

Governor Joe Lombardo  
*Chairman*

Amy Stephenson  
*Clerk of the Board*



Attorney General Aaron D. Ford  
*Member*

Secretary of State Francisco V. Aguilar  
*Member*

## STATE OF NEVADA BOARD OF EXAMINERS

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

### PUBLIC MEETING NOTICE AND AGENDA

**Date and Time:** December 12, 2023, 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 video live stream begins at 10:00 am.  
[https://www.youtube.com/watch?v=mg97JSMv\\_AQ](https://www.youtube.com/watch?v=mg97JSMv_AQ)

### 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 728 527 047#. 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 November 14, 2023 Meeting Minutes** (For possible action)

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

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

<b>AGENCY NAME</b>	<b># OF VEHICLES</b>	<b>NOT TO EXCEED:</b>
Department of Agriculture – Division of Measurement Standards	1	\$367,615
Department of Agriculture – Administrative Services Division	5	\$220,593
Department of Business and Industry – Housing Division	1	\$38,515
Department of Conservation and Natural Resources – Director’s Office – Water Conservation and Infrastructure	1	\$56,954
Department of Corrections – Ely State Prison	1	\$202,029

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

**A. Department of Business and Industry – Office of the Labor Commissioner**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Lupita Martinez to do apprenticeship compliance work for the Department of Business and Industry, Office of the Labor Commissioner through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

**B. Department of Transportation – Multimedia Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Barron Lauderbaugh for the Department of Transportation, Multimedia Division through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

**C. Department of Health and Human Services – Division of Child and Family Services**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Deborah Hassett to assist with Human Resources for the Department of Health and Human Services, Division of Child and Family Services through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

**D. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Sherri McGee to assist the Director of the Nevada Department of Transportation in developing interstate data infrastructure and data sharing agreements, policies, and standards through statewide contract 99SWC-S1406 Marathon Staffing Group, Inc.

**E. Department of Transportation – Multimedia Division**

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Michelle Austin to support the Nevada Department of Transportation, Multimedia Division through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

**F. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, Department of Administration, Purchasing Division requests authority to contract with former employee Kenneth Siri to manage highway maintenance for the Nevada Department of Transportation through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

**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 and Natural Resources – Division of State Parks**

Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$225,332 from the Interim Finance Committee Contingency Account to support three new positions and associated costs.

**B. Department of Education**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$498,750 from the Interim Finance Committee Contingency Account to fund an increase in contract expenditures.

**C. Department of Motor Vehicles**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$517,500 from the Interim Finance Committee Contingency Account to fund an increase in the WaitWell, Inc. contract.

**D. Office of the Attorney General**

Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of \$127,947 from the Interim Finance Committee Contingency Account to support a new Special Counsel position and associated costs.

**7. Request for a Recommendation of Approval to the Interim Finance Committee for a Grant or Loan from the Disaster Relief Account**  
(For possible action)

**Office of the Military – Division of Emergency Management Disaster Response and Recovery Act**

Pursuant to NRS 353.274(2), the division requests an approval of a \$20,537 grant from the Disaster Relief Account to cover emergency response and management cost associated with the Atmospheric River event and Hurricane Hillary.

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

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

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

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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from October 24, 2023 through November 20, 2023.



## 12. Information Item Reports

### Department of Conservation and Natural Resources – Division of State Lands – Fiscal Year 2024, 1st Quarter

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This report covers the period of July 1, 2023 through September 30, 2023.

## 13. Public Comment

This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under 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 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 728 527 047#. 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.

## 14. Adjournment (For possible action)

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 [dcastillo@finance.nv.gov](mailto:dcastillo@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 Denice Castillo 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 [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov). Supporting materials for this meeting are available at 209 East Musser Street, Suite 200, Carson City, Nevada 89701 or by contacting Denice Castillo at (775) 684-0223 or by email at [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov).

### Public Meeting Notice and Agenda Posted at the Following Locations:

1. Blasdel Building, 209 East Musser Street, Suite 200, Carson City, Nevada 89701
2. Internet: <https://notice.nv.gov>
3. Internet: [https://budget.nv.gov/Meetings/Board\\_of\\_Examiners/2023/2023BOE/](https://budget.nv.gov/Meetings/Board_of_Examiners/2023/2023BOE/)

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### MEETING MINUTES

**Date and Time:** November 14, 2023, 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 Joe Lombardo  
Secretary of State Francisco V. Aguilar  
Attorney General Aaron Ford

**STAFF PRESENT:**

Amy Stephenson, Clerk of the Board  
Rosalie Bordelove, Board Counsel  
Denice Castillo, Board Secretary

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

**Governor:** We'll call to order the State of Nevada Board of Examiners Meeting scheduled for today, November 14, 2023, at 10:00 a.m. I ask the Clerk to call the roll, please. Ms. Stephenson.

**Clerk of the Board:** Governor Lombardo.

**Governor:** Present.

**Clerk of the Board:** Secretary of State Aguilar.

**Secretary of State:** Here.

**Clerk of the Board:** Attorney General Ford.

**Attorney General:** Yes.

**Clerk of the Board:** 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 or 702-329-3435. When prompted to provide the meeting ID, please enter 645 102 724#. 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:** We'll move to agenda item number 2, *Public Comment*. This first public comment period is limited to comments on items on the agenda. No action may be taken upon matters raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. Please limit your comments to three minutes. As a matter of protocol, if you want to dial in, the number is 775-321-6111 or 702-329-3435, enter meeting ID: 645 102 724#, which is also be on the public announcement. So, we will open for public comment. Do we have any there in Carson City?

**Denice Castillo:** We do not and none on the phone.

**Governor:** Do we have any here in Las Vegas? None.

**3. Approval of the October 10, 2023 Meeting Minutes** (For possible action)

**Governor:** Agenda item number 3, *Approval of the October 10, 2023 Meeting Minutes*. Do we have any questions or concerns?

**Secretary of State:** Motion to approve.

**Governor:** We have a motion. All those in favor, signify by saying aye. Hearing unanimous, the motion passes.

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Agriculture – Veterinary Medical Services Division	1	\$71,557
Department of Conservation and Natural Resources – Division of Environmental Protection	1	\$46,908
Department of Health and Human Services – Division of Child and Family Services	2	\$97,168
Department of Health and Human Services – Division of Child and Family Services	2	\$101,391

**Governor:** Agenda item number 4, *State Vehicle Purchases*.

**Clerk of the Board:** There are four requests under agenda item number 4. The first request is from the Department of Agriculture, Veterinary Medical Services Division. The Division requests approval to purchase one new vehicle for a total amount not to exceed \$71,557.

The second request is from the Department of Conservation and Natural Resources, Division of Environmental Protection. The Division requests approval to purchase one new vehicle for a total amount not to exceed \$46,908.

The third request is from the Department of Health and Human Services, Division of Child and Family Services. They request approval to purchase two replacement vehicles for a total amount not to exceed \$97,168.

The last request is from the Department of Health and Human Services, Division of Child and Family Services to purchase two replacement vehicles for a total amount not to exceed \$101,391. Are there any questions on any of these items?

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

**Secretary of State:** No question. Motion to approve.

**Governor:** We have a motion. All those favor, signify by saying aye. The motion passes unanimously.

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

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

This revision to SAM will establish standard reimbursement rates for employees on travel status while camping.

- a. SAM Chapter 0206 Agency Policies Regarding Travel

**Governor:** Agenda item number 5, *Request Approval of Proposed State Administration Manual Changes.*

**Clerk of the Board:** Pursuant to NRS 353.040 the Governor's Finance Office, Budget Division requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapters of the State Administrative Manual. This revision to SAM will establish standard reimbursement rates for employees on travel status while camping. That is SAM Chapter 0206. Are there any questions on this item?

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

**Secretary of State:** No questions. Motion to approve.

**Governor:** We have a motion. All those in favor, signify by saying aye. The motion passes unanimously.

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

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

- A. Claimant: Rebecca Leavitt, Little Blue Sky Briggs, Jodie Eltzroth, Britney Jackson, Moniqa Martinez, Sharon Newman, Stacy Tai, Lance Elder  
Claim No: TC20782  
Settlement Amount: \$340,000.00  
Date of Loss: April 20, 2021
  
- B. Claimant: Sonja Mack  
Claim No: TC20810  
Settlement Amount: \$126,500.00  
Date of Loss: February 19, 2017

**Governor:** Agenda item number 6, *Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036.*

**Clerk of the Board:** Pursuant to NRS 41.036, the Office of the Attorney General submits the following Tort Claim requests for approval. The first one, the claimants are Rebecca Leavitt, Little Blue Sky Briggs, Jodie Eltzroth, Britney Jackson, Moniqa Martinez, and Sharon Newman, Stacy Tai, Lance Elder. Claim number TC20782 for the amount of \$340,000. The date of loss was April 20, 2021.

The second claim is for Sonja Mack, claim number TC20810 for the amount of \$126,500. Date of loss was February 19, 2017. Are there any questions on these items?

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

**Secretary of State:** No questions.

**Attorney General:** None here, Governor.

**Governor:** I will entertain a motion.

**Secretary of State:** Motion to approve.

**Governor:** We have a motion for approval of agenda item number 6, items A and B. All those in favor, signify by saying aye. The motion passes unanimously.

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

**Department of Education**

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$337,914 from the Interim Finance Committee Contingency Account to replenish the Account for State Special Education Services.

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

**Clerk of the Board:** The request for agenda item number 7 is from the Department of Education. Pursuant to NRS 353.268, the Department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$337,914 from the Interim Finance Committee Contingency Account to replenish the Account for State Special Education Services. Are there any questions on this item?

**Governor:** Are there any questions?

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

**Governor:** We've a motion for approval. All those in favor, signify by saying aye. The motion passes unanimously.

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

**Governor:** Agenda item number 8, *Approval of Proposed Leases.*

**Clerk of the Board:** There are five leases under agenda item number 8 for approval by the Board today. Are there any questions on any of these items?

**Governor:** Do we have any questions on any of the leases?

**Secretary of State:** No question.

**Attorney General:** None here, Governor. I'll move approval.

**Governor:** We have a motion for approval. All those in favor, signify by saying aye. The motion passes unanimously.

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

**Governor:** Agenda item number 9, *Approval of Proposed Contracts*.

**Clerk of the Board:** There are 39 contracts under agenda item number 9 for approval by the Board. Contract number 38 for the Department of Motor Vehicles with Waitwell, Inc. is contingent upon Interim Finance Committee approval of funding. Are there any questions on any of these items?

**Governor:** Are there any questions on any of the proposed contracts?

**Secretary of State:** No question.

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

**Governor:** We have a motion for approval. All those in favor, signify by saying aye. The motion passes unanimously.

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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from September 19, 2023 through October 23, 2023.

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

**Clerk of the Board:** There are 80 contracts over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board between September 19, 2023 through October 23, 2023. This item is informational. Are there any questions on any of these contracts?

**Governor:** Are there any questions?

**Attorney General:** None here.

**Secretary of State:** No questions.

## 11. Information Item Reports

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

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds, and IFC Restricted Contingency Funds as of September 30, 2023.

The Tort Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds, and IFC Restricted Contingency supplement funding for eligible agencies within statutory authority.

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

Tort Claim Fund	\$ 6,048,980.34
Statutory Contingency Account	\$ 11,381,962.10
Stale Claims Account	\$ 998,556.22
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 10,442,714.00
IFC Contingency Fund	\$ 482,245,310.43

**Governor:** Agenda item number 11, *Information Item Reports*. The Governor's Finance Office, Budget Division; and the Department of Motor Vehicles, Complete Streets Program.

**Clerk of the Board:** There are two reports. So, the first one comes from the Governor's Finance Office, Budget Division. Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled balance report as of September 30, 2023. The available balance for each account prior to any projected outstanding claims are as follows: Tort Claim Fund is \$6,048,980.34; Statutory Contingency Account is \$11,381,962.10; Stale Claims Account is \$998,556.22; Emergency Account is \$354,763; Disaster Relief Account is \$10,442,714; and the IFC Contingency Fund is \$482,245,310.43. Are there any questions on this item?

**Governor:** Do we have any questions on these amounts?

**Secretary of State:** No question.

**Attorney General:** None here.



## **B. Department of Motor Vehicles – Complete Streets Program**

Pursuant to NRS 482.1825, subsection 2, the department shall certify to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This submittal reports program activities by month for the first quarter of fiscal year 2024 for the period beginning July 1, 2023 and ending September 30, 2023.

**Governor:** We'll move on to agenda item 11-B.

**Clerk of the Board:** The second report is from the Department of Motor Vehicles, Complete Streets Program. Pursuant to NRS 482.1825, subsection 2, the department shall certify to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This submittal reports program activities by month for the first quarter of fiscal year 2024 for the period beginning July 1, 2023 and ending September 30, 2023. Are there any questions on this item?

**Governor:** Are there questions on this item?

**Attorney General:** None here.

**Secretary of State:** No, sir.

**Governor:** Hearing none.

This may seem like we went through the agenda items relatively quickly for such complex items but I want the public to know that we did a large amount of due diligence associated with each one of these items prior to today's meeting. Many questions were presented and the answers provided and subsequently, as a result of those answers, we were able to move through the agenda very quickly. I think it's important for people to know that because we're talking about a significant amount of contribution.

**Secretary of State:** I just want to thank the Governor's Finance Office for being so diligent on the preparation of the agenda and materials. It's very helpful, so, thank you.

**Attorney General:** Governor, I'll chime in as well. My team and Governor's Finance Office prepare us as well, and well before the meetings so that we are comfortable to proceed as quickly as we do. So, thanks so much for acknowledging that.

**Governor:** I appreciate that General Ford and Secretary Aguilar.

General Ford, your office was very responsive to some of the specific litigation questions that we had and I appreciate that.

**12. Public Comment** This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under 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 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 645 102 724#. 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 to the second opportunity for public comment, item number 12. This public comment period is for any matter that is within the jurisdiction of the public body. Please limit your comments to three minutes. Do we have any public comment there in Carson City?

**Denice Castillo:** We do not, sir, and no one on the phone.

**Governor:** Do we have anyone here in Las Vegas?

Hearing none, we will close the public comment period.

**13. Adjournment** (For possible action)

**Governor:** Move for adjournment. Hearing unanimous, we are adjourned. Thank you, everybody.

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 9, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Dustin Speed, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF AGRICULTURE – DIVISION OF MEASUREMENT STANDARDS**

Agenda Item Write-up:

Pursuant to NRS 334.010, the division requests approval to purchase one new vehicle for a total amount not to exceed \$367,615.

Additional Information:

The division is requesting to purchase one new specialty vehicle used for testing and certifying scales. There is partial funding authority in the agency's fiscal year (FY) 2024 budget from decision unit E-712 from FY 2023 that was partially balanced forward from FY 2023 to FY 2024 in the amount of \$195,919. The purchase will be contingent upon approval of work program C66654 for \$171,696 transferred from reserves.

Statutory Authority:

NRS 334.010

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

**Department of Agriculture**  
Division of Measurement Standards



**Memo**

To: Dustin Speed, Executive Branch Budget Officer I  
From: Marko Markovic, Administrative Services Officer III Marko Markovic  
CC: Douglas Farris, Deputy Director  
William Striejewske, Administrator, Division of Measurement Standards  
Amara Vigil, Administrator, Administrative Services Division  
Cynthia Prasad, Contracts Manager (MA II)  
Date: November 07, 2023  
Subject: New Specialty Vehicle Request for Budget Account 4551

Digitally signed by Marko Markovic  
Date: 2023.11.07 12:43:53 -0800

Attached for your review and approval is a Board of Examiners Request for Approval to Purchase a State Vehicle form. This is a new specialty vehicle that is Legislatively approved in decision unit E712 for SFY23, however, due to supply chain challenges, could not be purchased in SFY23.

The Department is requesting the purchase of the following specialty vehicle:

- One (1) Palfinger PK 33002 EH-C Knuckle Boom Crane installed on 2024 Western Star 47X Chassis with standard features.

The specialty vehicle is used for testing and certifying scales that require large amounts of weights, such as highway scales (20,000 pounds as 1,000 pound weights). This primary use also explains the need for a crane as part of the vehicle. There are also a number of livestock scales on ranches that are serviced from the Las Vegas office and the semi-truck with crane is used for these inspections as well.

The truck currently in service in the Las Vegas area is a 1996 Freightliner and is well past its years of useful service, with 217,335 miles. It is repaired more often and at a higher cost. Likewise, the crane similarly requires more repair, and at higher cost.

The purchasing of the new semi-truck with crane will ensure that agency is able to successfully and timely complete all the necessary inspections as required by the Nevada Revised Statute.

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

<b>Agency Name:</b> Department of Agriculture	<b>Budget Account #:</b> 4551
<b>Contact Name:</b> William S. Striejewski	<b>Telephone Number:</b> 775-353-3726

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

**Number of vehicles requested:** 1      **Amount of the request:** \$367,614.25

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

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

Specialty vehicle - Semi truck with knuckle Boom Crane

**Mission of the requested vehicle(s):**

These vehicles will support Measurement Standards Division Staff in performing necessary inspections in Souther Nevada.

**Were funds legislatively approved for the request?**

Yes     No

**If yes, please provide the decision unit number:**

E712 SFY23 - funds carried over to SFY24

**If no, please explain how the vehicles will be funded?**

Budget account reserves for the increased cost

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

Addition(s)     1 Replacement(s)

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

Yes

**Please Complete for Replacement Vehicles Only:**

(For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)

**Current Vehicle Information:**

Vehicle #1 Model Year: 1996

Odometer Reading:

Type of Vehicle: Semi truck - 10 wheel tractor & knuckle boom crane

Vehicle #2 Model Year:

Odometer Reading:

Type of Vehicle:

Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.

If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.

Cost of the replacement vehicle increased due to supply chain issues. Agency has sufficient funds in reserves to pay for this purchase. WP will be submitted for IFC approval.

*Please attach an additional sheet if necessary*

**APPOINTING AUTHORITY APPROVAL:**

**Douglas Farris** Digitally signed by Douglas Farris  
DN: cn=Douglas Farris, o=Department of Agriculture,  
ou=State of Nevada, email=d.farris@agr.nv.gov, c=US  
Date: 2023.11.07 16:47:35 -0800

Deputy Director

11/07/2023

Agency Appointing Authority

Title

Date

**BOARD OF EXAMINERS' APPROVAL:**

Approved for Purchase     Not Approved for Purchase

Board of Examiners

Date

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2024 Western Star 47X Chassis with Palfinger PK 33002 EH-C Knuckle Boom Crane		
<b>Dealer Name:</b>	Crane Works		
<b>Delivery Location:</b>	Las Vegas, NV		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Black	<input checked="" type="checkbox"/> Cloth
			<input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 367,586.00	\$367,586.00
SPECIFY OPTIONS: (description)			\$0.00
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Document Fee		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$367,586.00
DMV Title and DRS Fee's	1	\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$367,614.25</b>

<b>Registered Owner:</b>	Agency Name & Address: NV Department of Agriculture 405 S 21 <sup>st</sup> Street Sparks, NV 89431
<b>Legal Owner:</b>	Agency Name & Address: SAME
<b>County Vehicle Based In:</b>	Clark County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	William S. Striejewski <a href="mailto:wstriejewski@agri.nv.gov">wstriejewski@agri.nv.gov</a> 775-353-3726 or 775-846-1166



1312 Barham Dr.  
San Marcos, CA 92078

Ph: 1-760-735-9793  
Fax: 1-760-735-9694

Crane-Works.com

**CRANE  
WORKS**



HOUSTON  
KANSAS CITY  
DENVER  
SAN DIEGO  
NYC/NJ  
ST LOUIS  
ORLANDO  
MIDLAND/ODESSA  
DALLAS FT WORTH

11/6/2023

Quotation #: **JA-0523-019 R1**

Nevada Department of Agriculture  
Attn: L. Kipp Blauer  
2300 East St. Louis Ave  
Las Vegas, NV. 89104

Dear Kipp,

Thank you for selecting CraneWorks for your crane needs. As per your request, we are pleased to submit the following quotation:

**Palfinger PK 33002 EH-C**  
**Knuckle Boom Crane**  
**Installed on 2024 Western Star 47X Chassis**  
**Standard Features**

- 224,940 ft./lbs. Rated lift capacity (base model)
- "C" boom configuration – 4 stage hydraulic boom extension to 40'8"
- 400 degree non-continuous Rack & pinion rotation system
- Danfoss Control Valve with Scanreco Radio Remote
- Rexroth Load Sensing Hydraulic Pump
- Dual hydraulic outriggers – hyd in/out, hydraulic up/down
- 80 gallon hydraulic oil reservoir with double filtration + oil cooler
- LED work light with switch at radio transmitter
- Paltronic PAL50 overload protection system
- High extension speed with return oil reutilization.
- BS005 Auxiliary Outriggers
- 4 x Dica Poly outrigger pads with holders
- TRAN1 – Switch with light in cab to indicate "Boom not Stowed"
- ABSTW – Switches with light in cab to indicate "Outriggers not Stowed"
- Radio remote storage box located in cab



## Included Items

- 96" wide x 21' long flatbed body
- Expanded side rails to 102"
- Full length torsion box subframe – 3" x 6" x .375" tube
- Qty.6 Sliding strap winches
- 7 gauge side & end rails
- 7/8" T&G Apitong hard wood decking
- LED marker lights
- Two 18" x 18" x 48" steel underbody toolboxes
- One 18" x 18" x 60" rigging basket
- Warning light in dash to indicate boom and outriggers not properly stowed.
- Qty.2 LED food lights on back of chassis cab
- Premiere 370A Pintle hitch
- Qty.4 amber strobe lights
- Painted Gloss Black
- Complete crane installation at rear of truck body. Includes Cal-Osha Cert

## 2024 Western Star 47X

- CUMMINS X12 475 HP
- EATON FULLER FO-18E318B-VXP ULTRASHIFT
- FRONT AXLE: DETROIT DA-F-20.0-5 RATED 20K
- FRONT SUSPENSION: FLAT LEAF RATED 23K
- REAR AXLE: RT-46-160 R-SERIES TANDEM RATED 46K
- 4.56 REAR AXLE RATIO
- REAR SUSPENSION: AIRLINER RATED 46K
- 287" WHEELBASE
- FUEL TANK 90 GALLON ALUMINUM
- FRONT TIRES: MICHELIN XFE 425/65R22.5 20 PLY ON ALUMINUM WHEELS
- REAR TIRES: MICHELIN XDN2 11R22.5 16 PLY ON ALUMINUM WHEELS
- X-SERIES BASE INTERIOR
- DRIVER SEAT :PREMIUM 2.0 HIGH BACK AIR SUSPENSION
- PASSENGER SEAT: BATTERY BOX MID BACK NON SUSPENSION

**NET SELLING PRICE:..... \$ 367,586.00 Each USD**

Price is Exworks: CraneWorks, CA.

Sales Tax is not included

FET: Not Included

Terms: 15% Non-Refundable Deposit up front w/ Balance due upon completion.

Quote valid for 90 days, Subject to prior sale.

Delivery Date: TBD

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 9, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Dustin Speed, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF AGRICULTURE – ADMINISTRATIVE SERVICES DIVISION**

Agenda Item Write-up:


Pursuant to NRS 334.010, the division requests approval to purchase five new vehicles for a total amount not to exceed \$220,593.

Additional Information:

The division is requesting to purchase two trucks and three SUV's to support activities related to the State Meat Inspection program. Funding was approved in the American Rescue Plan Act, State Meat Inspection Program grant.

Statutory Authority:

NRS 334.010

REVIEWED: 
ACTION ITEM: _____

**Department of Agriculture**  
Administrative Services Division



**Memo**

To: Dustin Speed, Executive Branch Budget Officer I  
From: Marko Markovic, Administrative Services Officer III Marko Markovic  
CC: Douglas Farris, Deputy Director  
Amara Vigil, Administrator, Administrative Services Division  
Cynthia Prasad, Contracts Manager (MA II)  
Date: October 31, 2023  
Subject: New Vehicle Request for Budget Account 4554

Digitally signed by Marko Markovic  
Date: 2023.10.31 07:50:43 -0700

Attached for your review and approval is a Board of Examiners Request for Approval to Purchase a State Vehicle form. These are 5 new vehicles that are approved in the ARPA State Meat Inspection Program grant budget.

The Department is requesting the purchase of the following vehicles:

- One (1) 2024 Ford F150 4x4 Super Crew Cab 6.5ft box.
- One (1) 2024 Ford F150 4x4 Super Crew Cab 5.5ft box.
- Three (3) 2024 Ford Explorer XLT 4x4 SUV's.

The purpose of these vehicles is to allow Nevada Department of Agriculture (NDA) employees to perform necessary activities related to the State Meat Inspection program throughout Nevada. This will ensure that agency is able to successfully and timely complete all the necessary inspections as required by the United States Department of Agriculture (USDA).

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

<b>Agency Name:</b> Department of Agriculture	<b>Budget Account #:</b> 4554
<b>Contact Name:</b> Marko Markovic	<b>Telephone Number:</b> 775-353-3741
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: <b>Number of vehicles requested:</b> <u>5</u> <b>Amount of the request:</b> <u>\$220,592.89</u> <b>Is the requested vehicle(s) new or used:</b> <u>New vehicles</u> <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>2 Pickup trucks and 3 SUV's</u> <b>Mission of the requested vehicle(s):</b> <u>These vehicles will support State Meat Inspection Program Staff in performing necessary inspections throughout the state.</u>	
<b>Were funds legislatively approved for the request?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b>  <b>If no, please explain how the vehicles will be funded?</b> <u>ARPA State Meat Inspection program funds</u>
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input checked="" type="checkbox"/> <u>5</u> Addition(s) <input type="checkbox"/> Replacement(s)	
<b>Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.</b>  <u>Yes</u>	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <u><b>Current Vehicle Information:</b></u> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:  <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:  <hr/> <i>Please attach an additional sheet if necessary</i>	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.</b>          <hr/> <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>
<b>APPOINTING AUTHORITY APPROVAL:</b>	
<small>Digitally signed by Douglas Farris DN: cn=Douglas Farris, o=Department of Agriculture, ou=State of Nevada, email=d.farris@agri.nv.gov, c=US Date: 2023.10.31 10:28:28 -0700</small> <b>Douglas Farris</b>	<b>10/31/2023</b>
Agency Appointing Authority	Deputy Director Title
	Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>	
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase	
Board of Examiners	Date

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2024 Ford F150 4x4 Super Crew Cab 6.5 ft box		
<b>Dealer Name:</b>	Gallagher Ford		
<b>Delivery Location:</b>	Dealership in Elko, NV		
<b>Vehicle Colors:</b>	Exterior: Iconic Silver	Interior: Medium Dark Slate	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 48,904.04	\$48,904.04
SPECIFY OPTIONS: (description)			
		\$	
		\$	
		\$	
		\$	
		\$	
Document Fee	1	\$294.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$49,198.04
DMV Title and DRS Fee's		\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$49,226.29</b>

<b>Registered Owner:</b>	Agency Name & Address: NV Department of Agriculture 405 S 21 <sup>st</sup> Street Sparks, NV 89431
<b>Legal Owner:</b>	Agency Name & Address: SAME
<b>County Vehicle Based In:</b>	Washoe County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Marko Markovic <a href="mailto:marko.markovic@agri.nv.gov">marko.markovic@agri.nv.gov</a> 775-353-3741 or 775-433-9323



Date: 10/30/2023  
Salesperson: Susan Grimes  
Manager: Susan Grimes  
Customer ID #: 388076

**FOR INTERNAL USE ONLY**

**BUSINESS NAME** NEVADA DEPARTMENT OF AGRICULTURE Home Phone : (775) 738-8076  
**CONTACT**  
405 S 21ST ST  
Address : SPARKS, NV 89431-5557 Work Phone :  
WASHOE  
E-Mail : Cell Phone : (775) 397-5557

**VEHICLE**  
Stock # : ORDER A004 New / Used : New VIN : Mileage: 0  
Vehicle : 2024 Ford F-150 Color :  
Type : XL 4x4 SuperCrew Cab 6.5 ft. box 15  
Body Size : Style : Weight : 0 Unit Class :

Market Value Selling Price	48,904.04
DealerDoc	294.00
Non Tax Fees	28.25
Cash Deposit	.00
Balance	49,226.29

Customer Approval: \_\_\_\_\_ Management Approval: \_\_\_\_\_  
By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2024 Ford F150 4x4 Super Crew Cab 5.5 ft box		
<b>Dealer Name:</b>	Gallagher Ford		
<b>Delivery Location:</b>	Dealership in Elko, NV		
<b>Vehicle Colors:</b>	Exterior: Iconic Silver	Interior: Medium Dark Slate	<input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 48,342.04	\$48,342.04
SPECIFY OPTIONS: (description)			
		\$	
		\$	
		\$	
		\$	
		\$	
Document Fee	1	\$294.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$48,636.04
DMV Title and DRS Fee's		\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$48,664.29</b>



<b>Registered Owner:</b>	Agency Name & Address: NV Department of Agriculture 405 S 21 <sup>st</sup> Street Sparks, NV 89431
<b>Legal Owner:</b>	Agency Name & Address: SAME
<b>County Vehicle Based In:</b>	Washoe County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Marko Markovic <a href="mailto:marko.markovic@agri.nv.gov">marko.markovic@agri.nv.gov</a> 775-353-3741 or 775-433-9323



Date: 10/26/2023  
Salesperson: Susan Grimes  
Manager: Susan Grimes  
Customer ID #: 388076

**FOR INTERNAL USE ONLY**

**BUSINESS NAME** NEVADA DEPARTMENT OF AGRICULTURE Home Phone : (775) 738-8076  
**CONTACT**  
405 S 21ST ST  
Address : SPARKS, NV 89431-5557 Work Phone :  
WASHOE  
E-Mail : Cell Phone : (775) 397-5557

**VEHICLE**  
Stock # : ORDER A002 New / Used : New VIN : Mileage : 0  
Vehicle : 2024 Ford F-150 Color :  
Type : XL 4x4 SuperCrew Cab 5.5 ft. box 14  
Body Size : Style : Weight : 0 Unit Class :

Market Value Selling Price	48,342.04
DealerDoc	294.00
Non Tax Fees	28.25
Cash Deposit	.00
Balance	48,664.29

Customer Approval: \_\_\_\_\_ Management Approval: \_\_\_\_\_  
By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2024 Ford Explorer XLT 4x4		
<b>Dealer Name:</b>	Gallagher Ford		
<b>Delivery Location:</b>	Dealership in Elko, NV		
<b>Vehicle Colors:</b>	Exterior: Iconic Silver	Interior: Medium Dark Slate	<input checked="" type="checkbox"/> <b>Cloth</b>
			<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	\$ 40,578.52	\$121,735.56
SPECIFY OPTIONS: (description)			
		\$	
		\$	
		\$	
		\$	
		\$	
Document Fee	3	\$294.00	\$882.00
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$122,617.56
DMV Title and DRS Fee's	3	\$28.25	\$84.75
<b>GRAND TOTAL:</b>			<b>\$122,702.31</b>

<b>Registered Owner:</b>	Agency Name & Address: NV Department of Agriculture 405 S 21 <sup>st</sup> Street Sparks, NV 89431
<b>Legal Owner:</b>	Agency Name & Address: SAME
<b>County Vehicle Based In:</b>	Washoe County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Marko Markovic <a href="mailto:marko.markovic@agri.nv.gov">marko.markovic@agri.nv.gov</a> 775-353-3741 or 775-433-9323



Date: 10/30/2023  
 Salesperson: Susan Grimes  
 Manager: Susan Grimes  
 Customer ID #: 388076

**FOR INTERNAL USE ONLY**

**BUSINESS NAME** NEVADA DEPARTMENT OF AGRICULTURE Home Phone : (775) 738-8076

**CONTACT**

Address : 405 S 21ST ST  
SPARKS, NV 89431-5557 Work Phone :

WASHOE

E-Mail : Cell Phone : (775) 397-5557

**VEHICLE**

Stock # : ORDER A005 New / Used : New VIN : Mileage: 0

Vehicle : 2024 Ford Explorer Color :

Type : XLT 4dr 4x4

Body Size : Style : Weight : 0 Unit Class :

Market Value Selling Price	40,578.52
DealerDoc	294.00
Non Tax Fees	28.25
Cash Deposit	.00
Balance	40,900.77

Customer Approval: \_\_\_\_\_ Management Approval: \_\_\_\_\_

By signing this authorization form, you certify that the above personal information is correct and accurate, and authorize the release of credit and employment information. By signing above, I provide to the dealership and its affiliates consent to communicate with me about my vehicle or any future vehicles using electronic, verbal and written communications including but not limited to eMail, text messaging, SMS, phone calls and direct mail. Terms and Conditions subject to credit approval. For Information Only. This is not an offer or contract for sale.

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 9, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Jenny Helton, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF BUSINESS AND INDUSTRY – HOUSING DIVISION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the division requests approval to purchase one replacement vehicle for a total amount not to exceed \$38,515.

Additional Information:

The division is requesting the purchase of one replacement vehicle to allow employees to conduct inspections for project monitoring of weatherization programs. The purchase is funded by US Department of Energy Weatherization Assistance Program grant funds approved in work program #C64965.

Statutory Authority:

NRS 334.010

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

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

JOE LOMBARDO  
Governor



TERRY REYNOLDS  
Director

STATE OF NEVADA

**DEPARTMENT OF BUSINESS AND INDUSTRY**  
**DIRECTOR'S OFFICE**  
FISCAL SERVICES

**Date:** November 7, 2023

**To:** Jenny Helton, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Heather Saunders, Administrative Services Officer  
Department of Business and Industry

**Subject:** Replacement Vehicle Request for Budget Account 4865

---

Attached for your review and approval is a Board of Examiners Request for Approval to Purchase a State Vehicle form. The request is for replacement of the Nevada Housing Division's 2005 Nissan Pick-up with current odometer reading of 112,564.

The Nevada Housing Division requests to replace this vehicle with a 2023 Chevrolet Colorado 4WD Crew Cab Trail Boss. The purpose of this vehicle is to allow employees to travel to conduct inspections for project monitoring of the Weatherization programs, as required.

If you have any questions, please contact Heather Saunders at 775-684-2997.

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

<b>Agency Name:</b> Nevada Housing Division	<b>Budget Account #:</b> 4865
<b>Contact Name:</b> Tamera Saida	<b>Telephone Number:</b> 702-486-4311

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

**Number of vehicles requested:** 1      **Amount of the request:** \$38,514.25

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

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

**Mission of the requested vehicle(s):** Weatherization inspections for project monitoring

**Were funds legislatively approved for the request?**

Yes     No

**If yes, please provide the decision unit number:**

**If no, please explain how the vehicles will be funded?**

DOE BIL grant

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

Addition       Replacement X

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

\_\_\_\_\_  \_\_\_\_\_

**Please Complete for Replacement Vehicles Only:**

(For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)

**Current Vehicle Information:**

Vehicle #1 Model Year: \_\_\_\_\_ Odometer Reading: 112,564

Type of Vehicle: 2005 Nissan pick-up truck EX75473

Vehicle #2 Model Year: \_\_\_\_\_

Odometer Reading: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.

yes

If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.

This replacement vehicle is not an upgrade.

*Please attach an additional sheet if necessary*

**APPOINTING AUTHORITY APPROVAL:**

**Steve Aichroth**

Digitally signed by: Steve Aichroth  
DN: CN = Steve Aichroth email = saichroth@housing.nv.gov C = AD O = Housing Division OU = Administrator  
Date: 2023.11.06 08:24:10 -08'00'

Agency Appointing Authority \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**BOARD OF EXAMINERS' APPROVAL:**

Approved for Purchase       Not Approved for Purchase

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

Date \_\_\_\_\_



### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2023 Chevrolet Colorado (14E43) 4WD Crew Cab Trail Boss		
<b>Dealer Name:</b>	Champion Chevrolet		
<b>Delivery Location:</b>	3300 West Sahara Ave, Las Vegas Suite 300		
<b>Vehicle Colors:</b>	Exterior: White	Interior: Jet Black	X Cloth
			<input type="checkbox"/> Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 37,000.00	\$37,000.00
SPECIFY OPTIONS: (description)			
Technology Package	1	\$950.00	
Trail Boss Convenience Package II	1	\$545.00	
Safety Package	1	\$505.00	
Trail Boss Convenience Package	1	\$375.00	
Spray-on Bedliner	1	\$475.00	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0.00	\$0.00
Total purchase price with options & Discounts			\$38,486.00
DMV Title and DRS Fee's		\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$38,514.25</b>

<b>Registered Owner:</b>	Agency Name & Address: Nevada Housing Division 3300 West Sahara Ave. Suite 300 Las Vegas, NV 89102
<b>Legal Owner:</b>	Agency Name & Address: Nevada Housing Division 3300 West Sahara Ave. Suite 300 Las Vegas, NV 89102
<b>County Vehicle Based In:</b>	Clark County
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Tamera Saida 702-486-4311



# Champion Chevrolet

Kyle Outland | 775-334-6525 | koutland@championchev.com

Vehicle: [Fleet] 2023 Chevrolet Colorado (14E43) 4WD Crew Cab Trail Boss (✔ Complete)

## Selected Model and Options

### MODEL

CODE	MODEL	MSRP
14E43	2023 Chevrolet Colorado 4WD Crew Cab Trail Boss	\$37,000.00

### COLORS

CODE	DESCRIPTION
GAZ	Summit White

### EMISSIONS

CODE	DESCRIPTION	MSRP
FE9	Emissions, Federal requirements	\$0.00

### ENGINE

CODE	DESCRIPTION	MSRP
L3B	Engine, 2.7L Turbo Plus (310 hp [231 kW] @ 5600 rpm, 391 lb-ft of torque [530 Nm] @ 2000 rpm) (STD) (When ordered with (RWQ) LPO, 2.7L Turbo High-Output Calibration, the torque changes to 430 lb-ft of torque [583 Nm] @ 3000 rpm. Requires (MFC) 8-speed Transmission.)	\$0.00

### TRANSMISSION

CODE	DESCRIPTION	MSRP
MFC	Transmission, 8-speed automatic (STD) (Included with (L3B) 2.7L Turbo Plus engine and (L3B) 2.7L Turbo High-Output engine.)	\$0.00

### AXLE

CODE	DESCRIPTION	MSRP
GU6	Rear axle, 3.42 ratio	\$0.00

### PREFERRED EQUIPMENT GROUP

CODE	DESCRIPTION	MSRP
OTR	Trail Boss Preferred Equipment Group includes standard equipment	\$0.00

### WHEELS

CODE	DESCRIPTION	MSRP
PZX	Wheels, 18" X 8.5" (45.7 cm x 21.6 cm), Black High Gloss aluminum (STD)	\$0.00

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Data Version: 18305. Data Updated: Dec 27, 2022 6:40:00 PM PST.



# Champion Chevrolet

Kyle Outland | 775-334-6525 | koutland@championchev.com

Vehicle: [Fleet] 2023 Chevrolet Colorado (14E43) 4WD Crew Cab Trail Boss (✔ Complete)

## TIRES

CODE	DESCRIPTION	MSRP
Q2P	Tires, 265/65R18 all-terrain, blackwall, 32" OD (STD)	\$0.00

## SPARE TIRE

CODE	DESCRIPTION	MSRP
XCQ	Tire, spare 265/70R17SL all-season, blackwall (STD)	\$0.00

## PAINT

CODE	DESCRIPTION	MSRP
GAZ	Summit White	\$0.00

## SEAT TYPE

CODE	DESCRIPTION	MSRP
A50	Seats, front bucket (STD)	\$0.00

## SEAT TRIM

CODE	DESCRIPTION	MSRP
H1T	Jet Black, Cloth seat trim	\$0.00

## RADIO

CODE	DESCRIPTION	MSRP
URL	11.3" diagonal advanced color LED display with Google built-in provides navigation capability, connected apps, personalized profiles for each driver's settings, Natural Voice Recognition and Phone Integration for Wireless Apple CarPlay/Wireless Android Auto for compatible phones (STD) (Terms and limitations apply.)	\$0.00

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Data Version: 18305. Data Updated: Dec 27, 2022 6:40:00 PM PST.



# Champion Chevrolet

Kyle Outland | 775-334-6525 | koutland@championchev.com

Vehicle: [Fleet] 2023 Chevrolet Colorado (14E43) 4WD Crew Cab Trail Boss (✔ Complete)

## ADDITIONAL EQUIPMENT - PACKAGE

CODE	DESCRIPTION	MSRP
CWM	Technology Package Includes (KSG) Adaptive Cruise Control, (UKK) Rear Pedestrian Alert and (UV2) HD Surround Vision (Includes (BDR) Locking Cylinder. Requires (B26) Safety Package and (PCW) Trail Boss Convenience Package II.)	\$950.00
PCW	Trail Boss Convenience Package II Includes (A2X) 8-way power driver seat, (AL9) Driver power lumbar, (PPA) EZ Lift and Lower Tailgate, (BPC) StowFlex Tailgate and (BDR) Locking Cylinder (Requires (PDA) Trail Boss Convenience Package. Not available with (B38) Vinyl floor and (H2G) Evotex seats.)	\$545.00
B26	Safety Package includes (UKI) Side Blind Zone Alert & Steering Assist, (UFB) Rear Cross Traffic Alert & Braking, (UD7) Rear Park Assist (Includes (DLF) Heated outside Rearview Mirror. Requires (PDA) Trail Boss Convenience Package or (PCW) Trail Boss Convenience Package II.)	\$505.00
PDA	Trail Boss Convenience Package includes (A28) Sliding rear window, (C49) Rear defogger and (K34) Cruise Control ((K34) Cruise control is replaced with (KSG) Adaptive Cruise Control when (CWM) Technology Package is ordered.)	\$375.00

## ADDITIONAL EQUIPMENT - EXTERIOR

CODE	DESCRIPTION	MSRP
BDR	Locking cylinder Tailgate, keyed cylinder lock (Included and only available with (PCW) Trail Boss Convenience Package II or (CWM) Technology Package.)	Inc.
CGN	Bedliner, Spray-on, Black with Chevrolet logo	\$475.00
DLF	Mirrors, outside heated power-adjustable (Included and only available with (B26) Safety Package.)	Inc.
DP6	Mirror caps, painted (Painted Black. Included and only available with (B26) Safety Package.)	Inc.
PPA	Tailgate, EZ-Lift and Lower (Included and only available on (PCW) Trail Boss Convenience Package II.)	Inc.
BPC	StowFlex Tailgate, storage compartment, lockable (Included and only available on (PCW) Trail Boss Convenience Package II.)	Inc.

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Data Version: 18305. Data Updated: Dec 27, 2022 6:40:00 PM PST.



# Champion Chevrolet

Kyle Outland | 775-334-6525 | koutland@championchev.com

Vehicle: [Fleet] 2023 Chevrolet Colorado (14E43) 4WD Crew Cab Trail Boss (✔ Complete)

## ADDITIONAL EQUIPMENT - INTERIOR

CODE	DESCRIPTION	MSRP
A2X	Seat adjuster, driver 8-way power (Included and only available on (PCW) Trail Boss Convenience Package II.)	Inc.
AL9	Seat adjuster, power driver lumbar control (Included and only available on (PCW) Trail Boss Convenience Package II.)	Inc.
A28	Window, rear-sliding, manual (Included and only available with (PDA) Trail Boss Convenience Package.)	Inc.
KSG	Adaptive Cruise Control (Included and only available with (CWM) Technology Package.)	Inc.
C49	Defogger, rear-window electric (Included and only available with (PDA) Trail Boss Convenience Package.)	Inc.

## ADDITIONAL EQUIPMENT - SAFETY-INTERIOR

CODE	DESCRIPTION	MSRP
UV2	HD Surround Vision (Included and only available with (CWM) Technology Package. Not available with (UVB) HD Rear Vision Camera.)	Inc.
UD7	Rear Park Assist (Included and only available with (B26) Safety Package.)	Inc.
UKI	Blind Zone Steering Assist (Included and only available with (B26) Safety Package.)	Inc.
UFB	Rear Cross Traffic Braking (Included and only available with (B26) Safety Package.)	Inc.
UKK	Rear Pedestrian Alert (Included and only available with (CWM) Technology Package.)	Inc.
<b>Options Total</b>		<b>\$2,850.00</b>

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Data Version: 18305. Data Updated: Dec 27, 2022 6:40:00 PM PST.





## Champion Chevrolet

Kyle Outland | 775-334-6525 | koutland@championchev.com

Vehicle: [Fleet] 2023 Chevrolet Colorado (14E43) 4WD Crew Cab Trail Boss (✓ Complete)

### Price Summary

#### PRICE SUMMARY

	MSRP
Base Price	\$37,000.00
Total Options	\$2,850.00
Vehicle Subtotal	\$39,850.00
Destination Charge	\$1,495.00
<b>Grand Total</b>	<b>\$41,345.00</b>

**Your Cost \$38,486.00 + \$28.25 Title Fee**

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Data Version: 18305. Data Updated: Dec 27, 2022 8:40:00 PM PST.

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 14, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Richard Jacobs, Executive Branch Budget Officer  
Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – DIRECTOR'S  
OFFICE – WATER CONSERVATION AND INFRASTRUCTURE**

Agenda Item Write-up:

Pursuant to NRS 334.010, the division requests approval to purchase one new vehicle for a total amount not to exceed \$56,954.

Additional Information:

The division is requesting to purchase one new vehicle within budget account 4159 which is 100% funded with American Rescue Plan Act funds. Currently, the Bureau of Water Conservation and Infrastructure does not have a vehicle to provide fieldwork or site visits. This vehicle will be utilized in relation to the Nevada Water Conservation Infrastructure Initiative. Given the location of many of these projects, it is necessary for the vehicle to be off-road capable.

Statutory Authority:

NRS 334.010

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

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



JOE LOMBARDO  
Governor



JAMES A. SETTELMAYER  
Director

Division of Environmental Protection  
Division of Water Resources  
Division of Forestry  
Division of State Parks  
Division of State Lands  
Division of Natural Heritage  
Division of Outdoor Recreation

DOMINIQUE ETCHEGOYHEN  
Deputy Director

CHAD J. STEPHENS  
Deputy Director

State Historic Preservation Office  
Conservation Districts Program  
Sagebrush Ecosystem Program  
Off-Highway Vehicles Program  
Conserve Nevada Program

Office of the Director  
901 S. Stewart Street, Suite 1003/Carson City, Nevada 89701  
Phone: 775.684.2700/Fax: 775.684.2715  
www.dcnr.nv.gov

### **Nevada Department of Conservation and Natural Resources**


Date: November 8, 2023  
To: Richard Jacobs, Budget Analyst, GFO  
Through: James A. Settelmeyer, Director  
From: Brandon Bishop, Administrative Services Officer, NWCII  
Subject: January 2024 BOE Agenda Item Request

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Please see attached request for the January 2024 BOE agenda. This request is to purchase 1 vehicle for the Nevada Water Conservation Infrastructure Initiative. This vehicle will be utilized for fieldwork and site visits in relation to the implementation of the NWCII. Given the location of many of these projects, it is necessary for the vehicle to be off highway capable. To meet this capability and state vehicle efficiency standards, a hybrid option was selected for this program.

Due to supply chain issues, new vehicles are purchased as they become available to dealerships. Approving the attached request will give DCNR the flexibility to work with the dealership to purchase this vehicle in a timely manner.

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

<b>Agency Name:</b> DCNR Director's Office	<b>Budget Account #:</b> 4159
<b>Contact Name:</b> Brandon Bishop	<b>Telephone Number:</b> 775-684-2707
<p>Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:</p> <p><b>Number of vehicles requested:</b> <u>1</u>                      <b>Amount of the request:</b> <u>\$56,953.25</u></p> <p><b>Is the requested vehicle(s) new or used:</b> <u>New</u></p> <p><b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b>  <u>1 hybrid truck</u></p> <p><b>Mission of the requested vehicle(s):</b></p> <p><small>The vehicle will be utilized in the implementation of the Nevada Water Conservation Infrastructure Initiative. This vehicle will be utilized for field work and site visits to remote locations in Nevada. The NWCI has reached out to other DCNR agencies possessing 4x4 capable vehicles. The vehicles that are being possessed currently exceed SAM and most have mechanical issues that place them outside of their useful life. There are currently no vehicles assigned to the Director's Office for program operation. This vehicle would be purchased for the implementation of the NWCI.</small></p>	
<b>Were funds legislatively approved for the request?</b>  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b>  <b>If no, please explain how the vehicles will be funded?</b> The vehicle will be funded through BA4159 administrative program funding.
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input checked="" type="checkbox"/> <u>1</u> Addition(s) <input type="checkbox"/> Replacement(s)	
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b> No, the vehicle will be used in off-road terrain. The Department has identified a hybrid option with 4x4 capability.	
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle:  <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</b>  N/A  <hr/> <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>  N/A
<i>Please attach an additional sheet if necessary</i>	
<b>APPOINTING AUTHORITY APPROVAL:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"></div> <div style="width: 30%; text-align: center;"><u>Director DCNR</u></div> <div style="width: 30%; text-align: right;"><u>11/8/23</u></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">Agency Appointing Authority</div> <div style="width: 30%; text-align: center;">Title</div> <div style="width: 30%; text-align: right;">Date</div> </div>	
<b>BOARD OF EXAMINERS' APPROVAL:</b>  <input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase  <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;">Board of Examiners</div> <div style="width: 40%;">Date</div> </div>	

## Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2024 Ford F150 Crew Cab 4x4 Hybrid Powerboost		
<b>Dealer Name:</b>	Corwin Ford 3600 Kietzke Lane Reno, NV 89502		
<b>Delivery Location:</b>	3600 Kietzke Lane Reno, NV 89502		
<b>Vehicle Colors:</b> White	Exterior: White	Interior: Med Dark Slate Cloth	x Cloth  Vinyl
	<b>Quantity</b>	<b>Unit Cost</b>	<b>Total Cost</b>
<b>BASE PRICE</b> (Reno, Carson City or Las Vegas delivery)	1	\$ 56,925.00	\$56,925.00
<b>SPECIFY OPTIONS:</b> (description)			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
<b>DELIVERY COST:</b> (If other than Reno\Carson or Las Vegas)		\$0	
Total purchase price with options			\$56,925.00
DMV Title and DRS Fee's		\$28.25	\$56,953.25
<b>GRAND TOTAL:</b>			\$56,953.25

<b>Registered Owner:</b>	Agency Name & Address: Nevada Department of Conservation and Natural Resources, Director's Office 901 S. Stewart St, Ste. 1003 Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Nevada Department of Conservation and Natural Resources, Director's Office 901 S. Stewart St, Ste. 1003 Carson City, NV 89701
<b>County Vehicle Based In:</b>	Carson City
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Brandon Bishop 775-684-2707



Invoice # 11/8/2023

**Corwin | Ford**  
RENO

Sales • Service • Used Cars & Trucks

3600 KIETZKE LANE  
RENO, NV 89502

Customer # DEPT OF CONSERVATION

P.O. BOX 12970  
RENO, NV 89510

Sold to:

775-829-3206 Direct

Address:

City, State &  
Zip Code

VIN	Year	Make	Model
	2024	Ford	F150
Salesperson	Deal #		PO #
Dennis Tagliarino			

**2024 FORD F150 CREW CAB 4X4 HYBRID POWERBOOST**

**OXFORD WHITE EXTERIOR/ MED DARK SLATE CLOTH**

**302A XLT EQUIPMENT SERIES**

**3.5 HYBRID V6/ HEV 10 SPEED AUTO**

**3.73 ELEC REAR AXLE**

**50 STATE EMISSIONS**

**MOBILE OFFICE/FOLD FLAT STORAGE**

**TRAY STYLE FLOOR LINERS/ POWER MIRRORS**

**PRO-POWER ONBOARD 2.4KW**

**TOTAL COST \$56,925 PLUS \$28.25 TITLE FEE**

**Thank you for your  
business!**

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 14, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Mackey-Garrison, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CORRECTIONS – ELY STATE PRISON**

Agenda Item Write-up:


Pursuant to NRS 334.010, the department requests approval to purchase one replacement garbage truck for a total amount not to exceed \$202,029.

