait	05/23/2022 10:08:47 AM
Budget Analyst Approval	dspeed1	06/07/2022 13:57:47 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25926**

Agency Name: <b>DPS-DIRECTOR'S OFFICE</b>	Legal Entity Name: <b>LAMAR ADVERTISING COMPANY</b>
Agency Code: <b>650</b>	Contractor Name: <b>LAMAR ADVERTISING COMPANY</b>
Appropriation Unit: <b>4706-10</b>	Address: <b>4945 Joule St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-830-3683</b>
	Vendor No.: <b>T29023386A</b>
	NV Business ID: <b>NV19961181538</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022-2023</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Director's Office Cost Allocated</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/17/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **197 days**

4. Type of contract: **Contract**

Contract description: **Billboard Advert**

5. Purpose of contract:

**Purchasing advertising time on electronic billboards for recruiting purposes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Payment for services will be made at the rate of \$3,000.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**We require additional advertising methods for recruitment purposes.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**No State employees have the expertise to provide this service.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Outfront Billboard  
C&C Advertising**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

**They were the lowest price of the vendors solicited.**



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 \$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:

State Fire Marshal used LAMAR Advertising for a previous campaign and was provided quality service.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lgallow1	03/29/2022 14:38:32 PM
Division Approval	lgallow1	03/29/2022 14:38:36 PM
Department Approval	jdekoekk	03/29/2022 16:09:46 PM
Contract Manager Approval	jdekoekk	03/29/2022 16:09:49 PM
Budget Analyst Approval	jrodrig9	06/17/2022 23:50:05 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26399**

Agency Name: **DPS-PAROLE & PROBATION**  
 Agency Code: **652**  
 Appropriation Unit: **3740-11**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **STOMMEL, INC. DBA LEHR AUTO**  
 Contractor Name: **STOMMEL, INC. DBA LEHR AUTO**  
 Address: **9420 Prototype Dr.**  
 City/State/Zip: **Reno, NV 89521**  
 Contact/Phone: **Jim Stommel 775-507-2460**  
 Vendor No.: **PUR0005174**  
 NV Business ID: **NV20191386121**

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/15/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **199 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**This is a new contract to provide ongoing installation services of laptop mounts for Parole and Probation vehicles located in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$66,960.00**

Payment for services will be made at the rate of \$465.00 per Unit

#### II. JUSTIFICATION

7. What conditions require that this work be done?

These professional services are needed to install the new laptop mounts purchased in FY22 in Parole and Probation vehicles.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the ability to complete the installation in time for fiscal year end deadlines. Fleet services does not have resources to complete the project by the time required.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

IT-RE, Inc  
 Smart IT Pros Inc  
 ICS Support

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Purchasing Division solicited for an invitation to bid for the purchase of the laptop mounts, no. 65-65DPSR31317 - Nevada EPro PO: 65DPS-NV22-11812.

d. Last bid date: 04/18/2022 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 \$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:  
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)?

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Eric Estepa, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aallen	06/02/2022 15:28:44 PM
Division Approval	cjackson	06/08/2022 16:17:14 PM
Department Approval	jdekoekk	06/10/2022 13:36:29 PM
Contract Manager Approval	jdekoekk	06/10/2022 13:36:32 PM
Budget Analyst Approval	jrodrig9	06/15/2022 23:42:02 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>23512</b>	Amendment Number: <b>1</b>
Agency Name: <b>DPS-EMERGENCY MANAGEMENT</b>	Legal Entity Name: <b>ONSOLVE, LLC</b>
Agency Code: <b>654</b>	Contractor Name: <b>ONSOLVE, LLC</b>
Appropriation Unit: <b>3673-16</b>	Address: <b>780 West Granada Boulevard</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Ormond Beach, FL 32174</b>
If "No" please explain: Not Applicable	Contact/Phone: John Abbruzzese 866/939-0911
	Vendor No.: T27043402A
	NV Business ID: NV20201901526

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/30/2020**  
 Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **08/30/2022**

Contract term: **3 years and 274 days**

4. Type of contract: **Contract**

Contract description: **Code Red**

5. Purpose of contract:

**This is the first amendment to the original contract to provide Emergency Alert System (EAS) and Integrated Public Alert & Warning System (IPAWS) access for emergency notifications and alerts as required by law under Title 47 CFR, Chapter 73, part 11. This amendment updates the scope of work to provide for additional messaging recipients, extends the contract termination date from August 30, 2022 to June 30, 2024, and increases the maximum amount from \$14,500 to \$33,920 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$14,500.00	\$14,500.00	\$14,500.00	Yes - Info
2. Amount of current amendment (#1):	\$19,420.00	\$19,420.00	\$33,920.00	Yes - Info
3. New maximum contract amount:	\$33,920.00			
and/or the termination date of the original contract has changed to:	06/30/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is required to have an Integrated Public Alert and Warning (IPAWS) system, as identified in Title 47 CFR, Chapter 73, Part 11. Alert Sense is the common operational platform from which public warning is made and has been in use by the state. It uses a Common Alerting Protocol (CAP) required by law. The Emergency Alert System, or EAS, is a network of radio and television stations, cable television operators and IPTV services (EAS Participants) that is available 24/7/365 to local, state and federal officials to inform the public of a pending emergency, disaster or crises. This network is available at no charge because providers buy their own specialized EAS equipment, pay to maintain it and train their staff to understand the purpose and use of EAS. In addition, the broadcasters and other providers set aside program time in their weekly schedules for routine testing which ensures that the system is always ready for use. The Federal Communications Commission set up a national framework for EAS for National, Presidential warnings while allowing each state to build its own EAS plan tailored to local needs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees within the Division of Emergency Management cannot access the EAS without an interface. Further, this interface is technically linked to other devices and systems which initiate the EAS and this cannot be done by a person. There are no other state agencies who have the statutory authority to initiate an EAS and manage the program.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

best services for the lowest cost

d. Last bid date: 12/19/2019 Anticipated re-bid date: 12/01/2023

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:  
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	jlyma2	06/17/2022 08:12:09 AM
Division Approval	csnido1	06/17/2022 10:40:07 AM
Department Approval	csnido1	06/17/2022 10:40:10 AM
Contract Manager Approval	csnido1	06/17/2022 10:40:14 AM
Budget Analyst Approval	vmilazz1	06/20/2022 16:39:14 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26466**

Agency Name: <b>DPS-FIRE MARSHAL</b>	Legal Entity Name: <b>GL SUITE, INC.</b>
Agency Code: <b>656</b>	Contractor Name: <b>GL SUITE, INC.</b>
Appropriation Unit: <b>3816-26</b>	Address: <b>DBA GL SOLUTIONS PO BOX 595</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Kalispell, MT 59903</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Bill Moseley 541-312-3662</b>
	Vendor No.: <b>PUR0002472A</b>
	NV Business ID: <b>NV20101523765</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	<b>X Fees 100.00 % Program Fees, State Emergency Response Commission and Division of Environmental Protection Transfers</b>
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**  
 Anticipated BOE meeting date **07/2022**  
 Retroactive? **Yes**  
 If "Yes", please explain

**The State Fire Marshal Division originally intended for this contract to be on the May 2022 Board of Examiners (BOE) agenda, but due to the Division not submitting the Technology Investment Notification (TIN) to EITS earlier, the Division did not receive the TIN approval until after the May BOE deadline.**

3. Termination Date: **05/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Licensing Database**

5. Purpose of contract:

**This is a new contract to provide ongoing software licensing and maintenance supports services for the division's web-based licensing and certification program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$94,815.36**

Payment for services will be made at the rate of \$23,703.84 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 477, the State Fire Marshal Division is responsible for licensing companies and individuals who sell, install, inspect and maintain fire protection systems and equipment, as well as others who perform commercial firework displays, interior design and certify fire safe cigarettes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The software application package provided by GL Suites requires the software to be hosted by GL Suites on their server located in Bend, Oregon.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 220507**

**Approval Date: 05/31/2022**

c. Why was this contractor chosen in preference to other?

This contract provides for ongoing software support and maintenance which was contemplated in the original procurement.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

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:

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:

Brandi Salisbury, MA III Ph: 775-684-7509

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bsalisbu	06/07/2022 17:21:18 PM
Division Approval	cjackson	06/08/2022 16:32:10 PM
Department Approval	jdekoekk	06/10/2022 14:55:20 PM
Contract Manager Approval	jdekoekk	06/10/2022 15:26:29 PM
EITS Approval	ljean	06/13/2022 08:20:05 AM
Budget Analyst Approval	jrodrig9	06/16/2022 01:36:43 AM





STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION

Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	220507 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<b>ENTER STATE AGENCY NAME HERE:</b>	Department of Public Safety-Fire Marshal Division	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Brandi Salisbury, Management Analyst 3	775-684-7509	b.salisbury@dps.state.nv.us
	Danny Brennan, Business Process Analyst 3	775-684-7526	dbrennan@dps.state.nv.us

1b	<b>Vendor Information:</b>	
	Vendor Name:	GL Solutions
	Contact Name:	Bill Moseley
	<b>Complete Address:</b> City, State, and Zip Code	856 NW Bond Street, Suite 200, Bend, Oregon 97703
	Telephone Number:	541-312-3662
	Email Address:	moseley@glsolutions.com

1c	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	X
	Professional Service Exemption:	

1d	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	<b>If 'No' Enter Amendment Number:</b>	#		
	<b>Enter CETS Number:</b>	#		

1e	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No: X
	Contract: 4 Year	Start Date:	Upon BOE Approval	End Date: 5/31/2026

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	

Resub 05/23/22

Other (Explain):	<i>Licensing, Certificates, Plan Review Fees, and Transfer from SERC and NDEP Fees</i>
------------------	--

<i>Purchasing Use Only:</i>	
Approval #:	<i>220507@</i>

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>\$94,815.36</i>

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>This is a database system designed for the licensing and certification of businesses and individuals that conduct fire protection services, sale of portable fire extinguishers, perform magic with fire apparatuses, blasting, fire performances, fireworks performances and interior design of furniture, fixtures, and equipment in the State of Nevada.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>This system is currently being built by GL Solutions and has been ongoing for the past two years. We are in the finishing portion of the administrative functions of the system. After this part is completed and accepted, GL Solutions will begin building the web-based portion which will be used by the customers and businesses in Nevada, other states, and countries. This system is designed for all the special functions and business process which are unique to Fire Protection Licensing and cannot be duplicated by any other vendor as we would need to start the entire process over again.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>This system is designed for all the special functions and business process which are unique to Fire Protection Licensing and cannot be duplicated by any other vendor as we would need to start the entire process over again.</i>

5	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
		X	
	a. <b><i>If yes</i></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.	<i>InLumon was previously contracted with the Fire Marshal's Division to build this database. The company was unable to fulfill the requirements of the database.</i>	
	b. <b><i>If not</i></b> , why were alternatives not evaluated?	<i>As noted in #4, no alternatives were evaluated due to the current database being built by GL Solutions and the cost to the state would be much more to develop and implement a new database to meet the special functions than to continue to maintain and support the existing system.</i>	

<b>Purchasing Use Only:</b>	
Approval #:	220507 @

	<b>Has the agency purchased this service or commodity in the past? Check One:</b>			Yes	No	
	<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <b><u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></b></i>			X		
6	a. If yes, starting with the most recent contract and working backward, for the <u>entire</u> relationship with this vendor, or any other vendor for this service or commodity, the following information <u>must</u> be provided:					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement ENTER RFP#, RFQ#, Waiver #</i>	
	<i>Start Date</i>	<i>End Date</i>				
	06/18/2020	05/31/2022	\$43,694.32	Licensing Database		
	07/01/2015	06/30/2019	\$45,448	Licensing Database		
			\$			
			\$			
		\$				

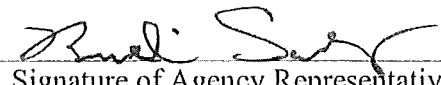
7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>This system is designed for all the special functions and business process which are unique to Fire Protection Licensing and cannot be duplicated by any other vendor as we would need to start the entire process over again.</i>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>This system is designed for all the special functions and business process which are unique to Fire Protection Licensing and cannot be duplicated by any other vendor as we would need to start the entire process over again.</i>

	<b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b>			Yes	No
	<i><u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></i>				X
9	a. If yes, please provide details regarding future obligations or needs.				

<i>Purchasing Use Only:</i>	
Approval #:	2205070

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.



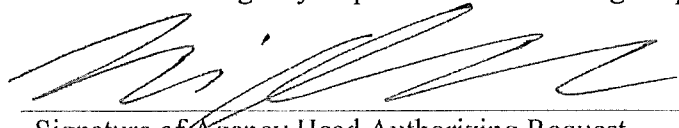
Signature of Agency Representative Initiating Request

Brandi Salisbury

Print Name of Agency Representative Initiating Request

5/18/2022

Date



Signature of Agency Head Authorizing Request

Mike Dzyak

Print Name of Agency Head Authorizing Request

5/18/2022

Date

**FOR PURCHASING USE ONLY – PLEASE NOTE:** *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

\*\*\* NOTE: Agency must include TIN Approval from ETS

Name of agency or entity who provided information or review  
as an attachment in ETS\*\*\*

Representative Providing Review

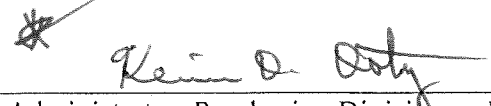
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:



Administrator, Purchasing Division or Designee

5/31/22

Date

Waiver # 220507 (2)

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Timothy Galluzi  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Mike Dzyak, Chief-State Fire Marshal, DPS  
Brandi Salisbury, Agency Services Officer I, DPS  
Danny Brennan, Business Process Analyst III, DPS

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Jason Benshoof, IT Chief, Agency IT Services, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DPS – TIN 500 – *GL Solutions - GL Simple Plan 2022 4 Year Maintenance Contract* – BA 3816

**DATE:** May 23, 2022

We have completed our review for the Department of Public Safety's (DPS) – *GL Solutions - GL Simple Plan 2022 4 Year Maintenance Contract* – TIN 500.

The submitted TIN, for an estimated value of \$23,703.84 in the FY22/FY23 biennium and \$47,407.68 in the FY24/FY25 biennium, and an addition \$23,703.84 in FY26 (100% Licensing, Certificates and Plan Review Fees), is for the State Fire Marshal (SFM) to initiate a contract with GL Solutions to design and develop a custom, web-based solution to record, collect fees, track, and renew all companies and individuals, in all aspects of fire protection and use of flammable systems and products throughout Nevada.

The existing contract expires May 31, 2022. NRS Chapter 477 gives the SFM authorization to enter into this contract on behalf of the state. The cloud-based application and associated data will be compiled and stored within the GL Solutions database.

The investment includes new Desktop and/or Printer equipment and new Email accounts are part of the investment. The agency considers the investment and final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

Steve Sisolak  
Governor



Nevada Department of  
**Public Safety**  
Dedication Pride Service

George Togliatti  
Director

Sheri Brueggemann  
Deputy Director

## Nevada State Fire Marshal Division

Stewart Facility  
107 Jacobsen Way  
Carson City, Nevada 89711  
Telephone (775) 684-7501 - Fax (775) 684-7518

Mike Dzyak  
State Fire Marshal

### Memorandum

DATE: June 6, 2022

TO: Susan Brown, Director, Governor's Finance Office

THRU: Jim Rodriguez, Executive Branch Budget Officer, Governor's Finance Office

FROM: Mike Dzyak, Chief  
Department of Public Safety, State Fire Marshal Division

SUBJECT: Retroactive Contract

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Attached is a new contract between the Department of Public Safety (DPS), State Fire Marshal Division, and GL Suite Inc. dba GL Solutions for which we are requesting retroactive approval.

The State Fire Marshal Division originally intended for this contract to be on the May 2022 Board of Examiners (BOE) agenda, but due to the Division not submitting the Technology Investment Notification (TIN) to EITS earlier, the Division did not receive the TIN approval until after the May BOE deadline.

Based on this occurrence, the Division respectfully requests the BOE's consideration for the approval of the retroactive contract. Please contact me if you have any questions or if I can be of any assistance.

Sincerely,

Mike Dzyak, Chief

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26182**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4460-09**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **CC Cleaning Service, LLC**  
 Contractor Name: **CC Cleaning Service, LLC**  
 Address: **9115 Hummer Drive**  
 City/State/Zip: **Reno, NV 89521**  
 Contact/Phone: **John Santoemma 775-737-4100**  
 Vendor No.: **T29045470**  
 NV Business ID: **NV20151043596**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sportsmen Revenue</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **22-49**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/07/2022**

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 24 days**

4. Type of contract: **Contract**

Contract description: **Fallon Janitorial**

5. Purpose of contract:

**This is a new contract to provide janitorial services to the Fallon office.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,695.00**

Other basis for payment: \$105 per week; consumables billed at cost (estimated at \$900 per year); \$2,393.00 for floor resealing billing twice annually. Prices expected to increase 5% in Year 3.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

There is a need to maintain the state property facility for optimum longevity and to maintain the space in good condition.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hourly wages and insurance are prohibitive. The time involved to clean is substantial and would subtract from regular job duties.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



Fallon Window & Carpet Cleaning  
Belmont Cleaning Services  
CC Cleaning Services  
Executive Cleaning Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Can accommodate the needs of the office and provide the janitorial supplies.

d. Last bid date: 03/16/2022 Anticipated re-bid date: 03/16/2026

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:

Department of Veterans Services in 2020, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Laura Feliz, Administrative Assistant IV Ph: 775-688-1993

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	05/02/2022 08:39:39 AM
Division Approval	jneubau2	05/06/2022 08:49:32 AM
Department Approval	bvale1	05/12/2022 16:59:59 PM
Contract Manager Approval	cprasa1	05/19/2022 10:28:54 AM
Budget Analyst Approval	dspeed1	06/07/2022 14:09:01 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26360**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4460-07**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Jordan Knighton Architects, Inc.**  
 Contractor Name: **Jordan Knighton Architects, Inc.**  
 Address: **275 Hill Street #225**  
 City/State/Zip: **Reno, NV 89501**  
 Contact/Phone: **Charlie Dettling 775-530-2313**  
 Vendor No.: **T29044352**  
 NV Business ID: **NV20151435678**

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>50.00 %</b>	<b>Sportsmens Revenue</b>
<b>X</b> Federal Funds	<b>25.00 %</b>	<b>X</b>	Bonds	<b>25.00 %</b>	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **22-80**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/02/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **212 days**

4. Type of contract: **Contract**

Contract description: **Architectural Design**

5. Purpose of contract:

**This is a new contract to provide architectural design services to prepare a set of architectural plans suitable for bidding purposes for a new dispatch location.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$41,943.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Dispatch staff is expected to increase, and new accommodation will be needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW engineers do not possess the required expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Expertise in similar work for other firms.