Additional Information:

The department is requesting the purchase of one garbage truck for Ely State Prison. Funding has been appropriated from the 2023 Legislative Session through Assembly Bill 507 Section 18.

Statutory Authority:

Assembly Bill 507, Section 18

REVIEWED: 
ACTION ITEM: _____

Joe Lombardo  
Governor

James E. Dzurenda  
Director

Kristina Shea  
Deputy Director  
Support Services



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

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

**STATE OF NEVADA**  
**Department of Corrections**

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**MEMORANDUM**

**Date:** October 10, 2023  
**To:** Amy Stephenson, Clerk of the Board, Clerk of the Board  
Governor's Finance Office  
**From:** Kristina Shea, Deputy Director of Support Services, NV Department of Corrections  
**Subject:** Replacement Garbage Truck for Budget Account 3751 / 3714

Ely State Prison (ESP) currently has nine front loaded dumpsters which are not compatible to the equipment used by the local disposal service, Ely Disposal, requiring waste from ESP to be dumped on the ground before being loaded into Ely Disposal's dumpsters and allowing for the local service to use their own equipment. This method of transfer is difficult on the institution's dumpsters, creating an unhealthy, unsanitary, and unsafe environment. ESP generates enormous amounts of refuse which requires a reliable method of disposal.

The current garbage truck utilized inside of ESP is a 1989 Volvo model, more than thirty-three years old; Maintenance and parts for the vehicle are difficult to obtain, obsolete, or even more difficult when it comes to repair. The dumpsters inside the institution must be emptied daily, creating an immediate problem when the garbage truck does not function properly or is down for repair. If the garbage truck is out of service the institution has very few, if any, options. Ely is a rural community with only one disposal company.

On September 5, 2023, ESP's garbage truck caught fire while enroute to the landfill. The driver was able to evacuate and call 911. Once extinguished, the truck was deemed inoperable and towed back to ESP.

ESP was appropriated \$202,000.00 in Assembly Bill 507 Section 18, in the 82<sup>nd</sup> Legislative Session.

Kristina Shea, Deputy Director  
Nevada Department of Corrections

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

<b>Agency Name:</b> NV Department of Corrections / Ely State Prison	<b>Budget Account #:</b> 440/3714
--	--------------------------------------

<b>Contact Name:</b> Kristina Shea	<b>Telephone Number:</b> (775) 977-5707
---------------------------------------	--

Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: \$202,028.25

**Number of vehicles requested:** 1 (ONE)      **Amount of the request:** \_\_\_\_\_

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

**Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:** \_\_\_\_\_

**Mission of the requested vehicle(s):** To pick up and dispose trash from multiple locations inside of Ely State Prison

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

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

\_\_\_ Addition(s)     1 Replacement(s)

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

Yes

<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <u><b>Current Vehicle Information:</b></u> Vehicle #1 Model Year: 1989 Odometer Reading: 53254 Type of Vehicle: Volvo Garbage Truck  <hr/> Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. N/A   <hr/> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A
--	---

*Please attach an additional sheet if necessary*

**APPOINTING AUTHORITY APPROVAL:**

<b>Marko Markovic</b> <small>Digitally signed by Marko Markovic Date: 2023.11.21 14:01:05 -08'00'</small>	Administrative Services Officer IV	11/21/2023
Agency Appointing Authority	Title	Date

**BOARD OF EXAMINERS' APPROVAL:**

Approved for Purchase     Not Approved for Purchase

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

\_\_\_\_\_  
Date



## Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2005 Mack Amrep 40 yard Front Load Garbage Truck		
<b>Dealer Name:</b>	McCandless Truck Center		
<b>Delivery Location:</b>	Ely State Prison		
<b>Vehicle Colors:</b>	Exterior:	Interior:	Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 202,000.00	\$202,000.00
SPECIFY OPTIONS: (description)			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	\$0	\$0
Total purchase price with options			\$202,000.00
DMV Title and DRS Fee's	1	\$28.25	\$28.25
<b>GRAND TOTAL:</b>			<b>\$202,028.25</b>

<b>Registered Owner:</b>	Agency Name & Address: State of Nevada, Department of Corrections 5500 E Snyder Ave Carson City, NV 89701
<b>Legal Owner:</b>	Agency Name & Address: Same
<b>County Vehicle Based In:</b>	Ely
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Marko Markovic 775-977-5616

# McCANDLESS TRUCK CENTER

Quote # 090823

September 9<sup>th</sup> 2023

Unit	Description
2005 Mack Amrep 40 Yard Front Load Garbage Truck	VIN: 1M2K189C95M027775 Stock: 14935

**Remarks:**

2005 Mack MR688S Front Load Garbage Truck, 116,683 Miles, Mack AI (350 HP), Allison 4500 Automatic Transmission, 58,000 GVW (18K Front, 40,000K Rear), Inter-Axle Lock, Spring Suspension, A/C, Amrep AMHFLPO-21 40 Yard, Full Eject, In-Cab & Outside Controls, Very Clean Ex-Gov't Unit  
Sale includes all packer cylinders repacked with new seals. Included also is a rear view camera and hopper camera. LED light all around. New Brakes, New Drums, New Tires, Service Engine and Transmission oil

**Price: \$202,000.00**

FOB: ELY State Prison

\*McCandless Truck Center must be paid in full before unit can be delivered.

Zach McCandless  
General Manager  
McCandless Truck Center  
303-817-6007  
[zach@mctrux.com](mailto:zach@mctrux.com)



McCandless Truck Center, LLC  
3780 Losee Rd, N. Las Vegas, NV  
702-642-8789  
[www.mctrux.com](http://www.mctrux.com)



Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 8, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Matthew Brown, 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 a former employee Lupita Martinez to do apprenticeship compliance work for the Department of Business and Industry, Office of Labor Commissioner through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Martinez retired from the Department of Business and Industry, Office of Labor Commissioner on August 7, 2023 and is receiving pension benefits. As the interim Chief Investigator, Ms. Martinez will assist the Labor Commissioner, the State Apprenticeship Director, and the agency in developing new Registered Apprenticeship programs to increase the apprenticeship pipeline. She will also assist in training a new Chief Compliance Audit Investigator. The office requests to contract with Ms. Martinez from January 1, 2024 through March 29, 2024 on a part-time basis up to 20 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

November 7, 2023

**MEMORANDUM**

**To:** Matthew Brown  
**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 Lupita Martinez who Manpower wants to hire. Lupita has recently left state service and will be collecting PERS.

Manpower is aware that this request will need BOE approval.

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

JOE LOMBARDO  
Governor



TERRY REYNOLDS  
Director

STATE OF NEVADA

**DEPARTMENT OF BUSINESS AND INDUSTRY**  
**DIRECTOR'S OFFICE**  
FISCAL SERVICES

**Date:** November 6, 2023

**To:** Annette Morfin  
Purchasing Officer II

**From:** Terry Reynolds, Director  
Department of Business and Industry

**Subject:** Authorization to Contract with a Former Employee – Lupita Martinez

---

The Department of Business and Industry, Office of the Labor Commissioner is requesting to hire with a former employee, Lupita Martinez, through the use of Manpower Staffing Agency. This request is made in accordance with the State Administrative Manual Chapter 0323.

In her previous position as the Chief Compliance Audit Investigator (Chief Investigator), Ms. Martinez performed statewide regulation in accordance with the Apprenticeship Utilization Act (AUA) (NRS 338.01165), and she provided technical assistance and oversight for apprentice utilization, registered apprenticeship programs and programs seeking to become registered apprenticeship programs. As the interim Chief Investigator, Ms. Martinez will assist the Labor Commissioner, the State Apprenticeship Director and the agency in developing new Registered Apprenticeship Programs to increase the apprenticeship pipeline. She will work from January 1, 2024 – March 29, 2024 and we anticipate paying her \$45.18 per hour.

Upon completion of her work, the agency will have created new Registered Apprenticeship Program standard and more apprentices.

Please contact me if additional information or clarification is needed. My phone number is 775-684-2995 or I can be contacted via email at [treynolds@business.nv.gov](mailto:treynolds@business.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>	Lupita Martinez		
<b>Former Employee ID Number:</b>	10331		
<b>Former Job Title:</b>	Chief Compliance Audit Investigator		
<b>Former Employee Agency:</b>	Office of the Labor Commissioner (Department of Business & Industry)		
<b>Former Class and Grade:</b>	<b>Class:</b>	11.360	<b>Grade:</b> 37
<b>Former Employment Dates:</b>	<b>From:</b>	7/1/1996	<b>To:</b> 8/7/2023
<b>Requesting Agency:</b>	Office of the Labor Commissioner		
<b>Vendor:</b>	Manpower		

**Please mark which of the following applies and complete Sections 'A' through 'M' below:**

<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Assist with the compliance of apprentice utilization on public works projects and prevailing wage responsibilities of the Office of the Labor Commissioner as required by Nevada Revised Statutes (NRS) sections 338 and 610 and Nevada Administrative Code (NAC) sections 338 and 610.
<b>B</b>	<b>Document former job description.</b> Supervise investigators and administrative staff and perform investigations and monitoring of wage claims and employment complaints, apprentice utilization on public works projects, prevailing wage, and misclassification violations. Review public works projects and verify compliance with the Apprenticeship Utilization Act. Oversee PEA and PEO applications and licensing.
<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> Ms. Martinez has specialized knowledge of the agency's operations, Nevada statutes and regulations, and case law. She will help meet the needs of State Apprenticeship Director as she works with the Accelerating Nevada Apprenticeships for All (ANAA) grant program to create new and expand existing Registered Apprenticeship Programs (RAPs) and to connect



	individuals to career pathways in high-demand sectors such as healthcare, teaching, and information technology. Her tasks should be complete in 13 weeks.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b> Experience is critical to this position, and we need Ms. Martinez's expertise to work on existing apprenticeship development project. Ms. Martinez would provide technical assistance and oversight for the compliance of registered apprenticeship programs, programs seeking to become registered apprenticeship programs, and apprentice utilization on public works and prevailing wage projects, as required by Nevada Revised Statutes §§ 338 and 610 and Nevada Administrative Code §§ 338 and 610..
<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> There is no relationship.
<b>F</b>	<b>List contractors' hourly rate.</b> Temp Employee hourly rate: \$45.18 per hour. Temp Employee Hourly Rate with 25% Admin Fee:\$56.48
<b>G</b>	<b>List the range of comparable State employee rates.</b> Vacant, Chief Compliance Auditor Investigator (Chief Investigator), Grade 37, Hourly Rate Range: \$30.32 to \$48.18 \$63,308.16 to \$94,335.84 approximately annual salary
<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> The contract rate does not exceed the maximum rate.
<b>I</b>	<b>Document justification for hiring contractor.</b> Work with the Labor Commissioner and State Apprenticeship Director to support the development, modernization, and diversification of new and expand existing Registered Apprenticeship Programs. Help train the new Chief Compliance Audit Investigator in apprenticeship programs and utilization. She is uniquely qualified to help the agency make the transition.
<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> Upon December BOE approval to March 29, 2024.
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b> Part time. 20 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:**  
For this contract hire we will be using authorized Accelerating Nevada Apprenticeship for All (ANAA) grant funding. A work program will be necessary.



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



Signature of Agency Head Authorizing Request

11/6/2023

Date



for Gideon Davis

11-07-23

Purchasing Administrator Signature (if a Statewide Contract)

Date



Budget Analyst Signature

Nov 17 2023

Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 9, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Matthew Brown, 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 a former employee Barron Lauderbaugh for the Department of Transportation, Multimedia Division through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

Additional Information:

Mr. Lauderbaugh retired from the Department of Transportation as Multimedia Division Chief on September 11, 2023 and is receiving pension benefits. There are currently no staff to perform the work of the Multimedia Division, which utilizes advanced software and equipment. The division requests to contract with Mr. Lauderbaugh from December 12, 2023 through June 11, 2024 on a part-time basis up to 20 hours per week.

Statutory Authority:

NRS 333.705 (1)

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



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*  
515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: (775) 684-0170 | Fax: (775) 684-0188

November 6, 2023

**MEMORANDUM**

**To:** Budd Milazzo  
**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 Barron Lauderbaugh who Manpower wants to hire. Barron has recently left state service and will be collecting PERS.

Manpower is aware that this request will need 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

November 6, 2023

**To:** Department of Administration, Purchasing Division  
**From:** Tracy Larkin Thomason, Director  
**Subject:** Authorization to Contract with a Former Employee – Barron Lauderbaugh

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### SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with the retired state employee, Barron Lauderbaugh, the former Chief of the Multimedia Division. Mr. Lauderbaugh retired from state service on September 11, 2023. After the retirement of Michelle Austin on September 24, 2023, NDOT's Multimedia Division is completely vacant, despite ongoing needs of the Department. If this authorization to contract is approved, Mr. Lauderbaugh would contract through a temporary staffing agency (Manpower) to complete critical projects and help transition his successor. Mr. Lauderbaugh will not be working remotely.

### BACKGROUND

There are insufficient NDOT in-house staff and expertise to perform the work of the Multimedia Division, which utilizes advanced software and equipment to prepare reports, mount maps and other media, and generally assist divisions with important design work.

Mr. Lauderbaugh retired from NDOT as Chief of the Multimedia Division with nearly 30 years of experience. In his role, he was responsible for design work that supported hundreds of NDOT projects and programs. His knowledge and experience will be a benefit to NDOT to help ensure other NDOT divisions, as well as statewide projects and programs, have the necessary design expertise.

### RECOMMENDATION

We respectfully request your consideration for approval for a temporary staffing agency to engage Mr. Lauderbaugh as a member of their team to ensure continuity in design services for the Department.

DocuSigned by:

A handwritten signature in blue ink, appearing to read "Tracy Larkin Thomason", is enclosed in a rounded rectangular box.

59F62CD438AD46A...

Tracy Larkin Thomason, 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>	Barron Lauderbaugh		
<b>Former Employee ID Number:</b>	11143		
<b>Former Job Title:</b>	Multimedia Division Chief		
<b>Former Employee Agency:</b>	Nevada Department of Transportation		
<b>Former Class and Grade:</b>	<b>Class:</b>	CARTOGRAPHIC/GRAPHICS TECHNICIAN IV	<b>Grade:</b> 34
<b>Former Employment Dates:</b>	<b>From:</b>	July 27, 1994	<b>To:</b> September 11, 2023
<b>Requesting Agency:</b>	Nevada Department of Transportation		
<b>Vendor:</b>	Manpower		

**Please mark which of the following applies and complete Sections 'A' through 'M' below:**

<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Serve as interim chief of Multimedia Division with responsibility for design, mounting, and printing efforts that support NDOT projects and programs.
<b>B</b>	<b>Document former job description.</b> Chief of Multimedia Division with responsibility for design, mounting, and printing efforts that support NDOT projects and programs.
<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. Mr. Lauderbaugh, who worked for NDOT for 30 years, has specialized knowledge and expertise in design software (e.g., Adobe suite of products) and equipment used to print and mount projects.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b> The remaining two employees in this division retired in September 2023, and no other NDOT employees have the same level of knowledge and experience with these tools.

<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>
	The contractor's hourly rate with fees is \$50.00 per hour. The temp employee's hourly rate without fees is \$41.45 per hour.
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	\$39.48 (Grade 34) CARTOGRAPHIC/GRAPHICS TECHNICIAN IV
<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 remaining two employees in this division retired in September 2023, and no other NDOT employees have the same level of knowledge and experience with these tools and softwares to accomplish the work.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Start Date: December 12, 2023 End Date: June 11, 2024
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part-time, 20 hours
<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:  10/03/2023  
Signature of Agency Head Authorizing Request Date

*Linda DeLoach* for Gideon Davis 11-06-23  
Purchasing Administrator Signature (if a Statewide Contract) Date

 Nov 17 2023  
Budget Analyst Signature Date

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



Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 9, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Matthew Brown, 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, Department of Administration, Purchasing Division requests authority to contract with a former employee Deborah Hassett to assist with Human Resources for the Department of Health and Human Services, Division of Child and Family Services through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Hassett retired from the Division of Child and Family Services on January 14, 2023 and is receiving pension benefits. Her experience as a Division Administrator benefits the human resources section which has been resource constrained due to extensive workload of recruitment, retention, and hiring of contracted employees. Ms. Hassett can train and assist with recruitment of staffing resources. The office requests to contract with Ms. Hassett from January 1, 2024 through June 30, 2024 on a part-time basis up to 20 hours per week working remotely.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

October 20, 2023

**MEMORANDUM**

To: Budd Milazzo

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 Deborah Hassett who Manpower wants to hire. Deborah has recently left state service and will be collecting PERS.

Manpower is aware that this request will need BOE approval.

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

Joe Lombardo  
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.*



Marla McDade  
Williams  
Administrator

**Date:** October 9, 2023

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

**From:** Heather Bugg, Admin Services Officer IV  
Division of Child and Family Services

A handwritten signature in blue ink that reads "Heather Bugg".

**Subject:** Authorization to Contract with Former Employee – Deborah Hassett

The Division of Child and Family Services (DCFS) is requesting to contract with a form employee, Deborah Hassett, through the use of Manpower, Inc. The request is made in accordance with the State Administrative Manual Chapter 0323. In her previous position, Ms. Hassett worked for the Department of Health and Human Services and in the realm of human resource management.

Human resources have been impacted by staff vacancies, recruiting, hiring of temporary contracted staff, background checks for staff and HR investigations. Temporary employment contracts are now issued to a greater extent than in prior years as the state has been faced with a critical labor shortage. The increased volume and longer process required to complete contracts has resulted in an increase in the workload within Human Resources. With approval of ARPA funding, human resource services are needed to efficiently recruit and retail our workforce to pre-pandemic levels.

Through this contract, she will work part-time as needed assisting recruitments, processing all human resources paperwork, policies and procedures and investigations. She will also be identifying areas to enhance processes to improve workflow efficiency. Ms. Hassett is working remotely due to limited space in the Carson City Central Office.



**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>	Deborah Hassett		
<b>Former Employee ID Number:</b>	11664		
<b>Former Job Title:</b>	Division Administrator		
<b>Former Employee Agency:</b>	DHHS/DCFS		
<b>Former Class and Grade:</b>	<b>Class:</b>	U4108	<b>Grade:</b> Unclassified
<b>Former Employment Dates:</b>	<b>From:</b>	02/23/98	<b>To:</b> 1/14/23
<b>Requesting Agency:</b>	Division of Child and Family Services		
<b>Vendor:</b>	Manpower		

**Please mark which of the following applies and complete Sections ‘A’ through ‘M’ below:**

<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> This position will work part-time as needed assisting in position recruitments, processing all human resources paperwork, policies & procedures, and investigations. Also identifying areas to enhance processes to improve workflow efficiency.
<b>B</b>	<b>Document former job description.</b>
<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> Ms. Hassett has worked for the Department of Health and Human Services and in the realm of human resource management and recently retired as the Division Administrator. Her experience, knowledge and skill set will benefit the Human Resource section which has been resource constrained due extensive workload of recruitment, retention and hiring of contracted employees. Ms. Hassett would be able to start with little training and make a material impact for our recruitment of staffing resources.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>

	Human resources have been impacted by staff vacancies, recruiting, hiring of temporary contracted staff, background checks for staff and HR investigations. Temporary employment contracts are now issued to a greater extent than in prior years as the state has been faced with a critical labor shortage. The increased volume and longer process required to complete contracts has resulted in an increase in the workload within Human Resources. With approval of ARPA funding, human resource services are needed to efficiently recruit and retain our workforce to pre pandemic levels.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	No
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$72.80 hr employee rate/ Manpower bill to rate to agency: \$91.00
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	Grade 41 step 1 \$34.54 – step 10 \$54.26
<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>
	The hourly rate was set similar to the experience of other contractors, since Ms. Hassett is not receiving benefits the hourly rate was set at a rate for Ms. Hassett's experience and expertise.
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Staffing shortage
<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>
	01/01/2024 - 6/30/2024
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part-time - 20 hours per week or as needed
<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:**

*Marla McDade Williams*

10/9/2023

Signature of Agency Head Authorizing Request

Date

*Linda DeLoach* for Gideon Davis

10-20-23

Purchasing Administrator Signature (if a Statewide Contract)

Date



Nov 17 2023

Budget Analyst Signature

Date

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

\_\_\_\_\_  
Date

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 9, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Matthew Brown, 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, Department of Administration, Purchasing Division requests authority to contract with a former employee Sherri McGee to assist the Director of the Nevada Department of Transportation in developing interstate data infrastructure and data sharing agreements, policies, and standards through statewide contract 99SWC-S1406 Marathon Staffing Group Inc.

Additional Information:

Ms. McGee retired from the Department of Transportation (NDOT) on May 1, 2023 and is receiving pension benefits. Her experience as a Chief of Information Technology provides knowledge of Data Governance and inter-agency data sharing and an overall knowledge of federal, state, and local agency requirements, policies, and procedures. The office requests to contract with Ms. McGee from December 12, 2023 through June 12, 2024 on a part-time basis up to 20 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*  
515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: (775) 684-0170 | Fax: (775) 684-0188

November 6, 2023

**MEMORANDUM**

To: Budd Milazzo

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 Sherri McGee who Marathon wants to hire. Sherri recently left state service and is collecting PERS.

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

If you have any questions, please contact me at [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

November 6, 2023

**To:** Department of Administration, Purchasing Division  
**From:** Tracy Larkin Thomason, Director  
**Subject:** Authorization to Contract with a Former Employee – Sherri McGee

---

### SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Sherri McGee. Mrs. McGee retired from state service on May 1, 2023. She is employed by Marathon Services, who is proposing to utilize Mrs. McGee, part time, as a Program Manager for her knowledge of Data Governance and inter-agency data sharing plus an overall knowledge of Federal, State, and local agency requirements, policies, and procedures. She is very familiar with the needs of NDOT regarding consultant services and will help meet NDOT's needs for data governance demands that current staff cannot supply. Mrs. McGee will not be working remotely.

### BACKGROUND

NDOT has interest in developing interstate data infrastructure and data sharing agreements, policies, and standards. Working closely with neighboring States to define data policies and standards and promote their use by all States. Additionally, we are building an Enterprise Data and Analytics Program, building a detailed Data Literacy Program for NDOT, and a Data Governance introduction for employee On-Boarding including policies, standards, procedures, and stewardship.

The existing NDOT IT staff does not have the capacity or required skill set to take on this endeavor. Due to the complexities and intricacies of this interstate effort, it is imperative that we secure a program manager who can understand, evaluate, and effectively manage multifaceted and multi-state data and infrastructure requirements and has a background in program management. This project also requires the program manager to understand the complex technical data and integrations within our current environment and neighboring state systems.

### RECOMMENDATION

We respectfully request your consideration for approval of Marathon Services to engage Mrs. McGee to fill the role as Program Manager as needed in developing data infrastructure and data sharing agreements, Data Literacy Program for NDOT, and to working with NDOT's Enterprise Data and Analytics Program.

DocuSigned by:

*Tracy Larkin Thomason*

Tracy Larkin Thomason, 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			
Former Employee Name:	Sherri McGee		
Former Employee ID Number:	20106		
Former Job Title:	Chief, Information Technology		
Former Employee Agency:	Nevada Department of Transportation		
Former Class and Grade:	Class:	Chief IT Manager	Grade: 45
Former Employment Dates:	From:	December 7, 1999	To: May 1, 2023
Requesting Agency:	Nevada Department of Transportation		
Vendor:	Marathon Staffing		

**Please mark which of the following applies and complete Sections 'A' through 'M' below:**

<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all the contracted services.
	<b>Summarize scope of contract work.</b>
<b>A</b>	Mrs. McGee will be assisting the Director of NDOT in developing interstate data infrastructure and data sharing agreements, policies, and standards. She will work closely with neighboring States to define data policies and standards and promote their use by all States. Additionally, she will assist our Chief Data Officer in building Enterprise Data and Analytics Program policies and standards, building a detailed Data Literacy Program for NDOT, and a Data Governance introduction for employee On-Boarding including policies, standards, procedures, and stewardship.
	<b>Document former job description.</b>
<b>B</b>	Incumbent directed and managed IT functions for a department or division with direct responsibility for an annual IT operation and maintenance budget and development projects' funds. Incumbent also planned and implemented IT initiatives, where the responsibility for failure fell on the incumbent, with a critical level of financial risk, critical level of legal or physical risk, and at least high positive or negative consequences to State government and citizens.
	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b>
<b>C</b>	Yes, employee is being hired for her knowledge of Data Governance and inter-agency data sharing plus an overall knowledge of Federal, State, and local agency requirements, policies, and procedures. She is very familiar with the needs of

	NDOT regarding consultant services and will help meet NDOT's needs for data governance demands that current staff cannot supply. All information related to NDOT is public information with no confidential/specialized processes.
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>The existing NDOT IT staff does not have the capacity or required skill set to take on this endeavor. Due to the complexities and intricacies of this interstate effort, it is imperative that we secure a program manager who can understand, evaluate, and effectively manage multifaceted and multistate data and infrastructure requirements and has a background in program management. This project also requires the program manager to understand the complex technical data and integrations within our current environment and neighboring state systems. Our current project management staff does not have these skills, years of experience, working knowledge of our current technical environment/department history, nor the capacity to take on this project. Finding someone with the required skills for this project is exceedingly rare in a state employee or an MSA contractor.</p>
<b>E</b>	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p> <p>None, no relationships exist</p>
<b>F</b>	<p><b>List contractors' hourly rate.</b></p> <p>The contractor's hourly rate with fees is \$150.00 per hour. The temp employee's hourly rate without fees is \$120.10 per hour.</p>
<b>G</b>	<p><b>List the range of comparable State employee rates.</b></p> <p>\$65.33 (Grade 45) Chief IT Manager</p>
<b>H</b>	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b></p> <p>The proposed contract rate is comparable to the average private consultant rate for the previous employee's qualifications and experience. Due to scope of developing interstate data infrastructure and data sharing agreements, policies, and standards, as well as, assisting our Chief Data Officer in building Enterprise Data and Analytics Program policies and standards, building a detailed Data Literacy Program for NDOT, and a Data Governance introduction for employee On-Boarding including policies, standards, procedures, and stewardship, a contract term with Marathon has not been determined</p>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>When an organization does not have the in-house expertise or time to complete a project, hiring a contractor is often the best solution. Contractors can bring a wealth of knowledge and experience to the table, and they can often complete projects more quickly and efficiently than in-house staff.</p> <p>In the case of the incumbent, NDOT does not have the in-house expertise to fulfill the requirements of her role. She has a proven track record of success in data governance and inter-agency data sharing, which are areas where NDOT needs assistance.</p> <p>Additionally, NDOT does not have the time to complete the project in-house. The incumbent is available to start working immediately, which will allow NDOT to make progress on its data governance initiatives sooner.</p>
<b>J</b>	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p> <p>Yes, due to retirement from NDOT.</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>Start date: December 12, 2023 End date: June 12, 2024</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, 20 hours per week.</p>

<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:

DocuSigned by:  
Tracy Larkin Thomason 10/26/2023  
Signature of Agency Head Authorizing Request Date

DocuSigned by:  
[Signature] 10/30/2023  
Purchasing Administrator Signature (if a Statewide Contract) Date

[Signature] Nov 17 2023  
Budget Analyst Signature Date

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

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 8, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Matthew Brown, 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 a former employee Michelle Austin to support the Nevada Department of Transportation, Multimedia Division through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Austin retired from the Nevada Department of Transportation (NDOT) on September 29, 2023 and is receiving pension benefits. There are insufficient NDOT in-house staff and expertise to perform the work of the Multimedia Division, which utilizes advanced software and equipment. She has experience as a Graphic Artist, where her knowledge and experience to help ensure other NDOT divisions, as well as statewide projects and programs, have the necessary design expertise. The division requests to contract with Ms. Austin from December 12, 2023 through June 11, 2024 on a part-time basis up to 20 hours per week.

Statutory Authority:  
NRS 333.705 (1)

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



**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

November 6, 2023

**MEMORANDUM**

To: Budd Milazzo

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 Michelle Austin who Manpower wants to hire. Michelle has recently left state service and will be collecting PERS.

Manpower is aware that this request will need 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**

**November 6, 2023**

**To: Department of Administration, Purchasing Division**  
**From: Tracy Larkin Thomason, Director**  
**Subject: Authorization to Contract with a Former Employee – Michelle Austin**

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### **SUMMARY**

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with Michelle Austin after she retires from state service on September 24, 2023. With the recent retirement of Division Chief Barron Lauderbaugh on September 11, 2023, the Multimedia Division will be completely vacant, despite ongoing needs of the Department. If this authorization to contract is approved, Ms. Austin would contract through a temporary staffing agency (Manpower) to complete critical projects and help transition her successor. Ms. Austin will not be working remotely.

### **BACKGROUND**

There are insufficient NDOT in-house staff and expertise to perform the work of the Multimedia Division, which utilizes advanced software and equipment to prepare reports, mount maps and other media, and generally assist divisions with important design work.

Ms. Austin was a critical part of the Multimedia Division for many years. In her role, she was responsible for design work that supported hundreds of NDOT projects and programs. Her knowledge and experience will be a benefit to NDOT to help ensure other NDOT divisions, as well as statewide projects and programs, have the necessary design expertise.

### **RECOMMENDATION**

We respectfully request your consideration for approval for a temporary staffing agency to engage Ms. Austin as a member of their team to ensure continuity in design services for the Department.

DocuSigned by:

A handwritten signature in blue ink, appearing to read "Tracy Larkin", is written over a horizontal line.

Tracy Larkin Thomason, 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			
Former Employee Name:	Michelle Austin		
Former Employee ID Number:	26244		
Former Job Title:	Graphic Artist		
Former Employee Agency:	Nevada Department of Transportation		
Former Class and Grade:	Class:	CARTOGRAPHIC/GRAPHICS TECHNICIAN III	Grade: 31
Former Employment Dates:	From:	February 19, 2002	To: September 29, 2023
Requesting Agency:	Nevada Department of Transportation		
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> Support Multimedia Division with design, mounting, and printing efforts that support NDOT projects and programs.
<b>B</b>	<b>Document former job description.</b> Supported Multimedia Division chief in designing, mounting, and printing efforts for NDOT projects and programs.
<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. Ms. Austin has specialized knowledge and expertise in design software (e.g., Adobe suite of products) and equipment used to print and mount projects.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b> The remaining two employees in this division retired in September 2023, and no other NDOT employees have the same level of knowledge and experience with these tools.



<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>
	The contractor's hourly rate with fees is \$44.00 per hour. The temp employee's hourly rate without fees is \$36.27 per hour.
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	\$34.54 (Grade 31) CARTOGRAPHIC/GRAPHICS TECHNICIAN III
<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 remaining two employees in this division retired in September 2023, and no other NDOT employees have the same level of knowledge and experience with these tools and softwares to accomplish the work.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Start Date: December 12, 2023 End Date: June 11, 2024
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part-time, 20 hours
<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:  10/03/2023  
Signature of Agency Head Authorizing Request Date

*Linda DeLoach* for Gideon Davis 11-06-23  
Purchasing Administrator Signature (if a Statewide Contract) Date

 11/17/2023  
Budget Analyst Signature Date

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

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 9, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Matthew Brown, 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, Department of Administration, Purchasing Division requests authority to contract with a former employee Kenneth Siri to manage highway maintenance for the Nevada Department of Transportation through statewide contract 99SWC-S1406 HAT Limited Partnership dba Manpower.

Additional Information:

Mr. Siri retired from the Nevada Department of Transportation as Highway Maintenance Manager on July 9, 2023 and is receiving pension benefits. Recruitment has not been successful and there are insufficient staff to successfully manage the workload in District I. The division requests to contract with Mr. Siri from December 12, 2023 through June 12, 2024 on a full-time basis up to 40 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

November 6, 2023

**MEMORANDUM**

To: Budd Milazzo

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 Kenneth L. Siri who Manpower wants to hire. Kenneth has recently left state service and will be collecting PERS.

Manpower is aware that this request will need 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

November 6, 2023

**To:** Department of Administration, Purchasing Division  
**From:** Tracy Larkin Thomason, P.E., Director  
**Subject:** Authorization to Contract with a Former Employee – Kenneth (Lenny) Siri

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### SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Kenneth (Lenny) Siri. Mr. Siri retired from state service on July 9, 2023. Manpower is proposing to utilize Mr. Siri's services through the current Contract for Services of Independent Contractors with Manpower Temporary Services, Master Blanket Purchase Order 99SWC-NV21-7577, RFP# 99SWC-S1406 CETS# 23928, administered by the Department of Administration Purchasing Division. Mr. Siri will be supporting NDOT's District 1 Maintenance Division in Tonopah Sub-District. Mr. Siri will not be working remotely.

### BACKGROUND

Currently, there are insufficient staff and expertise to successfully manage the current and future workload in District I, especially in the Tonopah Sub-District. The Highway Maintenance Manager position Mr. Siri retired from has been advertised, but lack of qualified candidates has left the Department grossly understaffed in this area. Also, the Tonopah Sub-District has had an Assistant District Engineer vacancy for almost two years with multiple failed recruitments.

Mr. Siri will work as the Highway Maintenance Manager and in this role, he will work with the Assistant District Engineer in Las Vegas by remaining current on District projects, planning and organizing the major, complex highway maintenance and equipment safety programs, administer District maintenance and equipment operations, conduct maintenance inspections of roadways, roadside facilities, maintenance stations and equipment, respond to inquiries and requests for assistance from the public, outside agencies, or other department staff; attend public meetings with city and county officials, the public, landowners, and contractors to provide information and answer questions pertaining to Department and District maintenance operations and activities.

### RECOMMENDATION

NDOT District I respectfully request your consideration of approval for Manpower Temporary Services to engage Mr. Siri as a member of their staffing team to augment NDOT's Tonopah Sub-District through the Master Blanket Purchase Order 99SWC-NV21-7577.

DocuSigned by:

09F02CD430A040A...

Tracy Larkin Thomason, 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>	Kenneth L. Siri		
<b>Former Employee ID Number:</b>	05871		
<b>Former Job Title:</b>	Highway Maintenance Manager		
<b>Former Employee Agency:</b>	Nevada Department of Transportation		
<b>Former Class and Grade:</b>	<b>Class:</b>	9.103	<b>Grade:</b> 38
<b>Former Employment Dates:</b>	<b>From:</b>	September 9, 1992	<b>To:</b> July 9, 2023
<b>Requesting Agency:</b>	NDOT		
<b>Vendor:</b>	Manpower, Master Blanket Purchase Order 99SWC-NV21-7577		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	<b>Summarize scope of contract work.</b>
<b>A</b>	Work with the Assistant District Engineer in Las Vegas by remaining current on District projects, planning and organizing major, complex highway maintenance and equipment safety programs, administer District maintenance and equipment operations, conduct maintenance inspections of roadways, roadside facilities, maintenance stations and equipment, respond to inquiries and requests for assistance from the public, outside agencies, or other department staff; attend public meetings with city and county officials, the public, landowners, and contractors to provide information and answer questions pertaining to Department and District maintenance operations and activities.
	<b>Document former job description.</b>
<b>B</b>	Under the general direction of and in cooperation with the Assistant District Engineer for maintenance, Highway Maintenance Managers plan, organize and direct a major complex highway maintenance system, an equipment safety program for the assigned District in compliance with State and Federal Laws, rules and regulations, Department policy and within budgetary authority.  The Highway Maintenance Manager administers and directs the District maintenance and equipment operations to ensure achievement of Department and District objectives; the position supervised a variety of staff which included Highway Maintenance Supervisors, skilled craft workers, Highway Equipment Education and Safety Supervisors, Equipment Operator



	Instructors and Equipment Mechanic Supervisors; responded to inquiries from and requests for assistance from the public, other governmental agencies and other Divisions within the Department; scheduled and allocated statewide equipment required to efficiently and effectively accomplished District maintenance projects; developed, set and managed priorities for the repair of maintenance equipment; assisted the Assistant District Engineer in the preparation of the annual budget and maintenance work program; assisted the Highway Maintenance Supervisors in scheduling personnel, material and equipment needs; reviewed the reports generated from the Maintenance Management System to ensure that maintenance activities are being accomplished accordance with the MMS budget; conducted maintenance inspections of roadways, roadside facilities, maintenance stations, and equipment used for safety hazards and to determine condition and appropriate usage and maintenance solutions; reviewed and projected the workload and made recommendations to the Assistant District Engineer regarding contracting for services; ensured that appropriate preliminary and progress samples were taken from materials that were used in maintenance projects and arranged delivery or shipment of material samples to the Materials and Testing Division or District field labs for appropriate testing.
<b>C</b>	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>Yes, efforts to fill the position have yet to be successful and the position will remain open until filled. The critical nature of the quality control conducted by this position makes it imperative that these duties, specifically, are adequately managed to successful completion.</p>
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>The retirement of this specific former employee has left a major experience gape in the operation of the Tonopah Sub-District. This region of the State is vast and there is a lack of experienced staff within NDOT who possess the knowledge and experience to manage the multiple responsibilities of this position. Due to location being rural, it has proven extremely difficult in recent years to fill vacancies in the Tonopah Sub-District at all levels and an individual with the depth and breadth of expertise this former employee has developed over the 30+ years of State service would be extremely challenging, if not impossible to attract to the position in a period of time that would allow for the preservation of the successful operation of the maintenance activities if the position were to be left vacant. Safety and efficiency in the operation of the highway system must be always preserved and the engagement of this former employee under a contracted agreement will ensure that the staff, both new and tenured, will be provided the guidance and leadership necessary to achieve these objectives. The position of Highway Maintenance Manager in the Tonopah Sub-District is a crucial role; one which is not only hard to recruit for, but also possesses a very long learning curve, which, in the absence of the former employee in a contracted role, may prove detrimental to the safe and effective operation of the Sub-District. The distance to the Tonopah area from Las Vegas also makes this role pivotal to the safe operation of the highway system. Finally, there is no existing staff in the Sub-District currently capable of stepping easily and effectively into this role, nor would it be possible for existing staff to incorporate these responsibilities into their activities – the experience level, knowledge base and time to do so are simply not available.</p>
<b>E</b>	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p> <p>None, no relevant relationship within the Department.</p>
<b>F</b>	<p><b>List contractors' hourly rate.</b></p> <p>The contractor's hourly rate with fees is \$59.00 per hour. The contractor's hourly rate without fees is \$47.31 per hour.</p>
<b>G</b>	<p><b>List the range of comparable State employee rates.</b></p> <p>\$47.31 (Grade 38) Highway Maintenance Manager</p>
<b>H</b>	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b></p> <p>The current rate is essentially the same employee salary with the additional markup due to the overhead etc. for the temp agency.</p>
<b>I</b>	<p><b>Document justification for hiring contractor.</b></p> <p>We are actively seeking to fill the vacated position. This temporary placement will serve as a stop gap measure to assist the Department until the vacancy can be adequately filled and thus avoid negative ramifications within the Department. The former employee has 30+ years of experience overseeing and completing maintenance tasks, managing all Maintenance</p>

	Station daily operations and all has provided all required documentation for projects and maintenance operations in the Tonopah Sub-District and, through this tenured expertise, ensures compliance with all Department's policies.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Start date: December 12, 2023 End date: June 12, 2024
<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>
	None

**Comments – Provide any additional comments:**

The Department is grateful that Mr. Siri is willing to come back and assist us by filling the void until his position can be permanently filled and the incumbent has been adequately trained.

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

DocuSigned by:  10/06/2023  
 Signature of Agency Head Authorizing Request Date

*Linda DeLoach* for Gideon Davis 11-06-23  
 Purchasing Administrator Signature (if a Statewide Contract) Date

 Nov 17, 2023  
 Budget Analyst Signature Date

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



Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: October 24, 2023  
To: Amy Stephenson, Director  
Governor's Finance Office  
From: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES – DIVISION OF  
STATE PARKS**

Agenda Item Write-up:


Pursuant to NRS 353.268, the division requests a recommendation to the Interim Finance Committee for an allocation of \$225,332 from the Interim Finance Committee Contingency Account to support three new positions and associated costs.

Additional Information:

This allocation will fund a Park Interpreter, Park Maintenance Specialist, and Administrative Assistant III position at Ice Age Fossils State Park. The new state park will open in the fall and there are currently only two full-time positions stationed at the park. The addition of these three positions will allow for the park to cover day-to-day operations after the park is open to the public. This request also includes operating costs, furniture, computers, and two new trucks for the positions.

Statutory Authority:

BOE approval required pursuant to NRS 353.268.

REVIEWED:  _____
ACTION ITEM: _____

Joe Lombardo  
Governor

JAMES A. SETTELMAYER  
Director  
Department of Conservation and  
Natural Resources

Bob Mergell  
Administrator  
Nevada State Parks

STATE OF NEVADA



901 S. Stewart Street,  
Suite 5005  
Carson City, NV  
89701-5248

Phone: (775) 684-2770  
Fax: (775) 684-2777  
stparks@parks.nv.gov  
http://parks.nv.gov


DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES  
DIVISION OF STATE PARKS

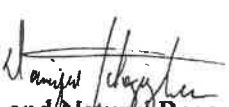
October 10, 2023

**MEMORANDUM**

To: Amy Stephensen, Director  
Governor's Finance Office

Through: Richard Jacobs, Executive Branch Budget Officer  
Governor's Finance Office

From: Robert Mergell, Administrator   
State Parks

Through: For James Settelmeyer, Director   
Department of Conservation and Natural Resources

Subject: IFC Contingency Fund Request of \$225,332 – B/A 4162, Work Program C66234

The Nevada Division of State Parks (NDSP) is requesting an allocation from the Interim Finance Committee (IFC) Contingency Fund to fund three new positions and associated operating costs within budget account 4162 for Fiscal Year 2024.

It has been recognized that with the opening of Ice Age Fossils State Park this fall, the park does not currently have enough staff to maintain basic park operations. Currently, the park has a Commissioned Park Supervisor and a Park Interpreter. The work program referenced above will add an Administrative Assistant, a Parks Maintenance Specialist and a second Park Interpreter. In addition to salary costs, the request will include associated start up and operating costs for Fiscal Year 2024.

Cc: Jen Villanueva, Administrative Services Officer, NDSP  
Justin Luna, Program Analyst, LCB Fiscal

**State of Nevada Work Program**

**WP Number: C66234**

**FY 2024**

Add Original Work Program

XXX Modify Work Program

BUDGET DIVISION USE ONLY  
 DATE \_\_\_\_\_  
 APPROVED ON BEHALF OF  
 THE GOVERNOR BY \_\_\_\_\_

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
10/04/23	101	704	4162	DCNR - STATE PARKS

**Funds Available**

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	225,332	0	225,332
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>225,332</b>		<b>225,332</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>225,332</b>		

**Expenditures**

CAT	Amount	CAT	Amount
01	105,095		
04	1,931		
05	110,161		
26	6,040		
29	2,105		
Sub Total Category Expenditures			<u>225,332</u>

**Remarks**  
 The purpose of this work program is to add authority to be able to accept funding and establish categories for the creation of 3 new positions and associated operating and equipment at Ice Age Fossils State Park.

**Total Budgetary General Ledgers and Category Expenditures (AP)**

225,332

pmisch

Authorized Signature

10/10/23

Date

Controller's Office Approval

Does not require Interim Finance approval since IFC Action Item

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: October 24, 2023

To: Amy Stephenson, Director  
Governor's Finance Office

From: Venus B. Fajota, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF EDUCATION**

Agenda Item Write-up:

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$498,750 from the Interim Finance Committee Contingency Account to fund an increase in contract expenditures.

Additional Information:

The existing contract between Nevada Department of Education (NDE) and Otis Educational Systems, the original developer of the State Longitudinal Data System (SLDS), began in 2014 and has been amended seven times. During the last amendment request, State Purchasing informed NDE that a request for proposal was required for a new contract. The bid was awarded to AnLar, LLC and that contract is anticipated for the December Board of Examiners meeting. NDE's legislatively approved budget for the existing SLDS contract is \$182,457 per year for the current biennium. The new contract amount is \$498,750 per year. The request is for the cost of the new SLDS contract in fiscal year 2024 which, if approved, would allow NDE to continue to support the Student Accountability Information Network.

Statutory Authority:

NRS 353.268

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

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

Joe Lombardo  
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:** Amy Stephenson, Clerk of the Board of Examiners  
State of Nevada Board of Examiners

**THRU:** Celeste D Arnold, Administrative Services Officer III  
Department Support Services/Nevada Department of Education

**FROM:** Jhone M. Ebert, Superintendent of Public Instruction  
Department of Education

A handwritten signature in black ink, appearing to read "Jhone M. Ebert".

**DATE:** November 7, 2023

**SUBJECT:** Interim Finance Contingency Request Budget Account 2716

---

The Nevada Department of Education (NDE) seeks approval from the Board of Examiners to request funds in the amount of \$498,750 from the Interim Finance Committee Contingency Account to support the balance of a new contract with AnLar, LLC.

NDE has a contract with Otis Educational Systems, the original developer of the State Longitudinal Data System (SLDS). The original contract began in 2014. Over the last nine years, NDE has amended the contract seven times. During the last amendment request State Purchasing required NDE to initiate a fresh Request for Proposal (RFP) to obtain a new vendor. This was done with AnLar, LLC winning the bid. This contract is scheduled for the December Board of Examiner's Meeting. However, the cost of the new contract has increased by sixty-three percent to \$498,750 per year. Budget Account 2716 – Data Systems Management was legislatively approved for \$182,457 for the Otis contract. The Otis contract has been extended to cover the transition period and will need the legislative approved amount. At the time of the 23-25 biennial budget build, NDE was unable to calculate what the anticipated increase might be for this service as we had not completed the RFP process yet. The request for contingency funding will enable NDE to continue to support the Student Accountability Information Network.

If this request is denied NDE will be unable to continue to support the Student Accountability Information Network. Data reported through this network is required by both the State and the federal government. Without the network, NDE will be out of compliance.

# State of Nevada Work Program

**WP Number: C66058**

**FY 2024**

Add Original Work Program

XXX Modify Work Program

BUDGET DIVISION USE ONLY
DATE _____
APPROVED ON BEHALF OF THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
11/07/23	101	300	2716	NDE - DATA SYSTEMS MANAGEMENT

### Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	498,750	0	498,750
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>498,750</b>		<b>498,750</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>498,750</b>		

### Expenditures

CAT	Amount	CAT	Amount
27	498,750		
<b>Sub Total Category Expenditures</b>			<b>498,750</b>

**Remarks**

The purpose of this work program is to request funds in the amount of \$498,750 from the Interim Finance Committee Contingency Account to support the balance of a new contract with AnLar, LLC to maintain the SAIN system Maintenance and Operations as outlined in NRS 385A.800.

**Total Budgetary General Ledgers and Category Expenditures (AP)** **498,750**

\_\_\_\_\_ **carnol1** \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_ **11/07/23** \_\_\_\_\_  
Date

\_\_\_\_\_ **Controller's Office Approval** \_\_\_\_\_

Does not require Interim Finance approval since Action Item

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 3, 2023

To: Amy Stephenson, Director  
Governor's Finance Office

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF MOTOR VEHICLES**

Agenda Item Write-up:

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$517,500 from the Interim Finance Committee Contingency Account to fund an increase in the WaitWell, Inc. contract.

Additional Information:

The department currently has a contract with Q-Matic Corporation for the queuing system which will expire on April 30, 2024. A request for proposal was completed and a new vendor, WaitWell, Inc., was chosen through the standard evaluation process. Although the new contract does include a no-cost, six-month pilot period that will allow for a smooth and successful transition, the new contract came in with higher than anticipated costs, including some one-time start-up costs, that the department will not be able to fund within the current fiscal year. This request will allow the department to pay the new vendor for services provided without delay.

Statutory Authority:


NRS 353.268

REVIEWED:                     

ACTION ITEM:



## Memorandum

 From  
Julie Butler  
Director  
Voice (775) 684-4549  
Fax (775) 684-4692  
Jbutler@dmv.nv.gov

To: Amy Stephenson, Director  
Governor's Finance Office

Date: November 3, 2023

Subject: Work program request for Highway Contingency funds

---

The Department requests a transfer from the Highway Contingency Fund per NRS 353.268, to fund a contract for a new queuing system in the Field Services budget account. The amount of the request is \$517,500.

The current contract with the vendor Q-Matic is expiring April 30, 2024. A Request for Proposal (RFP) was completed, and the current vendor was not able to provide the features requested in the solicitation. Through the process there was an unanticipated increase in cost of \$517,500 over the current biennium budget authority in the Information Services category. The budget account does not have excess authority in any category that can be work programmed to cover the shortfall.

The new system's features align with the Department's vision and mission and will greatly improve the customer experience. In addition, the contract includes a no-cost, six-month pilot period that will coincide with the phase-out of the expiring Q-Matic contract to ensure a smooth and successful transition between systems.



# State of Nevada Work Program

**WP Number: C66492**

**FY 2024**

Add Original Work Program

**XXX** Modify Work Program

BUDGET DIVISION USE ONLY
DATE _____
APPROVED ON BEHALF OF _____
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
10/25/23	201	810	4735	DMV - FIELD SERVICES

### Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4650	TRANSFER FROM CONTINGENCY-HWY	517,500	0	517,500
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>517,500</b>		<b>517,500</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>517,500</b>		

### Expenditures

CAT	Amount	CAT	Amount
26	517,500		
Sub Total Category Expenditures			517,500

**Remarks**

The purpose of this work program is to request transfer of Highway Contingency funds to cover a new WaitWell, Inc., contract. This contract will provide necessary technical upgrades to continue a critical customer flow system (queuing system) and effectively manage customers in a systematic and organized manner while collecting vital statistics such as customer counts and wait times required by regulations.

**Total Budgetary General Ledgers and Category Expenditures (AP)** **517,500**

asmit3  
Authorized Signature

11/03/23  
Date

\_\_\_\_\_  
Controller's Office Approval

Does not require Interim Finance approval since Submitted as an IFC Action Item for IFC Contingency Pursuant to NRS 353.268.

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: October 24, 2023  
To: Amy Stephenson, Director  
Governor's Finance Office  
From: Budd Milazzo, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**OFFICE OF THE ATTORNEY GENERAL**

Agenda Item Write-up:

Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of \$127,947 from the Interim Finance Committee Contingency Account to support a new Special Counsel position and associated costs.