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 \$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:

NDOW in 2021, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Rodd Lighthouse, Supervising Professional Engineer Ph: 775-688-1586

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jneubau2	05/18/2022 17:09:44 PM
Division Approval	jneubau2	05/18/2022 17:09:47 PM
Department Approval	bvale1	05/18/2022 17:12:06 PM
Contract Manager Approval	bvale1	05/18/2022 17:12:40 PM
Budget Analyst Approval	dspeed1	06/02/2022 17:22:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26342**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4460-30**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **MKCK, LLC**  
 Contractor Name: **MKCK, LLC**  
 Address: **6268 South Rainbow Blvd Suite 110**  
 City/State/Zip: **Las Vegas, NV 89118**  
 Contact/Phone: **Mandie Keel 702-499-4393**  
 Vendor No.: **T32012552**  
 NV Business ID: **NV20161659340**

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sportsmen Revenue</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **22-79**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 14 days**

4. Type of contract: **Contract**

Contract description: **Dare to Lead Program**

5. Purpose of contract:

**This is a new contract to provide leadership training with Dr. Brene Brown's Dare to Lead Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This training is essential in giving supervisors/leaders of the Nevada Department of Wildlife the professional development needed to better support their employees, and to bring more innovative and daring leadership to the department.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the proper certifications nor expertise to conduct these training sessions.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Alicia Snyder  
MKCK, LLC  
The C-Suite Collective  
SmartHuman  
pLink Leadership

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the least expensive.

d. Last bid date: 05/01/2022 Anticipated re-bid date: 05/01/2022

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:

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:

Kim Munoz, Division Administrator Ph: 775-688-1565

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	06/06/2022 16:52:12 PM
Division Approval	jneubau2	06/07/2022 10:56:07 AM
Department Approval	jneubau2	06/07/2022 10:56:24 AM
Contract Manager Approval	cprasa1	06/07/2022 14:43:23 PM
Budget Analyst Approval	laaron	06/16/2022 15:12:42 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25847**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Matrix Contractors, Inc.</b>
Agency Code: <b>702</b>	Contractor Name: <b>Matrix Contractors, Inc.</b>
Appropriation Unit: <b>4460-07</b>	Address: <b>4321 Bridle Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89519</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Vesa Kaunismaki 775-745-6250</b>
	Vendor No.:
	NV Business ID: <b>NV20212054958</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sportsmens Revenue</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 22-65

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2023**

Contract term: **303 days**

4. Type of contract: **Contract**

Contract description: **Mason Valley Paint**

5. Purpose of contract:

**This is a new contract to provide labor and materials to paint residences and outbuildings at the Mason Valley Hatchery.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,362.55**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Aged and weathered paint needs to be repainted to protect the structures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is specialized work that NDOW employees do not have the expertise to complete.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Roe Painting  
Matrix Contractors  
Infinity Painting

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bid.

d. Last bid date: 03/01/2022 Anticipated re-bid date: 03/01/2023

- 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?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

Nick Collin, Construction Coordinator Ph: 775-688-1583

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	03/18/2022 15:05:27 PM
Division Approval	jneubau2	03/23/2022 14:32:58 PM
Department Approval	bvale1	04/27/2022 15:01:27 PM
Contract Manager Approval	cprasa1	06/01/2022 09:15:54 AM
Budget Analyst Approval	dspeed1	06/01/2022 15:07:55 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25812**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4460-09**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Victor Gamarra**  
 Contractor Name: **VILU Janitorial**  
 Address: **891 Ouderkirk St.**  
 City/State/Zip: **Elko, NV 89801**  
 Contact/Phone: **Victor Gamarra 775-388-3737**  
 Vendor No.: **T27035335**  
 NV Business ID: **NV20222419512**  
 To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sportsmen Revenue</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 22-62

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/27/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2026**

Contract term: **3 years and 309 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services at the department's Elko office.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,200.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are needed to keep the Elko office clean and sanitary.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not provide janitorial services in this area.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Clean Team  
 Somewhere Cleaning  
 Jacki's Cleaning Service  
 Zuniga Cleaning  
 Victor Gamarra

b. Solicitation Waiver: **Not Applicable**



c. Why was this contractor chosen in preference to other?

This vendor submitted the most affordable quote.

d. Last bid date: 02/28/2022 Anticipated re-bid date: 02/27/2026

- 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:

NDOW in 2021, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

**Victor Gamarra does business as VILU Janitorial.**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Natalie Pannunzio, Administrative Assistant IV Ph: 775-777-2318

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	03/16/2022 13:05:35 PM
Division Approval	jneubau2	03/23/2022 14:34:31 PM
Department Approval	jneubau2	04/06/2022 13:22:13 PM
Contract Manager Approval	cprasa1	04/14/2022 09:06:09 AM
Budget Analyst Approval	dspeed1	05/27/2022 14:58:00 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26004**

Agency Name: **DEPARTMENT OF WILDLIFE**  
 Agency Code: **702**  
 Appropriation Unit: **4467-13**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Bair Distributing, Inc.**  
 Contractor Name: **Bair Distributing, Inc.**  
 Address: **476 12th St.**  
 City/State/Zip: **Elko, NV 89801**  
 Contact/Phone: **Chad Bair 775-934-6742**  
 Vendor No.: **PUR0000083**  
 NV Business ID: **NV19771003419**  
 To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 22-70

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**

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: **Contract**

Contract description: **Trailer Rentals**

5. Purpose of contract:

**This is a new contract to provide trailer rental, delivery, and/or transport services for moving and/or storing materials statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Upon completion of work and submittal of an approved invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Different types of trailers are needed by NDOW to move and store materials for projects statewide, including but not limited to seed, shrub seedlings, and construction materials. Most areas across the state do not have a semi-truck available to transport these rented trailers, so delivery and/or transport of rented trailers is also included.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of availability of a variety of trailer types for rent and/or transport across the state in a timely manner or for the length of time needed.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

KC Transport  
Bair Distributing, Inc.  
Roadway Towing and Repair  
Jim Wilkins Trucking  
Capurro Trucking  
Cyclone Transport, LLC  
GFI NV, LLC  
Prime Trailer, LLC  
Boss Tanks, Inc.  
McKay Livestock, Inc.  
Weber Trucking, LLC  
Elevation Transport

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Out of the vendors solicited, the chosen vendors are the most affordable and are available statewide.

d. Last bid date: 03/18/2022 Anticipated re-bid date: 03/18/2026

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:

Department of Corrections in 2022, work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Caleb McAdoo, Eastern Region Habitat Supervisor Ph: 775-388-1914

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	04/08/2022 15:19:16 PM
Division Approval	jneubau2	04/12/2022 09:54:21 AM
Department Approval	bvale1	04/14/2022 16:32:38 PM

Contract Manager Approval  
Budget Analyst Approval

cprasa1  
dspeed1

04/27/2022 13:33:41 PM  
06/01/2022 17:16:09 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26005**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Boss Tanks, Inc.</b>
Agency Code: <b>702</b>	Contractor Name: <b>Boss Tanks, Inc.</b>
Appropriation Unit: <b>4467-13</b>	Address: <b>7861 E. Idaho St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elko, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Trenton Jones 775-934-5823</b>
	Vendor No.: <b>PUR0000839</b>
	NV Business ID: <b>NV20021214800</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 22-71

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2022**

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 25 days**

4. Type of contract: **Contract**

Contract description: **Trailer Rentals**

5. Purpose of contract:

**This is a new contract to provide trailer rental, delivery, and/or transport services for moving and/or storing materials statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Upon completion of work and submittal of an approved invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Different types of trailers are needed by NDOW to move and store materials for projects statewide, including but not limited to seed, shrub seedlings, and construction materials. Most areas across the state do not have a semi-truck available to transport these rental trailers so delivery and/or transport of rented trailers is also included.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of availability of a variety of trailer types for rent and/or transport across the state in a timely manner or for the length of time needed.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Cyclone Transport, LLC  
Prime Trailer, LLC  
Boss Tanks, Inc.  
McKay Livestock, Inc.  
Weber Trucking, LLC  
Elevation Transport  
KC Transport  
Bair Distributing, Inc.  
Roadway Towing and Repair  
Jim Wilkins Trucking  
Capurro Trucking  
GFI NV, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Out of the vendors solicited, the chosen vendors are the most affordable and are available statewide.

d. Last bid date: 03/18/2022 Anticipated re-bid date: 03/18/2026

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:

Parks in 2021, work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Caleb McAdoo, Eastern Region Habitat Supervisor Ph: 775-388-1914

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	04/08/2022 15:28:12 PM
Division Approval	jneubau2	04/12/2022 09:55:52 AM
Department Approval	bvale1	04/21/2022 14:54:47 PM

Contract Manager Approval  
Budget Analyst Approval

cprasa1  
dspeed1

04/27/2022 11:57:52 AM  
06/06/2022 17:15:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26006**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Boxwheel Trailer Leasing, LLC</b>
Agency Code: <b>702</b>	Contractor Name: <b>Boxwheel Trailer Leasing, LLC</b>
Appropriation Unit: <b>4467-13</b>	Address: <b>9001 E. 96th Ave.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, CO 80640</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Tyson Taylor 775-358-1990</b>
	Vendor No.:
	NV Business ID: <b>NV20212173173</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	<b>22-72</b>		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2022**

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 25 days**

4. Type of contract: **Contract**

Contract description: **Trailer Rentals**

5. Purpose of contract:

**This is a new contract to provide trailer rental, delivery, and/or transport services for moving and/or storing materials statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Upon completion of work and submittal of an approved invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Different types of trailer are needed by NDOW to move and store materials for projects statewide, including but not limited to seed, shrub seedlings, and construction materials. Most areas across the state do not have a semi-truck available to transport these rented trailers so delivery and/or transport of rented trailers is also included.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of availability of a variety of trailer types for rent and/or transport across the state in a timely manner or for the length of time needed.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



GFI NV, LLC  
Boxwheel Trailer Leasing, LLC  
Cyclone Transport, LLC  
Boss Tanks, Inc.  
McKay Livestock, Inc.  
Weber Trucking, LLC  
Elevation Transport  
KC Transport  
Bair Distributing, Inc.  
Roadway Towing and Repair  
Jim Wilkins Trucking  
Capurro Trucking

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Out of the vendors solicited, the chosen vendors are the most affordable and are available statewide.

d. Last bid date: 03/18/2022 Anticipated re-bid date: 03/18/2026

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:

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:

Caleb McAdoo, Eastern Region Habitat Supervisor Ph: 775-388-1914

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	04/08/2022 15:31:38 PM
Division Approval	jneubau2	04/12/2022 09:58:03 AM
Department Approval	bvale1	04/22/2022 10:08:45 AM

Contract Manager Approval  
Budget Analyst Approval

cprasa1  
dspeed1

04/27/2022 11:49:39 AM  
06/06/2022 17:06:01 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26008**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>GFI Nevada, LLC</b>
Agency Code: <b>702</b>	Contractor Name: <b>GFI Nevada, LLC</b>
Appropriation Unit: <b>4467-13</b>	Address: <b>10395 Palm Desert Dr.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89441</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Zach 775-813-0482</b>
	Vendor No.:
	NV Business ID: <b>NV20151696753</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **22-74**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**

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: **Contract**

Contract description: **Trailer Rentals**

5. Purpose of contract:

**This is a new contract to provide trailer rental, delivery, and/or transport services for moving and/or storing materials statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Upon completion of work and submittal of an approved invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Different types of trailers are needed by NDOW to move and store materials for projects statewide, including but not limited to seed, shrub seedlings, and construction materials. Most areas across the state do not have a semi-truck available to transport these rented trailers, so delivery and/or transport of rented trailers is also included.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of availability of a variety of trailer types for rent and/or transport across the state in a timely manner of for the length of time needed.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Cyclone Transport, LLC  
GFI NV, LLC  
Prime Trailer, LLC  
Boss Tanks, Inc.  
McKay Livestock, Inc.  
Weber Trucking, LLC  
Elevation Transport  
Jim Wilkins Trucking  
Capurro Trucking  
KC Transport  
Bair Distributing, Inc.  
Roadway Towing and Repair

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Out of the vendors solicited, the chosen vendors are the most affordable and are available statewide.

d. Last bid date: 03/18/2022 Anticipated re-bid date: 03/18/2026

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:

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:

Caleb McAdoo, Eastern Region Habitat Supervisor Ph: 775-388-1914

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	04/08/2022 16:13:10 PM
Division Approval	jneubau2	04/12/2022 09:59:29 AM
Department Approval	bvale1	04/21/2022 14:54:24 PM

Contract Manager Approval  
Budget Analyst Approval

cprasa1  
dspeed1

04/27/2022 13:11:30 PM  
06/01/2022 17:26:42 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26007**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Roadway Company</b>
Agency Code: <b>702</b>	Contractor Name: <b>Roadway Towing &amp; Repair</b>
Appropriation Unit: <b>4467-13</b>	Address: <b>PO Box 597</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Wells, NV 89835</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ashley Johns 775-752-3377</b>
	Vendor No.: <b>T81085789</b>
	NV Business ID: <b>NV20001187929</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 22-73

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2022**

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 25 days**

4. Type of contract: **Contract**

Contract description: **Trailer Rentals**

5. Purpose of contract:

**This is a new contract to provide trailer rental, delivery, and/or transport services for moving and/or storing materials statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: Upon completion of work and submittal of an approved invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Different types of trailers are needed by NDOW to move and store materials for projects statewide, including but not limited to seed, shrub seedlings, and construction materials. Most areas across the state do not have a semi-truck available to transport these rented trailers so delivery and/or transport of rented trailers is also included.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of availability of a variety of trailer types for rent and/or transport across the state in a timely manner or for the length of time needed.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Elevation Transport  
KC Transport  
Bair Distributing, Inc.  
Roadway Towing & Repair  
Jim Wilkins Trucking  
Capurro Trucking  
Cyclone Transport, LLC  
GFI NV, LLC  
Prime Trailer, LLC  
Boss Tanks, Inc.  
McKay Livestock, Inc.  
Weber Trucking, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Out of the vendors solicited, the chosen vendors are the most affordable and are available statewide.

d. Last bid date: 03/18/2022 Anticipated re-bid date: 03/18/2026

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:

DOT in 2021, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

**Roadway Company is doing business as Roadway Towing & Repair.**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Caleb McAdoo, Eastern Region Habitat Supervisor Ph: 775-388-1914

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	04/13/2022 14:49:03 PM
Division Approval	bvale1	04/14/2022 16:53:24 PM

Department Approval	bvale1	04/14/2022 16:53:27 PM
Contract Manager Approval	cprasa1	04/27/2022 13:20:24 PM
Budget Analyst Approval	dspeed1	06/06/2022 16:52:55 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26411**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4605-06**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Artistic Fence Company**  
Contractor Name: **Artistic Fence Company**  
Address: **5740 Highway 50 E**  
City/State/Zip: **Carson City, NV 89701**  
Contact/Phone: **Jake Lanzino 7758824665**  
Vendor No.: **PUR0000883**  
NV Business ID: **NV19711002179**

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Admission Charge</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/02/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/01/2022**

Contract term: **60 days**

4. Type of contract: **Contract**

Contract description: **Service**

5. Purpose of contract:

**This is a new contract to provide for the installation of a new chain link fence around the Silver Springs shop yard at Lahontan State Recreation Area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,998.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Current fencing does not provide security for equipment and materials.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Due to workload, Nevada State Park employees do not have time to provide this type of work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Artistic Fencing  
Tholl Fencing  
Silver State Fencing

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

value for the cost

d. Last bid date: 03/01/2022 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 \$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:

Washoe Lake-June 2017-Satisfactory work

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Steve Garcia, Facility Supervisor Ph: 775-867-3001

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jidema	05/26/2022 10:19:02 AM
Division Approval	jidema	05/26/2022 10:19:04 AM
Department Approval	jidema	05/26/2022 10:19:07 AM
Contract Manager Approval	jidema	05/26/2022 10:19:11 AM
Budget Analyst Approval	rjacob3	06/02/2022 13:40:44 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26344**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>Ambient Edge, LLC</b>
Agency Code: <b>706</b>	Contractor Name: <b>Ambient Edge, LLC</b>
Appropriation Unit: <b>4195-07</b>	Address: <b>110 CORPORATE PARK DR STE 111</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HENDERSON, NV 89074</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>928/718-1017</b>
	Vendor No.: <b>T27044345A</b>
	NV Business ID: <b>NV20212036735</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF22-012**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/24/2022**

Anticipated BOE meeting date **05/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years and 38 days**

4. Type of contract: **Contract**

Contract description: **HVAC Services**

5. Purpose of contract:

**This is a new contract to provide heating and air conditioning system, refrigeration services at the Division's Southern Region facility, Las Vegas Nursery, Jean Conservation Camp and Three Lakes Conservation Camp.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,999.96**

Payment for services will be made at the rate of \$24,999.96 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The division's facilities have complex heating and cooling systems which are required to be operational 24 hours/day, 7 days per week. Regular maintenance and/or repair of the systems is necessary to ensure optimal function of the systems and facilities. Additionally, the plumbing systems at the facilities require periodic services and/or repairs to maintain the efficiency and ensure the safety of the staff and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or expertise to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

The AC Company  
Ambient Edge, LLC  
The Cooling Company

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected by an evaluation committee in accordance with NRS and NAC 333.

d. Last bid date: 05/04/2022 Anticipated re-bid date: 04/07/2026

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:

Provided services for NDF and Parks since 2016 - satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	hedmonds	05/18/2022 10:18:22 AM
Division Approval	dsorensen	05/18/2022 10:36:06 AM
Department Approval	dsorensen	05/18/2022 10:36:41 AM
Contract Manager Approval	rmorse	05/18/2022 12:17:00 PM
Budget Analyst Approval	rjacob3	05/24/2022 09:20:24 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26428**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>American Equipment Systems</b>
Agency Code: <b>706</b>	Contractor Name: <b>American Equipment Systems</b>
Appropriation Unit: <b>4195-07</b>	Address: <b>1315 Greg St. #114</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Richard Boren 775-351-1188</b>
	Vendor No.: <b>T32012460</b>
	NV Business ID: <b>NV20212088580</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF22-015**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**

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 17 days**

4. Type of contract: **Contract**

Contract description: **Crane Services**

5. Purpose of contract:

**This is a new contract to provide ongoing services for annual inspections on overhead, mobile and vehicle mounted cranes at facilities statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: \$5,249.00 Scheduled maintenance; \$4,751.00 Emergency services = \$10,000.00 per year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Code of Federal Regulations (29 CFR 1926.550) requires annual inspections of cranes and hoists inspected per the manufacturers' specifications.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Inspections must be conducted by a qualified engineer competent in the field and recognized by the Department of Labor.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Crane Tech  
Associated Crane  
American Equipment

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected by an evaluation committee in accordance with NRS and NAC 333.

d. Last bid date: 05/13/2022 Anticipated re-bid date: 04/15/2026

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:

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	hedmonds	06/01/2022 17:13:59 PM
Division Approval	dsorensen	06/02/2022 12:12:09 PM
Department Approval	dsorensen	06/02/2022 12:12:11 PM
Contract Manager Approval	rmorse	06/10/2022 14:07:06 PM
Budget Analyst Approval	rjacob3	06/14/2022 08:13:39 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26057**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>S.R. Bray, LLC</b>
Agency Code: <b>706</b>	Contractor Name: <b>S.R. Bray, LLC</b>
Appropriation Unit: <b>4195-07</b>	Address: <b>DBA Power Plus</b>
Is budget authority available?: <b>Yes</b>	<b>3131 Olive St.</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Las Vegas, NV 89104</b>
	Contact/Phone: <b>Bill Georgas 608-509-3497</b>
	Vendor No.: <b>Pending</b>
	NV Business ID: <b>NV20101036182</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF22-009**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2022**

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 25 days**

4. Type of contract: **Contract**

Contract description: **Generator Service**

5. Purpose of contract:

**This is a new contract to provide ongoing service to emergency backup generators at various locations statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$145.00 per hour

Other basis for payment: \$217.50 Monday through Friday 330PM to 730AM and Saturdays; \$290.00 Sundays and Holidays

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Facility related emergency and non-emergency conditions may require immediate attention to address safety and health related liabilities. This contract will allow the division to address these situations expeditiously.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or expertise to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Industrial Equipment Repair  
S.R. Bray, LLC dba Power Plus  
California Generator