Additional Information:

Labor relations matters have increased since collective bargaining was approved in the 2019 Legislative Session. This increase in additional cases and complex matters requires a dedicated Special Counsel position to be added to support the Department of Administration, Division of Human Resource Management.

Statutory Authority:

NRS 353.268

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

AARON D. FORD  
*Attorney General*

CRAIG NEWBY  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



STATE OF NEVADA  
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street  
Carson City, Nevada 89701

TERESA BENITEZ-  
THOMPSON  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

## MEMORANDUM

**To:** Budd Milazzo, Executive Branch Budget Officer

**From:** Jessica Hoban, CFO 775-684-1116 [JHoban@ag.nv.gov](mailto:JHoban@ag.nv.gov)

**Date:** November 13, 2023

**Subject:** IFC Contingency Funds BOE Request – BA 1030

---

This memorandum serves as a request to the Board of Examiners for approval to request funds from the Interim Finance Contingency Account to cover a new Special Counsel position and associated operating costs.

Since approval of Collective Bargaining during the 2019 legislative session, the state has seen several matters associated with labor relations. This has resulted in additional cases and complex matters for which the Office of the Attorney General does not have current resources or expertise to provide legal support in relation to these issues.

Adding dedicated counsel can provide needed support to the Division of Human Resource Management and potentially reduce resulting impacts to the state in relation to these matters.

# State of Nevada Work Program

**WP Number: C66648**

**FY 2024**

Add Original Work Program

**XXX** Modify Work Program

BUDGET DIVISION USE ONLY

DATE \_\_\_\_\_

APPROVED ON BEHALF OF  
THE GOVERNOR BY \_\_\_\_\_

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
11/13/23	101	030	1030	AG - ADMINISTRATIVE BUDGET ACCOUNT

### Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	127,947	0	127,947
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>127,947</b>		<b>127,947</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>127,947</b>		

### Expenditures

CAT	Amount	CAT	Amount
01	114,328		
04	6,042		
05	4,353		
26	3,224		
Sub Total Category Expenditures			<u>127,947</u>

**Remarks**  
 The purpose of this work program is to request IFC contingency funds to cover costs associated with a new position to serve as Special Counsel in legal matters associated with Division of Human Resource Management (DHRM) issues.

**Total Budgetary General Ledgers and Category Expenditures (AP)** 127,947

jhoba2  
Authorized Signature

11/13/23  
Date

\_\_\_\_\_  
Controller's Office Approval

Does not require Interim Finance approval since IFC Action Item

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

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

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

Date: November 2, 2023

To: Amy Stephenson, Director  
Governor's Finance Office

From: Michael Rankin, Executive Branch Budget Officer  
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**OFFICE OF THE MILITARY – DIVISION OF EMERGENCY MANAGEMENT –  
DISASTER RESPONSE AND RECOVERY ACT**

Agenda Item Write-up:

Pursuant to NRS 353.274(2), the division requests an approval of a \$20,537 grant from the Disaster Relief Account to cover emergency response and management cost associated with the Atmospheric River event and Hurricane Hillary.

Additional Information:

The division was involved with responding, coordinating, and planning for the Atmospheric River and Hurricane Hillary events. In responding to those events, expenses were incurred above the allotted authority of the Emergency Assistance Account. The expenses were directly related to the response of these events in supplying heavy machinery and transportation of resources requested by the effected counties.

Statutory Authority:

NRS 353.274(2)

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

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



## MEMORANDUM

---

DATE: 10/12/2023  
TO: Amy Stephenson, Director Governor's Finance Office  
FROM: Jared Franco, ASO III DEM  
SUBJECT: DRA Grant Request for BA1336 WP C66328

---

Pursuant to the State declarations of emergency and in accordance with NRS 353.274(2), The Division of Emergency Management & Homeland Security is requesting \$20,537.00 in the form of a grant to the Emergency Assistance Account (EAA), BA 1336.

The Division was involved in responding, coordinating, and planning, in accordance with N.R.S. 414, to two incidents where expenses were incurred over the allotted authority of the EAA. The Atmospheric River Incident 2 (Mission Number #08182023-448) and (Hurricane Hillary Mission #03092023-387). The expenses were directly related to response of these events in supplying heavy machinery and transportation of resources requested by the effected counties.

Your help with this expeditious request is appreciated.

# State of Nevada Work Program

**WP Number: C66328**

**FY 2024**

Add Original Work Program

**XXX** Modify Work Program

BUDGET DIVISION USE ONLY
DATE _____
APPROVED ON BEHALF OF _____
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
10/12/23	101	654	1336	ADMIN EMERGENCY ASSISTANCE-Non-Exec

### Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4747	TRANS FROM DISASTER RELIEF FUND	20,537	0	20,537
<b>Subtotal Budgetary General Ledgers</b>		<b>0</b>	<b>Subtotal Revenue General Ledgers(RB)</b>		<b>20,537</b>		<b>20,537</b>
<b>Total Budgetary &amp; Revenue GLs</b>					<b>20,537</b>		

### Expenditures

CAT	Amount	CAT	Amount
11	20,537		
Sub Total Category Expenditures			<u>20,537</u>

<p><b>Remarks</b></p> <p>The purpose of this work program is to request DRA Funds to pay expenses associated with State Declarations of Emergency associated with the Atmospheric River and Hurricane Hilary</p>
--

**Total Budgetary General Ledgers and Category Expenditures (AP)** **20,537**

\_\_\_\_\_  
**ctyle1**  
Authorized Signature

\_\_\_\_\_  
**10/17/23**  
Date

\_\_\_\_\_  
Controller's Office Approval

Does not require Interim Finance approval since WP is for a non-executive budget account

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	DEPARTMENT OF ADMINISTRATION – STATE PUBLIC WORKS DIVISION	HNM PROPERTIES, INC.	\$1,947,874
		This is a relocation.	
	<b>Term of Lease:</b>	<b>01/01/2024</b> – <b>12/31/2028</b>	<b>Located in Carson City</b>
2.	DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION	J & S DODSON PROPERTIES, LLC	\$418,304
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>01/01/2024</b> – <b>12/31/2025</b>	<b>Located in Carson City</b>
3.	DEPARTMENT OF BUSINESS AND INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS	VISTA BUENA HOLDINGS, LLC	\$739,765
		This is an amendment to modify the tenancy.	
	<b>Term of Lease:</b>	<b>12/01/2023</b> – <b>09/30/2027</b>	<b>Located in Carson City</b>
4.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIRECTOR’S OFFICE	CHOWANEC REVOCABLE TRUST 3/11/94	\$1,211,375
		This is a relocation. <b>This lease is contingent upon approval of work program #C66482.</b>	
	<b>Term of Lease:</b>	<b>01/01/2024</b> – <b>12/31/2028</b>	<b>Located in Carson City</b>
5.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF CHILD AND FAMILY SERVICES – LATENCY AGE TREATMENT PROGRAM AND MOBILE CRISIS RESPONSE TEAM	CONTOUR GROUP, LLC	\$1,009,925
		This is a new location.	
	<b>Term of Lease:</b>	<b>12/01/2023</b> – <b>11/30/2028</b>	<b>Located in Las Vegas</b>



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

For Budget Division Use Only	
Reviewed by:	SA 11/9/23
Reviewed by:	SA 11/9/23
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

NOV 08 2023  
 GOVERNOR'S FINANCE OFFICE  
 BUDGET DIVISION

1. Agency: Department of Administration  
 Division of Public Works  
 515 E Musser Street Suite 102  
 Carson City, Nevada 89701  
 Mikki Reed  
 T: 775.684.1804 E: M.Reed@admin.nv.gov

Remarks: New Lease- Approved by Director Jack Robb- 5 years with 3% annual increases

Exceptions/Special notes: Tenant Improvements - New Flooring to include Carpet, Vinyl Plank, Non Static in IT rooms. 2nd floor- Removing walls, add pass through openings between suites. Remove plumbing casework, patch and paint where necessary and correct ceiling grid where necessary.

2. Lessee: Department of Administration, Public Works Division, Building and Grounds

3. Name of Lessor: HNM Properties, Inc

4. Address of Lessor: 333 Holcomb Ave Ste 300  
 Reno, Nevada 89502

5. Property contact: Corry Castaneda  
 T: 775-850-3015 E: ccastaneda@dicksong.com

6. Address of Lease property: 680 W. Nye Lane, Suites 102, 103, 104, 204, and 205  
 Carson City, NV 89703

a. Square Footage:  Rentable  
 Usable 17,471

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvem ent cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
\$ 30,574.25	12	\$ 366,891.00	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$1.75
3% \$ 31,491.47	12	\$ 377,897.64	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.80
3% \$ 32,436.22	12	\$ 389,234.64	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.85
3% \$ 33,409.30	12	\$ 400,911.60	January 1, 2027 - December 31, 2027	\$0.00	\$0.00	\$1.91
3% \$ 34,411.58	12	\$ 412,938.96	January 1, 2028 - December 31, 2028	\$0.00	\$0.00	\$1.96
c. Total Lease Consideration:		60	\$1,947,873.84			
d. Total Improvement Cost:				\$0.00		
e. Option to renew:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms: One Identical Term		
f. Holdover notice:		# of Days required	30	Holdover terms: 5%/90		
g. Term:		Five Years				
h. Pass-thrus/CAM/Taxes		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Utilities:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
j. Janitorial:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
k. Repairs:		Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
l. Comparable Area Market Rate Average:		Market Data \$1.49 limited only two comps.				
m. Specific termination clause in lease:		Breach/Default lack of funding				
n. Lease will be paid for by Agency Budget Account		0	#1562 bill 74%, #1540 bill 14%, #1560 bill 9% #1349 bill 3%			

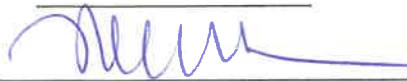
**STATEWIDE LEASE INFORMATION**

*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**

 10/14/23  
 \_\_\_\_\_  
 Authorized Agency Signature Date

35

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input checked="" type="checkbox"/>
e. Ownership Type (Domestic, Foreign, Government, etc.):	Foreign	CORP <input type="checkbox"/>
f. Nevada Business ID Number:	NV20111397656	LP <input type="checkbox"/>
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	Exp: 6/30/2024 <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:	T32015009	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

9. 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

 11/6/23  
 \_\_\_\_\_  
 Authorized Signature Date  
 Public Works Division

RG  
 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:	SP 11/20/23
Reviewed by:	AT 11-20
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Department of Administration  
Purchasing Division  
515 E. Musser Street, Suite 300  
Carson City, Nevada 89701  
Judy Gates  
T: 775.684.0192 E: j.gates@admin.nv.gov

Remarks: This new lease is to replace the month-to-month lease that was put into place for the Purchasing Division. The current market rate is \$1.18 a sf, the agency is currently paying \$0.95 a sf and will continue at the rate of \$0.95 a sf. The property also has 5,760 sf of fenced yard that the agency has use of at no cost. This has been approved by Director Robb to move forward.

Exceptions/Special notes: This new lease is for Purchasing to store and hold excess furnishings for moves associated with the Return to Work order.

2. Lessee: Department of Administration, Public Works Division, Building and Grounds

3. Name of Lessor: J & S Dodson Properties, LLC

4. Address of Lessor: 601 W. Moana Lane, Suite 2  
Reno, Nevada 89509

5. Property contact: Anastasia Dodson Owens  
T: 303.884.8101 E: dodsondds@gmail.com  
James Dodson  
T: 775.351.4444 E: james@dairytechinc.com

6. Address of Lease property: 1700 Forrest Way  
Carson City, Nevada 89706

a. Square Footage:  Rentable  
 Usable 18,165 Plus 5,760 sf of fenced yard at no cost to the Tenant

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx cost per square foot
\$ 17,256.75	12	\$ 207,081.00	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$0.95
2% \$ 17,601.88	12	\$ 211,222.56	January 1, 2025 - December 31, 2025			\$0.97
c. Total Lease Consideration:		24	\$ 418,303.56			
d. Total Improvement Cost:				\$0.00		\$0.96

e. Option to renew:  Yes  No 180 days Renewal terms: One Identical Term

f. Holdover notice: # of Days required NA Holdover terms: NO Holdover Tenancy

g. Term: Two (2) year term

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: Current Market Rate \$1.18, Negotiated Rate \$0.95

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

n. Lease will be paid for by Agency Budget Account Number: 1301

7. This lease constitutes:

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

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

**RECEIVED**

NOV 20 2023

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

Authorized Agency Signature [Signature] Date 11-8-23  
 2 [Signature] Stephenson



For Public Works Information: **NOV 14 2023**

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

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited Liability	
f. Nevada Business ID Number:	<u>NV20212005205</u>	Exp: <u>Perpetual</u>
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
h. Is 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>T29047816</u>	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**9. Compliance with NRS 331.110, Section 1, Paragraph 2:**

a. We have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. 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 [Signature] Date 11-20-23  
 Public Works Division  
 BM For Board of Examiners  YES  NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation. 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:	11/20/23
Reviewed by:	11-20-23
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

**RECEIVED**

**NOV 14 2023**

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

1. Agency: Department of Business and Industry  
Industrial Relations  
1830 E. College Parkway, Suite 100  
Carson City, Nevada 89706  
Perry Faigin  
T: 775.684.2987 E: perry.faigin@dir.nv.gov

Remarks: The amendment is to change the tenancy from Office of Project Management and have Business and Industry assume the lease. This is approved by Director Jack Robb to move forward. The agency is currently located at 400 W. King Street, Carson City, Nevada, 89701, they will not be renewing the lease at this location.

Exceptions/Special notes: Work Order # FY24-001 was created for Tenant Improvements to be paid by the Tenant.

2. Lessee: Department of Administration, Public Works Division, Building and Grounds

3. Name of Lessor: Vista Buena Holdings, LLC

4. Address of Lessor: 787 South Lone Hollow Way  
Eagle, Idaho 83616

5. Property contact: RE/MAX Premier Properties  
5476 Reno Corporate Drive  
Reno, Nevada 89511  
Kevin Sigstad  
T: 775.828.3700 M: 775.284.1808 E: Ksigstad@premierpropertiesnv.com

6. Address of Lease property: 1886 East College Parkway  
Carson City, Nevada 89706

a. Square Footage:  Rentable  Usable 9,204

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
-15% \$ 15,601.82	10	\$ 156,016.20	December 1, 2023 - September 30, 2024	\$0.00	\$0.00	\$1.70
3% \$ 16,061.82	12	\$ 192,741.84	October 1, 2024 - September 30, 2025	\$0.00	\$0.00	\$1.75
0% \$ 16,061.82	12	\$ 192,741.84	October 1, 2025 - September 30, 2026	\$0.00	\$0.00	\$1.75
3% \$ 16,522.02	12	\$ 198,264.24	October 1, 2026 - September 30, 2027	\$0.00	\$0.00	\$1.80
c. Total Lease Consideration:			46	\$ 739,764.12		\$1.75
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: Three (3) years and ten (10) Months						
h. Pass-thrus/CAM/Taxes		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Utilities:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
j. Janitorial:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
k. Repairs:		Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
l. Comparable Area Market Rate Average: Current Market rate is \$1.89 NNN						
m. Specific termination clause in lease: Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number: 4686, 4680						



**STATEWIDE LEASE INFORMATION**

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

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

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

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

[Signature] 11-1-23  
 Authorized Agency Signature Date

For Public Works Information:

**B. State of Nevada Business License information:**

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited-Liability Company	
f. Nevada Business ID Number:	NV20191448491	Exp: Perpetual
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO URS Agents, LLS
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:	T29043434	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**9. 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] 11/7/23  
 Authorized Signature Date  
 Public Works Division

BM  
 For Board of Examiners  YES  NO

Joe Lombardo  
Governor



Jack Robb  
Director

Matthew Tuma  
Deputy Director

Kent A. LeFevre  
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

**RECEIVED**

NOV 07 2023

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Date: November 7, 2023  
To: Jenny Helton, Budget Analyst  
From: Becky McCabe, Public Works Division, Leasing Services  
Becky.mccabe@admin.nv.gov  
Subject: Retroactive Memo for placement on the December 12<sup>th</sup>, 2023 Board of Examiners Meeting, for Department of Business and Industry, Industrial Relations Division

---

This memo is a clarification for a retroactive start date of December 1, 2023 for the lease referenced above, which houses the Department of Business and Industry, Industrial Relations Division.

Due to several different moving parts to this amendment, a submittal for November's Board of Examiners meeting was unrealistic. The Office of Project Management's move out date was October 20, 2023, this lease amendment was routed for signatures on October 20<sup>th</sup>, 2023. Business and Industry is waiting for the Lessor to make maintenance repairs, these will be completed before the move in date.

This lease amendment is for placement on the December 12, 2023 Board of Examiners meeting with a retroactive start date of December 1, 2023.

Thank You,

Becky McCabe

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:	TB 11/9/23
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

RECEIVED

NOV 07 2023

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

1. Agency: Department of Health and Human Services  
Director's Office  
400 W King St Suite #300  
Carson City, Nevada 89703  
Lesa Galloway  
T: 775-684-4019 E: l.galloway@dhs.nv.gov

Remarks: Relocation to new leased space

Exceptions/Special notes: Relocating from expired lease space 400 W King St, Approved by Director Jack Robb  
First 2 months abated rent, no tenant improvements, 5 year lease with 3.5% yearly increases

2. Lessee: Department of Administration, Public Works Division, Building and Grounds

3. Name of Lessor: Chowanec Revocable Trust

4. Address of Lessor: 5476 Reno Corporate Dr  
Reno, Nevada 89511

5. Property contact: Niki Wilcox  
T: 775-851-3666 E: nwilcox@NCSReno.com

6. Address of Lease property: 1000 N. Division Suites 101, 201, and 202  
Carson City, Nevada 89703

a. Square Footage:  Rentable  
 Usable 11,775

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot	
0%	\$0.00	2	\$0.00	January 1, 2024 - February 29, 2024	\$0.00	\$0.00	\$0.00
0%	\$ 19,428.75	10	\$ 194,287.50	March 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$1.65
3.50%	\$ 20,108.75	12	\$ 241,305.00	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.70
3.50%	\$ 20,812.56	12	\$ 249,750.72	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.76
3.50%	\$ 21,541.00	12	\$ 258,492.00	January 1, 2027 - December 31, 2027	\$0.00	\$0.00	\$1.82
3.50%	\$ 22,294.93	12	\$ 267,539.16	January 1, 2028 - December 31, 2028	\$0.00	\$0.00	\$1.89
c. Total Lease Consideration:		60	\$1,211,374.38				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	365	Renewal terms:	One Identical Term		
f. Holdover notice:		# of Days required	30	Holdover terms:	5%/90		
g. Term:		Five Years					
h. Pass-thrus/CAM/Taxes		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
i. Utilities:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
j. Janitorial:		<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input type="checkbox"/> Other (see special notes)				
k. Repairs:		Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
l. Comparable Area Market Rate Average:		Limited data \$1.49 SF for only two locations					
m. Specific termination clause in lease:		Breach/Default lack of funding					
n. Lease will be paid for by Agency Budget Account Number:		3055 at 8%, 3060 at 16%, 3145 at 3% 3150 at 42%, 3195 at 16%, 3228 at 16%. 3233 at 16%					



**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 X Dec Unit \_\_\_\_\_

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

BA # 3060 WP # C60482

[Signature] 11/3/2023  
 Authorized Agency Signature Date  
 38

For Public Works Information:

8. 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"/>
e. Ownership Type (Domestic, Foreign, Government, etc.):	CORP <input type="checkbox"/>	LP <input type="checkbox"/>
f. Nevada Business ID Number: <u>NV20232934179</u>	Exp: <u>10/31/2024</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>T29047870</u>		
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

9. 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] 11/6/23  
 Authorized Signature Date  
 Public Works Division  
 RG  
 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:	TB 11/9/23
Reviewed by:	
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency:

Department of Health and Human Services  
 Division of Child and Family Services LAT and MCERS  
 6171 W Charleston Blvd Building 8  
 Las Vegas, Nevada 89146  
 Jackie Wade  
 T: 702-486-5016 E: jwade@dcfs.nv.gov

Remarks:

New Site for DCFS shared space with LAT and MCERS providing front facing to community in the assigned area in the Las Vegas market. This lease will retroactively commence on December 1, 2023.

0 Exceptions/Special notes:

Negotiated at \$2.00 per SF with 3% Increases Market Rate \$2.54  
 Tenant Improvements - ADA private restroom, door to extra office space, wall dividing LAT and MCERS, new appliances to include range stove, full size refrigerator, and dishwasher.

2. Lessee:

Department of Administration, Public Works Division, Building and Grounds

3. Name of Lessor:

Contour Group, LLC

4. Address of Lessor:

4069 Dean Martin Dr  
 Las Vegas, Nevada 89103

5. Property contact:

Joe Griffis  
 T: 702-406-6867 E: joe@gricommercial.com

6. Address of Lease property:

4530 South Decatur Blvd #203  
 Las Vegas, Nevada 89103

a. Square Footage:

Rentable  
 Usable 7,926

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
	\$ 15,852.00	12	\$ 190,224.00	December 1, 2023 - November 30, 2024	\$0.00	\$0.00	\$2.00
3%	\$ 16,327.56	12	\$ 195,930.72	December 1, 2024 - November 30, 2025	\$0.00	\$0.00	\$2.06
3%	\$ 16,817.38	12	\$ 201,808.56	December 1, 2025 - November 30, 2026	\$0.00	\$0.00	\$2.12
3%	\$ 17,321.90	12	\$ 207,862.80	December 1, 2026 - November 30, 2027	\$0.00	\$0.00	\$2.18
3%	\$ 17,841.56	12	\$ 214,098.72	December 1, 2027 - November 30, 2028	\$0.00	\$0.00	\$2.25
<b>c. Total Lease Consideration:</b>		60	\$ 1,009,924.80				\$2.12
<b>d. Total Improvement Cost:</b>					\$0.00		

c. Total Lease Consideration:

d. Total Improvement Cost:

e. Option to renew:

Yes  No 365 Renewal terms: One identical term

f. Holdover notice:

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

g. Term:

Five 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:

Market Rate \$2.54

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3646

7. 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 \_\_\_\_\_

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

Tiffany Greenmeyer 11/3/2023  
 Authorized Agency Signature Date  
 23

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20161190259	Exp: 3/31/2024
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:	T29047800	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

9. 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] 11/6/23  
 Authorized Signature Date  
 Public Works Division  
 RG  
 For Board of Examiners  YES  NO

**Joe Lombardo**  
*Governor*



**Jack Robb**  
*Director*

**Matthew Tuma**  
*Deputy Director*

**Kent A. LeFevre**  
*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*

**ROUTING & TRANSMITTAL SLIP**

Date: November 7, 2023  
To: Theresa Bawden, Executive Branch Budget Officer  
From: Robert Guillen, Public Works Division, Leasing Services  
Subject: For placement on December's 2023 BOE agenda

**RECEIVED**  
NOV 07 2023  
GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Projected BOE Date: December 12th, 2023. BOE Deadline Date: November 7, 2023

Lessor: Contour Group, LLC

Tenant: Department of Health and Human Services, Division of Child and Family Services, Latency Age Treatment Program, and Mobile Crisis Response Team.

Property Location: 4530 South Decatur Blvd. Suite #203 Las Vegas, Nevada 89103.

This lease will be a retroactive lease commencing on December 1, 2023.

This is a net new lease and there is no existing space for the new Latency Age Treatment program and the Mobile Crisis Response Team. Approved ARPA funding for this new program. We have negotiated a long-term lease for the December BOE meeting five-year term with increases of 3% in yearly increases. Full-Service Lease Market data \$2.54 negotiated a rate of \$2.00 with Tenant improvements. Front facing agency providing services to the community assigned areas, approved by Director Jack Robb for non-state leased space.

Thank you for your time,  
Robert Guillen

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE - GOVERNOR'S WASHINGTON DC OFFICE	CASSIDY & ASSOCIATES, INC.	OTHER: AGENCY TRANSFERS	\$760,000	
	Contract Description:	This is a new contract to provide ongoing public policy advocacy and representation services.				
		Term of Contract:	01/01/2024 - 02/28/2027	Contract # 28434		
2.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	APPRISS INSIGHTS, LLC	FEE: PARTICIPATING COUNTIES 69% FEDERAL 31%	\$362,433	
	Contract Description:	This is the eleventh amendment to the original contract which provides ongoing victim notification in the Statewide Automated Victim Information and Notification Program. This amendment extends the termination date from December 31, 2023 to June 30, 2025 and increases the maximum amount from \$2,792,065.85 to \$3,154,498.85 due the continued need for these services.				
		Term of Contract:	04/01/2010 - 06/30/2025	Contract # 10619		
3.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	GARTNER, INC.	FEDERAL	\$407,500	
	Contract Description:	This is the second amendment to the original service agreement under statewide contract #99SWC-NV22-9032 which provides acquisition support services. This service agreement provides independent validation and verification services for the new centralized statewide database and election management system. This amendment increases the maximum amount from \$703,000 to \$1,110,500 due to the increased need for these services.				
		Term of Contract:	05/09/2023 - 10/03/2024	Contract # 27474		
4.	050	TREASURER'S OFFICE - STATE TREASURER	BNY MELLON, N.A.	OTHER: INVESTMENT EARNINGS	\$107,000	
	Contract Description:	This is the second amendment to the original contract which provides custodial banking and reporting services for securities. This amendment extends the termination date from December 31, 2023 to May 31, 2024 and increases the maximum amount from \$1,006,000 to \$1,113,000 due to the continued need for these services.				
		Term of Contract:	01/01/2019 - 05/31/2024	Contract # 21270		
5.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	MEKETA INVESTMENT GROUP, INC.	OTHER: COLLEGE SAVINGS TRUST	\$468,024	
	Contract Description:	This is the third amendment to the original contract which provides investment consulting services for the College Savings Plans and the Prepaid Tuition Trust Fund. This amendment extends the termination date from December 31, 2023 to December 31, 2024 and increases the maximum amount from \$958,000 to \$1,426,024 due to the continued need for these services.				
		Term of Contract:	01/01/2019 - 12/31/2024	Contract # 21254		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	KELMAR ASSOCIATES, LLC	OTHER: ABANDONED PROPERTY	\$3,675,720	
	Contract Description:	This is a new contract to provide ongoing software licensing and maintenance services for the unclaimed property software.				
		Term of Contract:	Upon Approval - 09/30/2026	Contract # 28268		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	QUAL-ECON, LLC	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$183,850	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Laxalt Building located in Carson City.				
		Term of Contract:	Upon Approval - 12/31/2027	Contract # 28421		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	GENERAL	\$125,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - Security Fencing CIP Project to include schematic design, design development, construction documents, bid documents, bidding, and construction administration services for the design and construction of perimeter security fencing, including access controlled pedestrian gates and electrically operated vehicle gates for regular vehicle and fire apparatus access: CIP Project No. 23-M02-09; SPWD Contract No. 116005.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28394		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	SHAW ENGINEERING, LTD.	BONDS	\$123,539	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Youth Training Center - Emergency Well Repair CIP Project to include surveying services, hydrologic work, design and permitting, and construction administration services for the design and construction of a domestic water service connection with water being provided by the City of Elko and the repair of the current drinking water well: CIP Project No. 21-M02-08-1; SPWD Contract No. 115919.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 28411		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	GENERAL	\$785,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the High Desert State Prison - Advance Planning: Underground Piping Replacement CIP Project to include schematic design, design development, construction documents, and bid documents for the replacement of underground chilled and heating water piping that serves 23 buildings: CIP Project No. 23-P08; SPWD Contract No. 116025.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28408		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	FORMGREY STUDIO, LLC	BONDS	\$301,776	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Veterans Memorial Cemetery - Committal Building CIP Project to include project design services, furniture, fixtures, equipment, and utility design and connection services for the design and construction of a committal building, including restrooms, storage, and an adjacent parking lot: CIP Project No. 23-C13; SPWD Contract No. 116015.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28423		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	KGA, INC.	BONDS 53% FEDERAL 47%	\$4,400	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada Army National Guard - Clark County Armory Restroom Facilities Remodel CIP project: CIP Project No. 21-M25; SPWD Contract No. 114471. This amendment increases the maximum amount from \$98,200 to \$102,600 due to additional contract administration services.				
		Term of Contract:	10/20/2021 - 06/30/2025	Contract # 25042		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - MILITARY CIP PROJECTS - NON-EXEC	WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER	BONDS	\$101,200	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Floyd Edsall Training Center - Physical Training Facilities CIP project to include civil and structural engineering drawings, bid review, and construction administration services for the design and construction of a physical training facilities area including restroom facilities and utilities: CIP Project No. 23-C11; SPWD Contract No. 115836.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28373		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HARRIS CONSULTING ENGINEERS, LLC	GENERAL	\$180,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Desert Correctional Center, Housing Units 1-7 - Fire Sprinkler Installation CIP Project to include architectural, structural, mechanical, and electrical design services, development of specifications, permitting, bidding, and construction administration services for the installation of fire sprinkler systems in the seven original housing units, including additional riser security fencing, and institutional soffits: CIP Project No. 23-S03-1; SPWD Contract No. 116004.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28403		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	LGA ARCHITECTURE DBA LGA	BONDS	\$165,210	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the East Ely Railroad Museum - Remodel Freight Barn CIP Project to include architectural and engineering design services, bidding assistance, and construction administration services for the addition of a fire sprinkler system, building insulation, heating, ventilation, and air conditioning, structural, and architectural modifications to turn the building into a year-round events center: CIP Project No. 23-C12; SPWD Contract No. 115820.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28175		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	IMEG CONSULTANTS CORP.	GENERAL 75% BONDS 25%	\$112,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada State Library and Archives - Replace Emergency Generator CIP Project to include electrical system design, structural and civil system design, construction documents, bidding, and construction administration services for the replacement of the existing emergency generator, which will provide emergency power for the entire facility, and the automatic transfer switch: CIP Project No. 23-M03-5; SPWD Contract No. 116065.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 28441		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES, INC.	GENERAL 83% BONDS 17%	\$861,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Marlette Lake Water System - Additional East Slope Catchments and the East Slope Transmission Main Upgrade CIP Projects to include geotechnical investigation, schematic design, design development, construction documents, bid documents, and construction administration services for the design and construction of three additional surface water catchment basins and the replacement of water transmission mains with transmission mains from the East Slope Catchments to the Diversion Dam: CIP Project Nos. 23-M03-9 & 23-M46; SPWD Contract No. 115935.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28385			
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PURCELL ELECTRICAL PROFESSIONAL CORPORATION DBA PURCELL ELECTRICAL PROF CORP	GENERAL 75% BONDS 25%	\$160,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada State Capitol Complex and Governor's Mansion - Upgrade Surveillance and Security CIP Project to include schematic design, design development, construction documents, bidding, and construction administration services for the augmentation to existing camera systems, viewing stations, digital storage systems, access controls, and intercom systems to provide remote viewing of all cameras: CIP Project No. 23-M03-13; SPWD Contract No. 116041.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 28414			
19.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	TYBERA DEVELOPMENT GROUP, INC.	OTHER: WORKERS' COMPENSATION & SAFETY FUND 44% FEDERAL 56%	\$745,800	Sole Source
	Contract Description:	This is a new contract to provide implementation of an e-filing document management system. <b>This contract is contingent upon approval of work program #C64971.</b>				
	Term of Contract:	Upon Approval - 06/30/2026	Contract # 28223			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	OMNITRAK GROUP, INC.	OTHER: LODGING TAX	\$157,450	
	Contract Description:	This is the first amendment to the original contract which provides ongoing domestic visitor profile studies. This amendment extends the termination date from December 31, 2023 to December 31, 2025 and increases the maximum amount from \$112,650 to \$270,100 due to the continued need for these services.				
		Term of Contract:	07/01/2022 - 12/31/2025	Contract # 25636		
21.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES - PUBLIC DEFENDER'S OFFICE	OSVALDO FUMO CHTD	GENERAL	\$100,000	Professional Service
	Contract Description:	This is a new contract to provide representation in complex litigation cases.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 28195		
22.	300	DEPARTMENT OF EDUCATION - CAREER AND TECHNICAL EDUCATION	CAREER AND TECHNICAL EDUCATION CONSORTIUM OF STATES, INC.	FEDERAL	\$566,000	
	Contract Description:	This is the first amendment to the original contract which provides online Career and Technical Education (CTE) employability and technical skills assessments for students who complete a CTE course sequence. This amendment extends the termination date from June 30, 2024 to June 30, 2026 and increases the maximum amount from \$566,000 to \$1,132,000 due to the continued need for these services.				
		Term of Contract:	11/15/2022 - 06/30/2026	Contract # 26834		
23.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	REGENTS OF THE UNIVERSITY OF MINNESOTA OBO MINNESOTA CENTER FOR READING RESEARCH	FEDERAL	\$1,398,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide professional learning services for elementary educators and school leaders based on evidence-based literacy instruction and intervention.				
		Term of Contract:	Upon Approval - 12/31/2024	Contract # 28483		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
24.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	APPLIED LEARNING TECHNOLOGY ASSOCIATES CORP.	FEDERAL	\$152,000	
	Contract Description:	This is the first amendment to the original contract which provides a comprehensive needs assessment, service delivery plan, assessment of migrant student recruitment, and evaluation of the state Migrant Program as well as provide membership to the MiraCORE consortium. This amendment extends the termination date from December 31, 2023 to December 31, 2026 and increases the maximum amount from \$208,000 to \$360,000 due to the continued need for these services. <b>This contract is contingent upon approval of work program #C66324.</b>				
	Term of Contract:	01/01/2020 - 12/31/2026	Contract # 22277			
25.	300	DEPARTMENT OF EDUCATION - DATA SYSTEMS MANAGEMENT	ANLAR, LLC	GENERAL	\$1,995,000	
	Contract Description:	This is a new contract to provide ongoing hardware and software maintenance services for the System of Accountability Information in Nevada. <b>This contract is contingent upon approval of work program #C66058.</b>				
	Term of Contract:	Upon Approval - 11/13/2027	Contract # 28321			
26.	300	DEPARTMENT OF EDUCATION - DATA SYSTEMS MANAGEMENT	OTIS EDUCATIONAL SYSTEMS, INC.	GENERAL 92% FEDERAL 8%	\$182,457	Exempt
	Contract Description:	This is the eighth amendment to the original contract which provides maintenance and support for the System of Accountability Information in Nevada. This amendment increases the maximum amount from \$2,024,164 to \$2,206,621 due to the increased need for these services.				
	Term of Contract:	06/10/2014 - 06/30/2024	Contract # 15748			
27.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	LYON COUNTY LIBRARIES	OTHER: REVENUE	\$128,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.				
	Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27995			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS	OTHER: REVENUE	\$180,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27998		
29.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - FEDERAL PROGRAMS AND ADMINISTRATION	HEALTH MANAGEMENT ASSOCIATES, INC.	FEDERAL	\$519,650	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17885 which provides ongoing technical assistance and program evaluation for enacting home and community-based services regulation.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 28358		
30.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - FEDERAL PROGRAMS AND ADMINISTRATION	SHI INTERNATIONAL CORP.	FEDERAL	\$1,816,178	
	Contract Description:	This is the second amendment to the original contract which provides modernization of existing case management systems. This amendment increases the maximum amount from \$6,113,622.90 to \$7,929,801.04 due to the addition of program modules, programmatic needs, and software integration.				
		Term of Contract:	04/11/2023 - 09/15/2026	Contract # 27097		
31.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES	CHANGE AND INNOVATION AGENCY, LLC	FEDERAL	\$520,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17897 which provides ongoing research and advisory services. This service agreement provides operations and workflow analysis to improve quality of care and access to care.				
		Term of Contract:	Upon Approval - 12/31/2024	Contract # 28284		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES	KPS/3	FEDERAL	\$450,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides ongoing website updates, marketing campaign development, and outreach and education materials.				
		Term of Contract:	Upon Approval - 12/31/2024	Contract # 28350		
33.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES	NEVADA PUBLIC HEALTH FOUNDATION, INC.	FEDERAL	\$234,940	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides ongoing capacity building and support for aging network service providers.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 28445		
34.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	HEALTH MANAGEMENT ASSOCIATES, INC.	FEDERAL	\$519,450	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17885 which provides ongoing intensive behavioral support consulting services.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 28446		
35.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SIERRA REGIONAL CENTER	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	GENERAL 48% FEDERAL 52%	\$400,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing training and employment resource services to participants with intellectual and developmental disabilities.				
		Term of Contract:	01/01/2024 - 12/31/2027	Contract # 28392		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	HEALTH MANAGEMENT ASSOCIATES, INC.	FEDERAL	\$170,402	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-S2340 which provides consulting, marketing, and education services. This service agreement provides a needs assessment study for the aged, blind, and disabled populations. <b>This service agreement is contingent upon approval of work program #C66645.</b>				
		Term of Contract:	01/01/2024 - 03/31/2024	Contract # 28499		
37.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	ONPOINT HEALTH DATA	GENERAL 19% OTHER: HEALTHY NEVADA FUND 4% FEDERAL 77%	\$8,999,120	
	Contract Description:	This is a new contract to provide a database to improve healthcare by permitting the examination of costs, quality, and utilization of insurance claims.				
		Term of Contract:	Upon Approval - 12/31/2028	Contract # 28460		
38.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	STRATEGIC PROGRESS, LLC	FEDERAL	\$271,500	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-S2340 which provides ongoing education and outreach for expanded dental benefits under the Individuals with Intellectual and Developmental Disabilities Waiver. <b>This service agreement is contingent upon approval of work program #C66538.</b>				
		Term of Contract:	01/01/2024 - 03/31/2024	Contract # 28431		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	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 the second amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.				
	Term of Contract:	01/01/2023 - 12/31/2025	Contract # 25801			
40.	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 the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.				
	Term of Contract:	01/01/2023 - 12/31/2025	Contract # 25795			
41.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HUMANA INSURANCE COMPANY	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.				
	Term of Contract:	01/01/2023 - 12/31/2025	Contract # 25803			
42.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	OTHER: NO COST	\$0	Exempt
	Contract Description:	This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.				
	Term of Contract:	01/01/2023 - 12/31/2025	Contract # 25806			



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	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 the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 due to the continued need for these services.				
		Term of Contract:	01/01/2023 - 12/31/2025	Contract # 25845		
44.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	CITY OF RENO	GENERAL	\$752,832	Exempt
	Contract Description:	This is a new interlocal agreement to provide housing for independent community placement clients with severe mental illness.				
		Term of Contract:	Upon Approval - 09/30/2025	Contract # 28010		
45.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	DENVER HEALTH & HOSPITAL	GENERAL 83.3% FEDERAL 16.7%	\$1,356,137	Exempt
	Contract Description:	This is a new contract to provide ongoing poison control telephone services. <b>This contract is contingent upon approval of work program #C66710.</b>				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28194		
46.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH IMPROVEMENTS	CARAHSOFT TECHNOLOGY CORPORATION	FEDERAL	\$205,139	
	Contract Description:	This is a new contract to provide software licensing to streamline the operations of the Office of Information Technology.				
		Term of Contract:	Upon Approval - 06/30/2025	Contract # 28191		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH IMPROVEMENTS	CARAHSOFT TECHNOLOGY CORPORATION	FEDERAL	\$218,687	
	Contract Description:	This is a new contract to provide implementation of a software platform to streamline the operations of the Office of Information Technology.				
		Term of Contract:	Upon Approval - 11/30/2025	Contract # 28220		
48.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - WELFARE FIELD SERVICES	CENVEO WORLDWIDE LIMITED	GENERAL 10% FEDERAL 90%	\$908,373	
	Contract Description:	This is a new contract to provide storage and printing of stock envelopes.				
		Term of Contract:	01/01/2024 - 12/31/2028	Contract # 28424		
49.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	RITE OF PASSAGE, INC.	GENERAL 35% FEDERAL 65%	\$138,000	
	Contract Description:	The is a new contract to provide youth residential treatment services.				
		Term of Contract:	09/28/2023 - 09/30/2024	Contract # 28362		
50.	431	OFFICE OF THE MILITARY	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	FEDERAL	\$100,000	Professional Service
	Contract Description:	This is a new contract to provide a site development study for a readiness center located in Henderson.				
		Term of Contract:	Upon Approval - 09/30/2025	Contract # 28296		
51.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP	FEDERAL	\$176,300	Professional Service
	Contract Description:	This is a new contract to provide a study for future development at the Anthony Cometa Complex located in Las Vegas.				
		Term of Contract:	Upon Approval - 09/30/2025	Contract # 28293		
52.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP	GENERAL 50% FEDERAL 50%	\$145,000	Professional Service
	Contract Description:	This is a new contract to provide architectural and engineering design services for the remodel of the restroom facilities at the Armory located in Henderson.				
		Term of Contract:	Upon Approval - 09/30/2025	Contract # 28294		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
53.	440	DEPARTMENT OF CORRECTIONS - CORRECTIONAL PROGRAMS	CARSON CITY SCHOOL DISTRICT - ADULT EDUCATION	FEDERAL	\$185,758	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing educational and vocational services to assist offenders incarcerated at Northern Nevada Correctional Center in obtaining a high school equivalency or high school diploma.				
		Term of Contract:	07/01/2023 - 10/31/2024	Contract # 28127		
54.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	REDDY ICE, LLC DBA LAS VEGAS COLD STORAGE	FEE: PROGRAM 50% FEDERAL 50%	\$200,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing cold storage services in southern Nevada for U.S. Department of Agriculture frozen and fresh commodity foods for the National School Lunch Program, Commodity Supplemental Food Program, Child & Adult Care Food Program, and Nutrition Service Incentive Program.				
		Term of Contract:	Upon Approval - 10/31/2027	Contract # 28007		
55.	650	DEPARTMENT OF PUBLIC SAFETY - HIGHWAY PATROL REVENUE ACCOUNT	CARFAX, INC.	OTHER: REVENUE	\$1,200,000	
	Contract Description:	This is a new revenue contract to provide the public with ongoing paid access to Nevada Highway Patrol crash reports.				
		Term of Contract:	11/01/2023 - 09/30/2027	Contract # 28489		
56.	655	DEPARTMENT OF PUBLIC SAFETY - CRIMINAL HISTORY REPOSITORY	SCOTT WARREN NORBERG DBA NORSOFT CONSULTING	FEE: REPOSITORY	\$566,420	Sole Source
	Contract Description:	This is the fifth amendment to the original contract which provides ongoing software support and maintenance services for software systems operated by the Nevada Criminal History Repository. This amendment extends the termination date from December 31, 2023 to December 31, 2024 and increases the maximum amount from \$3,699,355 to \$4,265,775 due to the continued need for these services.				
		Term of Contract:	09/13/2016 - 12/31/2024	Contract # 17828		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
57.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	SCOTT WARREN NORBERG DBA NORSOFT CONSULTING	FEDERAL	\$108,000	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing consulting services and exit planning for the update and replacement of the Nevada Criminal Justice Information System. This amendment extends the termination date from June 30, 2024 to December 31, 2024 and increases the maximum amount from \$1,000,000 to \$1,108,000 due to an increase of maintenance services.				
		Term of Contract:	11/10/2020 - 12/31/2024	Contract # 23629		
58.	702	DEPARTMENT OF WILDLIFE - HABITAT	BUREAU OF LAND MANAGEMENT	OTHER: REVENUE	\$680,724	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide construction of a four-strand barbed wire fence at Washburn and Riser Creeks to protect Lahontan Cutthroat Trout habitat on Bureau of Land Management property.				
		Term of Contract:	Upon Approval - 09/30/2024	Contract # 28345		
59.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	NEVADA DEPARTMENT OF EDUCATION	OTHER: WAGE ASSESSMENT - CAREER ENHANCEMENT PROGRAM	\$1,108,801	Exempt
	Contract Description:	This is a new interlocal agreement to provide funding assistance to students to assist them in obtaining educational licensure. <b>This interlocal agreement is contingent upon approval of work program #C66359.</b>				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 28367		
60.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	XCEL MAINTENANCE SERVICES, INC.	FEE: WORKFORCE 3% OTHER: COST ALLOCATION 19% FEDERAL 78%	\$489,020	
	Contract Description:	This is a new contract to provide ongoing janitorial services.				
		Term of Contract:	Upon Approval - 10/31/2027	Contract # 28383		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28434**

Agency Name: **GOVERNOR'S OFFICE**  
Agency Code: **010**  
Appropriation Unit: **1011-10**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **CASSIDY & ASSOCIATES, INC.**  
Contractor Name: **CASSIDY & ASSOCIATES, INC.**  
Address: **733 10th Street NW Suite 400**  
City/State/Zip: **Washington, DC 20001**  
Contact/Phone: Kai Anderson 202-585-2324  
Vendor No.: T29042705  
NV Business ID: NV20191645307

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 % Agency Transfers</b>

Agency Reference #: RFP 01GO-S2461 JS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2027**

Contract term: **3 years and 59 days**

4. Type of contract: **Contract**

Contract description: **Advocacy & Federal**

5. Purpose of contract:

**This is a new contract to provide ongoing public policy advocacy and representation services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$760,000.00**

Payment for services will be made at the rate of \$20,000.00 per month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor requires an advocate located in the Washington DC Office to serve the public policy needs of the state at the federal level.

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

This is a specialized service that the agency employees cannot perform.

9. Were quotes or proposals solicited? Yes

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

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

The Perkins Group  
Porter Group LLC  
Cassidy & Associates, Inc

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #01GO-S2461, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 09/15/2023 Anticipated re-bid date: 09/03/2026

- 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:

1/1/20-12/31/2023- Governors Office-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	mlynn	11/03/2023 09:22:56 AM
Division Approval	jkidd	11/06/2023 13:38:42 PM
Department Approval	ssands	11/07/2023 07:21:40 AM
Contract Manager Approval	ssands	11/07/2023 07:21:43 AM
Budget Analyst Approval	jrodrig9	11/14/2023 08:59:24 AM
BOE Agenda Approval	jrodrig9	11/14/2023 08:59:27 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>10619</b>	Amendment Number: <b>11</b>
Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>APPRISS INSIGHTS, LLC</b>
Agency Code: <b>030</b>	Contractor Name: <b>APPRISS INSIGHTS, LLC</b>
Appropriation Unit: <b>1042-18</b>	Address: <b>9901 LINN STATION RD STE 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LOUISVILLE, KY 40223</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sarah Horn 800.816.0491</b>
	Vendor No.: <b>T29045626</b>
	NV Business ID: <b>NV20222381882</b>

To what State Fiscal Year(s) will the contract be charged? **2010-2025**

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>69.00 %</b>	<b>Participating counties</b>
<b>X</b> Federal Funds	<b>31.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP #1846**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2010**  
 Anticipated BOE meeting date **12/2023**

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

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2023**  
 Contract term: **15 years and 94 days**

4. Type of contract: **Contract**  
 Contract description: **Victim Info System**

5. Purpose of contract:  
**This is the eleventh amendment to the original contract which provides ongoing victim notification in the Statewide Automated Victim Information and Notification Program. This amendment extends the termination date from December 31, 2023 to June 30, 2025 and increases the maximum amount from \$2,792,065.85 to \$3,154,498.85 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:	\$490,100.00	\$490,100.00	\$490,100.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$181,000.00	\$181,000.00	\$181,000.00	Yes - Action
c. Amendment 3:	\$377,700.00	\$377,700.00	\$377,700.00	Yes - Action
d. Amendment 4:	\$194,456.00	\$194,456.00	\$194,456.00	Yes - Action
e. Amendment 5:	\$174,473.00	\$174,473.00	\$174,473.00	Yes - Action
f. Amendment 6:	\$194,515.50	\$194,515.50	\$194,515.50	Yes - Action
g. Amendment 7:	\$838,194.00	\$838,194.00	\$838,194.00	Yes - Action
h. Amendment 8:	\$0.00	\$0.00	\$0.00	No
i. Amendment 9:	\$225,496.80	\$225,496.80	\$225,496.80	Yes - Action
j. Amendment 10:	\$116,130.55	\$116,130.55	\$116,130.55	Yes - Action

2.	Amount of current amendment (#11):	\$362,433.00	\$362,433.00	\$362,433.00	Yes - Action
3.	New maximum contract amount:	\$3,154,498.85			
	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?

The 1983 Nevada Legislature mandated certain rights and guarantees to crime victims and witnesses. Accordingly, Chapter 178 of the Nevada Revised Statutes recognizes the needs and rights of crime victims. Among other provisions, Chapter 178 mandates that a victim be notified by law enforcement of the location of the defendant following arrest, during prosecution of the criminal case, during a sentence to confinement, and when there is any release or escape of the defendant from confinement.