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen by a selection committee in accordance with NRS and NAC 333 to be the best suited to perform the services required by the agency and the State.

d. Last bid date: 04/04/2022 Anticipated re-bid date: 04/06/2026

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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the 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	hedmonds	05/10/2022 12:56:44 PM
Division Approval	dsorensen	05/18/2022 10:36:17 AM
Department Approval	dsorensen	05/18/2022 10:36:32 AM
Contract Manager Approval	rmorse	05/18/2022 12:17:12 PM
Budget Analyst Approval	rjacob3	06/06/2022 13:51:11 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26237**

Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>NYE, COUNTY OF</b>
Agency Code: <b>709</b>	Contractor Name: <b>NYE, COUNTY OF</b>
Appropriation Unit: <b>3185-04</b>	Address: <b>NYE COUNTY TREASURER PO BOX 473</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>TONOPAH, NV 89049</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/482-8147</b>
	Vendor No.: <b>T80044560X</b>
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2026</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	<b>X Fees 100.00 % Penalty</b>
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: <b>DEP 22-034</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/07/2022**  
Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**  
Contract term: **3 years and 208 days**

4. Type of contract: **Interlocal Agreement**  
Contract description: **Fugitive Dust**

5. Purpose of contract:

**This is a new interlocal agreement to provide support compliance and enforcement of State and local fugitive dust laws, ordinances and regulations required to maintain and improve air quality in Nye County.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Pahrump Valley has been showing deterioration in air quality mainly particulate matter (dust). This decline is mainly caused by disturbed or cleaned surface areas that are not properly maintained or treated for dust control. The collaboration of local officials is critical for the prompt identification of the issues, corrective actions and the return to healthy air quality.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State does not have the personnel or resource to conduct ongoing enforcement in Nye County.**

9. Were quotes or proposals solicited? **No**  
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **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? 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 not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abarchu1	05/09/2022 14:55:45 PM
Division Approval	ddragon1	05/27/2022 07:53:43 AM
Department Approval	ddragon1	05/27/2022 07:53:46 AM
Contract Manager Approval	mgowe1	06/07/2022 09:23:41 AM
Budget Analyst Approval	rjacob3	06/07/2022 10:37:39 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26068**

Agency Name: <b>B&amp;I - INDUSTRIAL RELATIONS DIV</b>	Legal Entity Name: <b>BUREAU VERITAS NORTH AMERICA, INC.</b>
Agency Code: <b>742</b>	Contractor Name: <b>BUREAU VERITAS NORTH AMERICA, INC.</b>
Appropriation Unit: <b>4682-04</b>	Address: <b>22345 Roethel Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Novi, MI 48375</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Nicole Browning and Dan Elliott 248-344-2665</b>
	Vendor No.: <b>T27026537</b>
	NV Business ID: <b>NV20061131022</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>25.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>75.00 % Worker's Compensation and Safety</b>

Agency Reference #: 742

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/16/2022**  
Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2024**  
Contract term: **1 year and 319 days**

4. Type of contract: **Contract**  
Contract description: **Laboratory Service**

5. Purpose of contract:  
**This is a new contract to provide certified analysis of potential exposure to asbestos, mold, silica, and other potentially hazardous elements in order to monitor employee safety.**

6. NEW CONTRACT  
The maximum amount of the contract for the term of the contract is: **\$41,300.00**  
Other basis for payment: Per type and services required.

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Laboratory analysis of samples taken during inspections/investigations can be the foundation for establishing potential exposure of employees to hazardous working conditions. Before issuing a citation for violative conditions NV OSHA must present evidence of the fact.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**The State has no such services**

9. Were quotes or proposals solicited? **Yes**  
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Constitution State SRVCS, LLC dba Travelers Industrial Hygiene  
MSE Environmental  
Silver State Analytical Laboratories, Inc.  
SGS Forensic Laboratories dba SGS  
EMSL Laboratories, Inc. dba LA testing  
ALS Group USA Corp. dba ALS Environmental  
NOVA Geotechnical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The highest-ranking score was obtained by a committee based on the following criteria:

1. Demonstrated Competence
2. Experience in performance of comparable engagements
3. Conformance with the terms of this Informal Solicitation
4. Expertise and availability of key personnel
5. Cost

d. Last bid date: Anticipated re-bid date: 04/30/2024

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:

Bureau Veritas has many contracts with numerous government and State entities. None that I am aware of with Nevada, however. Specific client and contract information are confidential but are current GSA contract holders as the industrial hygiene laboratory for NIOSH (since 2011).

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	ecerv1	06/08/2022 07:58:45 AM
Division Approval	ecerv1	06/09/2022 13:51:15 PM

Department Approval	jhanse4	06/16/2022 09:34:52 AM
Contract Manager Approval	jwhi11	06/16/2022 16:15:15 PM
Budget Analyst Approval	mlynn	06/16/2022 16:50:29 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26011**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Chief Septic and Sewer, LLC</b>
Agency Code: <b>901</b>	Contractor Name: <b>Chief Septic and Sewer, LLC</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>5530 Casa Monica Ct</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89141-3834</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Karen Carew 702-494-8011</b>
	Vendor No.: <b>T27025897</b>
	NV Business ID: <b>NV20091443580</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3636-26-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **2022 Chief Septic**

5. Purpose of contract:

**This is a new contract to provide ongoing maintenance and repair services, as needed, including but not limited to cleaning, deodorizing and unclogging grease traps and grease interceptors at Business Enterprises of Nevada located in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: \$475.00 for each 1,500 gallons pumped; Hoover Dam parking shall be reimbursed upon receipt of original receipt; invoices payable upon approval by authorized BEN staff; total contract not to exceed \$25,000.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pumping and jetting of grease traps are necessary for the safety of staff and visitors and to to meet City, County and State health code requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained in the expertise needed for maintenance and repair of grease traps and/or grease trap interceptors.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Harel Plumbing  
Chief Septic  
Red Carpet Plumbing  
Joes Sanitation

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/18/2022 Anticipated re-bid date: 03/01/2026

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:

The vendor has been providing satisfactory service to BEN and the National Guard since October 2010.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	athomps8	04/12/2022 11:32:15 AM
Division Approval	jmarhevk	04/12/2022 13:31:49 PM
Department Approval	jmarhevk	04/12/2022 13:31:52 PM
Contract Manager Approval	llarki1	04/19/2022 13:49:12 PM
Budget Analyst Approval	vfajota	05/31/2022 10:03:45 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25754**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Ralph Jones Inc. dba Ralph Jones Display</b>
Agency Code: <b>901</b>	Contractor Name: <b>Ralph Jones Inc. dba Ralph Jones Display</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>2576 E. Charleston Blvd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89104-2323</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jody Jones 702-382-4398</b>
	Vendor No.: <b>PUR0001134</b>
	NV Business ID: <b>NV19651000851</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3629-26-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/24/2022**

Anticipated BOE meeting date **04/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2026**

Contract term: **3 years and 281 days**

4. Type of contract: **Contract**

Contract description: **Ralph Jones Inc.**

5. Purpose of contract:

**This is a new contract to provide ongoing services of designing, building and installing cabinetry, countertops, display cases, shelving and fixtures at all current and new Business Enterprise of Nevada locations.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Rate: \$75/hr. (Includes design work/construction/installation); Design Fee: \$50/hr (up to 8 hours for designs not utilized by BEN); Parts/Materials shall be invoiced at no more than 40% markup above vendor's cost. The State reserves the right to request copies of the Vendor's parts and material invoices to verify. \$40 trip charge applies to services at BEN sites located 30+ miles outside of the vendor's contracted address. Mileage is subject to verification via Google Maps. Trip Charge not applicable for design consultation/meetings. Contract not to exceed \$45,000.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is needed to aid BEN program employees in the planning, designing and building of cabinets, countertops, fixtures and displays for new BEN sites and renovations/repairs of existing sites.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the necessary skill sets to design, build and repair custom cabinets, countertops, displays or fixtures.

9. Were quotes or proposals solicited? **Yes**



Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Displays R Us  
Ralph Jones Inc.  
Las Vegas Store Supply  
Structure Exhibits

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal.

d. Last bid date: 02/04/2022 Anticipated re-bid date: 12/01/2025

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:

The vendor has provided satisfactory service to BEN since 2004.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmarhevk	04/27/2022 14:40:39 PM
Division Approval	jmarhevk	04/27/2022 14:40:41 PM
Department Approval	jmarhevk	04/27/2022 14:40:44 PM
Contract Manager Approval	llarki1	04/27/2022 14:51:03 PM
Budget Analyst Approval	vfajota	05/24/2022 11:06:35 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26010**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: Board of Regents, Nevada System of Higher Education obo
Agency Code: <b>901</b>	Contractor Name: <b>Board of Regents, Nevada System of Higher Education obo</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>University of Nevada, Las Vega 4505 Maryland Parkway Box 1005</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89154-1005</b>
If "No" please explain: Not Applicable	Contact/Phone: Hallie Lyons 702-895-3104
	Vendor No.: D35000813
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3638-23-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/24/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2022**

Contract term: **221 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2022 FOCUS Camp**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services to disabled youths ages 16-22 with the tools that will enable them to seek and retain employment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,835.00**

Other basis for payment: Personnel: \$11,996 (3 Directors, 12 Counselors); Materials & Supplies: \$3,944; Speakers: \$200/speaker, up to 5 speakers, maximum \$1,000; Kitchen Rental (Culinary Training): \$500. 25 students maximum, 16 students minimum. Indirect (8%): \$1,395. Invoices payable only upon receipt and acceptance of final camp reports and acceptable invoices. Contract not to exceed: \$18,835.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pre-ETS programs are required under the Workforce Innovation and Opportunity Act (Public Law 113-128), which requires that 15% of all federal Rehabilitation funding must be focused on Pre-ETS.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. 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?

**Yes** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has been providing satisfactory services to REHAB and other agencies since 2003.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmarhevk	05/02/2022 10:35:54 AM
Division Approval	jmarhevk	05/02/2022 10:35:57 AM
Department Approval	jmarhevk	05/02/2022 10:36:00 AM
Contract Manager Approval	llarki1	05/02/2022 10:46:18 AM
Budget Analyst Approval	vfajota	05/24/2022 09:48:13 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26387**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: Somerset Academy of Las Vegas
Agency Code: <b>901</b>	Contractor Name: <b>Somerset Academy of Las Vegas</b>
Appropriation Unit: <b>3265-09</b>	Address: <b>7038 Sky Pointe Dr.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89131-6130</b>
If "No" please explain: Not Applicable	Contact/Phone: Lee Esplin 702-478-8888
	Vendor No.: T29028358A
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3653-23-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/06/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 24 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2022 Somerset**

5. Purpose of contract:

**This is a new interlocal agreement to provide pre-employment transition services during the summer of 2022 to disabled youths, ages 14-22, by providing the tools that will enable them to seek and retain employment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00**

Other basis for payment: \$960.00/Student. 10 students minimum to hold camp; 25 students maximum allowed. RTC Bus Passes: \$20/student. Invoice payable upon receipt and approval of camp invoice, attendance sheets, camp documentation and camper evaluation forms by authorized REHAB staff. Contract not to exceed: \$24,500.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Workforce Innovation and Opportunity Act , Public Law 113-128 (2014) or WIOA requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake Pre-ETS training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. 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:

This vendor has provided satisfactory services to Rehabilitation since 2021.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmarhevk	05/31/2022 16:46:59 PM
Division Approval	jmarhevk	05/31/2022 16:47:02 PM
Department Approval	jmarhevk	05/31/2022 16:47:05 PM
Contract Manager Approval	llarki1	06/01/2022 08:36:21 AM
Budget Analyst Approval	vfajota	06/06/2022 10:28:30 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25747**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: Department of Administration
Agency Code: <b>901</b>	Contractor Name: <b>Department of Administration</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>Hearings Division</b>
Is budget authority available?: <b>Yes</b>	<b>2200 South Rancho Drive #220</b>
If "No" please explain: Not Applicable	City/State/Zip: <b>Las Vegas, NV 89102</b>
	Contact/Phone: Michelle Morgando 702-486-2535
	Vendor No.:
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>13.80 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>56.20 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>30.00 % Business Enterprises Set Aside</b>

Agency Reference #: 3628-26-REHAB

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **Hearings Div.**

5. Purpose of contract:

**This is a new interlocal contract to provide ongoing neutral, knowledgeable and experienced attorney hearing officer services as requested.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Attorney: \$100/hr; Clerical: \$50/hr; actual costs for transcription, copying and mailing associated with hearing and/or appeals. The total contract shall not exceed \$40,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Rehabilitation Act of 1973, the Randolph-Sheppard Act and NRS 426.610 (1), 29 U.S.C. 722(c)(1) and 34 C.F.R. 361.57(d)(1), NAC 426.455(1), 20 U.S.C. 107d-1 and 34 C.F.R. 395.13a, NRS 615.280(1), require the Rehabilitation Division to provide a fair hearing to recipients or applicants for vocational rehabilitation benefits or blind or visually impaired vendors who are aggrieved by a decision of the Division.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is an interlocal contract with a state agency. All work will be done by state employees.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

- 10. 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:

This vendor has provided satisfactory services to Rehabilitation since 2007

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	athomps8	03/23/2022 13:35:17 PM
Division Approval	jmarhevk	04/13/2022 13:00:01 PM
Department Approval	jmarhevk	04/13/2022 13:00:04 PM
Contract Manager Approval	llarki1	04/13/2022 13:16:18 PM
Budget Analyst Approval	vfajota	05/24/2022 17:07:02 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26271**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: Crystal C. Yan
Agency Code: <b>902</b>	Contractor Name: <b>Crystal C. Yan</b>
Appropriation Unit: <b>4772-23</b>	Address: <b>219 Philema Road Unit 30</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Albany, GA 31701</b>
If "No" please explain: Not Applicable	Contact/Phone: Crystal Yan 408-899-9671
	Vendor No.: T29045312
	NV Business ID: NV20222439216
To what State Fiscal Year(s) will the contract be charged? <b>2022-2023</b>	
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
<b>X</b> Federal Funds <b>100.00 %</b>	Bonds 0.00 %
Highway Funds 0.00 %	Other funding 0.00 %
Agency Reference #: 3647-23-ESD	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/08/2022**

Anticipated BOE meeting date 06/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/30/2022**

Contract term: **205 days**

4. Type of contract: **Contract**

Contract description: **2022 ESD Summit**

5. Purpose of contract:

**This is a new contract to provide training to Employment Security Division staff in emotional intelligence at the leadership summit from June 28-29, 2022 in Reno.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,000.00**

Payment for services will be made at the rate of \$22,000.00 per upon final receipt

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Ongoing training/education of ESD Leadership

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not specialize in the training and education sought in this educational training summit.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



This vendor was chosen because she had availability and offered the best platform of services for our specific needs.

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 \$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 not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmarhevk	06/03/2022 11:21:52 AM
Division Approval	jmarhevk	06/03/2022 11:22:08 AM
Department Approval	jmarhevk	06/03/2022 11:22:12 AM
Contract Manager Approval	llarki1	06/03/2022 11:24:56 AM
Budget Analyst Approval	vfajota	06/08/2022 09:59:23 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26026**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>OTIS ELEVATOR COMPANY</b>
Agency Code: <b>902</b>	Contractor Name: <b>OTIS ELEVATOR COMPANY</b>
Appropriation Unit: <b>All Budget Accounts - Category 04</b>	Address: <b>725 TRADEMARK DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-6007</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/322-5411</b>
	Vendor No.: <b>PUR0005666</b>
	NV Business ID: <b>NV19441000038</b>
To what State Fiscal Year(s) will the contract be charged? <b>2022-2026</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Cost Allocated</b>

Agency Reference #: 3640-26-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/20/2022**

Anticipated BOE meeting date 05/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/13/2026**

Contract term: **3 years and 328 days**

4. Type of contract: **Contract**

Contract description: **Elevator Maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing maintenance, monitoring and repair services for the elevator located in the office at 500 East Third Street, Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,500.00**

Payment for services will be made at the rate of \$470.00 per null

Other basis for payment: per contract proposal

#### II. JUSTIFICATION

7. What conditions require that this work be done?

OSHA regulation, safety and staff use of elevator.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Employees do not have the expertise or license to do this type of work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Kone Elevator  
Otis Elevator Company  
Koch Elevator

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen by head of operations management for being essentially tied in cost and having provided superior service to the Department over the other vendors.

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 \$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:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jmarhevk	04/21/2022 11:59:35 AM
Division Approval	jmarhevk	04/21/2022 11:59:37 AM
Department Approval	jmarhevk	04/21/2022 11:59:39 AM
Contract Manager Approval	llarki1	04/21/2022 12:26:17 PM
Budget Analyst Approval	vfajota	06/20/2022 12:25:29 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26446**

Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>THE CENTER FOR EMPLOYMENT SECURITY</b>
Agency Code: <b>908</b>	Contractor Name: <b>THE CENTER FOR EMPLOYMENT SECURITY</b>
Appropriation Unit: <b>3274-10</b>	Address: <b>EDUCATION AND RESEARCH, INC. 444 N CAPITOL ST NW SUITE 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>WASHINGTON , DC 20001</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Lou Ansaldi 202-650-5152</b>
	Vendor No.: <b>T32010124</b>
	NV Business ID: <b>NV20201855922</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3657-23-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **Yes**

If "Yes", please explain

**Contract 24479 included the services that will be performed by this contract; however, an unavoidable delay and increased hours needed for evaluation support required an amendment for time only due to RFP development being more efficient than expected. Unfortunately, although the agency made every possible attempt to get the amendment through the various approval steps as quickly as possible, ultimately there was not enough time. The UI system CESER is assisting with has continued forward.**

3. Termination Date: **08/15/2022**

Contract term: **136 days**

4. Type of contract: **Contract**

Contract description: **NASWA CESER UI ITSC**

5. Purpose of contract:

**This is a new contract to provide information technology advisory support services for the selection of the vendor for the unemployment insurance information technology modernization project.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Unemployment Insurance (UI) is implementing their UI IT modernization plan and needs expert assistance to build, distribute and evaluate an RFP to fin the most qualified vendor.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

They do not have the skills or knowledge needed.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 220506**

**Approval Date: 05/31/2022**

c. Why was this contractor chosen in preference to other?

Contract 24479 included the services that will be performed by this contract; however, an unavoidable delay and increased hours needed for evaluation support required an amendment for time only due to RFP development being more efficient than expected. The UI system mod CESER is assisting with has continued forward.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? Yes
- 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:

Previously in contract under 24479 from 8/10/21-3/31/22. Their quality of services has been very satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rhernan3	06/09/2022 14:36:50 PM
Division Approval	knelso4	06/09/2022 15:36:13 PM
Department Approval	knelso4	06/09/2022 15:36:15 PM
Contract Manager Approval	jwixon	06/09/2022 15:48:55 PM
EITS Approval	ljean	06/10/2022 07:21:05 AM
Budget Analyst Approval	vfajota	06/15/2022 11:54:17 AM



**MEMORANDUM**

**DATE:** June 15, 2022

**TO:** Venus Fajota,  
Department of Administration

**FROM:** Elisa Cafferata

**SUBJECT:** RETROACTIVE CONTRACT  
The Center for Employment Security Education and Research INC.

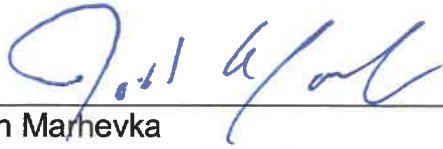
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On behalf of the Department of Employment, Training and Rehabilitation (DETR), I respectfully request approval to execute this retroactive contract. Contract #24479 included the services that will be performed by this contract; however, an unavoidable delay and increase in time needed for evaluation support required an amendment to extend the termination date to August. Although the agency made every possible attempt to get the amendment through the various approval steps including Purchasing (sole source), the Deputy Attorney General, and the Governor's Finance Office as quickly as possible, the checkbox for IT components in CETS was checked in error and without a submitted TIN it sat unapproved at that step until the contract termed requiring the Agency to obtain a new Sole Source waiver and write a new contract for a service the vendor was already performing under contract #24479. This new contract needing the retroactive approval is contract #26446. The UI system procurement CESER is assisting with has continued forward, and the need for their service to assist in ensuring the most effective product is acquired for Nevada has not diminished. The RFP is complete and notice of award sent to the vendor, however DETR still requires the expertise of the contractor, who is nationally known for UI technology needs, as the terms of the contract are being negotiated and are not finalized.