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

No state agencies or employees have the equipment or the experience to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This contractor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: 06/30/2022      Anticipated re-bid date: 06/30/2024

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:

Yes. Contractor entered into a contract with the Department of Public Safety, June 2009 and has been satisfied with their 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	jhoba2	11/13/2023 15:44:20 PM
Division Approval	jhoba2	11/13/2023 15:44:26 PM
Department Approval	jhoba2	11/13/2023 15:44:31 PM
Contract Manager Approval	tlyon1	11/13/2023 15:47:40 PM
EITS Approval	ljean	11/14/2023 07:21:39 AM
Budget Analyst Approval	vmilazz1	11/20/2023 16:46:55 PM
BOE Agenda Approval	vmilazz1	11/20/2023 16:47:01 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 #:	231103@

**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:</b> Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<b>STATE AGENCY NAME REQUIRED:</b>	Office of the Attorney General	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Tanya C. Lyons, Management Analyst II	775-684-1119	<a href="mailto:tclyons@ag.nv.gov">tclyons@ag.nv.gov</a>
	Nicole E. Reilly, Ombudsman, Domestic Violence	775-684-1201	<a href="mailto:nreilly@ag.nv.gov">nreilly@ag.nv.gov</a>

<b>2</b>	<b>Contractor Information:</b>	
	Contractor Name:	<i>Appriss Insights, LLC</i>
	Contact Name:	<i>Daniel Lenhardt</i>
	Complete Address: City, State and Zip Code	<i>10401 Linn Station Rd., Suite 200, Louisville, KY 40223</i>
	Phone Number:	<i>502-276-2070</i>
	Email Address:	<i>DLenhardt@appriss.com</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>Sole Source</i>	#:	
	Enter CETS Number:	<i>#18054</i>		
	Contract Amount:	<i>\$243,000</i>		
	Contract Term:	Start Date:	<i>11/01/2016</i>	End Date:

<b>Purchasing Use Only:</b>	
Approval #:	231103@296

<b>Current Contract Information:</b>					
Solicitation Type, if applicable:	<b>RFP</b>			#:	<b>1846</b>
4 Enter CETS Number:	<b>#10619</b>				
Initial Contract Amount:	<b>\$2,792,065.85</b>				
Contract Term:	Start Date:	<b>4/1/2010</b>	End Date:	<b>12/30/2023</b>	

<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>
1	Extend termination date to 6/30/2012	NTE: \$490,100.00 Change: n/a	6/30/2012
2	Increase amount and extend term date	NTE: \$671,100.00 Change: \$181,00.00	6/30/2013
3	Increase amount and extend term date	NTE: \$1,048,800.00 Change: \$377,700.00	6/30/2017
5 4	Increase amount	NTE: \$1,243,256.00 Change: \$194,456.00	n/a
5	Increase amount	NTE: \$1,417,729.00 Change: \$174,473	n/a
6	Increase amount and extend term date	NTE: \$1,612,244.50 Change: \$194,515.50	6/30/2018
7	Increase amount and extend term date	NTE: \$2,450,438.21 Change: \$838,193.71	6/30/2022
8	Add required language for use of Federal Laws and Authorities into Attachment 1	n/a	n/a
9	Extended contract for 12 months and increase amount, Assign contract to Appriss Insights, LLC from Appriss, Inc.	NTE: \$2,675,935.01 Change: \$225,496.80	6/30/2023
10	Extend contract for 6 months and increase amount	NTE: \$2,792,065.85 Change: \$116,130.84	12/31/2023

<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 11	Extend contract for 18 months and increase amount	NTE: \$3,154,498.85 Change: \$362,433.00	6/30/2025

7	<p><b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b></p> <p><i>Appriss provides the technical interface, operations and maintenance of the Nevada Crime Victim Information Notification Everyday System (VINE). The functions of the system are mandated through the Nevada Constitution (Section 8a), NRS Chapter 178, and NRS Chapter 228. The Nevada Office of the Attorney General (OAG) worked with contract counsel, in consultation with State Purchasing for the development of an RFP related to the system. While an RFP was released since Amendment 10 was approved, unfortunately, the RFP process had to be cancelled and the agency does not have time to initiate another RFP before this contract expires. With the cancellation of the RFP, coupled with staffing shortages, the OAG is requesting an 18-month extension, with associated costs, to keep the system operating until we can regroup to get another RFP in process.</i></p> <p><i>The Office of the Attorney General also has multiple interlocal contracts with law enforcement entities which depend upon the ongoing function of the system through the current biennium. Any possible lapse related to system function would cause a lack of constitutional and statutory compliance due to a possible lapse in a needed victim notification service statewide.</i></p> <p><i>The agency will address a new RFP process in the current biennium, with time to address potential transition/interface periods.</i></p>
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8	<p><b>What are the potential consequences to the State if the contract extension request is denied?</b></p> <p><i>The Victim Notification System has been in place statewide since 2010. The OAG (unlike other states where public safety entities are named, complicating the ability to seek other contract vehicles such as jointers) is responsible by law (NRS 228.2015) to facilitate provision of a cost effective Statewide Automated Victim Information and Notification Program in Nevada. The Nevada Constitution (Section 8a) memorializes the rights of victims of crime, along with NRS Chapter 178 in addition to NRS Chapter 228. Notifications via the Victim Notification System include, but are not limited to, the status of a person in the custody of a participating entity to include, booking, pre-conviction incarceration, post-conviction incarceration, temporary release, change of location, release, transfer, escape and apprehension, or death. Other functions include time sensitive notifications of probation violation, release from probation, parole hearings, parole status changes, parolee transfer to another jurisdiction and pardons board hearings. Without ongoing system function, the OAG would not be in compliance with crucial victim communication obligations that directly impact numerous Nevadans.</i></p>
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<b>Purchasing Use Only:</b>	
Approval #:	231103 @ HB6

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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

Tanya Lyons  
Signature of Agency Representative Initiating Request

Tanya Lyons 11/02/2023  
Print Name of Agency Representative Initiating Request Date

Jessica Hoban  
Signature of Agency Head Authorizing Request

Jessica Hoban 11/02/2023  
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).

<b>NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</b>	✓
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Signed:

Melissa A. Starr 11/8/2023  
Administrator, Purchasing Division or Designee Date

Joe Lombardo  
Governor



#231103 @ 5/6

Timothy D. Galluzi  
State Chief Information Officer

Darla J. Dodge  
Deputy CIO- COO

David 'Ax' Axtell  
Deputy CIO - CTO

Robert "Bob" Dehnhardt  
Deputy CIO - CISO

**STATE OF NEVADA  
GOVERNOR'S OFFICE**  
*Office of the Chief Information Officer*  
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:** Jessica Hoban, Chief Financial Officer, AG  
Tom Sanchez, Information Security Officer, AG  
Crystal Novotny, Administrative Services Officer, AG  
Hillary Pichon, IT Chief, AG  
Rick Lacanilao, IT Manager, AG  
Ron Olson, IT Professional III, AG

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

**FROM:** Lisa Jean, TIN Administrator, OCIO

**SUBJECT:** TIN Completion Memo – AG – TIN 471 – *VINE Contract Extension* – Update B – BA 1042

**DATE:** November 7, 2023

We have completed our review for the Attorney General's Office (AG) – *VINE Contract Extension* – TIN 471, Update B.

The submitted TIN, for an estimated value of \$478,563.84 in the FY24/FY25 biennium (71% State Fees and 29% VOCA funding), is to extend the current Statewide VINE (Victim Information and Notification Everyday) program contract through the end of the biennium while a new RFP is being processed.

This mission critical investment is needed for state compliance and to ensure the rights of Nevada's

citizens who are victims of crimes are protected.

The agency considers the investment and final implementation to have an ongoing low security risk, as the collaborative security efforts between the state and the VINE system's providers collectively ensure the confidentiality, integrity, and availability of information, while reinforcing the system's role in enhancing public safety and transparency within the criminal justice 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 OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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: <b>27474</b>	Amendment Number: <b>2</b>
Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>GARTNER, INC.</b>
Agency Code: <b>040</b>	Contractor Name: <b>GARTNER, INC.</b>
Appropriation Unit: <b>1051-16</b>	Address: <b>56 TOP GALLANT RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>STAMFORD, CT 06902-7700</b>
If "No" please explain: Not Applicable	Contact/Phone: Yvette Toledo 602-561-8599
	Vendor No.: T80976121
	NV Business ID: NV19941112701

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 %
Agency Reference #:	040		

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2023**  
 Anticipated BOE meeting date 10/2023

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

**Not Applicable**

3. Previously Approved Termination Date: **10/03/2024**  
 Contract term: **1 year and 148 days**

4. Type of contract: **Other (include description): MSA Work Plan**  
 Contract description: **IV&V Services**

5. Purpose of contract:  
**This is the second amendment to the original service agreement under statewide contract #99SWC-NV22-9032 which provides acquisition support services. This service agreement provides independent validation and verification services for the new centralized statewide database and election management system. This amendment increases the maximum amount from \$703,000 to \$1,110,500 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:	\$703,000.00	\$703,000.00	\$703,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$407,500.00	\$407,500.00	\$407,500.00	Yes - Action
3. New maximum contract amount:	\$1,110,500.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?



Assembly bill 422 from the 81st Legislative session requires the Nevada Secretary of State to create a centralized database that collects and stores voter preregistration and registration information allowing each county clerk to have accessibility to this database. The SOS has contracted with a vendor to provide this system. This work is required to ensure the successful outcome of the project.

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 nor the expertise required to do this work.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

PASS Agreement under NASPO contract.

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:

The contractor has provided services to other state agencies and 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:  
Foreign Corporation

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

**Yes**

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

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

dbowma1

10/26/2023 08:52:23 AM

Division Approval	dbowma1	10/26/2023 08:52:26 AM
Department Approval	dbowma1	10/26/2023 08:52:30 AM
Contract Manager Approval	adale	10/26/2023 09:26:19 AM
EITS Approval	ljean	10/31/2023 08:14:36 AM
Budget Analyst Approval	mranki1	11/06/2023 14:30:03 PM
BOE Agenda Approval	mranki1	11/06/2023 14:30:09 PM

## Karin Paul

---

**From:** Lisa Jean  
**Sent:** Friday, April 29, 2022 9:28 AM  
**To:** Tim Horgan; Mark Wlaschin; Debbie Bowman; Karin Paul  
**Cc:** Timothy Galluzi; Robert W. Dehnhardt; David Axtell; TIR's  
**Subject:** TIN Completion Memo – SOS – TIN 347 – Voter Registration and Election Management Solution (VREMS) – BA 1050 and 1051  
**Attachments:** TIN Completion Memo - SOS - 347 - Voter Registration and Election management Solution (VREMS) - 1050, 1051.pdf

All,

We have completed our review for the Secretary of State's Office's (SOS) – *Voter Registration and Election Management Solution (VREMS)* – TIN 347.

The submitted TIN, for an estimated value of \$13,817,007.64 in the FY24/FY25 biennium (20% Federal Grant and 80% Anticipated funding from the next legislative session), is to implement a COTS solution for a centralized, top-down Voter Registration and Elections Management System.

The solution is expected to provide for future integration of the technology with other agencies; minimize the number of provisional ballots cast, duplicate voter registrations, and the amount of effort for constituents who move to be registered in their new locations; reduce operational maintenance costs and the hours spent on data management and analysis; provide for ad hoc data mining and transparency in voter registration; ensure the security of voter registration data; and provide real-time integration and updates of voter registration data.

VREMS will satisfy 2021 Nevada Legislative Session requirements for automatic voter registration (AB432) and the creation of a centralized database that collects and stores voter registration information (AB422).

Hosting of the solution is likely to involve cloud, on-premises, and standalone elements. Any cloud-based elements will be on a government private cloud with servers located only within the U.S. The agency considers the investment and final implementation to have an ongoing moderate 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.

**Sincerely,**

**Lisa Jean, MS-CSIA | TIN Administrator/Enterprise Architect**

State of Nevada | Department of Administration | Enterprise IT Services

T: 775-687-9076 | C: 845-238-1081 | E: [ljean@admin.nv.gov](mailto:ljean@admin.nv.gov)

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>21270</b>	Amendment Number: <b>2</b>
Agency Name: <b>TREASURER - TREASURER'S OFFICE</b>	Legal Entity Name: <b>BNY MELLON, N.A.</b>
Agency Code: <b>050</b>	Contractor Name: <b>BNY MELLON, N.A.</b>
Appropriation Unit: <b>1080-04</b>	Address: <b>240 Greenwich Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>New York, NY 10286</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Yolanda Diaz 213-553-4334</b>
	Vendor No.: <b>T27004869</b>
	NV Business ID: <b>NV20101598277</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2019-2024</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 %
Federal Funds	0.00 %
Highway Funds	0.00 %
Fees	0.00 %
Bonds	0.00 %
<input checked="" type="checkbox"/> Other funding	<b>100.00 % Investment Earnings</b>
Agency Reference #:	<b>RFP#05TO-S152</b>

2. Contract start date:

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

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **5 years and 151 days**

4. Type of contract: **Contract**

Contract description: **Custodial Bank Svcs**

5. Purpose of contract:

**This is the second amendment to the original contract which provides custodial banking and reporting services for securities. This amendment extends the termination date from December 31, 2023 to May 31, 2024 and increases the maximum amount from \$1,006,000 to \$1,113,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$750,000.00	\$750,000.00	\$750,000.00	Yes - Action
a. Amendment 1:	\$256,000.00	\$256,000.00	\$256,000.00	Yes - Action
2. Amount of current amendment (#2):	\$107,000.00	\$107,000.00	\$107,000.00	Yes - Action
3. New maximum contract amount:	\$1,113,000.00			
and/or the termination date of the original contract has changed to:	05/31/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The conditions require that entities that trade securities, like the State Treasurer's Office, require a third-party bank to hold (custody) securities and to transact trades on the entity's behalf.

This additional time will allow the agency time to finish the RFP process, which is currently in the process of bid solicitations, and sufficient time to complete contract negotiations.

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

The State requires a third-party bank to transact securities trading with brokerage firms and to hold securities.

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-S152, 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: 05/10/2018 Anticipated re-bid date: 05/10/2023

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:

1997-Present  
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:

Other

**NT7 Other**

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

Yes

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

Yes

18. a. Is the legal entity active and 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	lhoove1	09/29/2023 07:33:05 AM
Division Approval	lhoove1	09/29/2023 07:33:09 AM
Department Approval	lhoove1	09/29/2023 07:33:12 AM
Contract Manager Approval	jveit	10/24/2023 14:12:56 PM
Budget Analyst Approval	stilley	11/16/2023 11:34:57 AM
BOE Agenda Approval	stilley	11/16/2023 11:35:00 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>21254</b>	Amendment Number: <b>3</b>
Agency Name: <b>TREASURER - COLLEGE SAVINGS TRUST</b>	Legal Entity Name: <b>Meketa Investment Group, Inc.</b>
Agency Code: <b>051</b>	Contractor Name: <b>Meketa Investment Group, Inc.</b>
Appropriation Unit: <b>1092-04</b>	Address: <b>100 Lowder Brook Drive Suite 1100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Westwood, MA 02090-1150</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kay Ceserani 503-226-1050</b>
	Vendor No.: <b>T29042101</b>
	NV Business ID: <b>NV20191282371</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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % College Savings Trust</b>

Agency Reference #: **RFP # 05TO-S337**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**  
Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **6 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Investment Consultin**

5. Purpose of contract:

**This is the third amendment to the original contract which provides investment consulting services for the College Savings Plans and the Prepaid Tuition Trust Fund. This amendment extends the termination date from December 31, 2023 to December 31, 2024 and increases the maximum amount from \$958,000 to \$1,426,024 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:	\$958,000.00	\$958,000.00	\$958,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$468,024.00	\$468,024.00	\$468,024.00	Yes - Action
3. New maximum contract amount:	\$1,426,024.00			
and/or the termination date of the original contract has changed to:	12/31/2024			

## II. JUSTIFICATION

7. What conditions require that this work be done?

Statutes designate the State Treasurer, as well as the Board of Trustees to be the administrator of the College Savings Plans of Nevada and the Prepaid Tuition Trust Fund. They specify the types of investments which may be purchased and the related constraints on how the Plan and Trust must be administered.

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

The work requires specialized knowledge and tools in the management and monitoring of the College Savings and Prepaid Trust Fund.

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-S337, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 09/12/2018 Anticipated re-bid date: 06/12/2024

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:

Office of the State Treasurer  
2011-Present  
Service provided is satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:



20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhoove1	09/28/2023 17:39:24 PM
Division Approval	lhoove1	09/28/2023 17:39:28 PM
Department Approval	lhoove1	09/28/2023 17:39:33 PM
Contract Manager Approval	jveit	11/15/2023 15:11:36 PM
Budget Analyst Approval	stilley	11/20/2023 17:22:14 PM
BOE Agenda Approval	stilley	11/20/2023 17:22:17 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: **28268**

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>3815-04</b>	Address: <b>500 Edgewater Drive 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: Tanya Whitlow 781-928-9208
	Vendor No.:
	NV Business ID: NV20061245329

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 % Abandoned Property</b>

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2026**

Contract term: **2 years and 303 days**

4. Type of contract: **Other (include description): Another Gov Solicitation**

Contract description: **Database Software**

5. Purpose of contract:

**This is a new contract to provide ongoing software licensing and maintenance services for the unclaimed property software.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,675,719.96**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

With the increase of unclaimed property claims, fraudulent claims have become more frequent. The current vendor's system does not contain current fraud detection processes.

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

The cost to create, store and manage claims system would be too high and the scope of work would be beyond the capabilities of current staff.

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

Approved Joinder G231001

There are only three vendors that provide a product to track and facilitate Unclaimed Property operations. Those vendors are Avenu (our current vendor), Kelmar (the vendor we are requesting under contract), and GenTax. GenTax is only feasible when the Unclaimed Property Division is part of the state's Department of Taxation. Kelmar's system has better functionalities than Avenu, such as fraud detection; hosting servers; heightened security measures (ISO Certifications).

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:

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:

Danielle Anthony, Deputy Unclaimed Property Ph: 702-486-4354

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ihoove1	10/09/2023 10:28:23 AM
Division Approval	Ihoove1	10/09/2023 10:28:26 AM
Department Approval	Ihoove1	10/09/2023 10:28:29 AM
Contract Manager Approval	jveit	10/31/2023 15:47:46 PM
EITS Approval	ljean	11/01/2023 08:04:22 AM
Budget Analyst Approval	stilley	11/20/2023 17:13:49 PM
BOE Agenda Approval	stilley	11/20/2023 17:13:51 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28421**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Qual-Econ, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>Qual-Econ, LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>1015 Telegraph St., Ste. C</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>Jason Shinar, President 775-350-3560</b>
	Vendor No.: <b>T29047862</b>
	NV Business ID: <b>NV20222635721</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

Agency Reference #: **RFP # 08DOA-S2490 JS**

2. Contract start date:

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

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2027**

Contract term: **4 years and 31 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 Laxalt Building located in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$183,850.00**

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?

**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 Corporation  
Qual-Econ USA Inc.  
Enterprise Janitorial Inc**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S2490, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/11/2023 Anticipated re-bid date: 07/01/2027

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:

Cheryl Warren, Custodial Supervisor IV Ph: 775-684-1809

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	11/01/2023 08:55:43 AM
Division Approval	jkidd	11/01/2023 14:00:11 PM
Department Approval	ssands	11/02/2023 08:57:31 AM
Contract Manager Approval	ssands	11/02/2023 08:57:35 AM
Budget Analyst Approval	klay0	11/14/2023 08:39:41 AM
BOE Agenda Approval	bmacke1	11/20/2023 10:09:39 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: **28394**

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

Agency Code: **082**

Appropriation Unit: **1535-55**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

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

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

Address: **8882 SPANISH RIDGE AVE.**

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

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

Vendor No.: **T80997582**

NV Business ID: **NV19871041301**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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.

<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 #: 116005

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

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

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - Security Fencing CIP Project to include schematic design, design development, construction documents, bid documents, bidding, and construction administration services for the design and construction of perimeter security fencing, including access controlled pedestrian gates and electrically operated vehicle gates for regular vehicle and fire apparatus access: CIP Project No. 23-M02-09; SPWD Contract No. 116005.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$125,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/07/2023 10:42:39 AM
Division Approval	nmann	11/07/2023 10:42:52 AM
Department Approval	nmann	11/07/2023 10:42:55 AM
Contract Manager Approval	lwildes	11/07/2023 10:49:46 AM
Budget Analyst Approval	klay0	11/14/2023 10:09:33 AM
BOE Agenda Approval	bmacke1	11/15/2023 11:35:28 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: **28411**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SHAW ENGINEERING, LTD.</b>
Agency Code: <b>082</b>	Contractor Name: <b>SHAW ENGINEERING, LTD.</b>
Appropriation Unit: <b>1535-53</b>	Address: <b>20 VINE ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89503-5520</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-329-5559</b>
	Vendor No.: <b>T27036374</b>
	NV Business ID: <b>NV19951060977</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 #: 115919

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 211 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Youth Training Center - Emergency Well Repair CIP Project to include surveying services, hydrologic work, design and permitting, and construction administration services for the design and construction of a domestic water service connection with water being provided by the City of Elko and the repair of the current drinking water well: CIP Project No. 21-M02-08-1; SPWD Contract No. 115919.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$123,538.60**

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

2023 Legislative approved CIP Project

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/09/2023 15:01:52 PM
Division Approval	nmann	11/09/2023 15:01:55 PM
Department Approval	nmann	11/09/2023 15:01:57 PM
Contract Manager Approval	lwildes	11/09/2023 15:04:42 PM
Budget Analyst Approval	klay0	11/15/2023 11:25:33 AM
BOE Agenda Approval	bmacke1	11/20/2023 14:45:53 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28408**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HARRIS CONSULTING ENGINEERS, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>HARRIS CONSULTING ENGINEERS, LLC</b>
Appropriation Unit: <b>1558-22</b>	Address: <b>680 PILOT RD., STE. A</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-9015</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-269-1575</b>
	Vendor No.: <b>T27003439</b>
	NV Business ID: <b>NV20011085889</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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.

<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 #: 116025

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

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

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the High Desert State Prison - Advance Planning: Underground Piping Replacement CIP Project to include schematic design, design development, construction documents, and bid documents for the replacement of underground chilled and heating water piping that serves 23 buildings: CIP Project No. 23-P08; SPWD Contract No. 116025.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$785,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Project

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

Garret Elmer, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/07/2023 11:12:48 AM
Division Approval	nmann	11/07/2023 11:12:50 AM
Department Approval	nmann	11/07/2023 11:12:53 AM
Contract Manager Approval	lwildes	11/07/2023 11:25:28 AM
Budget Analyst Approval	klay0	11/14/2023 09:27:33 AM
BOE Agenda Approval	bmacke1	11/15/2023 11:13:43 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28423**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>FORMGREY STUDIO, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>FORMGREY STUDIO, LLC</b>
Appropriation Unit: <b>1567-33</b>	Address: <b>400 S. WELLS AVE.</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>775-971-7930</b>
	Vendor No.: <b>T29047830</b>
	NV Business ID: <b>NV20171426932</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

Agency Reference #: 116015

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

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

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Northern Nevada Veterans Memorial Cemetery - Committal Building CIP Project to include project design services, furniture, fixtures, equipment, and utility design and connection services for the design and construction of a committal building, including restrooms, storage, and an adjacent parking lot: CIP Project No. 23-C13; SPWD Contract No. 116015.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$301,776.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2023 Legislative approved CIP Projects**

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

**Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.**

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/07/2023 14:21:29 PM
Division Approval	nmann	11/07/2023 14:21:36 PM
Department Approval	nmann	11/07/2023 14:21:40 PM
Contract Manager Approval	lwildes	11/07/2023 14:38:48 PM
Budget Analyst Approval	klay0	11/14/2023 10:49:00 AM
BOE Agenda Approval	bmacke1	11/15/2023 11:37:21 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: **25042** Amendment Number: **2**  
 Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **KGA, Inc.**  
 Agency Code: **082** Contractor Name: **KGA, Inc.**  
 Appropriation Unit: **1577-54** Address: **9075 W. DIABLO DR., 3RD FLR.**  
 Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89148-7604**  
 If "No" please explain: **Not Applicable** Contact/Phone: **702-367-6900**  
 Vendor No.: **T80931708**  
 NV Business ID: **NV20201742190**

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>47.00 %</b>	<b>X</b> Bonds	<b>53.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114471

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2021**  
 Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 254 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada Army National Guard - Clark County Armory Restroom Facilities Remodel CIP project: CIP Project No. 21-M25; SPWD Contract No. 114471. This amendment increases the maximum amount from \$98,200 to \$102,600 due to additional contract administration services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$96,200.00	\$96,200.00	\$96,200.00	Yes - Info
a. Amendment 1:	\$2,000.00	\$2,000.00	\$98,200.00	No
2. Amount of current amendment (#2):	\$4,400.00	\$6,400.00	\$102,600.00	Yes - Action
3. New maximum contract amount:	\$102,600.00			

#### 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?

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

Yes. SPWD, and currently with satisfactory results.

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

**No** If "Yes", please provide details of the litigation 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	11/02/2023 08:06:16 AM
Division Approval	nmann	11/02/2023 08:06:51 AM
Department Approval	nmann	11/02/2023 08:07:03 AM
Contract Manager Approval	lwildes	11/02/2023 08:21:05 AM

Budget Analyst Approval  
BOE Agenda Approval

klay0  
bmacke1

11/13/2023 09:22:30 AM  
11/20/2023 13:28:26 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: **28373**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER</b>
Agency Code: <b>082</b>	Contractor Name: <b>WELLES PUGSLEY ARCHITECTS, LLP DBA PUGSLEY SIMPSON COULTER</b>
Appropriation Unit: <b>1577-70</b>	Address: <b>151 E. WARM SPRINGS RD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-4101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-435-1150</b>
	Vendor No.: <b>T27038348</b>
	NV Business ID: <b>NV20031000034</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

Agency Reference #: 115836

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

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

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Floyd Edsall Training Center - Physical Training Facilities CIP project to include civil and structural engineering drawings, bid review, and construction administration services for the design and construction of a physical training facilities area including restroom facilities and utilities: CIP Project No. 23-C11; SPWD Contract No. 115836.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$101,200.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results

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

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/06/2023 11:05:23 AM
Division Approval	nmann	11/06/2023 11:05:26 AM
Department Approval	nmann	11/06/2023 11:05:28 AM
Contract Manager Approval	lwildes	11/06/2023 11:15:47 AM
Budget Analyst Approval	klay0	11/13/2023 11:57:13 AM
BOE Agenda Approval	bmacke1	11/20/2023 13:27:16 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: **28403**

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

Agency Code: **082**

Appropriation Unit: **1585-77**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HARRIS CONSULTING ENGINEERS, LLC**

Contractor Name: **HARRIS CONSULTING ENGINEERS, LLC**

Address: **680 PILOT RD., STE. A**

City/State/Zip: **LAS VEGAS, NV 89119-9015**

Contact/Phone: **702-269-1575**

Vendor No.: **T27003439**

NV Business ID: **NV20011085889**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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.

<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 #: **116004**

2. Contract start date:

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

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

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

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Southern Desert Correctional Center, Housing Units 1-7 - Fire Sprinkler Installation CIP Project to include architectural, structural, mechanical, and electrical design services, development of specifications, permitting, bidding, and construction administration services for the installation of fire sprinkler systems in the seven original housing units, including additional riser security fencing, and institutional soffits: CIP Project No. 23-S03-1; SPWD Contract No. 116004.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2023 Leg. approved CIP projects**

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

**Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.**

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

Dustin Cheney, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/07/2023 10:03:02 AM
Division Approval	nmann	11/07/2023 10:03:04 AM
Department Approval	nmann	11/07/2023 10:03:06 AM
Contract Manager Approval	lwildes	11/07/2023 10:06:08 AM
Budget Analyst Approval	klay0	11/13/2023 13:37:48 PM
BOE Agenda Approval	bmacke1	11/20/2023 12:00:15 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: **28175**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LGA ARCHITECTURE DBA LGA</b>
Agency Code: <b>082</b>	Contractor Name: <b>LGA ARCHITECTURE DBA LGA</b>
Appropriation Unit: <b>1592-38</b>	Address: <b>1226 S. 3RD ST. #110</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89104</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-263-7111</b>
	Vendor No.: <b>T27041309</b>
	NV Business ID: <b>NV19861005290</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

Agency Reference #: 115820

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

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

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the East Ely Railroad Museum - Remodel Freight Barn CIP Project to include architectural and engineering design services, bidding assistance, and construction administration services for the addition of a fire sprinkler system, building insulation, heating, ventilation, and air conditioning, structural, and architectural modifications to turn the building into a year-round events center: CIP Project No. 23-C12; SPWD Contract No. 115820.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$165,210.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Project

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

Javier Barrera, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	09/05/2023 14:27:38 PM
Division Approval	nmann	09/05/2023 14:27:41 PM
Department Approval	nmann	09/05/2023 14:27:43 PM
Contract Manager Approval	lwildes	09/05/2023 15:32:53 PM
Budget Analyst Approval	klay0	11/15/2023 11:45:30 AM
BOE Agenda Approval	bmacke1	11/20/2023 14:47:57 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **28441**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>IMEG Consultants Corp.</b>
Agency Code: <b>082</b>	Contractor Name: <b>IMEG Consultants Corp.</b>
Appropriation Unit: <b>1594-37</b>	Address: <b>4599 LONGLEY LANE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-374-5681</b>
	Vendor No.: <b>T29044530</b>
	NV Business ID: <b>NV20232702085</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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>75.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	<b>25.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116065

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/30/2027**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada State Library and Archives - Replace Emergency Generator CIP Project to include electrical system design, structural and civil system design, construction documents, bidding, and construction administration services for the replacement of the existing emergency generator, which will provide emergency power for the entire facility, and the automatic transfer switch: CIP Project No. 23-M03-5; SPWD Contract No. 116065.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$112,000.00**

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/07/2023 14:53:25 PM
Division Approval	nmann	11/07/2023 14:53:27 PM
Department Approval	nmann	11/07/2023 14:53:30 PM
Contract Manager Approval	lwildes	11/07/2023 14:57:43 PM
Budget Analyst Approval	klay0	11/15/2023 10:44:23 AM
BOE Agenda Approval	bmacke1	11/20/2023 14:43:51 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28385**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LUMOS &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>LUMOS &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>1594-37</b>	Address: <b>950 SANDHILL RD., STE. 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-8989</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-883-7077</b>
	Vendor No.: <b>T80912843</b>
	NV Business ID: <b>NV19791006982</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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>83.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	<b>17.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 115935

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

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

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Marlette Lake Water System - Additional East Slope Catchments and the East Slope Transmission Main Upgrade CIP Projects to include geotechnical investigation, schematic design, design development, construction documents, bid documents, and construction administration services for the design and construction of three additional surface water catchment basins and the replacement of water transmission mains with transmission mains from the East Slope Catchments to the Diversion Dam: CIP Project Nos. 23-M03-9 & 23-M46; SPWD Contract No. 115935.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$861,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/07/2023 09:26:18 AM
Division Approval	nmann	11/07/2023 09:26:20 AM
Department Approval	nmann	11/07/2023 09:26:22 AM
Contract Manager Approval	lwildes	11/07/2023 09:33:42 AM
Budget Analyst Approval	klay0	11/13/2023 15:55:34 PM
BOE Agenda Approval	bmacke1	11/20/2023 11:59:42 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28414**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	Purcell Electrical Professional Corporation DBA PURCELL ELECTRICAL PROF CORP
Agency Code:	<b>082</b>	Contractor Name:	<b>Purcell Electrical Professional Corporation DBA PURCELL ELECTRICAL PROF CORP</b>
Appropriation Unit:	<b>1594-37</b>	Address:	<b>681 SIERRA ROSE DR., STE. B</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89511-2060</b>
If "No" please explain:	Not Applicable	Contact/Phone:	775-826-9010
		Vendor No.:	T81016802
		NV Business ID:	NV19961128650

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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>75.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	<b>25.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116041

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

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

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada State Capitol Complex and Governor's Mansion - Upgrade Surveillance and Security CIP Project to include schematic design, design development, construction documents, bidding, and construction administration services for the augmentation to existing camera systems, viewing stations, digital storage systems, access controls, and intercom systems to provide remote viewing of all cameras: CIP Project No. 23-M03-13; SPWD Contract No. 116041.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$160,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/07/2023 13:41:41 PM
Division Approval	nmann	11/07/2023 13:41:49 PM
Department Approval	nmann	11/07/2023 13:41:55 PM
Contract Manager Approval	lwildes	11/07/2023 13:48:28 PM
Budget Analyst Approval	klay0	11/14/2023 11:47:22 AM
BOE Agenda Approval	bmacke1	11/15/2023 11:41:24 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: **28223**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: Tybera Development Group, Inc.
Agency Code: <b>089</b>	Contractor Name: <b>Tybera Development Group, Inc.</b>
Appropriation Unit: <b>1015-15</b>	Address: <b>563 East 770 North</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Orem, UT 84097</b>
If "No" please explain: This contract is contingent upon approval of work program # C64971.	Contact/Phone: Norm Anderson 801-226-2746
	Vendor No.: T29008764
	NV Business ID: NV20091016521

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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>56.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>44.00 % WORKERS' COMPENSATION &amp; SAFETY FUND</b>

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

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

4. Type of contract: **Contract**

Contract description: **E-filing**

5. Purpose of contract:

**This is a new contract to provide implementation of an e-filing document management system. This contract is contingent upon approval of work program #C64971.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$745,800.00**

Other basis for payment: Upon receipt of itemized invoice and approval by the state.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The statutorily mandated cases before the Hearing Officers increased the past 9 fiscal years, from 10,499 (FY12) to 16,674 (FY21). The statutorily mandated cases before the Appeals Officers increased from 4,761 (FY12) to 5,794 (FY21). These cases represent 97.5% of the cases filed with H&A. Interlocal Agreement cases represent 2.5% of the cases filed with H&A. All cases/files are currently maintained in paper form, including open/active cases, closed cases pending destruction pursuant to our retention schedules and cases subject to retention schedules for records on appeal. These files are currently housed in filing cabinets located in the hallways of the Las Vegas and Carson City offices, as well as dedicated storage rooms. H&A is reaching maximum capacity to store physical files. Each case file can contain, at a minimum, 100 pages of documents, or in the case of consolidated/complex matters, several thousand pages of documents. All documents are physically filed/served with the Las Vegas or Carson City offices. This includes all documents filed by counsel/parties for each case, as well as documents prepared and served by H&A for each case.

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

The goal is to significantly decrease the number of physical documents we need to maintain/store. To allow counsel/parties to securely electronically file and serve documents, including evidence on external drives/DVD's. The complexity of building such a platform requires engineering, planning, mapping, and coding. The State does not have these exact resources available.

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 #: G230901 other gov't solicitation**  
**Approval Date: 09/12/2023**

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:

Nevada Supreme Court. Services 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:  
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	jvictor	09/20/2023 14:59:33 PM
Division Approval	jkidd	09/27/2023 14:25:19 PM
Department Approval	ssands	09/27/2023 14:40:01 PM

Contract Manager Approval	ssands	10/24/2023 11:00:24 AM
EITS Approval	ljean	10/25/2023 14:17:29 PM
Budget Analyst Approval	jhelto1	11/09/2023 15:42:12 PM
BOE Agenda Approval	stilley	11/20/2023 16:54:39 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:** Michelle Morgando, Senior Appeals Officer, H&A, DOA  
Paul Trepanier, Information Systems, H&A, DOA  
Eric Pennington, IT Manager I, EITS, DOA  
John G. Williams, IT Professional IV, EITS, DOA

**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 – DOA – 395 – *Hearings and Appeals E-File System* – BA 1015 – Update B

**DATE:** June 22, 2022

We have completed our review for the Department of Administration (DOA), Hearings and Appeals Division's (H&A) – *Hearings and Appeals E-File System* – TIN 395, Update B.

The submitted TIN, for an estimated value of \$550,000 in the FY24/FY25 biennium and an additional \$125,000 in FY26 (a decrease of \$950,000 from the previous update) (100% Department of Business and Industry, Division of Industrial Relations Fund for Workers' Compensation and Safety - NRS 616A.425), is for an e-filing/paperless document management system that would significantly reduce the number of physical files/documents that must be maintained to efficiently conduct the business of the agency. H&A is reaching maximum capacity to store physical files. Currently, all documents are physically filed/served with the Las Vegas or Carson City offices.

In examining possible solutions, H&A researched other administrative agencies in Nevada which conduct hearings as part of their business model. H&A found that the e-filing/document management systems for the District Courts in Nevada, as well as the systems used by the Nevada Supreme Court and Court of Appeals, are comparable to H&A's business model. These courts use either Odyssey or e-Flex electronic filing systems. An RFI is being prepared to solicit information, as well as proposed costs, for these



systems and several other possible vendors.

H&A's goals for this investment are as follows:

- To significantly decrease the number of physical documents they need to maintain/store
- To allow counsel/parties to securely electronically file and serve documents, including evidence on external drives/DVDs
- To allow H&A to serve documents securely which will greatly reduce their budgeted copy, toner, and State mail charges
- To allow H&A to seamlessly interface the e-filing system with their current document management system (TimeMatters) or transition to a new document management system
- To explore the ability to scan and electronically store their existing cases.

While the State will be required to make an initial investment, the Division will charge attorneys and other users filing fees to recoup any upfront costs the State incurs plus fund the ongoing license and storage costs. It is expected that this technology investment will improve customer service and have a significant impact on daily tasks performed by end users.

The Administrative Office of the Courts ("AOC") released an RFP on February 14, 2022, for an AOC-Sponsored Statewide e-Filing System. The deadline for vendor submissions was April 15, 2022. H&A can enter into a contract with the selected vendor if it meets the necessary requirements.

The agency considers the investment and final implementation to have a moderate security risk, therefore the Office of Information Security will be asked to conduct pre- and post-implementation security reviews.

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.



**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 #:	62309010

**REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION**

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

<b>1</b>	<b>Agency Contact Information - Note: Approval notification will be sent to <u>only</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>		<i>State of Nevada Department of Administration, Hearings Division</i>
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	<i>Lino Jasso/Legal Office Manager, Hearings Division</i>	<i>702-486-3409</i>	<i>ljasso@admin.nv.gov</i>

<b>2</b>	<b>Vendor Information:</b>	
	<b>Identify Vendor:</b>	<i>Tybera Development Group, Inc.</i>
	<b>Contact Name:</b>	<i>Norm Anderson</i>
	<b>Complete Address:</b>	<i>563 East 770 North, Orem, UT 84097</i>
	<b>Telephone Number:</b>	<i>801-226-2746 X106</i>
	<b>Email Address:</b>	<i>nanderson@tybera.com</i>

<b>3</b>	<b>State/Entity that Released the Solicitation &amp; Type of Solicitation. Must be Competitively Bid.</b>	
	<b>Type of Solicitation:</b>	<i>RFP</i>
	<b>Identify Original State/Entity:</b>	<i>Nevada Administrative Office of the Courts, Nevada Supreme Court</i>
	<b>Contact Name:</b>	<i>Katherine Stocks</i>
	<b>Telephone Number:</b>	<i>775-684-1701</i>
	<b>Email Address:</b>	<i>kstocks@nvcourts.nv.gov</i>

<b>4</b>	<b>Contract Dates: Your Contract Term Date Cannot Exceed Term Date of Original Contract. Note: Agency must include a copy of the originating jurisdictions contract page indicating start and term dates.</b>				
	<b>Original Contract:</b>	<b>Start Date:</b>	<i>02/02/2023</i>	<b>End Date:</b>	<i>06/30/2026</i>
	<b>New Contract:</b>	<b>Start Date:</b>	<i>Upon BOE approval</i>	<b>End Date:</b>	<i>06/30/2026</i>

<b>5</b>	<b>Funding for this new contract:</b>	
	<b>State Appropriated:</b>	
	<b>Federal Funds:</b>	<i>ARPA Funds</i>
	<b>Other (Explain):</b>	<i>Funding from B&amp;I workers compensation fund</i>

# G230901 (C)

Other (Explain):	<i>Department of Business and Industry, Division of Industrial Relations Fund for Workers' Compensation and Safety-NRS616A.425</i>
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**Purchasing Use Only:**

Approval #:

	Total estimated value of this service contract:	\$745,800.00
6	If this request contains an IT component that exceeds \$50,000, a TIN/CIN approval memo from EITS <b>must</b> be included with this submission. Purchasing does not have the authority to waive the TIN/CIN process. Requests received without the required approval will be returned to the agency.	

	Does the Scope of Work (SOW) in the originating jurisdictions contract meet/exceed agency's SOW?	Yes:	x	No:	
7	To ensure such, requesting agency must request a copy of the State/entitles Contract and SOW to be reviewed and approved by the agency's Deputy Attorney General (DAG). <u>A copy of the Contract and written approval from the agency's DAG must be included with the request to the Purchasing Division.</u>				

	Did the agency receive awarded vendors permission to contract?	Yes:	x	No:	
8	<u>Written approval from the awarded vendor on the vendor's letterhead, must accompany the agency's request/submission to the Purchasing Division.</u> Please review Question #9 below as information required in Questions #8 and #9 should be combined into one (1) memo.				

	To ensure fair & reasonable pricing to the State, did the agency request a copy of the originating jurisdictions awarded vendors technical and cost proposals?	Yes:	x	No:	
9	<u>Copies of such must be included with submission to the Purchasing Division.</u> Additionally, agencies are advised to have the vendor include verbiage in their memo stating they agree to offer the State of Nevada same or similar pricing to that offered to the originating jurisdiction.				

	Did the agency address any Federal Requirements associated with the contract?	Yes:	x	No:	
10					

	Is this vendor registered in NevadaEPro?	Yes:	x	No:	
11	Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in NevadaEPro.				

	Is this vendor registered with the Nevada Secretary of State's Office?	Yes:	x	No:	
12	Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License.				

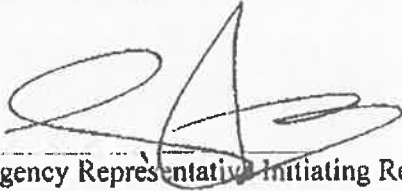
	Is a Business Associate Addendum or other agency specific form(s) required?	Yes:		No:	x
13	If so, please include copies with submission to the Purchasing Division.				

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**Purchasing Use Only:**

**Approval #:** G2309010

By signing below, I know and understand the contents of this request and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.



Signature of Agency Representative Initiating Request

Lino Jasso

Print Name of Agency Representative Initiating Request

9.5.23

Date



Signature of Agency Head Authorizing Request

Dean Hardy

Print Name of Agency Head Authorizing Request

9/5/23

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NRS 333.475. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 300.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.**

Approved by:



Administrator, Purchasing Division or Designee

9/12/23

Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25636</b>	Amendment Number: <b>1</b>
Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>OMNITRAK GROUP, INC.</b>
Agency Code: <b>101</b>	Contractor Name: <b>OMNITRAK GROUP, INC.</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>841 BISHOP ST STE 1250</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HONOLULU, HI 96813-3916</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>CHRISTOPHER KAM 808/528-7594</b>
	Vendor No.: <b>T32006232</b>
	NV Business ID: <b>NV20181118362</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 Other funding 100.00 % LODGING TAX</b>
Agency Reference #: <b>RFP #10TCA-S1806-AM</b>	

2. Contract start date:

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

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 184 days**

4. Type of contract: **Contract**

Contract description: **Domestic Visit Study**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing domestic visitor profile studies. This amendment extends the termination date from December 31, 2023 to December 31, 2025 and increases the maximum amount from \$112,650 to \$270,100 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$112,650.00	\$112,650.00	\$112,650.00	Yes - Action
2. Amount of current amendment (#1):	\$157,450.00	\$157,450.00	\$157,450.00	Yes - Action
3. New maximum contract amount:	\$270,100.00			
and/or the termination date of the original contract has changed to:	12/31/2025			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of this contract is to disseminate statistics on travel and tourism in Nevada.

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

This type of service needs specialized online data collection programming/model and objective expertise. There are no employees in the State with this type of knowledge.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S1806, and in accordance with NRS 333, the selected vendor was the only vendor to submit a proposal and is the current contracted vendor.

d. Last bid date: 11/09/2021 Anticipated re-bid date: 03/15/2025

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:

Currently for Division of Tourism. They are deemed satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	10/04/2023 10:33:51 AM
Division Approval	amathies	10/04/2023 10:33:55 AM
Department Approval	amathies	10/04/2023 10:33:58 AM
Contract Manager Approval	amathies	10/04/2023 10:34:01 AM

Budget Analyst Approval  
BOE Agenda Approval

mbro28  
stilley

11/20/2023 14:08:45 PM  
11/20/2023 17:02:42 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: **28195**

Agency Name: **INDIGENT DEFENSE**  
Agency Code: **111**  
Appropriation Unit: **1499-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **OSVALDO FUMO CHTD**  
Contractor Name: **OSVALDO FUMO CHTD**  
Address: **1212 Casino Center Boulevard**  
City/State/Zip: **Las Vegas, NV 89104**  
Contact/Phone: **702-474-7554**  
Vendor No.:  
NV Business ID: **NV19981421397**

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

<b>X</b> General Funds	<b>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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 10/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 273 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

**This is a new contract to provide representation in complex litigation cases.**

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 \$300.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 180.450 rural counties may transfer responsibility for the provision of indigent defense services to the Nevada State Public Defender (NSPD). Certain rural counties transferred responsibility for death penalty cases to the NSPD for the next biennium.

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

Supreme Court Rule (SCR) 250 sets forth stringent requirements to take a death penalty case. Also, death penalty cases take a significant amount of time. Current state employees do not have the bandwidth to take on this additional workload in addition to their other duties.

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:  
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	09/13/2023 12:02:36 PM
Division Approval	tmilazz1	09/14/2023 16:00:00 PM
Department Approval	ssands	11/07/2023 16:12:27 PM
Contract Manager Approval	ssands	11/07/2023 16:14:33 PM
Budget Analyst Approval	bmacke1	11/20/2023 16:35:35 PM
BOE Agenda Approval	bmacke1	11/20/2023 16:35:42 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>26834</b>	Amendment Number: <b>1</b>
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>Career and Technical Education Consortium of States, Inc.</b>
Agency Code: <b>300</b>	Contractor Name: <b>Career and Technical Education Consortium of States, Inc.</b>
Appropriation Unit: <b>2676-04</b>	Address: <b>1866 Southern Lane</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Decatur, GA 30033</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Timothy Withee 404-994-6535</b>
	Vendor No.: <b>T27027121</b>
	NV Business ID: <b>NV20131384237</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

Agency Reference #: **RFP 30DOE-S2100**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2022**  
Anticipated BOE meeting date **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **3 years and 227 days**

4. Type of contract: **Contract**

Contract description: **Skills Assessment**

5. Purpose of contract:

**This is the first amendment to the original contract which provides online Career and Technical Education (CTE) employability and technical skills assessments for students who complete a CTE course sequence. This amendment extends the termination date from June 30, 2024 to June 30, 2026 and increases the maximum amount from \$566,000 to \$1,132,000 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:	\$566,000.00	\$566,000.00	\$566,000.00	Yes - Action
2. Amount of current amendment (#1):	\$566,000.00	\$566,000.00	\$566,000.00	Yes - Action
3. New maximum contract amount:	\$1,132,000.00			
and/or the termination date of the original contract has changed to:	06/30/2026			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada must implement end-of-program assessments to bring Nevada students into compliance with Nevada Administrative Code (NAC 389.800). The end-of-program assessments are a requirement for a student to earn the career ready endorsement in order to achieve the College and Career Readiness Diploma. End-of-program assessments are also used to measure skill attainment for the purposes of program improvement

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

State agencies or employees do not have the experience or resources to develop and maintain secure third-party online assessment systems.

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 #30DOE-S2100, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/16/2022 Anticipated re-bid date: 07/01/2024

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:

8/13/13-6/30/22; 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:

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	carol1	11/01/2023 09:58:07 AM
Division Approval	carol1	11/01/2023 09:58:10 AM

Department Approval	carnol1	11/01/2023 09:58:13 AM
Contract Manager Approval	mgosej29	11/01/2023 10:05:10 AM
Budget Analyst Approval	vfajota	11/06/2023 14:38:02 PM
BOE Agenda Approval	mranki1	11/07/2023 09:20:36 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28483**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	Regents of the University of Minnesota OBO Minnesota Center for
Agency Code:	<b>300</b>	Contractor Name:	<b>Regents of the University of Minnesota OBO Minnesota Center for Reading Research</b>
Appropriation Unit:	<b>2710-20</b>	Address:	<b>NW 5960 PO BOX 1450</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>MINNEAPOLIS, MN 55485-5960</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Shona Burke 612/626-6979
		Vendor No.:	T32001153B
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year and 31 days**

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

Contract description: **PRESS project**

5. Purpose of contract:

**This is a new interlocal agreement to provide professional learning services for elementary educators and school leaders based on evidence-based literacy instruction and intervention.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,398,000.00**

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 project adheres to the ESSER III federal COVID relief requirements with federal guidelines specifically identifying gaps and critical needs in K-12. It adheres to the professional learning requirements identified in NAC 388.662; 388.664, and 388.666.

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

The instruction is designed to take professional educators and address a need for reading instruction and intervention development. Expertise in this area is limited and the Contractor is a specialist in this area.

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 Governmental Entity  
UMN are specialists in this area of expertise.

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:

CETS 26059 - The Department of Education was under contract with Regents of the University of Minnesota, on behalf of its Minnesota Center for Reading Research from June 14, 2022 through June 30, 2023. The quality of 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:  
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	11/07/2023 10:47:27 AM
Division Approval	carnol1	11/07/2023 10:47:30 AM
Department Approval	carnol1	11/07/2023 10:47:33 AM
Contract Manager Approval	mgosej29	11/08/2023 10:23:35 AM
Budget Analyst Approval	vfajota	11/09/2023 09:45:08 AM
BOE Agenda Approval	mranki1	11/16/2023 13:59:22 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>22277</b>	Amendment Number: <b>1</b>
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>APPLIED LEARNING TECHNOLOGY ASSOCIATES CORP.</b>
Agency Code: <b>300</b>	Contractor Name: <b>APPLIED LEARNING TECHNOLOGY ASSOCIATES CORP.</b>
Appropriation Unit: <b>2712-16</b>	Address: <b>ASSOCIATES CORP. DBA ALTA 10935 E 115th AVENUE</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>HENDERSON, CO 80640-7687</b>
If "No" please explain: Pending approval of WP C66324	Contact/Phone: <b>WILLIAM BANSBERG 970-302-4944</b>
	Vendor No.: <b>T32007891</b>
	NV Business ID: <b>NV20191048110</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2027**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	300		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**  
 Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **7 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Migrant Prgm Prf Ser**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a comprehensive needs assessment, service delivery plan, assessment of migrant student recruitment, and evaluation of the state Migrant Program as well as provide membership to the MiraCORE consortium. This amendment extends the termination date from December 31, 2023 to December 31, 2026 and increases the maximum amount from \$208,000 to \$360,000 due to the continued need for these services. This contract is contingent upon approval of work program #C66324.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$208,000.00	\$208,000.00	\$208,000.00	Yes - Action
2. Amount of current amendment (#1):	\$152,000.00	\$152,000.00	\$152,000.00	Yes - Action
3. New maximum contract amount:	\$360,000.00			
and/or the termination date of the original contract has changed to:	12/31/2026			

#### II. JUSTIFICATION



7. What conditions require that this work be done?

The migrant program requires professional services to provide needs assessments.

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

This is a specialized 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 #30DOE-S626, 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: 05/31/2019 Anticipated re-bid date: 06/01/2023

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:

The Contractor is currently under contract with Department of Education. The work has been verified as satisfactory.