Thank you for your consideration of this request.

Lindsay Thompson  
Contract Manager, DETR

**DETR, Financial Management, Approved by:**



\_\_\_\_\_  
Josh Marhevka  
Chief Financial Officer, DETR

Date: 8/15/02



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
 Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
<b>Approval#:</b>	220506 (1)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

**ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to only the contact(s) listed below:		
	State Agency Name:	Department of Employment, Training and Rehabilitation	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Lindsay Thompson	775-684-3967	FMCU@detr.nv.gov
	Brian Deem	775-684-3749	b-deem@detr.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Identify Vendor:	National Association of State Workforce Administrators (NASWA)- The Center for Security Education and Research, INC (CESER)
	Contact Name:	Scott B. Sanders
	Complete Address:	444 North Capital Street NW, Suite 300, Washington, DC 20001
	Telephone Number:	202-434-8022
Email Address:	ssanders@naswa.org	

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract?	Yes	<input checked="" type="checkbox"/>	No
	Amendment:	#		
	CETS:	#		

<b>1e</b>	<b>Term:</b>				
	One (1) Time Purchase:				
	Contract:	Start Date:	4/1/2022	End Date:	8/15/2022

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	<input checked="" type="checkbox"/> – Pandemic Unemployment Assistance BA 4772
	Grant Funds:	



Other (Explain):	
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Purchasing Use Only:	
Approval #:	220506 (1)

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$37,000.00

2	<p><b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>  <i>NASWA CESER will provide the Unemployment Insurance (UI) division with advisory technical support in proposal evaluation and contract negotiations for UI IT Modernization RFPs.</i></p> <p><i>This service is a continuation of the contract resulting from sole source approval #210504. A portion of this service was delayed, and the contract termed before an amendment could be approved. The value requested is the portion of the already approved work that had not yet been accomplished.</i></p>
---	--

3	<p><b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>  <i>NASWA is a unique organization which has membership from all the states in the country for workforce services and activities. This allows NASWA to have the access and ability to draw upon all the other states for expertise in the workforce (UI) arena.</i></p>
---	---

4	<p><b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>  <i>The service provided by NASWA to DETR is unique to workforce organizations and to acquire this service from a private party would be more costly due to the sheer fact that the private party doesn't have the networking and access to the other states providing the same service DETR is providing to Nevadans.</i></p>
---	--

5	<p><b>Were alternative services or commodities evaluated? Check One.</b>      Yes: <input type="checkbox"/>      No: <input checked="" type="checkbox"/></p>
	<p>a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i></p>
	<p>b. <i>If not, why were alternatives not evaluated?</i></p>
	<p><i>This is a service that NASWA provides to its members and as stated above there no other vendors who can provide this level of expertise.</i></p>

<i>Purchasing Use Only:</i>	
Approval #:	220506 @

<b>6</b>	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes:	<input checked="" type="checkbox"/>	No:	
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>						
	<i>Term Start and End Dates</i>		<i>Value</i>	<i>Short Description</i>		<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>	
	8/10/21	3/31/22	\$67,900	<i>UI IT Modernization RFP Development.</i>		<i>Waiver# 210504</i>	

<b>7</b>	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<i>DETR UI needs this assistance to improve the UI IT system and response to the Nevadans' in need at this very trying economic time. Required interfaces, correspondence, and reports are important to enumerate in the RFP as these facets drive the scope of the UI Modernization project.</i>

<b>8</b>	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>As stated above this service is not provided by any other vendor that has the same level of access to the various UI IT systems in the country.</i>


<b>9</b>	<b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b>	Yes:		No:	<input checked="" type="checkbox"/>
	a. <i>If yes, please provide details regarding future obligations or needs.</i>				
	<i>This purchase will not obligate the state to this vendor for any future purchase; however, given the nature of NASWA's status as a membership organization of workforce agencies across the country, of which DETR is a member, additional future services are possible.</i>				

<i>Purchasing Use Only:</i>	
Approval #:	220506 @

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

DocuSigned by:  
  
 Representative Initiating Request

\_\_\_\_\_  
 Brian Deem 5/17/2022  
 Print Name of Agency Representative Initiating Request Date

DocuSigned by:  
  
 Signature of Agency Head Authorizing Request

\_\_\_\_\_  
 Josh Marhevka on behalf of Elisa Cafferata 5/17/2022  
 Print Name of Agency Head Authorizing Request Date

PLEASE NOTE: *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*


\_\_\_\_\_  
Name of agency or entity who provided information or review:

\_\_\_\_\_  
Representative Providing Review

\_\_\_\_\_  
 Print Name of Representative Providing Review Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:  
 \_\_\_\_\_  
  
 Administrator, Purchasing Division or Designee 5/31/22  
Date

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24030** Amendment Number: **2**

Agency Name: **PUBLIC EMPLOYEES' BENEFITS PROGRAM** Legal Entity Name: **Claim Technologies, Inc.**

Agency Code: **950** Contractor Name: **Claim Technologies, Inc.**

Appropriation Unit: **1338-04** Address: **100 Court Ave Suite 306**

Is budget authority available?: **Yes** City/State/Zip: **Des Moines, IA 50309**

If "No" please explain: **Not Applicable** Contact/Phone: **515-244-7322**

Vendor No.: **T32010673**

NV Business ID: **NV20212025321**

To what State Fiscal Year(s) will the contract be charged? **2021-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Participant Premium and State Subsidy</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2021**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **6 years and 79 days**

4. Type of contract: **Contract**

Contract description: **Health Plan Auditor**

5. Purpose of contract:

**This is the second amendment to the original contract which provides health plan auditing services. This amendment increases the maximum amount from \$1,551,662 to \$1,581,662 due to the addition of a Pharmacy Benefit Manager audit for fiscal year 2020.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,407,656.00	\$1,407,656.00	\$1,407,656.00	Yes - Action
a. Amendment 1:	\$144,006.00	\$144,006.00	\$144,006.00	Yes - Action
2. Amount of current amendment (#2):	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
3. New maximum contract amount:	\$1,581,662.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Terms and conditions of PEBP vendor contracts require periodic audits to monitor compliance and performance.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the experience or certifications to perform these audits**

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

RFP 95PEBP-S1388

d. Last bid date: Anticipated re-bid date:

10. 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:  
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	04/29/2022 08:31:02 AM
Division Approval	ceaton	04/29/2022 08:31:06 AM
Department Approval	ceaton	04/29/2022 08:31:10 AM
Contract Manager Approval	ceaton	04/29/2022 08:34:23 AM
Budget Analyst Approval	hfield	05/26/2022 12:49:21 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25557</b>	Amendment Number: <b>1</b>
Agency Name: <b>PUBLIC EMPLOYEES' BENEFITS PROGRAM</b>	Legal Entity Name: <b>The SEGAL COMPANY (WESTERN STATES), INC.</b>
Agency Code: <b>950</b>	Contractor Name: <b>The SEGAL COMPANY (WESTERN STATES), INC.</b>
Appropriation Unit: <b>1338-04</b>	Address: <b>500 N. BRAND BLVD SUITE 1400</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>GLENDALE, CA 91203</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>RICHARD WARD 818/956-6714</b>
	Vendor No.: <b>T81090934A</b>
	NV Business ID: <b>NV19801000696</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % State Subsidy and Participant Premiums</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2027**

Contract term: **5 years and 80 days**

4. Type of contract: **Contract**

Contract description: **Actuarial Consultant**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing actuarial consulting services. This amendment increases the maximum amount from \$3,940,000 to \$3,990,000 due to the increased need in for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,940,000.00	\$3,940,000.00	\$3,940,000.00	Yes - Action
2. Amount of current amendment (#1):	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Info
3. New maximum contract amount:	\$3,990,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Public Employees' Benefits Program requires the services of an actuary consultant.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to advise on a plan the size and scope of PEBP.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP 95PEBP-S1797, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. 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: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ceaton	04/29/2022 09:18:36 AM
Division Approval	ceaton	04/29/2022 09:18:39 AM
Department Approval	ceaton	04/29/2022 09:18:45 AM
Contract Manager Approval	ceaton	04/29/2022 09:18:51 AM
Budget Analyst Approval	hfield	05/26/2022 12:46:13 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26431**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Ling Ltd.</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Ling Ltd.</b>
Appropriation Unit: <b>B002 - All Categories</b>	Address: <b>933 Gear Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89503</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Louis Ling 7752339099</b>
	Vendor No.:
	NV Business ID: <b>NV20222410275</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **Yes**

If "Yes", please explain

**The contract start date is June 1, 2022. If approved, we are requesting a retroactive effective date of June 1, 2022.**

3. Termination Date: **05/31/2025**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

**This is a new contract to provide ongoing legal services including representation in lawsuits, disciplinary actions, administrative hearings, and legislative assistance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$64,800.00**

Payment for services will be made at the rate of \$1,800.00 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board finds it necessary to engage with an independent contractor for the purpose of accomplishing the work of the Board under statutory authority. NRS 333.700 authorizes the hiring of an independent legal counsel.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no legal expertise within the Board. Legal services provided by the contractor pertain to a specific area of knowledge and there is also a need for continuity of services and knowledge that are crucial to reducing the disruption in our operations.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**



c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

LTD. E22072762022-2 Business ID: NV20222410275

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Monica Harrison, Executive Director Ph: 702 3260412

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmonica	05/31/2022 14:16:40 PM
Division Approval	cmonica	05/31/2022 14:16:43 PM
Department Approval	cmonica	05/31/2022 14:16:45 PM
Contract Manager Approval	cmonica	05/31/2022 14:16:47 PM
Budget Analyst Approval	hfield	06/03/2022 13:42:41 PM

# Nevada State Board of Architecture, Interior Design and Residential Design

## Memorandum

**Date:** May 31, 2022  
**To:** Susan Brown, Clerk of the Board of Examiners  
**From:** Monica Harrison, Executive Director  
**RE:** Request for Approval of Retroactive Date of June 1, 2022

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The Nevada State Board of Architecture, Interior Design and Residential Design (NSBAIDRD) respectfully request the approval of the retroactive contract between the NSBAIDRD and Ling Ltd. to provide ongoing financial services to our agency.