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

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

Not Applicable

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

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	carno1	11/06/2023 13:52:33 PM
Division Approval	carno1	11/06/2023 13:52:35 PM

Department Approval	carnol1	11/06/2023 13:52:39 PM
Contract Manager Approval	mgosej29	11/06/2023 14:13:38 PM
Budget Analyst Approval	vfajota	11/17/2023 14:45:09 PM
BOE Agenda Approval	mranki1	11/20/2023 13:49:05 PM



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

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

<b>Purchasing Use Only:</b>	
Approval #:	521 @

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

1	<b>Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>	NDOE	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Sarah Russell</i>	775-687-9222	<u>sarah.russell@doe.nv.gov</u>
	<i>Samantha Stephenson</i>	775-690-1976	<u>ossscontracts@doe.nv.gov</u>

2	<b>Contractor Information:</b>	
	Contractor Name:	<i>Applied Learning Technologies Associates Corp. (ALTA)</i>
	Contact Name:	<i>William (Bill) Bansberg</i>
	Complete Address: City, State and Zip Code	<i>10935 115<sup>th</sup> Avenue Henderson, Colorado 80640</i>
	Phone Number:	<i>970.302.4944</i>
	Email Address:	<i>billbansberg@alta-ed.org</i>

3	<b>List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):</b>			
	Solicitation Type, if applicable:		#:	
	Enter CETS Number:			
	Contract Amount:			
	Contract Term:	Start Date:		End Date:

**Purchasing Use Only:**

Approval #: 5210

<b>Current Contract Information:</b>					
4	Solicitation Type, if applicable:	RFP		#:	30DOE-S626
	Enter CETS Number:	#22277			
	Initial Contract Amount:	\$208,000.00			
	Contract Term:	Start Date:	01/20/2020	End Date:	12/31/2023

<b>Amendment Information – List <u>all previously</u> approved amendments:</b>				
5	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>

<b><u>Proposed</u> Amendment Information:</b>				
6	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	Extend current contract #22277 to provide a comprehensive needs assessment, service delivery plan, assessment of migrant student recruitment and evaluation of the state Migrant Program, as well as provide membership to the MiraCORE consortium. Coordinate, conduct and prepare Program Comprehensive Needs Assessment and Service Delivery Plan. Services will include but are not limited to: <ul style="list-style-type: none"> <li>•Conduct 2<sup>nd</sup> year re-interviews to verify eligibility as required.</li> <li>•Full evaluation of the State Migrant Program.</li> <li>•Implementation of the MPEC project activities and services required</li> </ul>	\$152,000.00	12/31/2026

<b>What is the justification to extend the contract term beyond the State’s four (4) year re-solicitation policy (SAM 0338)?</b>	
7	<i>This work falls under a Sole Source exemption based upon the following. The core of the Migrant Parent Empowerment Consortium grant is the Migrant Literacy NET. ALTA created and developed the Migrant Literacy NET and all associated resources and administers the system. The code programming the system is proprietary to ALTA and therefore no other entity could carry out the</i>

	<p><i>scope of work of the grant. ALTA is also the contractor written into the consortium proposal to complete all the work required. The MLN provides needs and evaluation data for the CNA and the evaluation. The MPEC consortium also targets parent involvement and services which require families to be eligible which is the focus of the reinterview process. ALTA has been providing these services to the Nevada MEP program for 25 and can provide them most effectively and cost efficiently in concert with the work of the MPEC consortium.</i></p> <p><i>Note: ALTA is formerly known as ERTC, Educational Research and Training Corporation.</i></p>
--	---

8	<p><b>What are the potential consequences to the State if the contract extension request is denied?</b></p>
	<p><i>The grant will become non-compliant resulting in the loss of funds to the program, potential loss of future funding abilities and negative or disciplinary actions against the State Program.</i></p>

<i>Purchasing Use Only:</i>	
Approval #:	521 (2)

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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

*Maria Sauter*

Signature of Agency Representative Initiating Request

Maria Sauter, Director

Office of Student and School Support

10/24/23

Print Name of Agency Representative Initiating Request

Date

*Ann Marie Dickson*

Signature of Agency Head Authorizing Request

Ann Marie Dickson, Deputy Superintendent

Student Achievement Division

10/24/23

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).

<i>NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</i>	
---	--

Signed:

*[Handwritten Signature]*

Administrator, Purchasing Division or Designee

10/26/23

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: **28321**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>AnLar, LLC</b>
Agency Code: <b>300</b>	Contractor Name: <b>AnLar, LLC</b>
Appropriation Unit: <b>2716-27</b>	Address: <b>4040 N Fairfax Dr, Suite 525</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>ARLINGTON, VA 22203</b>
If "No" please explain: <b>Contingent upon approval of WP C66058</b>	Contact/Phone: <b>Ken Wagner 855-962-6527</b>
	Vendor No.: <b>T27043228</b>
	NV Business ID: <b>NV20191600451</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

<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 #: **30DOE-S2398 JS**

2. Contract start date:

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

Anticipated BOE meeting date **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/13/2027**

Contract term: **4 years and 13 days**

4. Type of contract: **Contract**

Contract description: **Maintenance Service**

5. Purpose of contract:

**This is a new contract to provide ongoing hardware and software maintenance services for the System of Accountability Information in Nevada. This contract is contingent upon approval of work program #C66058.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,995,000.00**

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 work is critical to the maintenance and operations of the SAIN system. The SAIN system is a complex network of many different systems that integrate to comprise the Department's data collection, storage and reporting of student and school level information. This system is required by NRS to satisfy both State and Federal reporting requirements as well as to provide the data necessary to produce the Nevada Report Card, the Nevada School Performance Framework, the Nevada Growth Model and to fulfill Department program data analysis, Legislative data requests and public information requests. The system is comprised of several components that are proprietary in nature and require the expertise and level of support only available from the vendor.

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

The system is comprised of several components that are proprietary in nature and require the expertise and level of support only available from the vendor. The Department also does not maintain the level of expertise required to manage and enhance these systems and it would be cost prohibitive to attempt to procure this level of expertise within the salary limitations of the classified pay scale.

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):

Double Line, Inc.  
AnLar, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #2398, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/15/2023 Anticipated re-bid date: 04/01/2027

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-NDE-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	carno1	11/01/2023 09:58:48 AM
Division Approval	carno1	11/01/2023 09:58:50 AM
Department Approval	carno1	11/01/2023 09:58:53 AM



Contract Manager Approval	mgosej29	11/01/2023 10:13:32 AM
EITS Approval	ljean	11/02/2023 09:42:02 AM
Budget Analyst Approval	vfajota	11/09/2023 15:17:54 PM
BOE Agenda Approval	mranki1	11/14/2023 09:30:44 AM
BOE Final Approval	Pending	



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

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

**TO:** Peter Zutz, Administrator, NDE  
Cynthia Strong, Management Analyst II, NDE  
Glenn Meyer, Director, Information Technology, NDE

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Sean Montierth, IT Chief, Computing, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – NDE – TIN 705 – *SAIN Support and Maintenance*  
– BA 2716

**DATE:** May 15, 2023

We have completed our review for the Nevada Department of Education's (NDE) – *SAIN Support and Maintenance* – TIN 705.

The submitted TIN, for an estimated value of \$1,000,000.00 in the FY24/FY25 biennium, and an additional \$500,000.00 for the FY26/FY27 biennium (100% General Fund), is to secure a vendor for managing and upgrading the NDE's Data Warehouse. The NDE's Assessment, Data Systems and Accountability Management (ADAM) is soliciting bids from vendors for this task.

The NDE's Data Warehouse, primarily the SAIN (Student Accountability Information Network), migrated to the Azure Cloud with the aid of its current vendor, Otis Educational Systems Inc., and seeks to extend this migration by integrating more data sources and functions. Developed over 18 years, the SAIN Data Warehouse underwent several enhancements for security and functionality and serves as the main platform for collecting student and school data for state and federal reporting.

The SAIN system, a critical component of the NDE's operations, harnesses the Infinite Campus State Edition (IC-SE) for data intake from Local Education Agencies' Student Information Systems (SIS). The

data collected is utilized by the NDE's Data Warehouse and other applications. Without SAIN, NDE would not meet reporting requirements, evaluate program effectiveness, or fulfill data requests related to students, schools, or districts.

Despite handling personal identification information and adhering to federal and other security standards, the system poses a moderate ongoing security risk. Regular audits and assessments will help mitigate potential risks and ensure regulatory compliance.

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 and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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: <b>15748</b>	Amendment Number: <b>8</b>	
	Legal Entity Name: <b>OTIS EDUCATIONAL SYSTEMS, INC.</b>	
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Contractor Name: <b>OTIS EDUCATIONAL SYSTEMS, INC.</b>	
Agency Code: <b>300</b>	Address: <b>125 TOWNPARK DR STE 300</b>	
Appropriation Unit: <b>2716-27</b>	City/State/Zip: <b>KENNESAW, GA 30144-3231</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>Greg Newcom 678/810-0080</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T29001575</b>	
	NV Business ID: <b>NV20041429722</b>	

To what State Fiscal Year(s) will the contract be charged? **2014-2024**

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

<input checked="" type="checkbox"/>	General Funds	<b>92.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>8.00 %</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 **06/10/2014**

Anticipated BOE meeting date 12/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **10 years and 23 days**

4. Type of contract: **Contract**

Contract description: **Maintenance Service**

5. Purpose of contract:

**This is the eighth amendment to the original contract which provides maintenance and support for the System of Accountability Information in Nevada. This amendment increases the maximum amount from \$2,024,164 to \$2,206,621 for ongoing licensing, maintenance and support.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$187,000.00	\$187,000.00	\$187,000.00	Yes - Action
a. Amendment 1:	\$374,000.00	\$374,000.00	\$374,000.00	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$748,000.00	\$748,000.00	\$748,000.00	Yes - Action
d. Amendment 4:	\$344,450.00	\$344,450.00	\$344,450.00	Yes - Action
e. Amendment 5:	\$364,914.00	\$364,914.00	\$364,914.00	Yes - Action
f. Amendment 6:	\$5,800.00	\$5,800.00	\$5,800.00	No
g. Amendment 7:	\$0.00	\$5,800.00	\$5,800.00	No
2. Amount of current amendment (#8):	\$182,457.00	\$188,257.00	\$188,257.00	Yes - Action
3. New maximum contract amount:	\$2,206,621.00			

## II. JUSTIFICATION

7. What conditions require that this work be done?

Otis Ed is the original contracted developer of the SLDS. Otis Ed is best skilled and positioned to continue to provide maintenance and support for the existing NDE system. Otis Ed is offering licensing support and maintenance services as it continues to extend its service and product offering across the county. The Otis Ed system in place at the Department requires daily maintenance, monitoring and occasional upgrades. Much of this work can only be performed by a qualified Otis Ed technical resource. In addition to routine maintenance, Otis Ed assists the Department in resolving complex database issues and maintaining the data schema. This work is required to maintain the Student Accountability Information Network assure its continuity.

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

The daily monitoring and operational duties are currently being performed by NDE and EITS staff. However, due to the loss of knowledge and increase in demand for data services the current staff is insufficient to meet the need. This contract will supplement some of the operational duties as well as enhance some primary applications required for future development of the SLDS. The new maintenance services will ensure the smooth running of the SAIN environment within the NDE, and provide reliable and auditable information to the State. The benefits of these services will enable the NDE to continue to extend the "MSA" for the SLDS to make it relevant to current needs and serve the educational community in the State.

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?

SAIN/SLDS system was developed and is supported by the vendor.

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:

Otis Educational Systems, Inc. has been providing services to Nevada Department of Education for over ten (10) years and the Department has been very satisfied with their services. They assisted the Department in building the State Longitudinal Data System (SLDS).

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

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

Not Applicable

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

Foreign Corporation

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

**Yes**

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	10/13/2023 11:26:52 AM
Division Approval	carnol1	10/13/2023 11:26:57 AM
Department Approval	carnol1	10/13/2023 11:27:02 AM
Contract Manager Approval	mgosej29	11/07/2023 13:25:25 PM
Budget Analyst Approval	vfajota	11/08/2023 11:29:36 AM
BOE Agenda Approval	mranki1	11/09/2023 13:41:46 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 #:	4950

**CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM**

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

1	<b>Agency Contact Information:</b> Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<b>STATE AGENCY NAME REQUIRED:</b>		<i>Nevada Department of Education</i>
	<i>Contact Name and Title</i>		<i>Phone Number</i>
	<i>Glenn Meyer – Director, Information Technology</i>		<i>775-687-9125</i>
	<i>Cynthia Strong- Contract Manager</i>		<i>775-687-9209</i>
		<i>Email Address</i>	
		<i>gmeyer@doe.nv.gov</i>	
		<i>cynthia.strong@doe.nv.gov</i>	

2	<b>Contractor Information:</b>	
	Contractor Name:	<i>Otis Education Systems, Inc.</i>
	Contact Name:	<i>Greg Newcom</i>
	Complete Address: City, State and Zip Code	<i>125 Townpark Dr. Suite 300 Kennesaw, GA 30144</i>
	Phone Number:	<i>678-810-0080</i>
	Email Address:	<i>operations@otised.com</i>

3	<b>List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):</b>			
	Solicitation Type, if applicable:		#:	
	Enter CETS Number:	#		
	Contract Amount:	\$		
	Contract Term:	Start Date:		End Date:

*Bid 05/04/23*



<b>Purchasing Use Only:</b>	
Approval #:	495 @

4	<b>Current Contract Information:</b>				
	Solicitation Type, if applicable:	<i>Sole Source</i>		#:	12/003
	Enter CETS Number:	#15748			
	Initial Contract Amount:	\$187,000			
	Contract Term:	Start Date:	<i>June 10, 2014</i>	End Date:	<i>June 30, 2015</i>

5	<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>
	1	<i>Maintenance and support</i>	<i>\$374,000</i>	<i>6/30/2017</i>
	2	<i>No Cost Extension</i>	<i>0</i>	<i>6/30/2021</i>
	3	<i>Maintenance and support</i>	<i>\$748,000</i>	<i>6/30/2021</i>
	4	<i>SLDS Infrastructure Improvements</i>	<i>\$344,450</i>	<i>6/30/2021</i>
	5	<i>Maintenance and support</i>	<i>\$364,914</i>	<i>6/30/2023</i>
6	<i>Maintenance / supplemental</i>	<i>\$5,800</i>	<i>6/30/2023</i>	

6	<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>
	7	<i>1-year extension to give us time to prepare a new RFP and execute/implement a new contract.</i>	<i>\$187,000</i>	<i>6/30/2024</i>

7	<b>What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?</b>
	<i>This will be the final extension to this contract while we prepare to go out to RFP for a new contract. Otis Ed is the original contracted developer of the SLDS and is best skilled and positioned to continue to provide maintenance and support for the existing NDE system. The Otis Ed system in place at the Department requires daily maintenance, monitoring, and occasional upgrades. Much of this work can only be performed by a qualified Otis Ed technical resource. In addition to routine maintenance, Otis Ed assists the Department in resolving complex database issues and maintaining the data schema.</i>

8	<b>What are the potential consequences to the State if the contract extension request is denied?</b>
---	--

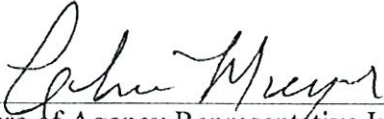


#495 @

*The continued maintenance services will ensure the smooth running of the SAIN environment within the NDE and provide reliable and auditable information to the State. The benefits of these services will enable the NDE to continue to extend the "MSA" for the SLDS to make it relevant to current needs. Without the proper maintenance and support of our current System of Accountability Information in Nevada (SAIN) and the State Longitudinal Data System (SLDS), the data and information systems that run within the department will be in jeopardy of catastrophic failure.*

**Purchasing Use Only:**

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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.



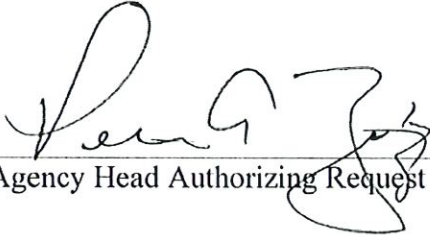
Signature of Agency Representative Initiating Request

GLENN MEYER

Print Name of Agency Representative Initiating Request

5/4/23

Date



Signature of Agency Head Authorizing Request

5/4/2023

Peter Zutz

Print Name of Agency Head Authorizing Request

5/4/2023

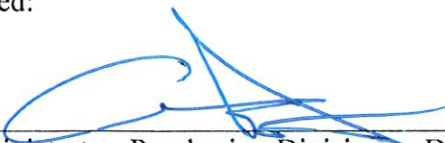
Date

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: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.**



Signed:



Administrator, Purchasing Division or Designee

5/8/23

Date

Steve Sisolak  
Governor



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

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

*ETS 15748  
Attached to  
Amend 4*

MEMORANDUM

**TO:** Peter Zutz, Administrator, ADAM, NDE  
Glenn Meyer, ITM 2, NDE  
Susie King, Fiscal Grant Analyst, NDE

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

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

**SUBJECT:** TIN Review Completed – NDE - *SLDS Grant* – T2616132

**DATE:** Aug 21<sup>st</sup>, 2020

We have completed the review for Nevada Department of Education (NDE) – *SLDS Grant* TIN.

The submitted TIN, for an estimated value of \$3,499,913, supports replacement of an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

This investment will serve to replace the existing NDE Authentication system, implement the Ed-Fi ODS and create an automated solution for EDFACTS reporting. The agency reports that the current security/authentication solution in place at the agency no longer provides the elements and functionality required to scale secure user access to educational data sets.

The agency also reports that when completed, the Ed-Fi implementation, connection to IC using the API to populate the ODS and then linking the ODS to Generate will create an end to end federal reporting system based on Common Education Standards and supported with industry maintained code. This implementation can serve as a model for other states to implement an interoperable system that is built on industry standards and maintained by a consortium of states.

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

The agency indicated that they would be interested in a pre and post implementation review from the Office of Information Security (OIS). Please reach out to OIS to plan for the reviews.

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.





**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:** Peter Zutz, Administrator, NDE  
Cynthia Strong, Management Analyst II, NDE  
Glenn Meyer, Director, Information Technology, NDE

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Sean Montierth, IT Chief, Computing, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – NDE – TIN 705 – *SAIN Support and Maintenance*  
– BA 2716

**DATE:** May 15, 2023

We have completed our review for the Nevada Department of Education's (NDE) – *SAIN Support and Maintenance* – TIN 705.

The submitted TIN, for an estimated value of \$1,000,000.00 in the FY24/FY25 biennium, and an additional \$500,000.00 for the FY26/FY27 biennium (100% General Fund), is to secure a vendor for managing and upgrading the NDE's Data Warehouse. The NDE's Assessment, Data Systems and Accountability Management (ADAM) is soliciting bids from vendors for this task.

The NDE's Data Warehouse, primarily the SAIN (Student Accountability Information Network), migrated to the Azure Cloud with the aid of its current vendor, Otis Educational Systems Inc., and seeks to extend this migration by integrating more data sources and functions. Developed over 18 years, the SAIN Data Warehouse underwent several enhancements for security and functionality and serves as the main platform for collecting student and school data for state and federal reporting.

The SAIN system, a critical component of the NDE's operations, harnesses the Infinite Campus State Edition (IC-SE) for data intake from Local Education Agencies' Student Information Systems (SIS). The

data collected is utilized by the NDE's Data Warehouse and other applications. Without SAIN, NDE would not meet reporting requirements, evaluate program effectiveness, or fulfill data requests related to students, schools, or districts.

Despite handling personal identification information and adhering to federal and other security standards, the system poses a moderate ongoing security risk. Regular audits and assessments will help mitigate potential risks and ensure regulatory compliance.

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 and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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: **27995**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: <b>Lyon County Libraries</b>
Agency Code: <b>332</b>	Contractor Name: <b>Lyon County Libraries</b>
Appropriation Unit: <b>2895-00</b>	Address: <b>20 Nevin Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Yerington, NV 89447</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-463-6645</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **Yes**

If "Yes", please explain

**The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023. The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3rd party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.**

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **Revenue**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$128,000.00**

Payment for services will be made at the rate of \$32,000.00 per year

Other basis for payment: FY24, \$32,000; FY25, \$32,000; FY26, \$32,000 & FY27, \$32,000.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative (formerly CLAN- Cooperative Libraries Automated Network) through joint agreement for the improvement of library services and sharing of resources. rough joint agreement for the improvement of library services and the sharing of resources.

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

The Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and collectively leverage their economic strength to do more together than one member could ever accomplish on their own.

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?

Yes If "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 Library Cooperative has been doing contracts through Nevada State Library, Archives & Public Records using cooperative agreements since 1981.

14. Is the contractor currently involved in litigation with the State 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	jvictor	07/28/2023 14:04:31 PM
Division Approval	jkidd	10/25/2023 11:13:12 AM
Department Approval	ssands	10/25/2023 13:21:12 PM
Contract Manager Approval	ssands	10/25/2023 14:03:49 PM
Budget Analyst Approval	jhelto1	11/09/2023 13:49:28 PM
BOE Agenda Approval	stilley	11/21/2023 09:24:00 AM
BOE Final Approval	Pending	



**N e v a d a**  
**L I B R A R Y**  
**C o o p e r a t i v e**

**To:**

**From:** Kari Ward, Director, Nevada Library Cooperative

**Date:** August 8, 2023

**Re:** Retroactive contract dates request for the Nevada Library Cooperative's membership revenue contracts

---

To Whom it May Concern:

The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023.

The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3<sup>rd</sup> party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.

Thank you –



Kari Ward – Director, Nevada Library Cooperative

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27998**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: Nevada State Library, Archives and Public Records
Agency Code: <b>332</b>	Contractor Name: <b>Nevada State Library, Archives and Public Records</b>
Appropriation Unit: <b>2895-00</b>	Address: <b>100 N Stewart Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: Not Applicable	Contact/Phone: 775-684-3360
	Vendor No.:
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **Yes**

If "Yes", please explain

**The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023. The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3rd party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.**

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **Revenue**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$180,000.00**

Payment for services will be made at the rate of \$45,000.00 per year

Other basis for payment: FY24 \$45,000; FY25 \$45,000; FY26 \$45,000 & FY27 \$45,000.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative (formerly CLAN- Cooperative Libraries Automated Network) through joint agreement for the improvement of library services and sharing of resources. rough joint agreement for the improvement of library services and the sharing of resources.

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

The Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and collectively leverage their economic strength to do more together than one member could ever accomplish on their own.

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?

Yes If "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 Library Cooperative (CoOp) (formerly known as CLAN) has been doing contracts through Nevada State Library, Archives & Public Records using cooperative agreements since 1981.

14. Is the contractor currently involved in litigation with the State 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	jvictor	07/28/2023 14:05:58 PM
Division Approval	jkidd	08/14/2023 14:20:22 PM
Department Approval	ssands	11/17/2023 11:33:11 AM
Contract Manager Approval	ssands	11/17/2023 14:46:51 PM
Budget Analyst Approval	Iramire7	11/20/2023 11:09:43 AM



# Nevada LIBRARY Cooperative

**To:**

**From:** Kari Ward, Director, Nevada Library Cooperative

**Date:** August 8, 2023

**Re:** Retroactive contract dates request for the Nevada Library Cooperative's membership revenue contracts

---

To Whom it May Concern:

The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023.

The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3<sup>rd</sup> party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.

Thank you –



Kari Ward – Director, Nevada Library Cooperative

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28358**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>HEALTH MANAGEMENT ASSOCIATES, INC.</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>HEALTH MANAGEMENT ASSOCIATES, INC.</b>
Appropriation Unit:	<b>3151-40</b>	Address:	<b>120 N WASHINGTON SQ STE 705</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LANSING, MI 48933-1632</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>JEFF DEVRIES 517/482-9236</b>
		Vendor No.:	<b>T27042461</b>
		NV Business ID:	<b>NV20181629216</b>

To what State Fiscal Year(s) will the contract be charged? **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 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **211 days**

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

Contract description: **Program Evaluation**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17885 which provides ongoing technical assistance and program evaluation for enacting home and community-based services regulation.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$519,650.00**

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?

They will complete the following evaluations to ensure compliance with federal Regulations.  
Person Centered Planning Assessment  
Review of FE/PD/ID Waiver and Forms  
Evaluating Staff Competency  
Ongoing Compliance Monitoring  
Stakeholder Engagement

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 tools to complete this work.

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?

MSA RFP 99SWC-S2340

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:

DHHS - Since 2019 with satisfactory results.

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

**No** If "Yes", please provide details of the litigation 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	gjorgens	10/12/2023 07:48:13 AM
Division Approval	tric1	10/24/2023 14:34:38 PM
Department Approval	ecreceli	10/26/2023 15:54:12 PM
Contract Manager Approval	macedved1	11/03/2023 09:59:55 AM
Budget Analyst Approval	khal5	11/15/2023 14:50:49 PM
BOE Agenda Approval	nrezaie	11/16/2023 12:34:02 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>27097</b>	Amendment Number: <b>2</b>
Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>SHI INTERNATIONAL CORP.</b>
Agency Code: <b>402</b>	Contractor Name: <b>SHI INTERNATIONAL CORP.</b>
Appropriation Unit: <b>3151-44</b>	Address: <b>290 DAVIDSON AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SOMERSET, NJ 08873</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>GINA SOTELO 775-505-4161</b>
	Vendor No.: <b>PUR0001595</b>
	NV Business ID: <b>NV20131129294</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 %
<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 **04/11/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/15/2026**

Contract term: **3 years and 158 days**

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

Contract description: **HCBS Case Management**

5. Purpose of contract:

**This is the second amendment to the original contract which provides modernization of existing case management systems. This amendment increases the maximum amount from \$6,113,622.90 to \$7,929,801.04 due to the addition of program modules, programmatic needs, and software integration.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$6,113,622.90	\$6,113,622.90	\$6,113,622.90	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$1,816,178.14	\$1,816,178.14	\$1,816,178.14	Yes - Action
3. New maximum contract amount:	\$7,929,801.04			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Current system does not meet needs of the business units. Systems lacks functionality needed for a proper case management solution.

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



We do not have the development expertise or staff to perform these tasks.

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?

MSA #2018011-02

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:

Since 2020 with ADSD 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	gjorgens	10/04/2023 10:40:39 AM
Division Approval	ecreceli	10/11/2023 08:10:42 AM
Department Approval	dschmid5	10/12/2023 15:50:34 PM
Contract Manager Approval	maceved1	10/13/2023 09:46:39 AM
EITS Approval	ljean	10/16/2023 10:09:34 AM
Budget Analyst Approval	khal5	11/15/2023 13:09:33 PM





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

**MEMORANDUM**

**TO:** Dena Schmidt, Administrator, ADSD, DHHS  
Tiffany Lewis, Administrative Services Officer IV, ADSD, DHHS  
Justin Robinson, IT Manager III, ADSD, DHHS  
Donald Whitfield, IT Manager I, ADSD, DHHS

**CC:** Tim Galluzi, State Chief Information Officer/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 – ADSD – TIN 284 – *Cloud Based Enterprise Case Management System* – Update A – BA 3151, 3156, 3206, 3167, 3204, 3208, 3209, 3266, 3279, 3280

**DATE:** October 13, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Aging and Disability Services Division's (ADSD) – *Cloud Based Enterprise Case Management System* – TIN 284, Update A.

The submitted TIN, for an estimated value of \$5,736,266.67 in the FY22/FY23 biennium, \$6,880,000.00 in the FY24/FY25 biennium, and \$1,283,733.00 in FY26 (30% Medicaid MFP Grant, 16% DPBH DCD ELC Grant, and 54% ARPA Grant funding), is to support the modernization of ADSD's existing intake, case management and billing systems, and to reflect updated cost and funding information.

This investment eliminates manual processes and enables online accessibility for internal and external users. Modernization brings the benefit of a unified computing back-end that will allow the agency to track and report data across systems consistently and uniformly.

Project related development, implementation, testing, and training costs are supported in this TIN request. Ongoing licensing and maintenance costs will be paid with budgeted ADSD funds.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as the investment will have a re-designed and/or re-implemented security architecture and the solution will transport, store, and process personal identification information that is subject to federal and/or other security standards.

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: **28284**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>CHANGE AND INNOVATION AGENCY, LLC</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>CHANGE AND INNOVATION AGENCY, LLC</b>
Appropriation Unit:	<b>3278-62</b>	Address:	<b>8908 N GLENWOOD AVE</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>KANSAS CITY, MO 64157-7889</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>BLAKE SHAW 573/230-7470</b>
		Vendor No.:	<b>T32002127</b>
		NV Business ID:	<b>NV20121733603</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year and 31 days**

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

Contract description: **C!A Business Process**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17897 which provides ongoing research and advisory services. This service agreement provides operations and workflow analysis to improve quality of care and access to care.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$520,000.00**

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?

ADSD was awarded ARPA funds to hire a contractor to transform the ADSD business processes to better meet the needs of the most vulnerable populations going forward. Through this process, ADSD would be able to evaluate opportunities to streamline business processes and systems. Adapt to change and in a post-pandemic new norm and create efficiency in operations and workflows. Address workflows and workforce by centralized streamlined activities, improve quality of services and embed resource and service navigation within ADSD.

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

ADSD program staff are not equipped with the skills and expertise to conduct business process re-engineering and their focus is to provide direct services or oversee direct services to ensure services and supports to vulnerable and at risk Nevadans.

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?

MSA RFP 99SWC-S2340

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:

Statewide contract since 2019.

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

**No** If "Yes", please provide details of the litigation 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	gjorgens	09/29/2023 07:57:55 AM
Division Approval	ecreceli	09/29/2023 11:28:03 AM
Department Approval	ecreceli	09/29/2023 11:28:08 AM
Contract Manager Approval	maceved1	11/02/2023 12:43:39 PM
Budget Analyst Approval	khal5	11/16/2023 13:23:39 PM
BOE Agenda Approval	nrezaie	11/16/2023 14:23:20 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: **28350**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>KPS/3</b>
Agency Code: <b>402</b>	Contractor Name: <b>KPS/3</b>
Appropriation Unit: <b>3278-62</b>	Address: <b>500 RYLAND ST STE 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-1662</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ROB GAEDTKE 775/686-7439</b>
	Vendor No.: <b>PUR0004720</b>
	NV Business ID: <b>NV19941094961</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

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

2. Contract start date:

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

Anticipated BOE meeting date: 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2024**

Contract term: **1 year and 31 days**

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

Contract description: **ADSD Website/Marketi**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides ongoing website updates, marketing campaign development, and outreach and education materials.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$450,000.00**

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?

These initiatives are imperative due to our outdated website that hinders effective communication, low awareness of ADSD services among potential recipients, and limited engagement with various community demographics. Addressing these conditions is essential for us to better fulfill our mission and service our community effectively.

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 tools to do this work.

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?

MSA RFP 99SWC-S2340

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:

Since 2019 with DHHS with satisfactory results.

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

**No** If "Yes", please provide details of the litigation 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	gjorgens	10/09/2023 12:29:38 PM
Division Approval	ecreceli	10/11/2023 08:12:46 AM
Department Approval	dschmid5	10/12/2023 15:51:39 PM
Contract Manager Approval	macedved1	10/13/2023 09:47:31 AM
EITS Approval	ljean	10/16/2023 10:08:59 AM
Budget Analyst Approval	khal5	11/15/2023 11:28:21 AM
BOE Agenda Approval	nrezaie	11/16/2023 11:55:56 AM
BOE Final Approval	Pending	





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

**MEMORANDUM**

**TO:** Dena Schmidt, Administrator, ADSD, DHHS  
Tiffany Lewis, Administrative Services Officer IV, ADSD, DHHS  
Justin Robinson, Chief Technology Officer, ADSD, DHHS  
Donald Whitfield, IT Manager, ADSD, DHHS

**CC:** Tim Galluzi, State Chief Information Officer/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 – ADSD – TIN 624 – *ADSD Website Modernization* – BA 3266

**DATE:** October 10, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Aging and Disability Services Division's (ADSD) – *ADSD Website Modernization* – TIN 624.

The submitted TIN, for an estimated value of \$76,800.00 in the FY22/FY23 biennium and \$172,800.00 in the FY24/FY25 biennium (100% Federal ARPA funding), is to contract with a vendor to update content within the ADSD website, ensuring a seamless connection with the NVCC and Nevada 211 website.

ADSD website content has not been updated in several years and is need of modernization. This investment will improve the experience of constituents, community partners, and other state agencies when interfacing with web based ADSD programs and services. The solution will be more consumer-friendly and consistent with current web design standards. The finished website will expand information about long term services and supports in the Nevada Care Connection website that will include a section for consumers who are considering a nursing home.

The agency considers the investment and final implementation to have an ongoing low security risk, as the project will remain on the state's existing content management platform and the vendor will work

closely with EITS to manage the content within their domain.

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: **28445**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>NEVADA PUBLIC HEALTH FOUNDATION, INC.</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>NEVADA PUBLIC HEALTH FOUNDATION, INC.</b>
Appropriation Unit:	<b>3278-12</b>	Address:	<b>3476 EXECUTIVE POINTE WAY SUITE 10</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:	<b>NATALIE GAUTEREAUX 775884-0392</b>
		Vendor No.:	<b>T81018059</b>
		NV Business ID:	<b>NV19961104052</b>

To what State Fiscal Year(s) will the contract be charged? **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 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **211 days**

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

Contract description: **PAC Community Buildi**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides ongoing capacity building and support for aging network service providers.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$234,940.00**

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 Nevada Public Health Foundation, in partnership with the University of Nevada Las Vegas (UNLV) and the National Foundation to End Senior Hunger (NFESH) will help build capacity of aging network service providers to serve the growing number of older adults seeking services and supports. The COVID-19 pandemic resulted in increased demand for services, that is not seeing the level of attrition expected. Supporting aging network service providers to increase capacity is critical to maintaining services as funding levels return to pre-pandemic level, this is especially true with the increased costs of goods and services and workforce shortages experienced by the network.

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 tools to complete this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

MSA RFP 99SWC-S2340

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:

DHHS - Since 2019 with satisfactory results.

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

**No** If "Yes", please provide details of the litigation 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	gjorgens	11/07/2023 07:42:41 AM
Division Approval	ecreceli	11/07/2023 13:09:05 PM
Department Approval	dschmid5	11/07/2023 14:08:14 PM
Contract Manager Approval	macedved1	11/07/2023 15:00:52 PM
Budget Analyst Approval	khal5	11/15/2023 11:17:08 AM
BOE Agenda Approval	nrezaie	11/16/2023 11:46:17 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28446**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>HEALTH MANAGEMENT ASSOCIATES, INC.</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>HEALTH MANAGEMENT ASSOCIATES, INC.</b>
Appropriation Unit:	<b>3279-34</b>	Address:	<b>120 N WASHINGTON SQ STE 705</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LANSING, MI 48933-1632</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>JEFF DEVRIES 517/482-9236</b>
		Vendor No.:	<b>T27042461</b>
		NV Business ID:	<b>NV20181629216</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2026**

Contract term: **3 years and 31 days**

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

Contract description: **HMA DS IBS Consultin**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-NV23-17885 which provides ongoing intensive behavioral support consulting services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$519,450.00**

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 contract will provide research and analysis of other state best practices and program design for Intensive Behavior Support (IBS) Homes through interviews with key leaders and stakeholders; the development of waiver amendments and rate structures; national research and presentations from other State IBS providers and models to better understand provider interest and capacity; and the development of an RFP to secure interested providers to deliver a new intensive behavioral supports residential service.

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 tools to complete this work.

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?

MSA RFP 99SWC-S2340

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:

DHHS - Since 2019 with satisfactory results.

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

**No** If "Yes", please provide details of the litigation 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	gjorgens	11/07/2023 07:44:42 AM
Division Approval	ecreceli	11/08/2023 13:20:54 PM
Department Approval	dschmid5	11/08/2023 13:29:09 PM
Contract Manager Approval	maceved1	11/08/2023 13:34:33 PM
Budget Analyst Approval	khal5	11/16/2023 13:26:23 PM
BOE Agenda Approval	nrezaie	11/16/2023 14:54:12 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28392**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO</b>
Appropriation Unit:	<b>3280-36</b>	Address:	<b>1664 N VIRGINIA ST MAIL STOP 285</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89557-0294</b>
If "No" please explain:	Not Applicable	Contact/Phone:	<b>JESSICA KEEFHAVER 775/682-9074</b>
		Vendor No.:	<b>D35000816B</b>
		NV Business ID:	<b>GOVERNMENTAL ENTITY</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

<b>X</b>	General Funds	<b>48.00 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>52.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2027**

Contract term: **4 years**

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

Contract description: **UNR SRC JDT Services**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing training and employment resource services to participants with intellectual and developmental disabilities.**

6. NEW CONTRACT

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

Other basis for payment: As Invoiced per Attachment BB

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

Not Applicable

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

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

Interlocal - Exempt

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

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

10. 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:

BOR NSHE UNR contracts with multiple State of Nevada agencies.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gjorgens	10/23/2023 08:21:16 AM
Division Approval	ecreceli	10/23/2023 10:11:42 AM
Department Approval	ecreceli	10/23/2023 10:11:47 AM
Contract Manager Approval	maceved1	10/23/2023 11:22:06 AM
Budget Analyst Approval	khal5	11/13/2023 09:37:21 AM
BOE Agenda Approval	nrezaie	11/16/2023 10:42:32 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28499**

Agency Name:	<b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name:	Health Management Associates, INC.
Agency Code:	<b>403</b>	Contractor Name:	<b>Health Management Associates, INC.</b>
Appropriation Unit:	<b>3158-32</b>	Address:	<b>120 N. Washington Square</b>
Is budget authority available?:	<b>No</b>	City/State/Zip	<b>Lansing, MI 48933</b>
If "No" please explain: Pending non-IFC Work Program #C66645 approval.		Contact/Phone:	Jeff DeVries 517-482-9236
		Vendor No.:	T27042461
		NV Business ID:	NV20181629216

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

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

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

Agency Reference #: RFQ 99SWC-S2340 (RV)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**  
Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2024**

Contract term: **89 days**

4. Type of contract: **Other (include description): Statewide Service Agreements**

Contract description: **ABD Study**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-S2340 which provides consulting, marketing, and education services. This service agreement provides a needs assessment study for the aged, blind, and disabled populations. This service agreement is contingent upon approval of work program #C66645.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$170,402.50**

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?

Multiple contracts awarded in conjunction with RFQ, as determined in the best interests of the State for Statewide use, to provide Marketing, Conference Planning, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis, and Report Development on an as needed basis, in accordance with a service agreement.

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 resources to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Multiple vendors chosen under Statewide RFQ 99SWC-S2340 Consulting, Marketing, and Education Services

d. Last bid date: 04/17/2023 Anticipated re-bid date: 04/01/2027

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 2020 - 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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/14/2023 11:43:04 AM
Division Approval	laaron	11/15/2023 08:58:31 AM
Department Approval	sruyballi	11/15/2023 16:58:44 PM
Contract Manager Approval	trya4	11/15/2023 17:02:43 PM
Budget Analyst Approval	afrantz	11/16/2023 09:42:20 AM
BOE Agenda Approval	afrantz	11/20/2023 12:07:22 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: **28460**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>ONPOINT HEALTH DATA</b>
Agency Code: <b>403</b>	Contractor Name: <b>ONPOINT HEALTH DATA</b>
Appropriation Unit: <b>3158-12</b>	Address: <b>55 WASHINGTON AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Portland, ME 04101</b>
If "No" please explain: Not Applicable	Contact/Phone: James Harrison 207/623-2555
	Vendor No.: T32015016
	NV Business ID: NV20232938671

To what State Fiscal Year(s) will the contract be charged? **2024-2029**

What is the source of funds that 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>19.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>77.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>4.00 % Healthy Nevada Fund</b>

Agency Reference #: 40DHHS-S1835 RV

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2028**

Contract term: **5 years and 32 days**

4. Type of contract: **Contract**

Contract description: **APCD**

5. Purpose of contract:

**This is a new contract to provide a database to improve healthcare by permitting the examination of costs, quality, and utilization of insurance claims.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,999,120.04**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

As required by NRS 439B.800-875, which calls for the establishment of an APCD and mandated submission of health insurance claims resulting from medical, dental, or pharmacy benefits provided in Nevada from various public and private health insurers.

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

The State lacks resources, and State employees do not possess expertise and specialized knowledge required to establish and operate an APCD system.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was the highest scoring vendor for RFP 40DHHS-S1835

d. Last bid date: 02/21/2023 Anticipated re-bid date: 02/01/2027

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:

Shawna Pascual, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/06/2023 12:57:39 PM
Division Approval	laaron	11/06/2023 16:35:38 PM
Department Approval	sruyballi	11/07/2023 09:10:23 AM
Contract Manager Approval	swes2	11/09/2023 13:41:59 PM
EITS Approval	ljean	11/09/2023 14:16:43 PM
Budget Analyst Approval	afrantz	11/16/2023 09:19:26 AM
BOE Agenda Approval	afrantz	11/16/2023 09:19:49 AM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**GOVERNOR’S OFFICE**  
*Office of the Chief Information Officer*  
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:** Stacie Weeks, Administrator, DHCFP, DHHS  
Lynnette Aaron, Administrative Services Officer IV, DHCFP, DHHS  
April Caughron, IT Manager II, DHCFP, DHHS  
Robin Ochsenschlager, IT Professional IV, DHCFP, DHHS  
Lisa Tuttle, Management Analyst III, DHCFP, DHHS

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
Sean Montierth, Computing Services Unit, OCIO  
Jason Benshoof, Support Services Unit, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

**FROM:** Lisa Jean, TIN Administrator, OCIO

**SUBJECT:** TIN Completion Memo – DHCFP – TIN 92 – *All Payers Claims Database*  
– Update C – BA 3158

**DATE:** November 9, 2023

We have completed our review for the Department of Health and Human Services (DHHS), Division of Health Care Finance and Policy’s (DHCFP) – *All Payers Claims Database* – TIN 92, Update C.

The submitted TIN, for an estimated value of \$3,079,965.42 in the FY24/FY25 biennium, \$3,442,395.00 in the FY26/FY27 biennium, and \$2,476,759.62 in the FY28/FY29 biennium (77% Federal Grant, 19% General Fund, and 4% Opioid Settlement funds), is for a new All Payers Claims Database (APCD)

contract.

The investment is for a cloud based, statewide APCD to compile health insurance claims from public and private insurers within the State of Nevada. The goal of this initiative is to improve the quality and effectiveness of health care services delivered to Nevada's citizens. Claims are submitted by providers through a standard file layout.

State agencies may have interfaces for the data feeds using the common data file layout provided by the APCD Council and a VoIP telephony solution that is the vendor hosted solution to answer questions. This is not expected to replace the agency's core telephony solution.

The Office of Information Security (OIS) is available upon request to conduct a security review of this solution. If SilverNet utilization changes are needed the agency should coordinate with the OCIO Network Services unit.

If there are to be any other changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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: **28431**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: Strategic Progress, LLC
Agency Code: <b>403</b>	Contractor Name: <b>Strategic Progress, LLC</b>
Appropriation Unit: <b>3158-32</b>	Address: <b>1697 Crescent Pointe Ct.</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Reno, NV 89533</b>
If "No" please explain: Pending non-IFC Work Program #C66538	Contact/Phone: Cyndy Gustafson 702/241-8033
	Vendor No.: T27029824
	NV Business ID: NV20051774907

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

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

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

Agency Reference #: RFQ 99SWC-S2340 (RV)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2024**

Contract term: **89 days**

4. Type of contract: **Other (include description): Statewide Service Agreement**

Contract description: **IDD Waiver**

5. Purpose of contract:

**This is a new service agreement under statewide contract #99SWC-S2340 which provides ongoing education and outreach for expanded dental benefits under the Individuals with Intellectual and Developmental Disabilities Waiver. This service agreement is contingent upon approval of work program #C66538.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$271,500.00**

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?

Multiple contracts awarded in conjunction with RFQ, as determined in the best interests of the State for Statewide use, to provide Marketing, Conference Planning, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis, and Report Development on an as needed basis, in accordance with a service agreement.

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 resources 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):

State awarded multiple contractors according to area of need, expertise, requirements.

b. Solicitation Waiver: **Not Applicable**

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

Multiple vendors chosen under Statewide RFQ 99SWC-S2340 Consulting, Marketing, and Education Services

d. Last bid date: 04/17/2023 Anticipated re-bid date: 04/01/2027

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 11/2022 - current (under DHHS MSA 3525)

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

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

Keith Benson, State Dental Health Officer Ph: null

Kirsten Coulombe, Social Services Chief 3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	11/07/2023 11:54:19 AM
Division Approval	aprasa1	11/07/2023 11:55:13 AM
Department Approval	sruyball	11/07/2023 12:35:27 PM
Contract Manager Approval	trya4	11/07/2023 12:39:55 PM
Budget Analyst Approval	afrantz	11/16/2023 10:00:20 AM
BOE Agenda Approval	afrantz	11/20/2023 12:07:04 PM
BOE Final Approval	Pending	



**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **25801** Amendment Number: **2**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Coventry Health Care of Nebraska, Inc.**

Agency Code: **403** Contractor Name: **Coventry Health Care of Nebraska, Inc.**

Appropriation Unit: **3243-14** Address: **11819 Miami St. Suite 101**

Is budget authority available?: **Yes** City/State/Zip: **Omaha, NE 68164**

If "No" please explain: **Not Applicable** Contact/Phone: **Victoria Coley 480-262-4875**

Vendor No.:  
NV Business ID: **NV20191498118**

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 % 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 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 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:	\$0.01	\$0.01	\$0.01	Exception - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$0.01			
and/or the termination date of the original contract has changed to:		12/31/2025		

**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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

aroma2

10/24/2023 18:59:15 PM

Division Approval	laaron	11/02/2023 11:57:07 AM
Department Approval	sruyballi	11/07/2023 09:08:55 AM
Contract Manager Approval	swes2	11/07/2023 12:20:07 PM
Budget Analyst Approval	afrantz	11/16/2023 13:59:17 PM
BOE Agenda Approval	afrantz	11/16/2023 13:59:25 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: **25795** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **HMO Colorado, INC. dba HMO Nevada**

Agency Code: **403** Contractor Name: **HMO Colorado, INC. dba HMO Nevada**

Appropriation Unit: **3243-14** Address: **9133 West Russell Rd. Bldg. 9**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89148**

If "No" please explain: **Not Applicable** Contact/Phone: **Robin Price 732-259-8681**

Vendor No.:  
NV Business ID: **NV19911047987**

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 % 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 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 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:	\$0.01	\$0.01	\$0.01	Exception - Action
2. Amount of current amendment (#1):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$0.01			
and/or the termination date of the original contract has changed to:		12/31/2025		

#### 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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

aroma2

11/07/2023 12:00:32 PM

Division Approval	aprasa1	11/07/2023 12:00:45 PM
Department Approval	sruyball	11/07/2023 12:35:17 PM
Contract Manager Approval	trya4	11/07/2023 12:39:37 PM
Budget Analyst Approval	afrantz	11/16/2023 10:40:14 AM
BOE Agenda Approval	afrantz	11/16/2023 14:01:04 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25803</b>	Amendment Number: <b>1</b>
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.:
	NV Business ID: <b>NV20181754848</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 % 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 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 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:	\$0.01	\$0.01	\$0.01	Exception - Action
2. Amount of current amendment (#1):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$0.01			
and/or the termination date of the original contract has changed to:		12/31/2025		

#### 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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date



Budget Account Approval	aroma2	10/24/2023 19:00:20 PM
Division Approval	laaron	11/02/2023 12:00:30 PM
Department Approval	sruyballi	11/07/2023 09:10:13 AM
Contract Manager Approval	swes2	11/07/2023 12:14:35 PM
Budget Analyst Approval	afrantz	11/16/2023 10:56:15 AM
BOE Agenda Approval	afrantz	11/16/2023 14:00:27 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: <b>25806</b>	Amendment Number: <b>1</b>	
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Humana Wisconsin Health Organization Insurance Corporation</b>	
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: <b>Not Applicable</b>	Contact/Phone: <b>Misty Tudor 502-580-8373</b>	
	Vendor No.:	
	NV Business ID: <b>NV20181754784</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 % 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 **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 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:	\$0.01	\$0.01	\$0.01	Exception - Action
2. Amount of current amendment (#1):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$0.01			
and/or the termination date of the original contract has changed to:		12/31/2025		

#### 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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	aroma2	10/24/2023 19:02:41 PM
Division Approval	laaron	11/02/2023 12:01:38 PM
Department Approval	sruyballi	11/07/2023 09:09:44 AM
Contract Manager Approval	swes2	11/07/2023 12:16:33 PM
Budget Analyst Approval	afrantz	11/16/2023 10:59:19 AM
BOE Agenda Approval	afrantz	11/16/2023 13:59:58 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: <b>25845</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Molina Healthcare of Nevada, INC.</b>
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: <b>Not Applicable</b>	Contact/Phone: <b>Jackie Hernandez 725-249-0298</b>
	Vendor No.:
	NV Business ID: <b>NV20161415756</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 % 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: 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **DSNP**

5. Purpose of contract:

**This is the first amendment to the original contract which provides ongoing medical services to Dual Eligible Special Needs Plan recipients. This amendment extends the termination date from December 31, 2024 to December 31, 2025 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:	\$0.01	\$0.01	\$0.01	Exception - Action
2. Amount of current amendment (#1):	\$0.00	\$0.00	\$0.00	Exception - Action
3. New maximum contract amount:	\$0.01			
and/or the termination date of the original contract has changed to:		12/31/2025		

#### 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 1/1/2022 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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	aroma2	10/25/2023 18:29:27 PM
Division Approval	laaron	11/02/2023 12:02:29 PM
Department Approval	sruyballi	11/07/2023 09:10:02 AM
Contract Manager Approval	swes2	11/07/2023 12:11:55 PM
Budget Analyst Approval	afrantz	11/16/2023 11:04:12 AM
BOE Agenda Approval	afrantz	11/16/2023 13:58:42 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: **28010**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>CITY OF RENO</b>
Agency Code: <b>406</b>	Contractor Name: <b>CITY OF RENO</b>
Appropriation Unit: <b>3162-18</b>	Address: <b>1 E. First St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Monica Cochran 775-334-2033</b>
	Vendor No.: <b>T40266000</b>
	NV Business ID: <b>GOV ENTITY</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 #: **C 18242**

2. Contract start date:

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

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **1 year and 303 days**

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

Contract description: **Housing for Clients**

5. Purpose of contract:

**This is a new interlocal agreement to provide housing for independent community placement clients with severe mental illness.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$752,832.00**

Other basis for payment: **\$2,614.00 per month per unit or \$85.71 per night - Per Attachment A Scope of Work**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NNAMHS client's need stable housing for individuals with severe mental illness.**

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

**NNAMHS does not have housing availability on campus.**

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

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

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

**Not Applicable**

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



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

N/A

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:

AMANDA MCMASTERS, ASO III Ph: 775-688-0422

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcastro	10/16/2023 07:12:09 AM
Division Approval	dcastro	10/16/2023 07:12:12 AM
Department Approval	dcastro	10/16/2023 07:12:15 AM
Contract Manager Approval	dcastro	10/16/2023 07:12:18 AM
Budget Analyst Approval	khal5	11/14/2023 11:12:14 AM
BOE Agenda Approval	nrezaie	11/16/2023 15:30:48 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28194**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	DENVER HEALTH & HOSPITAL
Agency Code:	<b>406</b>	Contractor Name:	<b>DENVER HEALTH &amp; HOSPITAL</b>
Appropriation Unit:	<b>3218-22</b>	Address:	<b>AUTHORITY DBA ROCKY MTN POISON 777 Bannock St DENVER, CO 80204</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>DENVER, CO 80204</b>
If "No" please explain: \$19,149 (a work program is in process) as a transfer from the Director's Office, Cat. 04 with WP #C66710.		Contact/Phone:	Brandon Ensign 303/389-1256
		Vendor No.:	T27017712A
		NV Business ID:	Gov't Entity
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2027</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>83.30 %</b>	Fees	0.00 %
<b>X</b>	Federal Funds	<b>16.70 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C18220

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**  
Anticipated BOE meeting date 12/2024

Retroactive? **Yes**

If "Yes", please explain

**Retro letter attached. This contract was delayed due to the application for a short-term solicitation waiver that was applied for then later State Purchasing determined this was not necessary as the vendor is now a political subdivision of the State of Colorado and the contract is considered an interlocal agreement. There were also contract negotiations that delayed the contract between state legal counsels.**

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **Poison Control**

5. Purpose of contract:

**This is a new contract to provide ongoing poison control telephone services. This contract is contingent upon approval of work program #C66710.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,356,136.56**

Payment for services will be made at the rate of \$339,034.14 per year

Other basis for payment: Invoice quarterly and paid upon acceptance of services.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statute 450B.238 and Nevada Administrative Code 450B.768

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

The poison control services require specialized personnel which include medical, pharmaceutical, and toxicological expertise that the Division does not staff.

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

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

Not Applicable

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

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

This state entity already has a poison control call center in place and provides services to other states. This vendor has also been providing poison control services to Nevada for several years.

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	ijanssen	11/17/2023 10:11:40 AM
Division Approval	ijanssen	11/17/2023 10:11:43 AM
Department Approval	ijanssen	11/17/2023 10:11:46 AM
Contract Manager Approval	ijanssen	11/17/2023 10:11:51 AM
Budget Analyst Approval	nrezaie	11/20/2023 07:41:55 AM
BOE Agenda Approval	nrezaie	11/20/2023 07:41:58 AM
BOE Final Approval	Pending	

Joe Lombardo  
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.*



Cody Phinney  
Administrator

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

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## MEMORANDUM

DATE: 6/30/2023

TO: Nima Rezaie, 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 – Denver Health Rocky Mountain Poison Control CETS #28194  
Contract C#

---

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

The following information is required:

- Name of Contractor: Denver Health Rocky Mountain Poison Center
- Services to be provided: poison control services
- Funding source and expenditure category: BA 3218 – CAT 22
- Requested start date of work: 7/1/2023
- Expected execution date of agreement: 7/1/2023
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - This service was previously done as an Interlocal Agreement. Once it was discovered this was the wrong contractual type the program staff requested a short term solicitation waiver to allow DPBH to go through the RFP process.
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement:  
A disruption in poison control services resulting in non-compliance with Nevada statutes as well as risk of life-threatening outcomes due to lack of appropriate poison control services to the public and providers.
  - Explain how the program/bureau will prevent future retroactive requests:  
Program will ensure awareness of processes and timely submittal of required documentation for contract renewals.

If you have any questions, please contact Donielle Allen at (775) 684-4039 or [dallen@health.nv.gov](mailto:dallen@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: **28191**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	CARASOFT TECHNOLOGY CORPORATION
Agency Code:	<b>406</b>	Contractor Name:	<b>CARASOFT TECHNOLOGY CORPORATION</b>
Appropriation Unit:	<b>3234-10</b>	Address:	<b>CORPORATION 11493 SUNSET HILLS RD STE 100 RESTON, VA 20190-5230</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RESTON, VA 20190-5230</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Robertson 703/871-8500
		Vendor No.:	PUR0004357
		NV Business ID:	NV20151127305

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

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

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

Agency Reference #: 18246

2. Contract start date:

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

Anticipated BOE meeting date 12/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **210 days**

4. Type of contract: **Contract**

Contract description: **Data Management**

5. Purpose of contract:

**This is a new contract to provide software licensing to streamline the operations of the Office of Information Technology.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$205,138.53**

Payment for services will be made at the rate of \$0.00 per Deliverable schedule

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Track-It system, in use for 15 Years, is no longer sufficient due to multiple current challenges. The current system has not updated to meet industry standards.

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

DPBH does not have technical, project, and business process/change management staff expertise.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

VETS technical leadership team has successfully integrated more than 40 state, local and education ServiceNow implementations with exceptional performance (references available upon request). As a result, VETS has been recognized as the premier ServiceNow implementation partner for U.S. State, Local and Higher Education. VETS has technical expertise across the entire ServiceNow platform and ITSM is the first application on the Service Now platform being implemented to meet DPBH#65533;s IT modernization efforts.

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:  
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	ijanssen	11/15/2023 09:44:53 AM
Division Approval	ijanssen	11/15/2023 09:44:55 AM
Department Approval	ijanssen	11/15/2023 09:44:58 AM
Contract Manager Approval	ijanssen	11/15/2023 09:45:02 AM
EITS Approval	ljean	11/15/2023 11:04:32 AM
Budget Analyst Approval	nrezaie	11/16/2023 08:23:34 AM
BOE Agenda Approval	nrezaie	11/16/2023 08:25:55 AM
BOE Final Approval	Pending	

**Joe Lombardo**  
Governor



**Timothy D. Galluzi**  
State Chief Information Officer

**Darla J. Dodge**  
Deputy CIO- COO

**David 'Ax' Axtell**  
Deputy CIO - CTO

**Robert "Bob" Dehnhardt**  
Deputy CIO - CISO

**STATE OF NEVADA**  
**GOVERNOR'S OFFICE**  
*Office of the Chief Information Officer*  
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**M E M O R A N D U M**

**TO:** Cody Phinney, Administrator, DPBH, DHHS  
Erin Williams, IT Manager – OIT, DPBH, DHHS  
Judy Bray, Accounting Assistant III, DPBH, DHHS  
Andrew Mosses, IT Professional II, OIT Project Mgmt., DPBH, DHHS

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
Jason Benshoof, Support Services Unit, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

**FROM:** Lisa Jean, TIN Administrator, OCIO

**SUBJECT:** TIN Completion Memo – DPBH – TIN 750 – *VETS ITSM/PSDS Software for OIT-DPBH* – BA 3234

**DATE:** August 29, 2023

We have completed our review for the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health's (DPBH) – *VETS ITSM/PSDS Software for OIT-DPBH* – TIN 750.

The submitted TIN, for an estimated value of \$205,138.53 in the FY24/FY25 biennium (100% Federal Grant funding), is for VETS to serve as a ServiceNow Implementation Partner.

DPBH has used the TrackIt system for 15 years. This system has faced challenges such as irregular updates, segmented functionalities, and basic analytics which have affected DPBH's operational efficiency and strategic planning. In contrast, the ServiceNow ITSM platform provides advanced

analytics, the capability for seamless system integration, scalability, enhanced search functions, and allows for customizable workflows.

VETS is positioned to implement the ServiceNow ITSM platform for DPBH. They have integrated over forty ServiceNow implementations across various sectors and understand the specific needs of government agencies. VETS aims to adopt standardized processes for DPBH with minimal customization on the ServiceNow platform, which is in line with reducing implementation time and costs.

This cloud implementation will include other systems interfacing and data maintenance/data hygiene. The organization sees this move as having a low long-term security risk, and the DPBH ISO will conduct security reviews before and after the implementation.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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: **28220**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	CARASOFT TECHNOLOGY CORPORATION
Agency Code:	<b>406</b>	Contractor Name:	<b>CARASOFT TECHNOLOGY CORPORATION</b>
Appropriation Unit:	<b>3234-10</b>	Address:	<b>CORPORATION 11493 SUNSET HILLS RD STE 100 RESTON, VA 20190-5230</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RESTON, VA 20190-5230</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Robertson 703/871-8500
		Vendor No.:	PUR0004357
		NV Business ID:	NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2025-2026**

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 #:	18245		

2. Contract start date:

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

Anticipated BOE meeting date 11/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2025**

Contract term: **1 year and 29 days**

4. Type of contract: **Contract**

Contract description: **Platform licensing**

5. Purpose of contract:

**This is a new contract to provide implementation of a software platform to streamline the operations of the Office of Information Technology.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$218,687.40**

Other basis for payment: Upon receipt of invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Transitioning to ServiceNow platform will replace the aged and inefficient TrackIt system as well as provide new software and hardware management tools.

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

DPBH does not have technical, project and business process/change management staff expertise.

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

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

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

Technical leadership team has successfully integrated more than 40 state, local and education ServiceNow implementations with exceptional performance (references available upon request). As a result, VETS has been recognized as the premier ServiceNow implementation partner for U.S. State, Local and Higher Education. VETS has technical expertise across the entire ServiceNow platform and ITSM is the first application on the Service Now platform being implemented to meet DPBH's IT modernization efforts.

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:  
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	ijanssen	11/15/2023 09:40:17 AM
Division Approval	ijanssen	11/15/2023 09:40:20 AM
Department Approval	ijanssen	11/15/2023 09:40:22 AM
Contract Manager Approval	ijanssen	11/15/2023 09:40:26 AM
EITS Approval	ljean	11/15/2023 11:04:55 AM
Budget Analyst Approval	nrezaie	11/16/2023 07:20:29 AM
BOE Agenda Approval	nrezaie	11/16/2023 07:20:38 AM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
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**M E M O R A N D U M**

**TO:** Cody Phinney, Administrator, DPBH, DHHS  
Erin Williams, IT Manager – OIT, DPBH, DHHS  
Judy Bray, Accounting Assistant III, DPBH, DHHS  
Andrew Mosses, IT Pro. II – OIT Project Management, DPBH, DHHS

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
David Axtell, State Chief Enterprise Architect, OCIO

**FROM:** Lisa Jean, TIN Administrator, OCIO

**SUBJECT:** TIN Completion Memo – DPBH – TIN 717 – *ServiceNow ITSM/PSDS Software for OIT - DPBH* – Update A – BA 3234

**DATE:** August 31, 2023

We have completed our review for the Department of Health and Human Service (DHHS), Division of Public and Behavioral Health's (DPBH) – *ServiceNow ITSM/PSDS Software for OIT - DPBH* – TIN 717, update A.

The submitted TIN, for an estimated value of \$222,273.84 in the FY24/FY25 biennium (100% Federal Grant), is to update cost information for implementation of the ServiceNow platform.

The implementation of ServiceNow is expected to enhance IT Service Management (ITSM), Hardware Asset Management (HAM), and the Integration Hub. Through ITSM, core services such as ticketing, problem management, change management, and a customer-accessible service desk are to be provided. HAM's standard version is to enable the efficient management of hardware assets throughout their

lifecycle. With the Integration Hub, connections between ServiceNow and existing systems such as Microsoft SCCM, Exchange, SharePoint, DocuSign, Active Directory, Single Sign On, and MS Intune are to be streamlined. Automation of various manual processes is anticipated, leading to timesaving and error reduction.

The investment in ServiceNow is designed to address the inefficiencies of the current TrackIt system, which has been constrained by a lack of updates and automation, complex hardware management, and limited search functionality. ServiceNow, on the other hand, is to offer numerous benefits including advanced analytics, seamless integration, support for customizable workflows, scalability, and advanced search capabilities, all of which align with the agency's growth and modernization goals.

In accordance with the aforementioned plans, it is to be understood that the investment in ServiceNow signifies a strategic move to improve overall efficiency in IT operations and asset management. This transition is expected to foster the agency's objectives, and security measures relating to this investment have been considered to ensure alignment with best practices and the protection of critical assets, which includes hosting the agency's instance in the FedRamp zone at ServiceNow.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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: **28424**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>CENVEO WORLDWIDE LIMITED</b>
Agency Code: <b>407</b>	Contractor Name: <b>CENVEO WORLDWIDE LIMITED</b>
Appropriation Unit: <b>3233-04</b>	Address: <b>CENVEO</b>
Is budget authority available?: <b>Yes</b>	<b>6520 South 190 Street, STE 100</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Kent, WA 98032</b>
	Contact/Phone: <b>510/207-1775</b>
	Vendor No.: <b>T27043313</b>
	NV Business ID: <b>NV20181674636</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2029**

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

<input checked="" type="checkbox"/> General Funds	<b>10.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>90.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2028**

Contract term: **5 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Stock Envelopes**

5. Purpose of contract:

**This is a new contract to provide storage and printing of stock envelopes.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$908,373.00**

Other basis for payment: Per individual invoice to be paid in full within 45 days after receipt of invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS is mandated by federal requirements and envelopes are needed to ensure mailing can occur.

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 resources, nor the expertise to perform this type of work.

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):

Southland Envelope Company  
Advantage Color Graphics  
Staples Advantage

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2391, 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: 07/05/2023 Anticipated re-bid date: 02/01/2028

- 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 Division of Welfare and Supportive Services from 2019-2021 and have been verified as satisfactory.

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

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

Not Applicable

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

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

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

Yes

19. Agency Field Contract Monitor:

Shelly Aguilar, Social Services Chief III Ph: 702-631-2337

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	11/01/2023 10:16:45 AM
Division Approval	cbuscay	11/01/2023 10:16:47 AM
Department Approval	rthomps1	11/01/2023 13:27:08 PM
Contract Manager Approval	mpomerle	11/01/2023 13:33:21 PM
Budget Analyst Approval	nrezaie	11/14/2023 15:47:56 PM
BOE Agenda Approval	nrezaie	11/14/2023 15:47:59 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **28362**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	Desert Lily Academy
Agency Code:	<b>409</b>	Contractor Name:	<b>Rite of Passage, Inc.</b>
Appropriation Unit:	<b>3229-16</b>	Address:	<b>2560 Business Pkwy, Ste. A</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Minden, NV 89423</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan Hendricks 408-987-9700
		Vendor No.:	T29045679
		NV Business ID:	NV19861019226

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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.

<input checked="" type="checkbox"/>	General Funds	<b>35.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>65.00 %</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 **09/28/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **Yes**

If "Yes", please explain

**The purpose of this emergency retroactive contract between the Division of Child and Family Services and Rite of Passage, Desert Lily Academy is for placement of a 15-year-old previously residing in Desert Winds Hospital that was ready for discharge after completing a 90 day treatment program. DCFS has been unable to find a Medicaid placement due to the youth's behavior.**

3. Termination Date: **09/30/2024**Contract term: **1 year and 3 days**4. Type of contract: **Contract**Contract description: **Residential Treatmnt**

5. Purpose of contract:

**The is a new contract to provide youth residential treatment services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$138,000.00**

Payment for services will be made at the rate of \$375.00 per Day

**II. JUSTIFICATION**

7. What conditions require that this work be done?

All facilities accepting Medicaid have denied this placement. Rite of Passage's Desert Lily Academy can provide the residential, therapeutic and psychiatric services necessary to stabilize a youth's behavior.

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

DCFS Child Welfare employees do not have the expertise to provide the appropriate treatment to this youth.

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

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

Desert Lily Academy  
Willow Springs Center  
Devereux Behavioral Health  
Psychiatric Residential Treatment Facility - Enterprise  
Provo Canyon  
Sierra Sage  
Texas Neuro

b. Solicitation Waiver: **Not Applicable**

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

Desert Lily Academy was the only vendor willing to provide services for this youth.

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 agency has contracted with this vendor multiple times for many years. Services have been satisfactory.

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

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

Not Applicable

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

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

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

**Desert Lily is a Program of Rite of Passage; however, payments will continue to be issued to Rite of Passage.**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Maria Hickey, SSPS III Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	krober10	10/25/2023 13:55:30 PM
Division Approval	hbugg	11/07/2023 10:11:19 AM
Department Approval	mwillia9	11/07/2023 13:27:08 PM
Contract Manager Approval	sknigge	11/09/2023 13:28:43 PM
Budget Analyst Approval	twollan1	11/13/2023 15:45:52 PM





Joe Lombardo  
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: Gideon Davis, Administrator, Purchasing Division  
Theresa Bawden, Executive Branch Budget Officer, Governor's Finance Office

THROUGH: Heather Bugg, ASO IV *Heather Bugg*

FROM: Betsey Crumrine, LCSW Manager V *Betsey Crumrine*

DATE: September 28, 2023

SUBJECT: Emergency Retroactive Contract Request, Rite of Passage dba Desert Lily Academy

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The purpose of this emergency retroactive contract between the Division of Child and Family Services and Rite of Passage dba Desert Lily Academy is for placement of a 15-year-old youth currently in Desert Winds Hospital who is ready for discharge. We have been unable to find a Medicaid placement due to her verbal and physical aggression, sexual maladaptive behaviors, sexual abuse, and history of substance use. Desert Lily Academy in Arizona is a Residential Treatment Center able to meet her needs and will provide services for approximately 9 to 12 months or until the youth can complete the program.

Desert Winds Hospital is a 90-day treatment program and as a result the youth is required to be discharged from their program, regardless, if she has received adequate treatment. The youth needs more intensive and long-term treatment to support her beginning to work on her trauma, her triggers, her depression/anxiety, and to increase motivation for change. At Desert Winds Hospital, they are not equipped to treat her sexually maladaptive behaviors. Desert Winds Hospital wanted her to be discharged 45 days ago, but I was unable to find a treatment facility that could meet her needs until now. Desert Winds Hospital has requested the youth be discharged right away.

All facilities accepting Medicaid have denied this youth due to this youth's sexual maladaptive behaviors, and aggression, including Provo Canyon, Willow Springs, and Psychiatric Residential Treatment Facility (PRTF) North. Desert Lily Academy has expertise in treating sexual maladaptive behaviors, youth that have been sexually abused, and aggression, along with the trauma treatment component. They can provide the residential, therapeutic, and psychiatric services necessary to stabilize her behavior. The daily rate is \$375.00 per day.

DCFS Child Welfare employees do not have the expertise to provide the appropriate treatment to this youth and other State facilities offering residential, therapeutic, and psychiatric treatment have declined to accept her. We are requesting this contract as an immediate need for this youth. Thank you for your consideration of this request. If you have any questions, please do not hesitate to call me at (775) 684-1979.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28296**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>CARPENTER SELLERS DEL GATTO ARCHITECTS, PC</b>
Agency Code: <b>431</b>	Contractor Name: <b>CARPENTER SELLERS DEL GATTO ARCHITECTS, PC</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>ARCHITECTS PC 8882 SPANISH RIDGE AVE LAS VEGAS, NV 89148-1303</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89148-1303</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>MIKE DEL GATTO 702-251-8896</b>
	Vendor No.: <b>T80997582</b>
	NV Business ID: <b>NV19871041301</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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

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

Agency Reference #: 431

2. Contract start date:

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

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **1 year and 334 days**

4. Type of contract: **Contract**

Contract description: **Henderson Site Plan**

5. Purpose of contract:

**This is a new contract to provide a site development study for a readiness center located in Henderson.**

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?

Sight development study/charette of a 40,000 square foot Readiness Center in Henderson.

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

State employees lack the qualifications and skill.

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:

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	09/29/2023 14:08:03 PM
Division Approval	csnido1	09/29/2023 14:08:05 PM
Department Approval	ctyle1	10/19/2023 11:32:57 AM
Contract Manager Approval	csnido1	10/24/2023 09:42:02 AM
Budget Analyst Approval	mranki1	11/08/2023 16:03:24 PM
BOE Agenda Approval	mranki1	11/08/2023 16:03:27 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28293**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>WELLES PUGSLEY ARCHITECTS, LLP</b>
Agency Code: <b>431</b>	Contractor Name: <b>WELLES PUGSLEY ARCHITECTS, LLP</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>DBA PUGSLEY SIMPSON COULTER 151 E WARM SPRINGS ROAD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-4101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JOY RINEER 702-435-1150</b>
	Vendor No.: <b>T27038348</b>
	NV Business ID: <b>NV20031000034</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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

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

Agency Reference #: 431

2. Contract start date:

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

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **1 year and 334 days**

4. Type of contract: **Contract**

Contract description: **ACC Expansion Study**

5. Purpose of contract:

**This is a new contract to provide a study for future development at the Anthony Cometa Complex located in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$176,300.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Study to look at future extensive development at the Anthony Cometa Complex in Las Vegas.**

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

**State employees lack the qualifications and skill.**

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	csnido1	09/29/2023 13:25:20 PM
Division Approval	csnido1	09/29/2023 13:25:23 PM
Department Approval	ctyle1	10/19/2023 11:37:19 AM
Contract Manager Approval	csnido1	10/24/2023 09:40:42 AM
Budget Analyst Approval	mranki1	11/08/2023 16:02:45 PM
BOE Agenda Approval	mranki1	11/08/2023 16:02:48 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28294**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>WELLES PUGSLEY ARCHITECTS, LLP</b>
Agency Code: <b>431</b>	Contractor Name: <b>WELLES PUGSLEY ARCHITECTS, LLP</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>DBA PUGSLEY SIMPSON COULTER 151 E WARM SPRINGS RD LAS VEGAS, NV 89119-4101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-4101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JOY RINEER 702-435-1150</b>
	Vendor No.: <b>T27038348</b>
	NV Business ID: <b>NV20031000034</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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>50.00 %</b>	Fees	0.00 %
<b>X</b> 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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **1 year and 334 days**

4. Type of contract: **Contract**

Contract description: **Henderson RC Study**

5. Purpose of contract:

**This is a new contract to provide architectural and engineering design services for the remodel of the restroom facilities at the Armory located in Henderson.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$145,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Design drawings to remodel and redesign the current restroom facilities at the Henderson Armory in Henderson.**

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

**State employees lack the qualifications and skill.**

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

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

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

**Not Applicable**

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

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

[Empty text box]

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

- 10. 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	09/29/2023 13:33:08 PM
Division Approval	csnido1	09/29/2023 13:33:10 PM
Department Approval	csnido1	10/24/2023 09:39:59 AM
Contract Manager Approval	csnido1	10/31/2023 11:28:50 AM
Budget Analyst Approval	mranki1	11/08/2023 16:04:05 PM
BOE Agenda Approval	mranki1	11/08/2023 16:04:07 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28127**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: Carson City School District - Adult Education
Agency Code: <b>440</b>	Contractor Name: <b>Carson City School District - Adult Education</b>
Appropriation Unit: <b>3711-21</b>	Address: <b>275 East Park St. Bldg. E</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: Robert W. Chambers 775-283-1352
	Vendor No.: T40231500
	NV Business ID: Government Agency

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 **07/01/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **Yes**

If "Yes", please explain

**Retroactive due to the process of following NDOC and CCAE policies and procedures and getting approval from the Board of Trustees.**

3. Termination Date: **10/31/2024**

Contract term: **1 year and 123 days**

4. Type of contract: **Contract**

Contract description: **Re-entry Programs**

5. Purpose of contract:

**This is a new interlocal agreement to provide ongoing educational and vocational services to assist offenders incarcerated at Northern Nevada Correctional Center in obtaining a high school equivalency or high school diploma.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$185,758.14**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Department houses over 2,400 inmates from the ages 16-26. The vast majority of these inmates have not obtained a High School Equivalency or High School Diploma. This contract will provide the necessary education and tools for employment upon release from incarceration.

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

The Department is contracting with Pershing Carson City School District Adult Education to obtain the teachers required to provide educational services to the offenders. No other state agency offers this service.

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

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

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

Not Applicable

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

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

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

The Nevada Department of Education awarded the Department with the Title I-Part D Grant program funds to be used for the purpose of this contract.

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	cjacob	08/22/2023 10:37:10 AM
Division Approval	zhoeflin	11/07/2023 07:18:12 AM
Department Approval	cjacob	11/16/2023 14:06:44 PM
Contract Manager Approval	blewalle	11/16/2023 14:33:51 PM
Budget Analyst Approval	bmacke1	11/20/2023 14:26:17 PM
BOE Agenda Approval	bmacke1	11/20/2023 14:26:22 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: **28007**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>  Agency Code: <b>550</b> Appropriation Unit: <b>1362-10</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>Reddy Ice, LLC DBA Las Vegas Cold Storage</b> Contractor Name: <b>Reddy Ice, LLC DBA Las Vegas Cold Storage</b> Address: <b>PO Box 730505</b>  City/State/Zip: <b>Dallas, TX 75373</b>  Contact/Phone: <b>Brian Pearson 702-400-4792</b> Vendor No.: <b>T81010494A</b> NV Business ID: <b>NV19981309070</b>
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To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

General Funds	0.00 %	<b>X</b>	Fees	50.00 %	<b>Program</b>
<b>X</b> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 24-02

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2027**

Contract term: **3 years and 334 days**

4. Type of contract: **Contract**

Contract description: **Cold Storage Service**

5. Purpose of contract:

**This is a new contract to provide ongoing cold storage services in southern Nevada for U.S. Department of Agriculture frozen and fresh commodity foods for the National School Lunch Program, Commodity Supplemental Food Program, Child & Adult Care Food Program, and Nutrition Service Incentive Program.**

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 the Contractor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Frozen and fresh commodity foods must be stored at specific temperatures to maintain shelf-life.

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 a warehouse in the southern Nevada area with an industrial food freezer capable of housing commodity foods.

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 #: 230705**

**Approval Date: 07/24/2023**

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?

**Yes** If "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 provided service to the Nevada Department of Agriculture in 2023 and services received were satisfactory.

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

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

Not Applicable

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

LLC

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Pat Hoppe, Food and Nutrition Division Administrator Ph: 702-249-4693

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dpoppeng	10/09/2023 15:12:29 PM
Division Approval	mmarkovi	10/10/2023 12:43:51 PM
Department Approval	avigi1	10/11/2023 16:29:58 PM
Contract Manager Approval	cprasa1	10/18/2023 11:35:35 AM
Budget Analyst Approval	dspeed1	11/08/2023 17:03:18 PM
BOE Agenda Approval	vmilazz1	11/20/2023 16:19:50 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#:	2307050

**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>STATE AGENCY NAME REQUIRED:</b>	Agriculture	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Patricia Hoppe, Division Administrator</i>	<i>702-249-4693</i>	<i>pxhoppe@agri.nv.gov</i>
	<i>Cynthia Prasad, Contracts Manager</i>	<i>775-353-3629</i>	<i>c.prasad@agri.nv.gov</i>

1b	<b>Vendor Information:</b>	
	Vendor Name:	<i>Reddy Ice Corporation dba Las Vegas Cold Storage</i>
	Contact Name:	<i>Brian Pearson</i>
	<b>Complete Address:</b> City, State, and Zip Code	<i>PO Box 730505, Dallas, TX 75373</i>
	Telephone Number:	<i>702-649-8002</i>
	Email Address:	<i>bpearson@reddyice.com</i>

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

1d	<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>	#		

1e	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:
	Contract:	Start Date:	<i>Upon BOE Approval</i>	End Date: <i>12/31/2027</i>

*Rec'd 07/20/23/Auto*

<i>Purchasing Use Only:</i>	
Approval #:	230705@

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	<i>X – 50%</i>
	Grant Funds:	
	Other (Explain):	<i>X – 50% (Program Fees)</i>

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>\$200,000.00</i>

<b>2</b>	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	<i>NDA is contracting for a full-service cold storage facility in Las Vegas to store USDA commodities for our National School Lunch Program (NSLP), Commodity Supplemental Food Program (CSFP), Child &amp; Adult Care Food Program (CACFP), and Nutrition Service Incentive Program (NSIP).</i>

<b>3</b>	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<i>Reddy Ice Corporation currently provides a full-service cold storage facility for our Las Vegas (Southern) USDA programs. The vendor provides the following services: receiving commodities from USDA suppliers, pulling and loading commodities when NDA trucks arrive for weekly routes, and monthly physical inventory counts. Reddy Ice is currently the only vendor in the Las Vegas area that can provide these services for the State.</i>

<b>4</b>	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>An RFP was run for these services through the Purchasing division, RFP #55AGR-S2276. No responses were received. After this, an RFI was run by NDA through EPro, RFI #RFI23-23, to determine if the scope of the RFP could be altered to allow more vendors to respond. However, no vendors completed the RFI.</i>

Purchasing Use Only:	
Approval #:	230705(2)

	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
		X	
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>Several vendors in the Las Vegas area were notified first of RFP #55AGR-S2276 for these services, but no vendor chose to complete the RFP. After this, vendors were notified about an RFI, #RFI23-23, but no responses were received to that either.</i>		
	b. <u>If not</u> , why were alternatives not evaluated?		

6	Has the agency purchased these services/services with goods in the past? Check One:			Yes	No
	<i>NOTE: To avoid delays or your request being rejected, 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	
	a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u>				
Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
Start Date	End Date				
10/16/18	4/15/23	\$200,000.00	Cold Storage	Waiver #180902	21080
7/1/16	6/30/17	\$152,000.00	Cold Storage	Waiver #161105	18368
9/9/14	6/30/16	\$136,471.60	Cold Storage	Waiver #140601	unknown
10/11/11	6/30/13	\$150,000.00	Cold Storage	Unknown	Unknown
4/1/06	10/31/11	\$450,000.00	Cold Storage	RFP #1919	CONV5086

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<i>The service has already been competitively bid and no alternate vendor was identified. If a contract is not put in place with the current vendor, NDA will not be able to accept refrigerated or frozen commodities for federal feeding and nutrition programs administered by the state. NDA will not be able to comply with USDA requirements for establishing a contract with a cold storage vendor and ultimately, we would not be able to meet our obligations. This would create a loss of critical commodities for our department as well as the recipients who utilize these programs.</i>

<i>Purchasing Use Only:</i>	
Approval #:	230705@

8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?
	<i>An RFP was completed through the Purchasing Division, RFP #55AGR-S2276. After this, NDA completed an RFI through EPro, #RFI23-23. No applications were completed for either the RFP or the RFI.</i>

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



#230705@

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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

**Patricia Hoppe** Digitally signed by Patricia Hoppe  
Date: 2023.07.19 15:45:54 -07'00'

Signature of Agency Representative Initiating Request

Patricia Hoppe

7/19/23

Print Name of Agency Representative Initiating Request

Date

**Amara Vigil**

Digitally signed by Amara Vigil  
Date: 2023.07.19 16:21:14 -07'00'

Signature of Agency Head Authorizing Request

Amara Vigil

07/19/2023

Print Name of Agency Head Authorizing Request

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.**

Approved by:

Administrator, Purchasing Division or Designee

7/24/23

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: **28489**

Agency Name: <b>DPS-HIGHWAY PATROL</b>	Legal Entity Name: <b>CarFax, Inc.</b>
Agency Code: <b>651</b>	Contractor Name: <b>CarFax, Inc.</b>
Appropriation Unit: <b>9651-00</b>	Address: <b>5860 Trinity Parkway, Ste. 600</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>Centreville, VA 20120</b>
If "No" please explain: This is a revenue contract.	Contact/Phone: <b>Chris Marchetti 720-448-4750</b>
	Vendor No.: <b>T27043063A</b>
	NV Business ID: <b>NV20191478610</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2028</b>

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

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

Agency Reference #: **65DPS-S2410HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **Yes**

If "Yes", please explain

**DPS originally intended for the RFP and contract to be completed by November 1, 2023. However, due to contract negotiations, we were not able to complete the contract by the original deadline.**

3. Termination Date: **09/30/2027**

Contract term: **3 years and 334 days**

4. Type of contract: **Contract**

Contract description: **Online Crash Reports**

5. Purpose of contract:

**This is a new revenue contract to provide the public with ongoing paid access to Nevada Highway Patrol crash reports.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,200,000.00**

Other basis for payment: These fees are currently collected in budget account 9651 - Highway Patrol in Revenue GL 3603 - NHP Administrative Fees. The additional revenue collected by CarFax for the purchase of an online accident report will also be coded to the same fund 201, budget account 9651 and RGL 3603 which are unappropriated highway funds.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract will provide the Department of Public Safety access to information provided to CarFax from other law enforcement agencies.

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

State employees do not have access to the information needed to complete the task.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #65DPS-S2410, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/01/2023 Anticipated re-bid date: 07/01/2027

- 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 - 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:

Sabatini, Melissa, ASO I Ph: 775-684-4593

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdefe1	11/15/2023 13:45:44 PM
Division Approval	kdefe1	11/15/2023 13:45:47 PM
Department Approval	mcosenti	11/15/2023 13:48:14 PM
Contract Manager Approval	mcosenti	11/15/2023 13:48:17 PM
Budget Analyst Approval	khawkin1	11/16/2023 08:22:32 AM
BOE Agenda Approval	bmacke1	11/20/2023 10:40:02 AM
BOE Final Approval	Pending	

**Joe Lombardo**  
*Governor*



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

**George Togliatti**  
*Director*

**Sheri Brueggemann**  
*Deputy Director*

## Director's Office

555 Wright Way  
Carson City, Nevada 89711  
Telephone (775) 684-4808 - Fax (775) 684-4809

## Memorandum

DATE: October 26, 2023  
TO: Amy Stephenson, Director, Governor's Finance Office  
THRU: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office  
FROM: Curtis Palmer, DPS ASOIV Senior Fiscal Officer  
RE: Retroactive Contract

.....

Attached is a new contract between the Department of Public Safety (DPS) and CarFax.

DPS originally intended for the RFP and contract to be completed by November 1, 2023. However, due to contract negotiations, we were not able to complete the contract by the original deadline.

Based on this occurrence, DPS requests the BOE's consideration for the approval of this retroactive contract. Please contact me if you have any questions or if I can be of any assistance.

Sincerely,

Curtis Palmer, DPS ASOIV Senior Fiscal Officer

### CONTRACT SUMMARY

(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>17828</b>	Amendment Number: <b>5</b>
Agency Name: <b>DPS-GENERAL SERVICES</b>	Legal Entity Name: <b>Scott Warren Norberg dba NorSoft Consulting</b>
Agency Code: <b>655</b>	Contractor Name: <b>Scott Warren Norberg dba NorSoft Consulting</b>
Appropriation Unit: <b>4709-26</b>	Address: <b>8452 133rd Court</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Apple Valley, MN 55124</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Scott Norberg 952-997-3888</b>
	Vendor No.: <b>PUR0000536</b>
	NV Business ID: <b>NV20101419648</b>

To what State Fiscal Year(s) will the contract be charged? **2017-2025**

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 % Repository</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 **09/13/2016**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **12/31/2023**

Termination Date:

Contract term: **8 years and 111 days**

4. Type of contract: **Contract**

Contract description: **Technology/Software**

5. Purpose of contract:

**This is the fifth amendment to the original contract which provides ongoing software support and maintenance services for software systems operated by the Nevada Criminal History Repository. This amendment extends the termination date from December 31, 2023 to December 31, 2024 and increases the maximum amount from \$3,699,355 to \$4,265,775 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,866,260.00	\$1,866,260.00	\$1,866,260.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$1,024,276.00	\$1,024,276.00	\$1,024,276.00	Yes - Action
d. Amendment 4:	\$808,819.00	\$808,819.00	\$808,819.00	Yes - Action
2. Amount of current amendment (#5):	\$566,420.00	\$566,420.00	\$566,420.00	Yes - Action
3. New maximum contract amount:	\$4,265,775.00			
and/or the termination date of the original contract has changed to:	12/31/2024			

## II. JUSTIFICATION

7. What conditions require that this work be done?

Maintenance and enhancements are necessary to the JusticeLink and CHR Accounting software (proprietary to NorSoft Consulting) in order for the Department of Public Safety to remain compliance with all statutory requirements.

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

The State of Nevada does not have any employees with the ability to complete the required work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 519**

**Approval Date: 09/26/2023**

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

This is for ongoing maintenance and support that was originally contemplated in the initial purchase of the system. Per State Purchasing, no solicitation is required.

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 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	jkolenut	10/17/2023 08:15:35 AM
Division Approval	thick2	10/20/2023 14:30:47 PM
Department Approval	mcosenti	10/31/2023 16:02:19 PM
Contract Manager Approval	mcosenti	10/31/2023 16:02:29 PM
EITS Approval	ljean	11/01/2023 08:05:35 AM
Budget Analyst Approval	khawkin1	11/02/2023 10:51:37 AM
BOE Agenda Approval	bmacke1	11/09/2023 16:16:09 PM

**Joe Lombardo**  
Governor



**Timothy D. Galluzi**  
State Chief Information Officer

**Darla J. Dodge**  
Deputy CIO- COO

**David 'Ax' Axtell**  
Deputy CIO - CTO

**Robert "Bob" Dehnhardt**  
Deputy CIO - CISO

**STATE OF NEVADA**  
**GOVERNOR'S OFFICE**  
*Office of the Chief Information Officer*  
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:** Erica Souza, Administrator, RCCD, DPS  
Tom Dorsey, IT Manager III, RCCD, DPS  
Jason Kolenut, Administrative Services Officer III, RCCD, DPS  
Brett Patterson, Business Process Analyst III, RCCD, DPS

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
Jason Benshoof, Support Services Unit, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

**FROM:** Lisa Jean, TIN Administrator, OCIO

**SUBJECT:** TIN Completion Memo – RCCD – TIN 762 – *NorSoft - Continued Maintenance* – BA 4709

**DATE:** September 6, 2023

We have completed our review for the Department of Public Safety (DPS); Records, Communications, and Compliance Division's (RCCD) – *NorSoft - Continued Maintenance* – TIN 762.

The submitted TIN, for an estimated value of \$566,420.00 in the FY24/FY25 biennium (100% State Fees), is to amend an existing NorSoft contract for continued maintenance to include the FY24/FY25 biennium.

The agency's overall urgency to extend this high value contract is to ensure improved processing and data management, as the investment directly impacts the security and/or privacy of state-held information.



The agency considers the investment to have a low overall security risk; however, the solution includes custom developed software. This custom-developed software solution was implemented to address unique requirements and challenges. While a custom solution may be necessary, it inherently introduces certain cybersecurity risks. The security of state-held information may be at risk of being compromised due to various factors such as insufficient code reviews, inadequate encryption mechanisms, and lack of secure development practices. Additionally, when software is developed in-house or by third-party contractors, there may be limited availability of timely security updates, thereby leaving the system vulnerable to emerging threats. The absence of standardized security protocols can also result in inconsistent application of security measures, making it difficult to maintain a cohesive cybersecurity posture. Thus, it is crucial for the agency to recognize and address these risks through rigorous security assessments, code audits, and continuous monitoring to ensure the protection of sensitive state-held information.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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:	<b>23629</b>	Amendment Number:	<b>2</b>
Agency Name:	<b>DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE</b>	Legal Entity Name:	Scott Warren Norberg dba NorSoft Consulting
Agency Code:	<b>655</b>	Contractor Name:	<b>Scott Warren Norberg dba NorSoft Consulting</b>
Appropriation Unit:	<b>4709-22</b>	Address:	<b>8452 133rd Court</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Apple Valley, MN 55124</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Norberg 952-997-3888
		Vendor No.:	NV201014196
		NV Business ID:	NV20101419648

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

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

Agency Reference #: NCJIS Mod/JLink PhaseOut

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2020**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **4 years and 52 days**

4. Type of contract: **Contract**

Contract description: **NCJIS/JLink PhaseOut**

5. Purpose of contract:

**This is the second amendment to the original contract which provides ongoing consulting services and exit planning for the update and replacement of the Nevada Criminal Justice Information System. This amendment extends the termination date from June 30, 2024 to December 31, 2024 and increases the maximum amount from \$1,000,000 to \$1,108,000 due to an increase of maintenance services.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$108,000.00	\$108,000.00	\$108,000.00	Yes - Action
3. New maximum contract amount:	\$1,108,000.00			
and/or the termination date of the original contract has changed to:	12/31/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The software is proprietary and the vendor's services and expertise are a required component for the successful implementation of the NCJIS Modernization Program.

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

State employees are not skilled in the proprietary software.

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 #: 200403**

**Approval Date: 04/21/2020**

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 successfully performed in multiple contracts with the Department of Public Safety since 1999.

14. Is the contractor currently involved in litigation with the State 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	jkolenut	10/17/2023 08:15:53 AM
Division Approval	thick2	10/20/2023 14:38:28 PM

Department Approval	mcosenti	10/31/2023 15:26:23 PM
Contract Manager Approval	mcosenti	10/31/2023 15:26:28 PM
EITS Approval	ljean	11/01/2023 08:05:08 AM
Budget Analyst Approval	khawkin1	11/02/2023 11:21:31 AM
BOE Agenda Approval	bmacke1	11/20/2023 11:56:43 AM



**STATE OF NEVADA**  
**GOVERNOR'S OFFICE**  
*Office of the Chief Information Officer*  
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:** Erica Souza, Administrator, RCCD, DPS  
Jason Kolenut, Administrative Services Officer III, RCCD, DPS  
Tom Dorsey, IT Manager III, RCCD, DPS  
Brett Patterson, Business Process Analyst III, RCCD, DPS

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

**FROM:** Lisa Jean, TIN Administrator, OCIO

**SUBJECT:** TIN Completion Memo – RCCD– TIN 764 – *Norsoft-NCJIS Mod* – BA 4709

**DATE:** September 18, 2023

We have completed our review for the Department of Public Safety (DPS), Records, Communications, and Compliance Division's (RCCD) – *Norsoft-NCJIS Mod* – TIN 764.

The submitted TIN, for an estimated value of \$108,000.00 in the FY24/FY25 biennium (90% Program Fees and 10% General Fund), is for Norsoft contract renewal through December 31, 2024.

The agency considers the investment to have a moderate overall security risk; however, the solution includes custom developed software. This custom-developed software solution was implemented to address unique requirements and challenges. While a custom solution may be necessary, it inherently introduces certain cybersecurity risks. The security of state-held information may be at risk of being compromised due to various factors such as insufficient code reviews, inadequate encryption

mechanisms, and lack of secure development practices. Additionally, when software is developed in-house or by third-party contractors, there may be limited availability of timely security updates, thereby leaving the system vulnerable to emerging threats. The absence of standardized security protocols can also result in inconsistent application of security measures, making it difficult to maintain a cohesive cybersecurity posture. Thus, it is crucial for the agency to recognize and address these risks through rigorous security assessments, code audits, and continuous monitoring to ensure the protection of sensitive state-held information.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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: **28345**

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: Bureau of Land Management  
Contractor Name: **Bureau of Land Management**  
Address: **1340 Financial Blvd.**  
City/State/Zip: **Reno, NV 89502**  
Contact/Phone: 775-861-6742  
Vendor No.: T80964941  
NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 % Revenue</b>

Agency Reference #: 24R-02

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2024**

Contract term: **303 days**

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

Contract description: **Washburn Creek Fence**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide construction of a four-strand barbed wire fence at Washburn and Riser Creeks to protect Lahontan Cutthroat Trout habitat on Bureau of Land Management property.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$680,724.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The existing fence is in degraded and non-functional condition, it needs to be fully replaced to protect riparian habitat and exclude livestock, horses, etc. from degrading the existing habitat.

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

NDOW does not have the capacity or technical skills to complete this work. An NDOW contract was established with fence contractors to complete various fencing projects on behalf of NDOW.

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:

Katie Andrle, Biologist 4 Ph: 775-688-1145

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	11/06/2023 08:05:08 AM
Division Approval	cbalcon	11/06/2023 08:12:11 AM
Department Approval	jneubau2	11/06/2023 08:26:10 AM
Contract Manager Approval	jwilkin3	11/06/2023 08:39:57 AM
Budget Analyst Approval	dspeed1	11/09/2023 18:04:19 PM
BOE Agenda Approval	vmilazz1	11/20/2023 16:05:37 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28367**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: Nevada Department of Education
Agency Code: <b>902</b>	Contractor Name: <b>Nevada Department of Education</b>
Appropriation Unit: <b>4770-12</b>	Address: <b>700 E Fifth Street</b>
Is budget authority available?: <b>No</b>	<b>Suite 105</b>
If "No" please explain: Contingent upon the approval of DETR WP#C66400; relates to NDE WP#C66359.	City/State/Zip: <b>Carson City, NV 89701</b>
	Contact/Phone: Jhone M Ebert 775-687-9921
	Vendor No.:
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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 % Wage Assessment - Career Enhancement Program</b>

Agency Reference #: 3799-24-ESD

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **211 days**

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

Contract description: **Teacher Intern**

5. Purpose of contract:

**This is a new interlocal agreement to provide funding assistance to students to assist them in obtaining educational licensure. This interlocal agreement is contingent upon approval of work program #C66359.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,108,801.00**

Payment for services will be made at the rate of \$1,108,801.00 per null

Other basis for payment: As invoiced and approved by the state.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

CEP funding was implemented to assist unemployed and underemployed for specialized training projects for occupational categories determined to be in high-growth, high-demand occupations, and emerging industries in Nevada.

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

Agency does not have the skill or expertise necessary for this project.

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

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

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

Not Applicable

b. Solicitation Waiver: **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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	10/20/2023 09:34:28 AM
Division Approval	sterr2	10/20/2023 09:56:48 AM
Department Approval	sterr2	10/20/2023 09:56:51 AM
Contract Manager Approval	wcune1	10/20/2023 10:58:19 AM
Budget Analyst Approval	vfajota	11/06/2023 11:15:14 AM
BOE Agenda Approval	mranki1	11/07/2023 10:32:36 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28383**

Agency Name: **DETR - EMPLOYMENT SECURITY**  
Agency Code: **902**  
Appropriation Unit: **4772-04**

Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: Xcel Maintenance Services, Inc.  
Contractor Name: **Xcel Maintenance Services, Inc.**  
Address: **7260 W Azure Dr, PMB 108**  
City/State/Zip: **LAS VEGAS, NV 89130-7999**  
Contact/Phone: 702/341-9235  
Vendor No.: T81103343  
NV Business ID: NV20021426879

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>3.00 % WORKFORCE</b>
<b>X</b> Federal Funds	<b>78.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>19.00 % COST ALLOCATION</b>

Agency Reference #: RFP # 90DETR-S2443 TB DETR # 3802-28-OM

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2027**

Contract term: **3 years and 334 days**

4. Type of contract: **Contract**

Contract description: **Janitorial St Louis**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$489,020.00**

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 Department needs these services to keep the facility clean and meet state, federal and local health and safety codes.

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 equipment to perform this work.

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

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

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

Best Janitorial Services of NV  
Xcel  
SCC Janitorial Solutions

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #90DETR-S2443, and in accordance with NRS 333, the selected vendor was only responsive proposal received. The proposal we reviewed and deemed acceptable by an independently appointed evaluation committee.

d. Last bid date: 08/23/2023 Anticipated re-bid date: 08/23/2027

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 services to the following agencies:  
Dept of Admin Public Works 2006-Present  
DMV Decatur Office 2006-Present  
DMV Flamingo Office 2009-Present  
DETR 2006-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:  
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	athomps8	11/20/2023 11:59:15 AM
Division Approval	scas1	11/20/2023 12:04:07 PM
Department Approval	scas1	11/20/2023 12:04:10 PM
Contract Manager Approval	dmetcalf	11/20/2023 13:08:21 PM
Budget Analyst Approval	twollan1	11/20/2023 13:15:58 PM
BOE Agenda Approval	mranki1	11/20/2023 13:39:52 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	AUSTIN MAJOR GROUP, LLC	OTHER: VARIOUS AGENCIES	\$4,800,000	
	Contract Description:	This is a new contract to provide ongoing acute medical, applied behavioral analysis, mental health, medical, ophthalmology, pediatric, psychiatry, radiology, social worker, and substance abuse counseling services.				
		Term of Contract:	Upon Approval - 11/30/2027	Contract # 28435		
2.		VARIOUS STATE AGENCIES	OCCUPATIONAL HEALTH CENTERS OF THE SOUTHWEST, P.A. DBA CONCENTRA MEDICAL CENTERS	OTHER: VARIOUS AGENCIES	\$7,000,000	
	Contract Description:	This is a new contract to provide ongoing occupational health services for police officers and firefighters.				
		Term of Contract:	01/01/2024 - 12/31/2028	Contract # 28484		
3.		VARIOUS STATE AGENCIES	RHENRY CORPORATION, LLC DBA LEINOVA CARE	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangement services.				
		Term of Contract:	Upon Approval - 11/30/2027	Contract # 28454		
4.		VARIOUS STATE AGENCIES	ROYAL HEIGHTS, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive services for the blind and visually impaired.				
		Term of Contract:	Upon Approval - 11/30/2027	Contract # 28438		
5.		VARIOUS STATE AGENCIES	SILVER TOWN INCORPORATED DBA NEW LIFE ADULT DAY HEALTH CARE	OTHER: VARIOUS AGENCIES	\$5,700,000	
	Contract Description:	This is a new contract to provide ongoing adult daycare, community-based living arrangements, and respite care services.				
		Term of Contract:	Upon Approval - 11/30/2027	Contract # 28440		
6.		VARIOUS STATE AGENCIES	SPRING VALLEY ASSISTED LIVING, INC. DBA DESERT SPRINGS SENIOR LIVING	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living services.				
		Term of Contract:	Upon Approval - 11/30/2027	Contract # 28470		

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.		VARIOUS STATE AGENCIES	THOMAS BEHAVIORAL HEALTH, P.C.	OTHER: VARIOUS AGENCIES	\$6,400,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, counseling, mental health, psychology, and substance abuse counseling services.				
	Term of Contract:	Upon Approval - 11/30/2027	Contract # 28443			
8.		VARIOUS STATE AGENCIES	TRIFECTA TEAM JASA PLLC DBA REACHING FOR THE SKY ABA	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
	Term of Contract:	Upon Approval - 11/30/2027	Contract # 28447			
9.		VARIOUS STATE AGENCIES	WHITE PINE COUNTY HOSPITAL DISTRICT DBA WILLIAM BEE RIRIE HOSPITAL	OTHER: VARIOUS AGENCIES	\$1,500,000	Exempt
	Contract Description:	This is a new contract to provide ongoing occupational health services for police officers and firefighters.				
	Term of Contract:	01/01/2024 - 12/31/2028	Contract # 28369			

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28435**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Austin Major Group, LLC
Agency Code: <b>MSA</b>	Contractor Name: <b>Austin Major Group, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>1900 Kirkwood Boulevard Suite 2800 C</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Southlake, TX 76092</b>
If "No" please explain: Not Applicable	Contact/Phone: Austin Sifuentes 214-396-6047
	Vendor No.: PENDING
	NV Business ID: NV20232935839

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

Agency Reference #: S1737-RV VQ14488

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing acute medical, applied behavioral analysis, mental health, medical, ophthalmology, pediatric, psychiatry, radiology, social worker, and substance abuse counseling services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,800,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? **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?

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	ldeloach	11/07/2023 13:11:02 PM
Division Approval	ldeloach	11/07/2023 13:11:07 PM
Department Approval	ldeloach	11/07/2023 13:11:12 PM
Contract Manager Approval	ascaffid	11/07/2023 13:45:22 PM
Budget Analyst Approval	Iramire7	11/14/2023 13:48:54 PM
BOE Agenda Approval	stilley	11/17/2023 14:16:26 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: **28484**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Occupational Health Centers of the Southwest, P.A. DBA Concentra Medical Centers
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Occupational Health Centers of the Southwest, P.A. DBA Concentra Medical Centers</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>5080 Spectrum Dr, Suite 1200W</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>ADDISON, TX 75001</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Andrew Klein 702-575-0847
		Vendor No.:	T81102374B
		NV Business ID:	NV19941091460

To what State Fiscal Year(s) will the contract be charged? **2024-2029**

What is the source of funds that will be used to pay the contractor? Indicate the 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-S2474 JS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2028**

Contract term: **5 years and 1 day**

4. Type of contract: **MSA**

Contract description: **Physicals**

5. Purpose of contract:

**This is a new contract to provide ongoing statewide occupational health services for police officers and firefighters.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$7,000,000.00**

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?

NRS 617.455 and NRS 617.457 require named Police Officers and Firefighters identified in NRS 617.135 to have annual physicals to qualify for Heart and Lung Benefits. The same Officers are required to have annual physicals as part of their job requirements.

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

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

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

Was the solicitation (RFP) done by the Purchasing Division? **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 99SWC-S2474 and in accordance with NRS 333, the selected vendor had the only proposal for the Ely region.

d. Last bid date: 10/02/2023 Anticipated re-bid date: 07/01/2028

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-Risk Management-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	Ideloach	11/08/2023 10:55:42 AM
Division Approval	Ideloach	11/08/2023 10:55:46 AM
Department Approval	Ideloach	11/08/2023 10:55:49 AM
Contract Manager Approval	jsmedes	11/17/2023 13:40:06 PM
Budget Analyst Approval	Iramire7	11/20/2023 13:51:26 PM
BOE Agenda Approval	stilly	11/20/2023 14:08:22 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: **28454**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Rhenry Corporation, LLC DBA Leinova Care
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Rhenry Corporation, LLC DBA Leinova Care</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>5038 Ada Drive</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89122</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Lea'Brea Fletcher 702-418-9352
		Vendor No.:	T29047814
		NV Business ID:	NV20212232157

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

Agency Reference #: S1737-RV VQ14373

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing community-based living arrangement services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

Was the solicitation (RFP) done by the Purchasing 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?