NSBAIDRD is requesting a retroactive effective date of June 1, 2022.

Thank you for your consideration in this matter.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26278**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>TREA, LLC</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Abney Tauchen Group</b>
Appropriation Unit: <b>B019 - All Categories</b>	Address: <b>11140 Parma Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89521</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-721-3541</b>
	Vendor No.:
	NV Business ID: <b>NV20171724515</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Application and Licensure Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/15/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 15 days**

4. Type of contract: **Contract**

Contract description: **Government Affairs**

5. Purpose of contract:

**This a new contract to provide lobbying services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$2,000.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS Chapter 637 requires the Nevada State Board of Dispensing Opticians to recommend the creation and/or amendment of laws regarding the practice of Dispensing Opticians in the State of Nevada. To complete this legislative requirement, it is a necessity for the Board to receive expert advice on government affairs. In addition, the issues require special skills, expertise and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Assistance and time is needed in planning and the dissemination of information to legislative members with the expertise and required knowledge of the Nevada Legislature. The Board operates with limited staff and does not have the ability, expertise or knowledge that can be uniquely performed by the Contractor.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The contractor has unique knowledge, experience in presenting agencies. The contractor provided a good fit with the Board through the scope of services they will provide.

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 \$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:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

**The company operates under the DBA of Abney Tauchen Group**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vwind1	05/09/2022 14:23:04 PM
Division Approval	vwind1	05/09/2022 14:23:08 PM
Department Approval	vwind1	05/09/2022 14:23:11 PM
Contract Manager Approval	vwind1	05/09/2022 14:23:15 PM
Budget Analyst Approval	hfield	06/15/2022 13:18:21 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26327**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>CASEY NEILON, INC.</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>CASEY NEILON, INC.</b>
Appropriation Unit: <b>B022 - All Categories</b>	Address: <b>503 N DIVISION ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-4104</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>NICOLA NEILON 775/283-5555</b>
	Vendor No.: <b>T29010569</b>
	NV Business ID: <b>NV20141336368</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/07/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **1 year and 23 days**

4. Type of contract: **Contract**

Contract description: **Casey Neilon, Inc.**

5. Purpose of contract:

**This is a new contract to provide audit services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,750.00**

Payment for services will be made at the rate of \$17,500.00 per audit

Other basis for payment: FY22 - \$17,500, FY 23 - \$18,250

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Statute requires Licensing boards to conduct annual audits of their financial statements.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Audits must be conducted by an independent auditor**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Casey Neilon, Inc.  
Eide Bailly LLP  
Silva, Sceirine & Associates, LLC**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best proposal to meet the Board requirements and history of success with other state agencies and licensing boards.

d. Last bid date: 05/10/2022 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 \$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:

Nevada State Board of Medical Examiners - December 31, 2020 , engaged for this current year audit - Satisfactory  
Nevada State Board of Optometry - June 30, 2021 - Satisfactory  
Nevada Board of Professional Engineers and Land Surveyors - June 30, 2021, engaged for this current year audit - Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mangok	06/07/2022 09:22:19 AM
Division Approval	mangok	06/07/2022 09:22:23 AM
Department Approval	mangok	06/07/2022 09:22:25 AM
Contract Manager Approval	mangok	06/07/2022 09:22:28 AM
Budget Analyst Approval	hfield	06/07/2022 10:57:52 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26372**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: Campbell Jones Cohen CPA's
Agency Code: <b>BDC</b>	Contractor Name: <b>Campbell Jones Cohen CPA's</b>
Appropriation Unit: <b>B023 - All Categories</b>	Address: <b>6920 South Cimarron Road Suite 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89113</b>
If "No" please explain: Not Applicable	Contact/Phone: Lisa Jones, CPA 702-255-2330
	Vendor No.:
	NV Business ID: NV19941051471

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 07/2022

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **1 year and 183 days**

4. Type of contract: **Other (include description): Fiscal Year Audit Contract**

Contract description: **Audit Services**

5. Purpose of contract:

**This is a new contract to provide audit services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Payment for services will be made at the rate of \$10,000.00 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 218G.400 requires that an independent, outside auditor perform a financial audit of the Board

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board does not have the expertise to perform this work, In addition, NRS218G.400 requires that an independent, outside auditor perform an audit of the Board

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Tompkins & Peters CPAs, P.C.  
Watkins Jackson CPAs  
Larry L. Bertsch, CPA & Associates

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Price and service were superior to other vendors.

d. Last bid date: 01/01/2022 Anticipated re-bid date: 12/31/2023

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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

April Ramirez, Board Operations Support Ph: 702-876-5535

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aprilr35	05/19/2022 10:41:05 AM
Division Approval	aprilr35	05/19/2022 10:41:08 AM
Department Approval	aprilr35	05/19/2022 10:41:12 AM
Contract Manager Approval	aprilr35	05/19/2022 10:41:15 AM
Budget Analyst Approval	hfield	05/24/2022 14:44:58 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26332**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Watkins Jackson, CPAs</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Watkins Jackson, CPAs</b>
Appropriation Unit: <b>B026 - All Categories</b>	Address: <b>5550 Painted Mirage Road Suite 320</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89149</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jason Watkins 702-326-6424</b>
	Vendor No.:
	NV Business ID: <b>NV20161342235</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2024**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

**This is a new contract to provide audit services of the financial statements for fiscal years 2022 and 2023.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,000.00**

Payment for services will be made at the rate of \$13,000.00 per Audit

Other basis for payment: Upon invoice and approval.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 218G.400 requires an audit of the financial statements.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The audit must be conducted by an outside certified public accountant.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

The vendor has conducted the annual audit previously and at a reasonable cost.

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 \$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:  
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	lp310000	05/12/2022 13:04:37 PM
Division Approval	lp310000	05/12/2022 13:04:40 PM
Department Approval	lp310000	05/12/2022 13:04:44 PM
Contract Manager Approval	lp310000	05/12/2022 13:04:48 PM
Budget Analyst Approval	hfield	06/01/2022 15:36:53 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **22681** Amendment Number: **2**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **Kathleen Laxalt**

Agency Code: **BDC** Contractor Name: **Kathleen Laxalt**

Appropriation Unit: **B028 - All Categories** Address: **P.O. Box 19058**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89511**

If "No" please explain: **Not Applicable** Contact/Phone: **Kathleen Laxalt 775-762-1864**

Vendor No.:  
NV Business ID: **NV20101366023**

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/26/2020**

Anticipated BOE meeting date: **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **02/01/2022**

Contract term: **3 years and 341 days**

4. Type of contract: **Contract**

Contract description: **Legislative Services**

5. Purpose of contract:

**This is the second amendment to the original contract which provides government affairs and lobbyist services. This amendment increases the maximum amount from \$36,000 to \$67,200 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$36,000.00	\$36,000.00	\$36,000.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$36,000.00	No
2. Amount of current amendment (#2):	\$31,200.00	\$31,200.00	\$67,200.00	Yes - Info
3. New maximum contract amount:	\$67,200.00			
and/or the termination date of the original contract has changed to:	02/01/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires expertise, advice, and services regarding representation before and dealing with individual legislators, legislative committees, and other legislative related matters.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board consists of two employees, and neither of the employees have the expertise, knowledge, or skills to perform this function.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Availability and expertise.

d. Last bid date: 12/05/2019 Anticipated re-bid date: 12/15/2022

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 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	jstrand1	05/24/2022 14:44:39 PM
Division Approval	jstrand1	05/24/2022 14:44:43 PM
Department Approval	jstrand1	05/24/2022 14:44:48 PM
Contract Manager Approval	jstrand1	05/24/2022 14:44:51 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26285**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Ling, Ltd.</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Ling, Ltd.</b>
Appropriation Unit: <b>B028 - All Categories</b>	Address:
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89503</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-233-9099</b>
	Vendor No.:
	NV Business ID: <b>NV20222410275</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensure</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/01/2022**

Anticipated BOE meeting date **07/2022**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2025**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

**This is a new contract to provide ongoing legal services including representation in law suits, disciplinary actions, administrative hearings, legislative assistance and legal advice.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,000.00**

Payment for services will be made at the rate of \$2,250.00 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board periodically finds it necessary to engage an Independent Contractor for the purpose of accomplishing work of the Board under statutory authority. NRS 333.700 authorizes the hiring of independent legal counsel.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no legal expertise within the Board. Legal services to be provided by the contractor pertain to a specific area of knowledge. There is also a need for continuity of services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

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 \$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:

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	jstrand1	05/24/2022 14:45:05 PM
Division Approval	jstrand1	05/24/2022 14:45:07 PM
Department Approval	jstrand1	05/24/2022 14:45:10 PM
Contract Manager Approval	jstrand1	05/24/2022 14:45:12 PM
Budget Analyst Approval	hfield	05/24/2022 16:21:20 PM