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	ldeloach	11/07/2023 12:37:28 PM
Division Approval	ldeloach	11/07/2023 12:37:31 PM
Department Approval	ldeloach	11/07/2023 12:37:34 PM
Contract Manager Approval	ascaffid	11/07/2023 13:46:44 PM
Budget Analyst Approval	Iramire7	11/17/2023 14:36:51 PM
BOE Agenda Approval	stilley	11/20/2023 11:08:27 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28438**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Royal Heights, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Royal Heights, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>PO Box 10022</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89510</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Alex Lapasaran 775-530-9328</b>
	Vendor No.: <b>T32007114</b>
	NV Business ID: <b>NV20121035951</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

Agency Reference #: **S1737-RV VQ14380**

2. Contract start date:

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

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing supportive services for the blind and visually impaired.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

Was the solicitation (RFP) done by the Purchasing 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?

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	ldeloach	11/07/2023 13:07:47 PM
Division Approval	ldeloach	11/07/2023 13:07:57 PM
Department Approval	ldeloach	11/07/2023 13:08:01 PM
Contract Manager Approval	ascaffid	11/07/2023 13:47:16 PM
Budget Analyst Approval	Iramire7	11/17/2023 14:16:13 PM
BOE Agenda Approval	stilley	11/20/2023 11:09:53 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: **28440**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Silver Town Incorporated DBA New Life Adult Day Health Care
Agency Code: <b>MSA</b>	Contractor Name: <b>Silver Town Incorporated DBA New Life Adult Day Health Care</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>5540 Spring Mountain Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89146</b>
If "No" please explain: Not Applicable	Contact/Phone: Howard Chin 702-365-8882
	Vendor No.: T27014979
	NV Business ID: NV20051547064

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

Agency Reference #: S1737-RV VQ14391

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing adult daycare, community-based living arrangements, and respite care services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,700,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

Was the solicitation (RFP) done by the Purchasing 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?

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	ldeloach	11/07/2023 13:03:17 PM
Division Approval	ldeloach	11/07/2023 13:03:26 PM
Department Approval	ldeloach	11/07/2023 13:03:34 PM
Contract Manager Approval	ascaffid	11/07/2023 13:47:47 PM
Budget Analyst Approval	Iramire7	11/14/2023 13:53:05 PM
BOE Agenda Approval	stilley	11/17/2023 14:20:14 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28470**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Spring Valley Assisted Living, Inc. DBA Desert Springs Senior Living
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Spring Valley Assisted Living, Inc. DBA Desert Springs Senior Living</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>6650 W. Flamingo Road</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89103</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Marcus Pegross 702-757-8254
		Vendor No.:	T29045863
		NV Business ID:	NV20111147218

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

Agency Reference #: S1737-RV VQ12978

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing assisted living services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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?

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	ldeloach	11/07/2023 12:27:09 PM
Division Approval	ldeloach	11/07/2023 12:27:11 PM
Department Approval	ldeloach	11/07/2023 12:27:14 PM
Contract Manager Approval	ascaffid	11/07/2023 14:17:55 PM
Budget Analyst Approval	Iramire7	11/17/2023 14:35:00 PM
BOE Agenda Approval	stilley	11/20/2023 11:06:43 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28443**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Thomas Behavioral Health, P.C.
Agency Code: <b>MSA</b>	Contractor Name: <b>Thomas Behavioral Health, P.C.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>3172 North Rainbow Boulevard #1466</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89108</b>
If "No" please explain: Not Applicable	Contact/Phone: Dr. Kelly Thomas, PsyD 702-626-0941
	Vendor No.: T29047744
	NV Business ID: NV20232868521

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

Agency Reference #: S1737-RV VQ14333

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing behavioral support, case management, counseling, mental health, psychology, and substance abuse counseling services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,400,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

Was the solicitation (RFP) done by the Purchasing 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?

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

Not Applicable

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

**No** If "Yes", please provide details of the litigation 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	ldeloach	11/07/2023 12:43:52 PM
Division Approval	ldeloach	11/07/2023 12:43:56 PM
Department Approval	ldeloach	11/07/2023 12:44:01 PM
Contract Manager Approval	ascaffid	11/07/2023 13:48:45 PM
Budget Analyst Approval	Iramire7	11/14/2023 13:40:48 PM
BOE Agenda Approval	stilley	11/17/2023 14:04:17 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28447**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Trifecta Team Jasa PLLC DBA Reaching for the Sky ABA
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Trifecta Team Jasa PLLC DBA Reaching for the Sky ABA</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>10618 Arundel Avenue</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89135</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Rebecca Raynoha 702-277-9959
		Vendor No.:	T29047821
		NV Business ID:	NV20232720290

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

Agency Reference #: S1737-RV VQ14417

2. Contract start date:

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

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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?

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	ldeloach	11/07/2023 12:40:20 PM
Division Approval	ldeloach	11/07/2023 12:40:28 PM
Department Approval	ldeloach	11/07/2023 12:40:37 PM
Contract Manager Approval	ascaffid	11/07/2023 13:50:47 PM
Budget Analyst Approval	Iramire7	11/14/2023 13:42:00 PM
BOE Agenda Approval	stilley	11/17/2023 14:06:45 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: **28369**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	White Pine County Hospital District DBA William Bee Ririe Hospital
Agency Code:	<b>MSA</b>	Contractor Name:	<b>White Pine County Hospital District DBA William Bee Ririe Hospital</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>1500 Ave H</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip	<b>ELY, NV 89301</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Matthew Walker 775-289-1429
		Vendor No.:	T11198400A
		NV Business ID:	NV20151425136

To what State Fiscal Year(s) will the contract be charged? **2024-2029**

What is the source of funds that will be used to pay the contractor? Indicate the 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-S2474 JS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2028**

Contract term: **5 years and 1 day**

4. Type of contract: **MSA**

Contract description: **Physicals**

5. Purpose of contract:

**This is a new contract to provide ongoing occupational health services for police officers and firefighters.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00**

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?

NRS 317.455 and NRS 617.457 require named Police Officers and Firefighters identified in NRS 617.135 to have annual physicals to qualify for Heart and Lung Benefits. The same Officers are required to have annual physicals as part of their job requirements.

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):

ARC Health & Wellness  
Concentra Medical Centers  
William Bee Ririe Hospital  
Mobile-Med Work Health Solutions, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 99SWC-S2474 and in accordance with NRS 333, the selected vendor had the only proposal for the Ely region.

d. Last bid date: 10/02/2023 Anticipated re-bid date: 07/01/2028

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-Risk Malmanagement-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	ldeloach	10/30/2023 10:15:35 AM
Division Approval	ldeloach	10/30/2023 10:15:38 AM
Department Approval	ldeloach	10/30/2023 10:15:41 AM
Contract Manager Approval	jsmedes	11/08/2023 10:19:45 AM
Budget Analyst Approval	mbro28	11/17/2023 14:41:02 PM
BOE Agenda Approval	stilley	11/20/2023 16:41:07 PM
BOE Final Approval	Pending	



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	LAWRENCE MACDONNELL	OTHER: COST ALLOCATION	\$75,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing expert witness assistance.				
		Term of Contract:	10/02/2023 - 12/31/2025	Contract # 28398		
2.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	MCCORMICK BARSTOW, LLP	OTHER: COST ALLOCATION	\$13,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides outside counsel to various current and former Department of Corrections employees. This amendment increases the maximum amount from \$35,000 to \$48,000 due to a correction of the assigned case.				
		Term of Contract:	10/25/2022 - 12/31/2023	Contract # 26934		
3.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	CITY OF LAS VEGAS	FEE: REVENUE	\$40,755	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing revenue for the Automated Victim Information and Notification System.				
		Term of Contract:	07/01/2023 - 06/30/2025	Contract # 28402		
4.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	CLARK COUNTY	FEE: REVENUE	\$91,700	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing revenue for the Automated Victim Information and Notification System.				
		Term of Contract:	07/01/2023 - 06/30/2025	Contract # 28401		
5.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	MICHAEL MORENO	OTHER: TORT CLAIMS	\$25,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing expert witness assistance.				
		Term of Contract:	11/03/2023 - 06/30/2025	Contract # 28234		
6.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	WSD DIGITAL, LLC DBA REFRAME ENGAGE	GENERAL	\$12,000	
	Contract Description:	This is the second amendment to the original contract which provides a web-based citizen engagement platform that facilitates appointment scheduling, context-based service delivery, and scheduled remote assistance. This amendment extends the termination date from October 31, 2023 to November 1, 2024 and increases the maximum amount from \$36,000 to 48,000 due to the continued need for these services.				
		Term of Contract:	11/09/2020 - 11/01/2024	Contract # 23717		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	050	TREASURER'S OFFICE - BOND INTEREST AND REDEMPTION	ARBITRAGE COMPLIANCE SPECIALISTS, INC.	OTHER: CONSOLIDATED BOND DEBT SERVICE	\$24,999	
	Contract Description:	This is a new contract to provide assistance in compliance with Internal Revenue Service requirements related to bond and note issuance.				
		Term of Contract:	10/30/2023 - 12/31/2025	Contract # 28106		
8.	060	CONTROLLER'S OFFICE	VERTIV CORPORATION	GENERAL	\$86,363	Sole Source
	Contract Description:	This is a new contract to provide ongoing annual preventative maintenance and remote monitoring services for the uninterruptible power system.				
		Term of Contract:	09/01/2023 - 08/31/2027	Contract # 28129		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ACE FIRE SYSTEMS, LLC	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$73,060	
	Contract Description:	This is a new contract to provide replacement of the fire alarm panel at the Decatur Department of Motor Vehicles location in Las Vegas.				
		Term of Contract:	11/20/2023 - 06/19/2024	Contract # 28342		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	PAR-3 LANDSCAPE & MAINTENANCE, INC.	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$64,515	
	Contract Description:	This is a new contract to provide ongoing landscaping services for the Churchill Building, Lander Building, Lincoln Building, and White Pine Building at the McCarran Center located in Las Vegas.				
		Term of Contract:	11/01/2023 - 04/30/2025	Contract # 28238		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	PREVENTIVE PEST CONTROL LAS VEGAS, LLC	OTHER: BUILDINGS AND GROUNDS RENT INCOME	\$33,284	
	Contract Description:	This is a new contract to provide ongoing pest control services for the Lander Building, Mineral Building, Eureka Building, Lincoln Building, White Pine Building, Churchill Building, Nevada Building, and Washoe Building at the McCarran Center located in Las Vegas.				
		Term of Contract:	11/13/2023 - 10/02/2025	Contract # 28303		

# 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 - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS	GENERAL	\$95,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Southern Nevada Child and Adolescent Services - Install Surveillance Cameras CIP Project to include design development, construction documents, plan checking, bidding, and construction administration services for the design and construction of a surveillance system at Buildings 7 through 14, and 16, including fixed cameras and digital storage to retain images for future use: CIP Project No. 23-M02-08; SPWD Contract No. 115675.				
	Term of Contract:	11/15/2023 - 06/30/2027	Contract # 28084			
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	PETTY & ASSOCIATES, INC.	GENERAL 26% BONDS 74%	\$59,400	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Youth Training Center - Exhaust Fan Replacement and the Direct Digital Control System Upgrade CIP Projects to include mechanical and electrical engineering and bidding services for the replacement of exhaust fans in the dormitories and classrooms, and to complete the replacement of the direct digital control system for the entire campus including heating, ventilation, and air conditioning control work at the Frontier/Adventure, Dormitory, Multipurpose, Warehouse, and Industrial Buildings: CIP Project Nos. 23-M02-10 and 21-M02-28; SWPD Contract No. 115839.				
	Term of Contract:	11/02/2023 - 06/30/2025	Contract # 28207			
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS - NON-EXEC	ETCHEMENDY ENGINEERING, INC. P.C.	GENERAL	\$88,280	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center Regional Medical Facility - Boiler Plant Renovation CIP Project to include structural, architectural, and electrical design services, construction documents, and construction administration services for the replacement of boilers, water heater, pumps, piping, and associated temperature controls: CIP Project No. 23-M24; SPWD Contract No. 115861.				
	Term of Contract:	11/02/2023 - 06/30/2027	Contract # 28217			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD. DBA TSK	HIGHWAY	\$60,623	Professional Service
	Contract Description:	This is the fourth amendment to the original contract which provides professional architectural/engineering services for the Silverado Ranch Department of Motor Vehicles - Advance Planning CIP Project: CIP Project No. 21-P06; SPWD Contract No. 114488. This amendment increases the maximum amount from \$4,065,800 to \$4,126,423 due to additional civil engineering, surveying, and design services.				
	Term of Contract:	11/09/2021 - 06/30/2025	Contract # 25018			
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	KNIT	GENERAL	\$26,200	Professional Service
	Contract Description:	This is a new contract to provide professional architectural engineering services for the Southern Nevada State Veterans Home - Walk-in Cooler and Freezer Replacement CIP Project to include schematic design, design development, contract documents, bidding, and construction administration services for the replacement of the walk-in cooler and the walk-in freezer: CIP Project No. 23-M09; SWPD Contract No. 115840.				
	Term of Contract:	11/13/2023 - 06/30/2027	Contract # 28230			
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	JVC ASSOCIATES, INC. DBA JVC ARCHITECTS	GENERAL	\$60,900	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - ADA Upgrades Building 1309 CIP Project to include design services, construction documents, bidding, and construction administration services for the remodel of restrooms, kitchen, door hardware, thresholds and casework alterations, and appliances: CIP Project No. 23-S02-(1); SPWD Contract No. 115874.				
	Term of Contract:	11/13/2023 - 06/30/2027	Contract # 28295			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	RESOURCE CONCEPTS, INC.	HIGHWAY	\$17,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Carson City Department of Motor Vehicles - Pavement Preservation CIP Project to include design development, construction drawings, bid documents, and construction administration services for repairs to slurry, cracks in the pavement, striping, and replacement of parking blocks and patching: CIP Project No. 23-S05h(5); SPWD Contract No. 115844.				
	Term of Contract:	11/09/2023 - 06/30/2027	Contract # 28242			
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	TANEY ENGINEERING, LLC	HIGHWAY	\$29,950	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Decatur Department of Motor Vehicles - Motorcycle Test Pad Upgrade CIP Project to include civil engineering plans, bid documents, bidding assistance, construction administration, record drawings, and a topographic survey for the replacement of the existing asphalt pavement surface in the motorcycle test course with a reinforced concrete surface: CIP Project No. 23-S05h(6); SPWD Contract No. 115842.				
	Term of Contract:	11/06/2023 - 06/30/2027	Contract # 28213			
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	PAUL CAVIN ARCHITECT, LLC	OTHER: AGENCY FUNDED CIP	\$16,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Nevada Air National Guard - Building 4 Demolition CIP Project to include construction drawings and schematic design services for the demolition of Building 4, including the removal of all utilities, which will be demolished back to the source or abandoned and capped underground and marked: CIP Project No. 23-A024; SPWD Contract No. 115767.				
	Term of Contract:	11/06/2023 - 06/30/2025	Contract # 28221			
21.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	VICTORIA OLDENBURG DBA OLDENBURG LAW OFFICE	OTHER: WORKERS COMP/FEES FOR SERVICES	\$40,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing appeals officer services.				
	Term of Contract:	09/01/2023 - 08/31/2025	Contract # 28271			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	YAN KENYON, LLC	OTHER: WORKER'S COMP/CHARGES FOR SERVICES	\$40,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing appeals officer services. Term of Contract: 09/01/2023 - 08/31/2025 Contract # 27850				
23.	130	DEPARTMENT OF TAXATION	ALL OUT MOVERS, LLC	GENERAL	\$25,000	
	Contract Description:	This is a new contract to provide moving services. Term of Contract: 11/14/2023 - 06/30/2024 Contract # 28380				
24.	130	DEPARTMENT OF TAXATION	RS CONSULTING SERVICES, LLC	GENERAL	\$29,125	
	Contract Description:	This is a new contract to provide website development services. Term of Contract: 11/20/2023 - 06/30/2024 Contract # 28410				
25.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - COMPUTER FACILITY	TRANE U.S., INC.	OTHER: ASSESSMENTS	\$49,892	
	Contract Description:	This is the first amendment to the original contract which provides ongoing repair and maintenance services for the chillers, cooling towers, water pumps, and compressors. This amendment increases the maximum amount from \$37,015 to \$86,907 to complete needed repairs on equipment. Term of Contract: 11/30/2021 - 10/15/2025 Contract # 25039				
26.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - NETWORK TRANSPORT SERVICES	COMMNET OF NEVADA, LLC	FEE: REVENUE	\$10,696	
	Contract Description:	This is the first amendment to the original revenue contract which provides ongoing rack space at Austin Summit in Lander County. This amendment increases the maximum amount from \$59,553.28 to \$70,249.14 due to a rate increase. Term of Contract: 07/01/2021 - 06/30/2025 Contract # 24616				
27.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - NETWORK TRANSPORT SERVICES	COMMNET OF NEVADA, LLC	FEE: REVENUE	\$10,696	
	Contract Description:	This is the first amendment to the original revenue contract which provides ongoing rack space at Prospect Peak in Eureka County. This amendment increases the maximum amount from \$59,553.28 to \$70,249.14 due to a rate increase. Term of Contract: 07/01/2021 - 06/30/2025 Contract # 24584				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.	180	OFFICE OF THE CHIEF INFORMATION OFFICER - NETWORK TRANSPORT SERVICES	NOAA NATIONAL WEATHER SERVICE	OTHER: REVENUE	\$28,960	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide rack space at Cave Mountain in White Pine County, Prospect Peak in Eureka County, TV Hill in Mineral County, Winnemucca Mountain in Humboldt County, and Brock Mountain in Nye County.				
		Term of Contract:	11/14/2023 - 06/30/2024	Contract # 28332		
29.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	CASHMAN EQUIPMENT COMPANY	OTHER: PRIVATE/COUNTY 35% FEDERAL 65%	\$13,330	
	Contract Description:	This is a new contract to provide ongoing emergency generator maintenance and testing.				
		Term of Contract:	10/26/2023 - 09/30/2026	Contract # 28389		
30.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	CORTAC GROUP, INC.	FEDERAL	\$98,450	Professional Service
	Contract Description:	This is a new contract to provide a software solution for subgrant transactions and state and federal reporting requirements.				
		Term of Contract:	11/06/2023 - 01/17/2024	Contract # 28388		
31.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	TRUED CONSULTING, LLC	FEDERAL	\$40,000	
	Contract Description:	This is the first amendment to the original contract which provides planning and administration for a consolidated financial management system. This amendment extends the termination date from December 31, 2023 to December 31, 2024 and increases the maximum amount from \$495,000 to \$535,000 due to the continued need for these services.				
		Term of Contract:	06/13/2023 - 12/31/2024	Contract # 27580		
32.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	MINERAL COUNTY LIBRARY	OTHER: REVENUE	\$23,200	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27996		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	332	DEPARTMENT OF ADMINISTRATION - STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - LIBRARY COOPERATIVE	TONOPAH LIBRARY DISTRICT	OTHER: REVENUE	\$14,300	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing membership to the Nevada Library Cooperative.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28001		
34.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	ALARMCO, INC.	GENERAL 52% FEDERAL 48%	\$14,680	
	Contract Description:	This is a new contract to provide ongoing burglar and fire alarm monitoring services.				
		Term of Contract:	01/01/2024 - 12/31/2027	Contract # 28357		
35.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	AIRBORNE WILDLIFE CONTROL SERVICE, LLC	GENERAL	\$14,256	
	Contract Description:	This is a new contract to provide ongoing pigeon abatement and clean up services.				
		Term of Contract:	01/01/2024 - 12/31/2025	Contract # 28116		
36.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	ANYTIME PLUMBING, INC. DBA ABES	GENERAL	\$45,900	
	Contract Description:	This is a new contract to provide ongoing preventative and emergency plumbing maintenance services.				
		Term of Contract:	01/01/2024 - 12/31/2025	Contract # 28249		



# INFORMATION 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 - COMMUNICABLE DISEASES	BLACK SWAN CONSULTING, INC.	FEDERAL	\$30,000	
	Contract Description:	This is a new contract to provide grant related professional services for the Office of HIV Ryan White Part B and AIDS Drug Assistance Program.				
		Term of Contract:	11/15/2023 - 03/31/2024	Contract # 28299		
38.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - OFFICE OF HEALTH ADMINISTRATION	EIDE BAILLY, LLP	GENERAL	\$48,000	
	Contract Description:	This is a new contract to provide fee analysis to determine if existing fees are sufficient to continue operations.				
		Term of Contract:	11/16/2023 - 11/01/2024	Contract # 28212		
39.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	NORTHWEST PREVENTION SCIENCE, INC.	FEDERAL	\$60,640	
	Contract Description:	This is a new contract to provide training, implementation, and quality assurance for the Family Check-Up program designed to improve parenting skills and family management practices.				
		Term of Contract:	10/26/2023 - 07/31/2026	Contract # 27319		
40.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	ANNE W LAUGHLIN	FEDERAL	\$18,000	
	Contract Description:	This is a new contract to provide ongoing attorney services for case closures or guardianships.				
		Term of Contract:	10/26/2023 - 09/30/2027	Contract # 28245		
41.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	DAVID H. NEELY III, ATTORNEY AT LAW	FEDERAL	\$48,000	
	Contract Description:	This is a new contract to provide ongoing attorney services for case closures or guardianships.				
		Term of Contract:	10/26/2023 - 09/30/2027	Contract # 28138		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS, LLP	FEDERAL	\$82,400	Professional Service
	Contract Description:	This is a new contract to provide a study to assess the feasibility of expansion of the Henderson Armory.				
		Term of Contract:	10/31/2023 - 09/30/2025	Contract # 28297		
43.	440	DEPARTMENT OF CORRECTIONS - DIRECTOR'S OFFICE	CALIFORNIA DEPARTMENT OF CORRECTIONS & REHABILITATION	GENERAL	\$16,020	Exempt
	Contract Description:	This is a new contract to provide ongoing services to reimburse the California Department of Corrections and Rehabilitation for travel costs incurred to provide Prison Rape Elimination Act audits.				
		Term of Contract:	11/02/2023 - 08/25/2025	Contract # 28161		
44.	650	DEPARTMENT OF PUBLIC SAFETY - DIRECTOR'S OFFICE	R&R PARTNERS, INC.	HIGHWAY 22% OTHER: DEPARTMENT FUNDING 8% FEDERAL 70%	\$90,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing advertising and marketing services for the Zero Fatalities Campaign and recruiting activities. This amendment extends the termination date from November 30, 2023 to November 30, 2024 and increases the maximum amount from \$2,600,000 to \$2,690,000 due to the continued need for these services.				
		Term of Contract:	12/01/2021 - 11/30/2024	Contract # 24938		
45.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	LAUGHLIN COMMUNITY HEALTH CENTER, INC.	HIGHWAY	\$15,000	
	Contract Description:	This is a new contract to provide ongoing blood draw services for evidentiary purposes when a person is arrested on suspicion of driving under the influence of drugs or alcohol.				
		Term of Contract:	11/02/2023 - 06/30/2027	Contract # 28361		
46.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	TRUCKEE MEADOWS PARKS FOUNDATION	FEE: LICENSE PLATE 90% FEDERAL 10%	\$54,000	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides wildlife education programming and volunteer services by supervising and mentoring five full-time AmeriCorps volunteers. This amendment increases the maximum amount from \$239,535 to \$293,535 due to the increased need for these services.				
		Term of Contract:	11/10/2020 - 10/31/2024	Contract # 23584		
47.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	LOG RX	FEDERAL	\$39,600	
	Contract Description:	This is a new contract to provide drug inventory tracking services.				
		Term of Contract:	11/03/2023 - 09/30/2026	Contract # 28232		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	702	DEPARTMENT OF WILDLIFE - DIVERSITY DIVISION	BAT CONSERVATION INTERNATIONAL, INC.	FEDERAL	\$80,000	
	Contract Description:	This is a new contract to provide services to analyze bat acoustic data.				
		Term of Contract:	11/02/2023 - 08/31/2027	Contract # 28163		
49.	702	DEPARTMENT OF WILDLIFE - HABITAT	ALL STAR CUSTOM HAY, LLC	OTHER: SPORTSMEN 25% FEDERAL 75%	\$71,500	
	Contract Description:	This is the first amendment to the original contract which provides tractor and tractor implement rentals for rangeland and emergency wildfire restoration. This amendment extends the termination date from December 31, 2024 to October 31, 2026 and increases the maximum amount from \$24,500 to \$96,000 due to the continued need for these services.				
		Term of Contract:	10/10/2022 - 10/31/2026	Contract # 26802		
50.	702	DEPARTMENT OF WILDLIFE - HABITAT	BP LIVESTOCK, INC. DBA BP WEEDS	FEDERAL	\$98,750	
	Contract Description:	This is a new contract to provide project management, technical assistance, and collaborative on-the-ground weed removal projects for private, state, and public lands.				
		Term of Contract:	11/07/2023 - 08/30/2027	Contract # 28119		
51.	702	DEPARTMENT OF WILDLIFE - HABITAT	MANFORD CHARLES GLOCK & TINA MARIE GLOCK DBA PROGRESSIVE PEST MANAGEMENT	FEDERAL	\$98,750	
	Contract Description:	This is a new contract to provide project management, technical assistance, and collaborative on-the-ground weed removal projects for private, state, and public lands.				
		Term of Contract:	11/02/2023 - 02/28/2027	Contract # 28120		
52.	702	DEPARTMENT OF WILDLIFE - HABITAT	ROADWAY COMPANY	FEDERAL	\$60,000	
	Contract Description:	This is the first amendment to the original contract which provides trailer rental, delivery, and transport services for moving and storing materials. This amendment increases the maximum amount from \$24,000 to \$84,000 due to the increased need for these services.				
		Term of Contract:	06/06/2022 - 06/30/2026	Contract # 26007		
53.	702	DEPARTMENT OF WILDLIFE - HABITAT	TUNGITE LABS, LLC	FEE: UPLAND GAME STAMP	\$24,500	
	Contract Description:	This is a new contract to provide a web-based solution for processing audio data to support sage-grouse research.				
		Term of Contract:	11/07/2023 - 10/31/2025	Contract # 28314		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - FACILITY AND GROUNDS MAINTENANCE-Non-Exec	STANTEC CONSULTING SERVICES, INC.	OTHER: FACILITY & GROUNDS MAINTENANCE	\$11,120	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides bidding assistance and construction oversight for Spooner Lake frontcountry improvements. This amendment extends the termination date from December 31, 2023 to December 31, 2024 and increases the maximum amount from \$145,140 to \$156,260 due to the continued need for these services.				
	Term of Contract:	02/08/2022 - 12/31/2024	Contract # 25303			
55.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	VL CONSTRUCTION, LLC	FEE: UTILITY SURCHARGE	\$39,850	
	Contract Description:	This is a new contract to provide renovation of a restroom on the south beach at Big Bend State Recreation Area.				
	Term of Contract:	11/20/2023 - 06/30/2024	Contract # 28475			
56.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	WALKER RIVER MECHANICAL CORP	FEE: UTILITY AND ADMISSION	\$45,000	
	Contract Description:	This is a new contract to provide repair and maintenance of heating, ventilation, and air conditioning systems located within the Walker River State Recreational Area.				
	Term of Contract:	11/20/2023 - 08/31/2025	Contract # 28364			
57.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES - LAS VEGAS WATER DISTRICT-Non-Exec	GNOMON, INC.	FEDERAL	\$45,423	Sole Source
	Contract Description:	This is a new contract to provide a mapping toolbar upgrade to work with ArcGIS Pro software.				
	Term of Contract:	10/31/2023 - 10/31/2024	Contract # 28428			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
58.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	GOLD SYSTEMS, INC.	GENERAL	\$40,000	
	Contract Description:	This is the second 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 \$420,466 to \$460,466 due to the ongoing software development and helpdesk costs.				
		Term of Contract:	04/14/2020 - 04/13/2024	Contract # 22869		
59.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - FIRE SUPPRESSION	CLARK COUNTY	OTHER: WILDLAND FIRE PROTECTION PROGRAM REVENUE	\$16,442	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.				
		Term of Contract:	07/01/2023 - 06/30/2025	Contract # 28477		
60.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - FIRE SUPPRESSION	WASHOE TRIBE OF NEVADA AND CA	OTHER: REVENUE	\$15,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide aerial seeding services.				
		Term of Contract:	11/17/2023 - 06/30/2024	Contract # 27889		
61.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - DIVISION OF INDUSTRIAL RELATIONS	MILES CONSTRUCTION	OTHER: WORKERS' COMPENSATION	\$24,388	
	Contract Description:	This is a new contract to provide construction services for structural repairs and alterations at the East College Parkway location in Carson City.				
		Term of Contract:	11/14/2023 - 01/31/2024	Contract # 28382		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
62.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ADVANCED PRO REMEDIATION, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing emergency remediation and restoration services in southern Nevada.				
		Term of Contract:	11/13/2023 - 10/31/2025	Contract # 28363		
63.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	BULLS EYE TECHNICAL SERVICES, INC.	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$50,000	
	Contract Description:	This is a new contract to provide ongoing repair and maintenance of commercial kitchen appliances in southern Nevada.				
		Term of Contract:	11/20/2023 - 09/30/2025	Contract # 28346		
64.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	COMPLETE ELECTRIC, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$40,000	
	Contract Description:	This is a new contract to provide ongoing regular and emergency electrical services in northern Nevada.				
		Term of Contract:	11/13/2023 - 09/30/2025	Contract # 28360		
65.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	EIDE BAILLY, LLP	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$38,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing independent vendor audits of facilities that generate annual gross revenues in excess of \$150,000.				
		Term of Contract:	11/20/2023 - 06/30/2025	Contract # 28180		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
66.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION	THE W.W. WILLIAMS COMPANY, LLC	OTHER: COST ALLOCATION	\$20,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing annual maintenance for the diesel generator located at 2800 East St. Louis Avenue in Las Vegas. This amendment increases the maximum amount from \$9,630 to \$29,630 due to the increased need for these services.				
		Term of Contract:	03/07/2023 - 03/31/2025	Contract # 26840		
67.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHITECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	CASEY NEILON, INC.	FEE: LICENSURE	\$36,540	
	Contract Description:	This is a new contract to provide a review of the board's finances, internal controls, and annual audit compliance.				
		Term of Contract:	08/01/2023 - 12/31/2024	Contract # 28152		
68.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	ARBOR PROS, LLC	FEE: LICENSURE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing snow removal services.				
		Term of Contract:	11/14/2023 - 04/30/2024	Contract # 28336		
69.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	FM MARKETING, LLC	FEE: LICENSURE	\$30,000	
	Contract Description:	This is a new contract to provide public relations and information consulting.				
		Term of Contract:	11/14/2023 - 10/31/2024	Contract # 28359		
70.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	HALSTEAD LAW OFFICES, LLC	FEE: LICENSURE	\$47,632	Professional Service
	Contract Description:	This is a new contract to provide ongoing hearing officer services.				
		Term of Contract:	10/24/2023 - 10/31/2025	Contract # 28252		
71.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	JILL I GRINER DBA LAW OFFICES OF JILL GREINER	FEE: LICENSURE	\$40,000	
	Contract Description:	This is a new contract to provide ongoing hearing officer services.				
		Term of Contract:	11/03/2023 - 12/31/2025	Contract # 28339		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
72.	B036	LICENSING BOARDS AND COMMISSIONS - MASSAGE THERAPISTS	COULSON & ASSOCIATES LTD	FEE: LICENSURE	\$10,000	Professional Service
Contract Description:		This is a new contract to provide ongoing financial statement audit services.				
		Term of Contract:	11/16/2023 - 12/31/2023	Contract # 28035		



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28398**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>LAWRENCE J MACDONNELL</b>
Agency Code: <b>030</b>	Contractor Name: <b>LAWRENCE J MACDONNELL</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>2160 LINDEN AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>BOULDER, CO 80304</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>LAWRENCE J. MACDONNELL 303-746-2126</b>
	Vendor No.: <b>T32014823</b>
	NV Business ID: <b>NV20232891642</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 % AG CAP</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/02/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **Yes**

If "Yes", please explain

**We request that this contract be retroactively approved to October 2, 2023, due to the immediate need for expert services to proceed with this case and meet required deadlines set by the court in a litigation.**

3. Termination Date: **12/31/2025**

Contract term: **2 years and 91 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide ongoing expert witness assistance for a litigation. The vendor will assist in providing a legal expert opinion by reviewing case files, preparing written reports, charts, and summaries as well as possibly providing testimony at depositions and trials.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The OAG is preparing for a litigation using an evaluation and expert report in a litigation matter.

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

State employees do not have the expertise needed for this matter.

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

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

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

Not Applicable

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

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

[Empty text 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 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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	10/24/2023 07:14:17 AM
Division Approval	jhoba2	10/30/2023 15:03:56 PM
Department Approval	jhoba2	10/30/2023 15:03:58 PM
Contract Manager Approval	tlyon1	11/01/2023 15:50:51 PM
Budget Analyst Approval	vmilazz1	11/20/2023 20:30:25 PM

AARON D. FORD  
*Attorney General*

CRAIG A. NEWBY  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



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THOMPSON  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

## MEMORANDUM

**Date:** October 23, 2023

**To:** Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Tanya Lyons, Management Analyst II

**Subject:** Retroactive Approval for Contract #28398 Clark County Detention Center

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We are requesting this contract to be retroactive to July 1, 2023 due to the Appriss Insights contract being approved mid-June and the delayed turnaround time from the Clark County Detention Center.

### CONTRACT SUMMARY

(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>26934</b>	Amendment Number: <b>1</b>
Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>MCCORMICK BARSTOW LLP</b>
Agency Code: <b>030</b>	Contractor Name: <b>MCCORMICK BARSTOW LLP</b>
Appropriation Unit: <b>1030-04</b>	Address: <b>8337 WEST SUNSET ROAD SUITE 350</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: <b>Frank Toddre II 7029491100</b>
	Vendor No.: <b>PENDING</b>
	NV Business ID: <b>NV20151504160</b>

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/25/2022**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 67 days**

4. Type of contract: **Contract**

Contract description: **Outside Counsel**

5. Purpose of contract:

**This is the first amendment to the original contract which provides outside counsel to various current and former Department of Corrections employees. This amendment increases the maximum amount from \$35,000 to \$48,000 due to a change in the Scope of Work to correct the assigned case.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$35,000.00	\$35,000.00	\$35,000.00	Yes - Info
2. Amount of current amendment (#1):	\$13,000.00	\$13,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$48,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Legal representation is needed to provide defense counsel to various current and former NDOC employees. Revised in Amendment 1, substituting Elmajoub v. Davis, 3:19-cv-00196-MMD-CSD, for McLaughlin v. NDOC Infirmary, 2:21-cv-0002-JAD-BNW

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 matter

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

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

Not Applicable

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

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

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

10. 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	jhoba2	09/22/2023 09:56:23 AM
Division Approval	jhoba2	09/22/2023 09:56:26 AM
Department Approval	jhoba2	09/22/2023 09:56:29 AM
Contract Manager Approval	tlyon1	09/27/2023 16:25:41 PM
Budget Analyst Approval	stille	11/01/2023 14:56:08 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: **28402**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>CITY OF LAS VEGAS</b>
Agency Code: <b>030</b>	Contractor Name: <b>CITY OF LAS VEGAS</b>
Appropriation Unit: <b>1042-00</b>	Address: <b>DETENTION AND ENFORCEMENT 3300 STEWART AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-229-5916</b>
	Vendor No.:
	NV Business ID: <b>GOVERNMENT ENTITY</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2025</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 %	<b>X</b>	Fees	<b>100.00 % REVENUE</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 **07/01/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract to be retroactive to July 1, 2023 due to the Appriss Insights contract being approved late in June and the delayed turnaround time from the City of Las Vegas Detention & Enforcement.**

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

Contract term: **2 years**

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

Contract description: **VINE Systems**

5. Purpose of contract:

**This is a new Interlocal Revenue contract to provide ongoing revenue for the Automated Victim Information and Notification System (VINE). The public safety entities that utilize this system will cost share with the Office of the Attorney General.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,755.36**

Other basis for payment: FY24 \$20,076.52; FY25 \$20,678.84

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The VINE system is utilized by several counties and public safety entities. The agencies that use this system will share the cost for the operation of this system.

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

State employees are not needed for work on this contract.

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 Interlocal contract

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	cdavis	10/24/2023 07:14:48 AM
Division Approval	jhoba2	10/30/2023 15:04:49 PM
Department Approval	jhoba2	10/30/2023 15:04:51 PM
Contract Manager Approval	tlyon1	11/13/2023 12:15:57 PM
Budget Analyst Approval	vmilazz1	11/20/2023 20:15:06 PM

AARON D. FORD  
*Attorney General*

CRAIG A. NEWBY  
*First Assistant Attorney General*

CHRISTINE JONES BRADY  
*Second Assistant Attorney General*



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OFFICE OF THE ATTORNEY GENERAL

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TERESA BENITEZ-  
THOMPSON  
*Chief of Staff*

LESLIE NINO PIRO  
*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

## MEMORANDUM

**To:** Bud Milazzo  
Governor's Finance Office

**From:** Tanya Lyons, Administrative Services Officer I

**Date:** November 13, 2023

**Subject:** Retroactive Approval for Contract #28402 City of Las Vegas  
Detention & Enforcement

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We are requesting this contract to be retroactive to July 1, 2023, due to the Appriss Insights contract being approved in mid-June and the delayed turn-around time for City of Las Vegas Detention & Enforcement.



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28401**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>CLARK COUNTY</b>
Agency Code: <b>030</b>	Contractor Name: <b>CLARK COUNTY</b>
Appropriation Unit: <b>1042-00</b>	Address: <b>CLARK COUNTY DETENTION CENTER</b>
Is budget authority available?: <b>Yes</b>	<b>330 S CASINO CTR</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>LAS VEGAS, NV 89101</b>
	Contact/Phone: <b>LEAH ANDERSON 702-671-8100</b>
	Vendor No.: <b>T81026920AP</b>
	NV Business ID: <b>GOVERNMENT ENTITY</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 % Revenue</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 **07/01/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **Yes**

If "Yes", please explain

**We are requesting this contract to be retroactive to July 1, 2023 due to the Appriss Insights contract being approved in mid-June and the delayed turnaround time from the Clark County Detention Center.**

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

Contract term: **2 years**

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

Contract description: **VINE Systems**

5. Purpose of contract:

**This is a new Interlocal Revenue contract to provide ongoing revenue for the Automated Victim Information and Notification System (VINE). The public safety entities that utilize this system will cost share with the Office of the Attorney General.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$91,699.56**

Other basis for payment: FY24 \$45,172.14; FY25 \$46,527.42

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The VINE system is utilized by several counties and public safety entities. The agencies that use this system will share the cost for the operation of this system.

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

State employees are not needed for work on this contract

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#8194;277.180 Interlocal contract

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	cdavis	10/24/2023 07:14:36 AM
Division Approval	jhoba2	10/30/2023 15:04:27 PM
Department Approval	jhoba2	10/30/2023 15:04:30 PM
Contract Manager Approval	tlyon1	11/01/2023 16:24:00 PM
Budget Analyst Approval	vmilazz1	11/20/2023 19:51:41 PM

AARON D. FORD  
*Attorney General*

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*First Assistant Attorney General*

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*Second Assistant Attorney General*



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*Chief of Staff*

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*General Counsel*

HEIDI PARRY STERN  
*Solicitor General*

## MEMORANDUM

**To:** Shauna Tilley, Executive Branch Budget Officer  
Governor's Finance Office

**From:** Tanya Lyons, Management Analyst II

**Date:** November 1, 2023

**Subject:** Retroactive Approval for Contract #28401 Clark County Detention Center

---

We are requesting this contract to be retroactive to July 1, 2023, due to the Appriss Insights contract being approved in mid-June and the delayed turn-around time for Clark County Detention Center.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28234**

Agency Name: <b>ATTORNEY GENERAL'S OFFICE</b>	Legal Entity Name: <b>MORENO, MICHAEL MD</b>
Agency Code: <b>030</b>	Contractor Name: <b>MORENO, MICHAEL MD</b>
Appropriation Unit: <b>1348-15</b>	Address: <b>901 S. Broadway Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Park Ridge, IL 60068</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michael Moreno, MD 773-742-7043</b>
	Vendor No.: <b>T32014770</b>
	NV Business ID: <b>NV20232867808</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 % Tort Claims</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/03/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 240 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

**This is a new contract to provide ongoing expert witness assistance.**

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?

The OAG is preparing for a subject lawsuit and is need of ongoing expert witness assistance for a subject lawsuit along with providing evaluation and expert reports.  
The vendor will assist in providing a legal expert opinion by reviewing case files, preparing written reports, charts, and summaries as well as possibly providing testimony at depositions and trials.

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

This office doesn't have the staff or the expertise that is required

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

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

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

**Not Applicable**

b. Solicitation Waiver: **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:

Sole Proprietor

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

Yes

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

**No** b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Janet Merrill, Deputy Attorney General Ph: 702-486-3370

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	09/22/2023 09:54:11 AM
Division Approval	jhoba2	09/22/2023 09:54:15 AM
Department Approval	jhoba2	09/22/2023 09:54:19 AM
Contract Manager Approval	tlyon1	09/27/2023 16:33:04 PM
Budget Analyst Approval	stilly	11/03/2023 17:32:37 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23717** Amendment Number: **2**

Agency Name: **SECRETARY OF STATE'S OFFICE** Legal Entity Name: **WSD Digital, LLC dba Reframe Engage**

Agency Code: **040** Contractor Name: **WSD Digital, LLC dba Reframe Engage**

Appropriation Unit: **1050-42** Address: **750 Main Street Suite 327**

Is budget authority available?: **Yes** City/State/Zip: **Hartford, CT 06103**

If "No" please explain: **Not Applicable** Contact/Phone: **Seth Klaskin 844-473-3726**

Vendor No.: **T29043588**

NV Business ID: **NV20201919313**

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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2020**

Anticipated BOE meeting date 10/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **10/31/2023**

Contract term: **3 years and 357 days**

4. Type of contract: **Contract**

Contract description: **Web Based Subscripti**

5. Purpose of contract:

**This is the second amendment to the original contract which provides a web-based citizen engagement platform that facilitates appointment scheduling, context-based service delivery, and scheduled remote assistance. This amendment extends the termination date from October 31, 2023 to November 1, 2024 and increases the maximum amount from \$36,000 to 48,000 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,000.00	\$12,000.00	\$12,000.00	Yes - Info
a. Amendment 1:	\$24,000.00	\$24,000.00	\$36,000.00	Yes - Info
2. Amount of current amendment (#2):	\$12,000.00	\$12,000.00	\$48,000.00	Yes - Info
3. New maximum contract amount:	\$48,000.00			
and/or the termination date of the original contract has changed to:		11/01/2024		

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To provide the Nevada Secretary of State our ReFrame Engage Solution (the &#65533; Software&#65533) to support your multiple locations and employees and provide more efficient customer service and increased efficiencies with your business transactions. ReFrame Engage is a comprehensive, online Customer Engagement Platform designed to streamline day-to-day business operations of scheduling virtual or in-person appointments to include multi-channel communication and administration control with the setup and configuration of your customized branded instance.

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

NV State employees are not trained or have the expertise to complete these requirements

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Reframe Engage provides more efficient customer service and increased efficiencies with our business transactions and the best yearly subscription price.

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

10. 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:

The contractor has performed services for the Secretary of State's office and 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)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	dbowma1	10/26/2023 08:51:32 AM
Division Approval	dbowma1	10/26/2023 08:51:36 AM
Department Approval	dbowma1	10/26/2023 08:51:44 AM
Contract Manager Approval	adale	10/26/2023 09:01:46 AM
EITS Approval	daxtel1	10/26/2023 16:24:11 PM
Budget Analyst Approval	dlenzner	10/30/2023 12:58:29 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: **28106**

Agency Name:	<b>TREASURER - TREASURER'S OFFICE</b>	Legal Entity Name:	<b>ARBITRAGE COMPLIANCE SPECIALISTS, INC.</b>
Agency Code:	<b>050</b>	Contractor Name:	<b>ARBITRAGE COMPLIANCE SPECIALISTS, INC.</b>
Appropriation Unit:	<b>1082-04</b>	Address:	<b>6041 S SYRACUSE WAY STE 310</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>GREENWOOD, CO 80111-9402</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Doug Pahnke x7523 800-672-9993
		Vendor No.:	T27029876
		NV Business ID:	NV20121023868

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 % Consolidated Bond Debt Service</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/30/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **2 years and 63 days**

4. Type of contract: **Contract**

Contract description: **Arbitrage**

5. Purpose of contract:

**This is a new contract to provide services to assist in compliance with Internal Revenue Service requirements related to bond and note issuance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,999.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor provides arbitrage compliance services to assist the state in complying with the IRS's rules and regulations regarding arbitrage.

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

State employees do not have the expertise to conduct this work, including knowledge of IRS changes which affect arbitrage calculations and post-issuance.

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):

Steele & Associates LLC  
Arbitrage Compliance Specialists  
BLX Institue  
Public Finance Authority  
Landmark

b. Solicitation Waiver: **Not Applicable**

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

Arbitrage Compliance Specialists is the current vendor of OST and the 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**Non Title 7 Business Entity**

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhoove1	09/18/2023 15:55:45 PM
Division Approval	lhoove1	09/18/2023 15:55:48 PM
Department Approval	lhoove1	09/18/2023 15:55:52 PM
Contract Manager Approval	jveit	09/19/2023 10:45:17 AM
Budget Analyst Approval	stilly	10/30/2023 17:30:32 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28129**

Agency Name: <b>CONTROLLER'S OFFICE</b>	Legal Entity Name: <b>VERTIV CORPORATION</b>
Agency Code: <b>060</b>	Contractor Name: <b>VERTIV CORPORATION</b>
Appropriation Unit: <b>1130-26</b>	Address: <b>PO BOX 70474</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CHICAGO, IL 60673-0001</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>800/882-6474</b>
	Vendor No.: <b>T27043105A</b>
	NV Business ID: <b>NV19901026220</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2028</b>

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

<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 **09/01/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **Yes**

If "Yes", please explain

**Due to negotiations between Vendor, Deputy Attorney General and Risk Management.**

3. Termination Date: **08/31/2027**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **UPS Maintenance**

5. Purpose of contract:

**This is a new contract to provide two ongoing preventative maintenance services annually for the Controller's Office Data Center Uninterruptible Power System (UPS) and batteries, plus 24/7 remote monitoring of the UPS.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$86,363.13**

Payment for services will be made at the rate of \$21,590.78 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The UPS and battery backup provide regulated, consistent power and emergency power to computer hardware in the Controller's Office Date Center during power outages.

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 extensive technical experience nor the specialized equipment to maintain a UPS system. Testing, monitoring and maintenance of this system must be performed by factory trained and authorized technicians.

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 #: 230804**

**Approval Date: 08/16/2023**

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

Vertiv (Emerson Network Power/Liebert Global Services) is the original equipment manufacturer for the UPS system. Vertiv employs service engineers who are specifically trained at the factory to perform maintenance on the UPS system, associated batteries and monitoring system.

d. Last bid date: 07/01/2020 Anticipated re-bid date: 06/01/2027

- 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 Controller's Office, agency satisfied.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtilto1	09/01/2023 11:21:41 AM
Division Approval	jsmack	10/17/2023 11:35:49 AM
Department Approval	jsmack	10/17/2023 11:35:52 AM
Contract Manager Approval	sbro21	10/17/2023 12:12:57 PM
Budget Analyst Approval	bmacke1	10/24/2023 12:50:27 PM

**\*\* Revised 08/25/23 \*\***



**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#: <b>230804</b>	<b>(16)</b>

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>	<i>State Controller's Office</i>	
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	<i>Shamayne Brown, Management Analyst</i>	<i>(775) 684-5636</i>	<i>scocontract@scsco.nv.gov</i>
	<i>Kevin Law, IT Manager</i>	<i>(775) 684-5608</i>	<i>klaw@scsco.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>Vertiv Corporation</i>
	Contact Name:	<i>JoAnn Tarantello</i>
	<b>Complete Address:</b> City, State, and Zip Code	<i>1050 Dearborn Drive, Columbus, OH 43082</i>
	Telephone Number:	<i>(916) 381-6666</i>
Email Address:	<i>jtarrantello@norman-wright.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:	<input checked="" type="checkbox"/>
	<b>If 'No' Enter Amendment Number:</b>	<i>#1</i>			
	<b>Enter CETS Number:</b>	<i>#23675</i>			

<b>1e</b>	<b>Term:</b>				
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
	Contract:	Start Date:	<i>9/1/2023</i>	End Date:	<i>8/31/2027</i>

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>100%</i>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:

Approval #:

230804@

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$84,829.27

2	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	<i>Provide semi-annual preventive maintenance, support and 24/7 monitoring services for the Vertiv Emerson/Liebert Uninterruptable Power System (UPS), batteries and monitoring equipment located in the State Controller's Office Data Center at 515 E. Musser Street, Carson City, Nevada.</i>

3	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<i>Vertiv Emerson Network Power/Liebert Global Services is the original equipment manufacturer for the UPS system. Vertiv employees are service engineers who are specifically trained at the factory to perform maintenance on this UPS system and associated batteries and monitoring system.</i>

4	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>The Controller's Office information systems, which include the State's Integrated Financial System (IFS), are mission critical to the State of Nevada. The UPS provides clean filtered power during normal conditions, and emergency power during power outages. Testing, monitoring, and maintenance of this system must be performed by factory trained and authorized technicians. Vertiv (Liebert Global Services/Emerson Network Power) is the original equipment manufacturer for the UPS system and trains the authorized service technicians. Other vendors do not have the factory trained service technicians authorized to perform maintenance on this UPS system.</i>

5	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
			X
	a. <b><u>If yes</u></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <b><u>If not</u></b> , why were alternatives not evaluated? <i>Other service vendors do not employ the highly qualified, factory-trained service engineers who are authorized to service this specialized UPS system.</i>		

Purchasing Use Only:	
Approval #:	230804

	Has the agency purchased these services/services with goods in the past? Check One:				Yes	No
	<p><b>NOTE: To avoid delays or your request being rejected, 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></p>				X	
<p>a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u></p>						
6	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
	Start Date	End Date				
	9/28/2020	8/31/2023	\$38,939.91	Service/Monitoring of UPS	Waiver # 201001	23675
	9/1/2016	8/31/2020	\$41,627.58	Service/Monitoring of UPS	Waiver # 160905	18173
	9/1/2012	8/31/2016	\$39,998.83	Service/Monitoring of UPS	No Waiver – the contract summary states the agency received 3 bids.	13449
	9/1/2009	8/31/2012	\$29,996.49	Service/Monitoring of UPS	Waiver # 090305	
	9/1/2006	8/31/2009	\$29,996.49	Service/Monitoring of UPS	Waiver # 110 dated 3/23/2006 for Amendment #3	
	8/31/2005	8/31/2006	\$7,298.00	Service/Monitoring of UPS	No Waiver	
	8/14/2004	8/31/2005	\$	Initial Service of UPS after the Controller's Office IT moved into 515 E. Musser Street	RFP	

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?	
	<p>We have been informed that since the UPS equipment is specifically configured to the State Controller's Data Center and operations requirements, the original equipment manufacturer authorized service provider is the best maintenance vendor, with local technicians and parts distribution in the Reno area. Other vendors who claimed they could support this equipment were out of the local area, do not employ factory-trained and authorized technicians, and some had only "used" equipment that they would cannibalize when they needed replacement parts. Our application is mission critical to the State, we need quick, reliable support backed by the manufacturer of the equipment. Also, this system utilizes specialized Liebert monitoring equipment, already owned by the State, which is maintained only by Vertiv.</p>	

8	<p><b>What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?</b></p> <p><i>In 2004, Nevada Generator of Sparks expressed interest in maintaining the equipment. However, when asked to investigate an existing problem with the UPS, they concluded that it was a job that should be left to the manufacturer, Emerson Network Power (now Vertiv). Since that time, we are not aware of another vendor who indicated they could provide factory authorized maintenance.</i></p>
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	<p><b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b></p> <p><u><b>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b></u></p>	Yes	No
9	<p><b>a. If yes, please provide details regarding future obligations or needs.</b></p> <p><i>Vertiv, formerly Liebert/Emerson Network Power, installed the 600 UPS system in the basement of 515 E. Musser Street building, and configured it specifically for the installation site and the building's Data Center requirements. It is reasonable to assume that Vertiv (Liebert/Emerson Network Power) as the manufacturer and only factory-authorized maintenance provider for this UPS system, should maintain the equipment until the product reaches its normal end-of-life at approximately 20 years; At which time, an RFP would be required to procure another UPS system and service provider, or reassessment to determine if this type of system is still required. With proper maintenance, this UPS system could remain operational well beyond its normal end-of-life.</i></p>	X	



<i>Purchasing Use Only:</i>	
Approval #:	#230804 @

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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

*R. Law*

Signature of Agency Representative Initiating Request

Kevin Law

Print Name of Agency Representative Initiating Request

Aug 14, 2023

Date

Signature of Agency Head Authorizing Request

James Smack

Print Name of Agency Head Authorizing Request

Aug 14, 2023

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 Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

<b>NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</b>	<input type="checkbox"/>
---	--------------------------

Approved by:

*[Signature]*

Administrator, Purchasing Division or Designee

8/16/23

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: **28342**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ACE FIRE SYSTEMS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ACE FIRE SYSTEMS, INC.</b>
Appropriation Unit: <b>1349-14</b>	Address: <b>2620 WESTERN AVE.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89109-1112</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>702/384-2932</b>
	Vendor No.: <b>T80975068</b>
	NV Business ID: <b>NV19931069414</b>

To what State Fiscal Year(s) will the contract be charged? **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 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/19/2024**

Contract term: **211 days**

4. Type of contract: **Contract**

Contract description: **Fire Alarm Panel**

5. Purpose of contract:

**This is a new contract to provide the replacement of the fire alarm panel located at Decatur Department of Motor Vehicles.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$73,060.00**

Other basis for payment: Includes design, permits, material, labor and inspections with State Fire Marshall

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Fire Alarm panel replacement. CAT14-FY24-0004

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 nor the expertise for 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):

Supreme Fire  
Reliance Fire  
Ace Fire

b. Solicitation Waiver: **Not Applicable**

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

Ace Fire was the lowest 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	slon5	10/23/2023 09:52:47 AM
Division Approval	jkidd	10/31/2023 16:08:37 PM
Department Approval	ssands	11/07/2023 08:33:38 AM
Contract Manager Approval	ssands	11/17/2023 07:38:39 AM
Budget Analyst Approval	klay0	11/20/2023 15:04:43 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: **28238**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Par-3 Landscape and Maintenance, Inc.</b>
Agency Code: <b>082</b>	Contractor Name: <b>Par-3 Landscape and Maintenance, Inc.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>4610 Wynn Rd.</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>Paul Jaramillo 702-253-7878</b>
	Vendor No.: <b>T29047645</b>
	NV Business ID: <b>NV19951047149</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **Yes**

If "Yes", please explain

**The division submitted the contract on 10/24/23, but it was not approved until 11/6/23. No retro memo required since it was just an oversight.**

3. Termination Date: **04/30/2025**

Contract term: **1 year and 181 days**

4. Type of contract: **Contract**

Contract description: **Lawn Maintenance**

5. Purpose of contract:

**This is a new contract to provide ongoing landscaping services for the Churchill Building, Lander Building, Lincoln Building, and White Pine Building at the McCarran Center in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$64,515.00**

Payment for services will be made at the rate of \$3,584.16 per Month

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 331.070, 331.080 Buildings and Grounds may expend appropriate money for the care, maintenance, and preservation of buildings, grounds and their appurtenances.**

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 necessary 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):

Delfino Maintenance  
Brightview  
Par 3 Landscape

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: 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:

Ryan Reigle, Facility Supervisor III Ph: 702-486-4305

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	09/21/2023 14:24:46 PM
Division Approval	jkidd	09/21/2023 15:29:42 PM
Department Approval	tmilazz1	09/29/2023 12:13:09 PM
Contract Manager Approval	vhnnavarr	10/11/2023 09:04:43 AM
Budget Analyst Approval	klay0	11/06/2023 16:19:41 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28303**

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>Preventive Pest Control Las Vegas, LLC</b> Contractor Name: <b>Preventive Pest Control Las Vegas, LLC</b> Address: <b>3566 Polaris Ave., Ste. 3A</b> City/State/Zip: <b>Las Vegas, NV 89103</b> Contact/Phone: <b>Diana Winder 702-271-7733</b> Vendor No.: <b>T27044246</b> NV Business ID: <b>NV20021046494</b>
--	---

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/02/2025**

Contract term: **1 year and 323 days**

4. Type of contract: **Contract**

Contract description: **Pest Control**

5. Purpose of contract:

**This is a new contract to provide ongoing pest control services for the Lander Building, Mineral Building, Eureka Building, Lincoln Building, White Pine Building, Churchill Building, Nevada Building, and Washoe Building at the McCarran Center in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,284.00**

Other basis for payment: Please view rates on attachment CC

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To properly handle pest problems and to ensure public and state employee's wellbeing, and health; professional pest control management is a must for state-owned buildings.

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 and expertise needed to assist with 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):

Rentokil  
Orkin  
Preventive Pest Control  
JS Pest Control  
Fischer's Pest Control

b. Solicitation Waiver: **Not Applicable**

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

Lowest bid received out all 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?

**Yes** If "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 agency for other buildings and is pleased with vendor's performance.

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

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

Not Applicable

15. The contractor is 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:

Ryan Reigle, Facility Supervisor II Ph: 702-486-4305

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	slon5	10/04/2023 13:41:29 PM
Division Approval	jkidd	10/05/2023 13:32:59 PM
Department Approval	ssands	10/24/2023 14:39:14 PM
Contract Manager Approval	vhnarr	10/24/2023 15:49:07 PM
Budget Analyst Approval	klay0	11/13/2023 14:36:33 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28084**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS</b>	Contractor Name: <b>HOUGHLAND PILS, INC. DBA HPA CONSULTING ENGINEERS</b>
Agency Code: <b>082</b>	Address: <b>6280 S. VALLEY VIEW BLVD. #416</b>	
Appropriation Unit: <b>1535-55</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-3892</b>	
Is budget authority available?: <b>Yes</b>	Contact/Phone: <b>702-685-8890</b>	
If "No" please explain: <b>Not Applicable</b>	Vendor No.: <b>T29039677</b>	
	NV Business ID: <b>NV20121298770</b>	

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

Agency Reference #: 115675

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2023**  
Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 227 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Southern Nevada Child and Adolescent Services - Install Surveillance Cameras CIP Project to include design development, construction documents, plan checking, bidding, and construction administration services for the design and construction of a surveillance system at Buildings 7 through 14, and 16, including fixed cameras and digital storage to retain images for future use: CIP Project No. 23-M02-08; SPWD Contract No. 115675.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Project

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

Jon Foster, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/02/2023 11:04:30 AM
Division Approval	nmann	11/02/2023 11:04:33 AM
Department Approval	nmann	11/02/2023 11:04:36 AM
Contract Manager Approval	lwildes	11/02/2023 11:42:40 AM
Budget Analyst Approval	klay0	11/15/2023 13:50:20 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28207**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PETTY &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>PETTY &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>1535-53</b>	Address: <b>760 MARGRAVE DR., STE. 100</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>775-359-5777</b>
	Vendor No.: <b>T80580350</b>
	NV Business ID: <b>NV19841014622</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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.

<input checked="" type="checkbox"/> General Funds	<b>26.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	<input checked="" type="checkbox"/> Bonds	<b>74.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 115839

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/02/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 241 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Youth Training Center - Exhaust Fan Replacement and the Direct Digital Control System Upgrade CIP Projects to include mechanical and electrical engineering and bidding services for the replacement of exhaust fans in the dormitories and classrooms, and to complete the replacement of the direct digital control system for the entire campus including HVAC control work at the Frontier/Adventure, Dormitory, Multipurpose, Warehouse, and Industrial Buildings: CIP Project Nos. 23-M02-10 and 21-M02-28; SWPD Contract No. 115839.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,400.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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 Bassi, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/19/2023 10:53:44 AM
Division Approval	nmann	10/19/2023 10:53:49 AM
Department Approval	nmann	10/19/2023 10:53:53 AM
Contract Manager Approval	lwildes	10/19/2023 11:14:50 AM
Budget Analyst Approval	klay0	11/02/2023 13:50:57 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28217**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>ETCHEMENDY ENGINEERING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>ETCHEMENDY ENGINEERING, INC.</b>
Appropriation Unit: <b>1550-38</b>	Address: <b>10597 DOUBLE R BLVD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89521-8937</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-853-1131</b>
	Vendor No.: <b>T27040132</b>
	NV Business ID: <b>NV20111683017</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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.

<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 #: 115861

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/02/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 241 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Northern Nevada Correctional Center Regional Medical Facility - Boiler Plant Renovation CIP Project to include structural, architectural, and electrical design services, construction documents, and construction administration services for the replacement of boilers, water heater, pumps, piping, and associated temperature controls: CIP Project No. 23-M24; SPWD Contract No. 115861.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$88,280.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Project

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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 Bassi, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/19/2023 11:35:03 AM
Division Approval	nmann	10/19/2023 11:35:05 AM
Department Approval	nmann	10/19/2023 11:35:08 AM
Contract Manager Approval	lwildes	10/19/2023 11:38:48 AM
Budget Analyst Approval	klay0	11/02/2023 07:54:05 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: **25018** Amendment Number: **4**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK**

Agency Code: **082** Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK**

Appropriation Unit: **1558-16** Address: **314 S. WATER ST.**

Is budget authority available?: **Yes** City/State/Zip: **HENDERSON, NV 89015-7311**

If "No" please explain: **Not Applicable** Contact/Phone: **702-456-3000**

To what State Fiscal Year(s) will the contract be charged? **2022-2025** Vendor No.: **T80883470**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV20212004081**

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

Agency Reference #: **114488**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**

Anticipated BOE meeting date **11/2023**

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 fourth amendment to the original contract which provides professional architectural/engineering services for the Department of Motor Vehicles Silverado Ranch - Advance Planning CIP Project: CIP Project No. 21-P06; SPWD Contract No. 114488. This amendment increases the maximum amount from \$4,065,800 to \$4,126,423 due to additional civil engineering, surveying, and design services needed.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,898,300.00	\$3,898,300.00	\$3,898,300.00	Yes - Action
a. Amendment 1:	\$53,000.00	\$53,000.00	\$53,000.00	Yes - Info
b. Amendment 2:	\$17,500.00	\$17,500.00	\$70,500.00	Yes - Info
c. Amendment 3:	\$97,000.00	\$97,000.00	\$167,500.00	Yes - Action
2. Amount of current amendment (#4):	\$60,623.00	\$60,623.00	\$60,623.00	Yes - Info
3. New maximum contract amount:	\$4,126,423.00			

#### 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 (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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	09/28/2023 14:55:55 PM
Division Approval	nmann	09/28/2023 14:58:26 PM
Department Approval	nmann	09/28/2023 14:58:43 PM

Contract Manager Approval  
Budget Analyst Approval

lwildes  
klay0

09/29/2023 14:55:50 PM  
11/01/2023 14:53:03 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: **28230**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1567-35</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>KNIT</b> Contractor Name: <b>KNIT</b> Address: <b>7250 PEAK DR., STE. 216</b> City/State/Zip: <b>LAS VEGAS, NV 89128-9029</b> Contact/Phone: <b>702-363-2222</b> Vendor No.: <b>T29033716</b> NV Business ID: <b>NV19851015692</b>
--	--

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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.

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

Agency Reference #: 115840

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2023**  
 Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 229 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural engineering services for the Southern Nevada State Veterans Home - Walk-in Cooler and Freezer Replacement CIP Project to include schematic design, design development, contract documents, bidding, and construction administration services for the replacement of the walk-in cooler and the walk-in freezer: CIP Project No. 23-M09; SWPD Contract No. 115840.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,200.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Mark Labaj, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/25/2023 16:32:48 PM
Division Approval	nmann	10/25/2023 16:32:50 PM
Department Approval	nmann	10/25/2023 16:32:53 PM
Contract Manager Approval	lwildes	10/26/2023 08:05:33 AM
Budget Analyst Approval	klay0	11/13/2023 09:04:00 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28295**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JVC ASSOCIATES, INC. DBA JVC ARCHITECTS</b>
Agency Code: <b>082</b>	Contractor Name: <b>JVC ASSOCIATES, INC. DBA JVC ARCHITECTS</b>
Appropriation Unit: <b>1585-76</b>	Address: <b>5385 CAMERON ST., STE. 15</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-6257</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-871-3416</b>
	Vendor No.: <b>T27007825</b>
	NV Business ID: <b>NV19931066659</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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.

<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 #: 115874

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 229 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Desert Regional Center - ADA Upgrades Building 1309 CIP Project to include design services, construction documents, bidding, and construction administration services for the remodel of restrooms, kitchen, door hardware, thresholds and casework alterations, and appliances: CIP Project No. 23-S02-(1); SPWD Contract No. 115874.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,900.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

Mike Rife, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/30/2023 16:17:17 PM
Division Approval	nmann	10/30/2023 16:17:20 PM
Department Approval	nmann	10/30/2023 16:17:22 PM
Contract Manager Approval	lwildes	10/31/2023 07:19:16 AM
Budget Analyst Approval	klay0	11/13/2023 16:11:15 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: **28242**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>RESOURCE CONCEPTS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>RESOURCE CONCEPTS, INC.</b>
Appropriation Unit: <b>1585-83</b>	Address: <b>340 N. MINNESOTA ST.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89703-4152</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-883-1600</b>
	Vendor No.: <b>T12785100</b>
	NV Business ID: <b>NV19781005208</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 #:	115844		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2023**  
Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 233 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Carson City Department of Motor Vehicles - Pavement Preservation CIP Project to include design development, construction drawings, bid documents, and construction administration services for repairs to slurry, cracks in the pavement, and striping, as well as the replacement of parking blocks and patching: CIP Project No. 23-S05h(5); SPWD Contract No. 115844.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,500.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**2023 Leg. approved CIP projects**

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

**Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.**

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

Marcus McEntee, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/25/2023 12:23:42 PM
Division Approval	nmann	10/25/2023 12:23:45 PM
Department Approval	nmann	10/25/2023 12:23:49 PM
Contract Manager Approval	lwildes	10/25/2023 13:10:42 PM
Budget Analyst Approval	klay0	11/09/2023 13:02:42 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: **28213**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>TANEY ENGINEERING, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>TANEY ENGINEERING, INC.</b>
Appropriation Unit: <b>1585-83</b>	Address: <b>6030 S. JONES BLVD., STE. 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-2659</b>
If "No" please explain: Not Applicable	Contact/Phone: 702-362-8844
	Vendor No.: T32006658
	NV Business ID: NV20232732519

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 #:	115842		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2023**  
Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 236 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Decatur Department of Motor Vehicles - Motorcycle Test Pad Upgrade CIP Project to include civil engineering plans, bid documents, bidding assistance, construction administration, record drawings, and a topographic survey for the replacement of the existing asphalt pavement surface in the motorcycle test course with a reinforced concrete surface: CIP Project No. 23-S05h(6); SPWD Contract No. 115842.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,950.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Project

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

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

Marcus McEntee, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/19/2023 10:25:26 AM
Division Approval	nmann	10/19/2023 10:25:29 AM
Department Approval	nmann	10/19/2023 10:25:31 AM
Contract Manager Approval	lwildes	10/19/2023 11:15:36 AM
Budget Analyst Approval	klay0	11/06/2023 14:35:14 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: **28221**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	<b>PAUL CAVIN ARCHITECT, LLC</b>
Agency Code:	<b>082</b>	Contractor Name:	<b>PAUL CAVIN ARCHITECT, LLC</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>1575 DELUCCHI LN., STE. 120</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>RENO, NV 89502-6581</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.		Contact/Phone:	<b>775-842-0261</b>
		Vendor No.:	<b>T29033842</b>
		NV Business ID:	<b>NV20131182382</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

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

Agency Reference #: **115767**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 236 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

**This is a new contract to provide professional architectural/engineering services for the Nevada Air National Guard - Building 4 Demolition CIP Project to include construction drawings and schematic design services for the demolition of Building 4, including the removal of all utilities, which will be demolished back to the source or abandoned and capped underground and marked: CIP Project No. 23-A024; SPWD Contract No. 115767.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000.00**

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Agency submitted application : Office of the Military - Nevada Air National Guard - Reno

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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?

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

Yes. SPWD, and currently with satisfactory results.

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

No If "Yes", please provide details of the litigation 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:  
 Dustin Chaney, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/20/2023 14:45:58 PM
Division Approval	nmann	10/20/2023 14:46:01 PM
Department Approval	nmann	10/20/2023 14:46:03 PM
Contract Manager Approval	lwildes	11/06/2023 15:14:01 PM
Budget Analyst Approval	klay0	11/06/2023 15:38:03 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: **28271**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: <b>OLDENBURG, VICTORIA T DBA OLDENBURG LAW OFFICE</b>
Agency Code: <b>089</b>	Contractor Name: <b>OLDENBURG, VICTORIA T DBA OLDENBURG LAW OFFICE</b>
Appropriation Unit: <b>1015-04</b>	Address: <b>PO BOX 17422</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89511-7422</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775/971-4245</b>
	Vendor No.: <b>T29036037A</b>
	NV Business ID: <b>NV20141536952</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 % Workers Comp/Fees for services</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **Yes**

If "Yes", please explain

**Due to critical need and backlog of cases we are respectfully requesting a start date for this contract to be September 1, 2023.**

3. Termination Date: **08/31/2025**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Sr Appeals Officer**

5. Purpose of contract:

**This is a new contract to provide ongoing Appeals Officer services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 2338) decisions issued are subject to judicial review.

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

The Hearings Division does not have attorneys on staff. These are positions appointed by the Governor to conduct hearings for the Hearings Division on a case by case basis; they will be paid by the agencies who those hearings pertain to.

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: 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	jvictor	09/27/2023 10:26:59 AM
Division Approval	jkidd	09/27/2023 15:15:33 PM
Department Approval	ssands	10/16/2023 15:49:46 PM
Contract Manager Approval	ssands	10/16/2023 15:50:25 PM
Budget Analyst Approval	Iramire7	11/17/2023 14:18:30 PM

**Joe Lombardo**  
*Governor*



**Jack Robb**  
*Director*

**Matthew Tuma**  
*Deputy Director*

**Dean A. Hardy, Esq.**  
*Senior Appeals Officer*

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**

***Hearings Division***

**<http://hearings.nv.gov/>**

**Northern Nevada:**  
*Hearing Office*  
1050 E. Williams St. Ste. 400  
Carson City, Nevada 89701  
(775) 687-8440 | Fax (775) 687-8441

*Appeals Office*  
1050 E. William St. Ste. 450  
Carson City, Nevada 89701  
(775) 687-8420 | Fax (775) 687-8421

**Southern Nevada:**  
*Hearing Office*  
2200 S. Rancho Drive, Ste. 150  
Las Vegas, Nevada 89102  
(702) 486-2525 | Fax (702) 486-2879

*Appeals Office*  
2200 S. Rancho Drive, Ste. 220  
Las Vegas, Nevada 89102  
(702) 486-2527 | Fax (702) 486-2555

**MEMORANDUM**

**To:** Contracts Unit

**From:** Lino Jasso, Legal Office Manager

**Date:** September 26, 2023

**Subject:** Justification for Retroactive Contract for Special Appeals Officers:  
Carolyn Broussard, Tina Yan, Jill Grenier, Victoria Oldenberg, and Paul Lambolely

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Special Appeals Officers Carolyn Broussard, Tina Yan, Jill Grenier, Paul Lambolely, and Victoria Oldenberg were reappointed on September 1, 2023, by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2023, through August 31, 2025.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2023.

We are respectfully requesting a start date for this contract to be September 1, 2023.

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27850**

Agency Name: <b>ADMIN - HEARINGS AND APPEALS DIVISION</b>	Legal Entity Name: <b>YAN KENYON, LLC</b>
Agency Code: <b>089</b>	Contractor Name: <b>YAN KENYON, LLC</b>
Appropriation Unit: <b>1015-04</b>	Address: <b>1358 Marshfield Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89135</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-888-0000</b>
	Vendor No.: <b>T32011691</b>
	NV Business ID: <b>NV20091248749</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 % Worker's Comp/Charges for Services</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **Yes**

If "Yes", please explain

**Due to critical need and backlog of cases we are respectfully requesting a start date for this contract to be September 1, 2023.**

3. Termination Date: **08/31/2025**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Appeals Officer**

5. Purpose of contract:

**This is a new contract to provide for ongoing Appeals Officer services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422, Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

Hearings and Appeals does not have attorneys on staff.

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

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

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

Not Applicable

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

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

[Empty text 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:

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	jvictor	09/27/2023 10:26:19 AM
Division Approval	jkidd	09/27/2023 15:12:26 PM
Department Approval	ssands	10/19/2023 13:14:25 PM
Contract Manager Approval	ssands	11/15/2023 14:25:50 PM
Budget Analyst Approval	Iramire7	11/17/2023 14:13:27 PM

**Joe Lombardo**  
*Governor*



**Jack Robb**  
*Director*

**Matthew Tuma**  
*Deputy Director*

**Dean A. Hardy, Esq.**  
*Senior Appeals Officer*

**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Hearings Division***

**<http://hearings.nv.gov/>**

**Northern Nevada:**  
*Hearing Office*  
1050 E. Williams St. Ste. 400  
Carson City, Nevada 89701  
(775) 687-8440 | Fax (775) 687-8441

*Appeals Office*  
1050 E. William St. Ste. 450  
Carson City, Nevada 89701  
(775) 687-8420 | Fax (775) 687-8421

**Southern Nevada:**  
*Hearing Office*  
2200 S. Rancho Drive, Ste. 150  
Las Vegas, Nevada 89102  
(702) 486-2525 | Fax (702) 486-2879

*Appeals Office*  
2200 S. Rancho Drive, Ste. 220  
Las Vegas, Nevada 89102  
(702) 486-2527 | Fax (702) 486-2555

**MEMORANDUM**

**To:** Contracts Unit

**From:** Lino Jasso, Legal Office Manager

**Date:** September 26, 2023

**Subject:** Justification for Retroactive Contract for Special Appeals Officers:  
Carolyn Broussard, Tina Yan, Jill Grenier, Victoria Oldenberg, and Paul Lamboley

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Special Appeals Officers Carolyn Broussard, Tina Yan, Jill Grenier, Paul Lamboley, and Victoria Oldenberg were reappointed on September 1, 2023, by the Governor as Special Appeals Officers for the Hearings Division. The Special Appeals Officers' reappointment is effective September 1, 2023, through August 31, 2025.

Due to the critical need and backlog of cases, the contractors continued work on September 1, 2023.

We are respectfully requesting a start date for this contract to be September 1, 2023.



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28380**

Agency Name: <b>DEPARTMENT OF TAXATION</b>	Legal Entity Name: All Out Movers, LLC
Agency Code: <b>130</b>	Contractor Name: <b>All Out Movers, LLC</b>
Appropriation Unit: <b>2361-18</b>	Address: <b>3579 E Hwy 50</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89701</b>
If "No" please explain: Not Applicable	Contact/Phone: Lana Longo 775-350-9840
	Vendor No.: T32013025
	NV Business ID: NV20161323465
To what State Fiscal Year(s) will the contract be charged? <b>2024</b>	

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **228 days**

4. Type of contract: **Contract**

Contract description: **Carson Movers**

5. Purpose of contract:

**This is a new contract to provide moving services for the relocation of the department's Carson City office.**

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?

This contract is required for the implementation of Senate Bill No. 467, passed during the 2023 Legislative Session. SB467 is a one-shot appropriation from the State General Fund for the relocation of the Department of Taxation's Carson City office.

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

State employees and agencies do not have the equipment and training required to move the volume of furniture, equipment, and other items for the entire office.

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

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

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

Move4Less  
Carson Valley Movers  
All Out Movers

b. Solicitation Waiver: **Not Applicable**

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

This vendor provided the quote that best met the needs of the Department for this job.

d. Last bid date: 10/02/2023 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	lhans4	11/02/2023 15:38:55 PM
Division Approval	jgrimmer	11/02/2023 15:40:07 PM
Department Approval	jgrimmer	11/02/2023 15:40:11 PM
Contract Manager Approval	lhans4	11/02/2023 15:44:20 PM
Budget Analyst Approval	vmilazz1	11/14/2023 15:12:47 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: **28410**

Agency Name: **DEPARTMENT OF TAXATION**  
Agency Code: **130**  
Appropriation Unit: **2361-19**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **RS Consulting Services, LLC**  
Contractor Name: **RS Consulting Services, LLC**  
Address: **2318 Copper Springs Dr**  
City/State/Zip: **Reno, NV 89521**  
Contact/Phone: **Ramesh Segu 775-230-9871**  
Vendor No.: **T29047811**  
NV Business ID: **NV20061047362**

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **222 days**

4. Type of contract: **Contract**

Contract description: **Website Redesign**

5. Purpose of contract:

**This is a new contract to provide website development services to the department.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,125.00**

Payment for services will be made at the rate of \$125.00 per Hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The Department is in need of modernizing its existing website.**

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

**State employees do not possess the required skills and training and/or expertise to perform the services that are needed for this website redesign.**

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):

**STACKMODE Marketing Group  
BDG Web Design  
RS Consulting Services, LLC**

b. Solicitation Waiver: **Not Applicable**

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

Selected vendor was the only one to submit a bid in the requested timeframe.

d. Last bid date: 09/29/2023 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:

Contractor performed similar services for the Cannabis Compliance Board several years ago. Contractor completed work on-time, on-budget, while meeting state requirements.

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

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

Jason Giesler, Organizational Change Manager Ph: 775-430-0121

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lhans4	11/01/2023 16:14:20 PM
Division Approval	jgrimmer	11/02/2023 12:23:27 PM
Department Approval	jgrimmer	11/02/2023 12:23:30 PM
Contract Manager Approval	lhans4	11/02/2023 12:28:50 PM
EITS Approval	ljean	11/02/2023 15:10:43 PM
Budget Analyst Approval	vmilazz1	11/20/2023 17:11:53 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: <b>25039</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>INGERSOLL RAND COMPANY DBA</b>
Agency Code: <b>180</b>	Contractor Name: <b>INGERSOLL RAND COMPANY DBA</b>
Appropriation Unit: <b>1385-07</b>	Address: <b>TRANEUS INC</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CHICAGO, IL 60693-8167</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Travis Jackson 312/974-6660</b>
	Vendor No.: <b>PUR0001609B</b>
	NV Business ID: <b>NV20201848976</b>

To what State Fiscal Year(s) will the contract be charged? **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 % User</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/30/2021**  
 Anticipated BOE meeting date **12/2023**  
 Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **10/15/2025**  
 Contract term: **3 years and 319 days**

4. Type of contract: **Contract**  
 Contract description: **HVAC Service**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides ongoing repair and maintenance services for the chillers, cooling towers, water pumps and compressors. This amendment updates the agency name and increases the maximum amount from \$37,015 to \$86,907 to complete needed repairs on equipment.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$37,015.00	\$37,015.00	\$37,015.00	Yes - Info
2. Amount of current amendment (#1):	\$49,892.00	\$49,892.00	\$86,907.00	Yes - Info
3. New maximum contract amount:	\$86,907.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
The mainframe computer system, related components, and computer servers will not function without the proper temperature and humidity. The State is responsible for repairs to the computers if damage is caused by the environment in the computer room.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Best price per submitted quotes.

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

10. 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	jbrya1	10/18/2023 16:51:19 PM
Division Approval	smontie1	10/18/2023 16:54:28 PM
Department Approval	ddodge	10/20/2023 12:56:42 PM
Contract Manager Approval	thudder	10/30/2023 08:28:30 AM
Budget Analyst Approval	mranki1	11/17/2023 09:54:37 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: **24616** Amendment Number: **1**

Agency Name: **ADMIN - ENTERPRISE IT SERVICES** Legal Entity Name: **Commnet of Nevada, LLC**

Agency Code: **180** Contractor Name: **Commnet of Nevada, LLC**

Appropriation Unit: **1388-00** Address: **1562 North Park Street**

Is budget authority available?: **Yes** City/State/Zip: **Castle Rock, CO 80109**

If "No" please explain: **Not Applicable** Contact/Phone: **Kenneth Borner n/a**

Vendor No.:

NV Business ID: **NV20081528507**

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 % Revenue</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 **07/01/2021**

Anticipated BOE meeting date: **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**This is the first amendment to the original revenue contract which provides ongoing rack space at Austin Summit in Lander County. This amendment updates the agency name and increases the maximum amount from \$59,553.28 to \$70,249.14 due to a rate increase.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$59,553.28	\$59,553.28	\$59,553.28	Yes - Action
2. Amount of current amendment (#1):	\$10,695.86	\$10,695.86	\$10,695.86	Yes - Info
3. New maximum contract amount:	\$70,249.14			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Revenue contract**

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

**Revenue contract**

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 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	jbrya1	10/20/2023 14:32:35 PM
Division Approval	ccarey	10/23/2023 08:28:32 AM
Department Approval	ddodge	10/23/2023 13:56:30 PM
Contract Manager Approval	mespinoz	10/26/2023 08:45:03 AM
Budget Analyst Approval	mranki1	10/31/2023 15:49:44 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: <b>24584</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: <b>Commnet of Nevada, LLC</b>
Agency Code: <b>180</b>	Contractor Name: <b>Commnet of Nevada, LLC</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>1562 North Park Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Castle Rock, CO 80109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kenneth Borner n/a</b>
	Vendor No.:
	NV Business ID: <b>NV20081528507</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 % Revenue</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 **07/01/2021**

    Anticipated BOE meeting date: **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:  
**This is the first amendment to the original revenue contract which provides ongoing rack space at Prospect Peak in Eureka County.. This amendment updates the agency name and increases the maximum amount from \$59,553.28 to \$70,249.14 due to a rate increase.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$59,553.28	\$59,553.28	\$59,553.28	Yes - Action
2. Amount of current amendment (#1):	\$10,695.86	\$10,695.86	\$10,695.86	Yes - Info
3. New maximum contract amount:	\$70,249.14			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
Revenue contract

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

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 registered with the Nevada Secretary of State's Office as a: Foreign Corporation

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

Yes

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

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jbrya1	10/20/2023 14:33:56 PM
Division Approval	ccarey	10/23/2023 08:27:44 AM
Department Approval	ddodge	10/23/2023 13:53:31 PM
Contract Manager Approval	mespinoz	10/26/2023 08:44:31 AM
Budget Analyst Approval	mranki1	10/31/2023 15:54:45 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28332**

Agency Name: <b>ADMIN - ENTERPRISE IT SERVICES</b>	Legal Entity Name: NOAA NATIONAL WEATHER SERVICE
Agency Code: <b>180</b>	Contractor Name: <b>NOAA NATIONAL WEATHER SERVICE</b>
Appropriation Unit: <b>1388-00</b>	Address: <b>125 South State Street, Room 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Salt Lake City, UT 84138</b>
If "No" please explain: Not Applicable	Contact/Phone: Adrian Hamilton 8015245120
	Vendor No.: T29019246
	NV Business ID: T29019246

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **Yes**

If "Yes", please explain

**Due to the necessity of continued public communications coverage, we are asking the Board of Examiners to retroactively approve this contract. The signing of the contract was delayed due to rates being published and the vendor's review of the contract upon publication of the FY24-25 rates.**

3. Termination Date: **06/30/2024**

Contract term: **228 days**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

**The purpose of this revenue contract is to provide services on Cave Mountain, Prospect Hill, TV Hill, Winnemucca Mountain and Brock Mountain.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,960.50**

Payment for services will be made at the rate of \$28,960.50 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

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

Revenue Contract

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	jbrya1	11/01/2023 16:41:56 PM
Division Approval	ccarey	11/02/2023 09:06:53 AM
Department Approval	ddodge	11/02/2023 16:11:59 PM
Contract Manager Approval	mespinoz	11/14/2023 12:09:13 PM
Budget Analyst Approval	mranki1	11/14/2023 14:45:02 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: **28389**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: Empire Southwest LLC DBA Cashman Equipment Company
Agency Code: <b>240</b>	Contractor Name: <b>Empire Southwest LLC DBA Cashman Equipment Company</b>
Appropriation Unit: <b>2561-07</b>	Address: <b>Cashman Equipment Company 3300 St. Rose Pkwy Henderson, NV 89052</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89052</b>
If "No" please explain: Not Applicable	Contact/Phone: Mark Richter 702-633-6918
	Vendor No.: T32014588
	NV Business ID: NV19601000406

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/26/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2026**

Contract term: **2 years and 340 days**

4. Type of contract: **Contract**

Contract description: **Generator Service**

5. Purpose of contract:

**This is a new contract to provide ongoing emergency generator maintenance and testing.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,330.00**

Payment for services will be made at the rate of \$1,555.00 per 6 months

Other basis for payment: Upon submission of approved invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Emergency power supply is a requirement for nursing homes, and that emergency power must show testing each year.**

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

**No qualified State employees are available 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):

**GenTech  
Cashman  
Cummins**

b. Solicitation Waiver: **Not Applicable**

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

Reached out to all 3 vendors via e-mail and phone, only Cashman replied.

d. Last bid date: 08/28/2023 Anticipated re-bid date: 07/01/2026

- 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:

Previous contract held by Cashman Equipment for same service provided under CETS:22378. Services identified as satisfactory by leadership at Southern Nevada State Veterans Home.

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

**No** If "Yes", please provide details of the litigation 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	jtheil1	10/20/2023 11:37:54 AM
Division Approval	jtheil1	10/20/2023 11:37:57 AM
Department Approval	jtheil1	10/20/2023 11:38:00 AM
Contract Manager Approval	jclodfel	10/20/2023 11:55:14 AM
Budget Analyst Approval	mranki1	10/26/2023 10:56:13 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: **28388**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>CORTAC GROUP, INC.</b>
Agency Code: <b>300</b>	Contractor Name: <b>CORTAC GROUP, INC.</b>
Appropriation Unit: <b>2710-21</b>	Address: <b>1180 NW MAPLE ST STE 180</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ISSAQUAH, WA 98027</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Matt Herman 425/654-6465</b>
	Vendor No.: <b>T29047090</b>
	NV Business ID: <b>NV20232832779</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2023**

Anticipated BOE meeting date **12/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/17/2024**

Contract term: **72 days**

4. Type of contract: **Contract**

Contract description: **Smartsheet Solutions**

5. Purpose of contract:

**This is a new contract to provide development of Smartsheet solutions for subgrant transactions and state and federal reporting requirements.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,450.00**

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?

Subawards management and State and Federal grant reporting requirements.

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

Current State employees do not have the expertise to perform this work.

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

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

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

**Not Applicable**

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

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

CORTAC Group has proven success and provided the best value.

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:

Department of Education contracted with CORTAC Group in 2023 and verified the work 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

**Entity Type: NT7 Business License Other**

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	11/01/2023 09:59:19 AM
Division Approval	carnol1	11/01/2023 09:59:21 AM
Department Approval	carnol1	11/01/2023 09:59:25 AM
Contract Manager Approval	mgosej29	11/01/2023 10:14:08 AM
Budget Analyst Approval	vfajota	11/06/2023 11:21:37 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: <b>27580</b>	Amendment Number: <b>1</b>
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>TruEd Consulting, LLC</b>
Agency Code: <b>300</b>	Contractor Name: <b>TruEd Consulting, LLC</b>
Appropriation Unit: <b>2710-13</b>	Address: <b>2205 W 136th Ave #106-320</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Broomfield, CO 80023</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>John Merriman 978/618-6423</b>
	Vendor No.: <b>T29047029</b>
	NV Business ID: <b>NV20171079517</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 %

Agency Reference #: **RFP # 30DOE-S2191**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/13/2023**  
 Anticipated BOE meeting date **12/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **1 year and 202 days**

4. Type of contract: **Contract**

Contract description: **Financial Management**

5. Purpose of contract:

**This is the first amendment to the original contract which provides planning and administration for a consolidated financial management system. This amendment extends the termination date from December 31, 2023 to December 31, 2024 and increases the maximum amount from \$495,000 to \$535,000 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:	\$495,000.00	\$495,000.00	\$495,000.00	Yes - Action
2. Amount of current amendment (#1):	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$535,000.00			
and/or the termination date of the original contract has changed to:	12/31/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with Senate Bill 543 (SB543), which created the State Education Fund and revised the formula used to allocate school funding across Nevada, Nevada's Department of Education (NDE) will begin reviewing vendor proposals for a Consolidated Financial Management System (CFMS). Due to the inaccuracy of the current spreadsheet method and the significant pending changes mandated by SB543 and the federal, Every Student Succeeds Act (ESSA), NDE is using this as an opportunity to solicit a restructuring of how the Department tracks all financial transactions.

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 time or expertise to meet the needs of our new financial management system.

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 #30DOE-S2191, 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: 02/27/2023 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:

The Department of Education has a current contract with TruEd Consulting since 6/13/2023. The quality of service has been verified as satisfactory.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	carnol1	11/06/2023 14:20:16 PM
Division Approval	carnol1	11/06/2023 14:20:19 PM
Department Approval	carnol1	11/06/2023 14:20:29 PM
Contract Manager Approval	mgosej29	11/08/2023 10:49:08 AM
EITS Approval	ljean	11/08/2023 16:17:31 PM
Budget Analyst Approval	vfajota	11/09/2023 12:00:46 PM



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

**MEMORANDUM**

**TO:** Megan Peterson, Interim Deputy, NDE  
Heidi Haartz, Deputy Superintendent, NDE  
Glenn Meyer, IT Director, NDE  
Cynthia Strong, Management Analyst II, NDE

**CC:** Tim Galluzi, State Chief Information Officer/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 43 – *Consolidated Financial Management System (CFMS)* – Update A – BA 2673

**DATE:** December 1, 2022

We have completed our review for the Nevada Department of Education's (NDE) – *Consolidated Financial Management System (CFMS)* – TIN 43, Update A.

The submitted TIN, for an estimated value of \$1,950,000.00 in the FY22/FY23 biennium (100% General Fund), is to update project dates and contacts for the existing solution to meet financial reporting requirements for county school districts and charter schools. There are no scope changes.

Senate Bill 543 (SB543), passed during the 2019 Legislative session, revised the way Nevada funds K-12 education creating the Pupil-Centered Funding Plan (PCFP). SB543 has significant financial reporting requirements for county school districts and charter schools. The CFMS will create a single location for this information to be provided by NDE's education partners, and those elements, when uploaded to the CFMS, will populate the funding formula and other reports.

The investment includes a significant data conversion effort, multiple interfaces/data feeds, end-user training, and end-user testing all to occur over a multi-year effort. All of this implies that careful project management and scope management are required to minimize potential cost impact due to project

overruns, changing requirements, difficult data conversion effort, proper interfacing, etc. Project reviews and TIN updates should be done regularly to evaluate and document changes.

SMART 21 integration costs and timing will need to be evaluated in a future biennium to ensure that the solution can be built on SMART 21 and that it aligns with the implementation timing of both projects.

The Office of Information Security (OIS) recommends incorporating dual-factor authentication for solutions that are accessible from outside of SilverNet that hold sensitive data. It is understood that this solution will follow applicable state security standards and policies. OIS is available, at the agency's request, to conduct pre- and post-implementation security reviews of the solution.

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: **27996**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: Mineral County Library
Agency Code: <b>332</b>	Contractor Name: <b>Mineral County Library</b>
Appropriation Unit: <b>2895-00</b>	Address: <b>PO Box 1390</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Hawthorne, NV 89415</b>
If "No" please explain: Not Applicable	Contact/Phone: 775-945-2778
	Vendor No.:
	NV Business ID: N/A

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **Yes**

If "Yes", please explain

**The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023. The contracts were unable to move forward pending an administrative review of the Co-op's budget account status. Pending 3rd party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward**

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **Revenue**

5. Purpose of contract:

**This is a new interlocal revenue contract that continues to provide membership to the Nevada Library Cooperative.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,200.00**

Payment for services will be made at the rate of \$5,800.00 per year

Other basis for payment: FY24, \$5,800;FY25, \$5,800;FY26, \$5,800 & FY27, \$5,800.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative (formerly CLAN- Cooperative Libraries Automated Network) through joint agreement for the improvement of library services and sharing of resources. rough joint agreement for the improvement of library services and the sharing of resources.

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

The Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and collectively leverage their economic strength to do more together than one member could ever accomplish on their own.

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?

Yes If "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 Library Cooperative, (CoOp) (formerly known as CLAN) has been doing contracts through Nevada State Library, Archives & Public Records using cooperative agreements since 1981.

14. Is the contractor currently involved in litigation with the State 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	jvictor	07/28/2023 14:05:05 PM
Division Approval	jkidd	08/14/2023 14:14:52 PM
Department Approval	ssands	09/21/2023 16:12:09 PM
Contract Manager Approval	ssands	10/04/2023 11:41:05 AM
Budget Analyst Approval	jhelto1	10/31/2023 16:16:30 PM

**Nevada**  
**LIBRARY**  
**Cooperative**

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

**From:** Kari Ward, Director, Nevada Library Cooperative

**Date:** August 8, 2023

**Re:** Retroactive contract dates request for the Nevada Library Cooperative's membership revenue contracts

---

Dear Jennifer:

The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023.

The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3<sup>rd</sup> party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.

Thank you –



Kari Ward – Director, Nevada Library Cooperative



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28001**

Agency Name: <b>ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS</b>	Legal Entity Name: <b>Tonopah Library District</b>
Agency Code: <b>332</b>	Contractor Name: <b>Tonopah Library District</b>
Appropriation Unit: <b>2895-00</b>	Address: <b>167 Central Street PO Box 449</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Tonopah, NV 89049-0449</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-482-3374</b>
	Vendor No.: <b></b>
	NV Business ID: <b>N/A</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date **09/2023**

Retroactive? **Yes**

If "Yes", please explain

**The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023. The contracts were unable to move forward pending an administrative review of the Co-op's budget account status. Pending 3rd party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward**

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **Revenue**

5. Purpose of contract:

**This is a new interlocal revenue contract that continues to provide membership to the Nevada Library Cooperative.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,300.00**

Payment for services will be made at the rate of \$3,575.00 per year

Other basis for payment: FY24, \$3,575;FY25, \$3,575;FY26, \$3,575 & FY27, \$3,575.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 379.147-379.150 permits the parties to maintain a regional network of libraries known as Nevada Library Cooperative (formerly CLAN- Cooperative Libraries Automated Network) through joint agreement for the improvement of library services and sharing of resources. rough joint agreement for the improvement of library services and the sharing of resources.

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

The Nevada Library Cooperative, created by an agreement under NRS 277.080-279 and NRS 379.150, is a consortium of libraries and related agencies that share vital library and technological resources. In order to meet this goal, member libraries pool their resources and collectively leverage their economic strength to do more together than one member could ever accomplish on their own.

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?

Yes If "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 Library Cooperative, (CoOp) (formerly known as CLAN) has been doing contracts through Nevada State Library, Archives & Public Records using cooperative agreements since 1981.

14. Is the contractor currently involved in litigation with the State 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	jvictor	07/28/2023 14:07:17 PM
Division Approval	jkidd	08/14/2023 14:22:50 PM
Department Approval	ssands	10/25/2023 10:32:10 AM
Contract Manager Approval	ssands	10/25/2023 14:13:33 PM
Budget Analyst Approval	jhelto1	11/01/2023 09:05:15 AM

**N e v a d a**  
**LIBRARY**  
**Cooperative**

**To:**

**From:** Kari Ward, Director, Nevada Library Cooperative

**Date:** August 8, 2023

**Re:** Retroactive contract dates request for the Nevada Library Cooperative's membership revenue contracts

---

To Whom it May Concern:

The Nevada Library Cooperative respectfully requests the 4-year membership revenue contracts for fiscal years 2024 through 2027 be retroactive to July 1, 2023.

The contracts were unable to move forward pending an administrative review of the CoOp's budget account status. Pending 3<sup>rd</sup> party legal review, the attorney for the State Library and Administrative Services Division agreed to move the CoOp's contracts forward.

Thank you –

A handwritten signature in blue ink that reads "Kari Ward". The signature is written in a cursive, flowing style.

Kari Ward – Director, Nevada Library Cooperative

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28357**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>ALARMCO, INC.</b>
Agency Code: <b>402</b>	Contractor Name: <b>ALARMCO, INC.</b>
Appropriation Unit: <b>3279-04</b>	Address: <b>2007 LAS VEGAS BLVD S</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89104-2555</b>
If "No" please explain: Not Applicable	Contact/Phone: Gary Greenblott 702/382-5000
	Vendor No.: T12898700
	NV Business ID: NV19641000258

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2027**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **DRC Alarm Monitoring**

5. Purpose of contract:

**This is a new contract to provide ongoing burglary and fire alarm monitoring services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,680.00**

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?

Per Title 42 Public Health, Chapter IV - Centers for Medicare and Medicaid Services, Department of Health and Human Services PART 483: Section 483.70 Physical Environment: The facility must be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (a) Life safety from fire. Except as provided in paragraph (a)(1) or (a)(3) of this section, the facility must meet the applicable provisions of the 1985 edition of the Life Safety Code of the National Fire Protection Association's Life Safety Code (published February 7, 1985; ANSI/NFPA) was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51 that govern the use of incorporations by reference.

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

**State employees, within Desert Regional Center, are neither trained nor certified 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):

Systems Engineering  
Stone Security  
ADT  
Alarmco Inc.

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor that responded with a bid and had a good quote.

d. Last bid date: 09/01/2023 Anticipated re-bid date: 06/30/2027

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:

With ADSD since 2016, quality of service has been verified as satisfactory.

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

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

Not Applicable

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

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	tric1	10/12/2023 14:25:02 PM
Division Approval	tric1	10/12/2023 14:25:05 PM
Department Approval	dschmid5	10/12/2023 15:50:59 PM
Contract Manager Approval	macedved1	10/13/2023 09:45:08 AM
Budget Analyst Approval	khal5	11/20/2023 09:50:38 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28116**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	<b>AIRBORNE WILDLIFE CONTROL</b>
Agency Code:	<b>406</b>	Contractor Name:	<b>AIRBORNE WILDLIFE CONTROL</b>
Appropriation Unit:	<b>3161-07</b>	Address:	<b>SERVICE LLC / NEVADA PIGEON 3651 LINDELL RD STE D498</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89103-1254</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Civon 702/617-1833
		Vendor No.:	T29039576
		NV Business ID:	NV20171232484

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 #: C 18255

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Pigeon control**

5. Purpose of contract:

**This is a new contract to provide ongoing pigeon abatement and clean up services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,256.00**

Payment for services will be made at the rate of \$540.00 per month

Other basis for payment: 10% Contingency equivalent to \$648.00 per contract year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The over population of pigeons is a health issue to clients and staff. The pigeon nesting, breeding and dropping waste in public areas is deemed unacceptable by NRS 555.100 and NRS 555.110.

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 with the skills, knowledge, education or equipment necessary to safely remove the pigeons and their waste.

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):

Airborne Wildlife  
Prestige Pigeon  
Pigeon Be Gone

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/19/2023 Anticipated re-bid date: 08/01/2025

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:

DPBH Jan 2020 - 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:

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:

Calvin Peterson, Facilities Manager Ph: 702-486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ijanssen	10/12/2023 14:59:59 PM
Division Approval	ijanssen	10/12/2023 15:00:03 PM
Department Approval	ijanssen	10/12/2023 15:00:06 PM
Contract Manager Approval	ijanssen	10/12/2023 15:00:10 PM
Budget Analyst Approval	khal5	11/20/2023 08:25:10 AM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28249**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: ANYTIME PLUMBING. INC. DBA ABES
Agency Code: <b>406</b>	Contractor Name: <b>ANYTIME PLUMBING. INC. DBA ABES</b>
Appropriation Unit: <b>3161-07</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: Dalinda Hairston 702/362-9300
	Vendor No.: PUR0005090
	NV Business ID: NV19991205584

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 #: C 18268

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2024**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Plumbing Services**

5. Purpose of contract:

**This is a new contract to provide ongoing preventative and emergency plumbing maintenance services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,900.00**

Payment for services will be made at the rate of \$21,600.00 per Year

Other basis for payment: \$2700 total contract for after hours services. Payable upon receipt of invoice and approval of services.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to The Joint Commission Standards, facilities must be regularly maintained and kept in operating order. Many different inspection procedures need to be performed annually as well as having these services available for on-call emergencies.

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

Currently the agency has no licensed plumbers on staff and there are no available FTE employees with the training, knowledge or equipment 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):

Anytime Plumbing  
Butter Plumbing  
Frontier Plumbing

b. Solicitation Waiver: **Not Applicable**

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

In accordance with NRS 333, the selected vendor was chosen by an informal committee.

d. Last bid date: 09/18/2023 Anticipated re-bid date: 09/18/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Calvin Peterson, Facilities Manager Ph: 7024865135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ijanssen	09/22/2023 10:05:06 AM
Division Approval	ijanssen	09/22/2023 10:06:09 AM
Department Approval	ijanssen	09/22/2023 10:06:13 AM
Contract Manager Approval	ijanssen	09/22/2023 10:06:28 AM
Budget Analyst Approval	khal5	11/20/2023 08:11:21 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: **28299**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Black Swan Consulting, Inc.
Agency Code:	<b>406</b>	Contractor Name:	<b>Black Swan Consulting, Inc.</b>
Appropriation Unit:	<b>3215-24</b>	Address:	<b>200 S. Virginia St., Fl. 8</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89501</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Sydonie Neysmith 7754464323
		Vendor No.:	T29045683
		NV Business ID:	NV20211985300

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 18262

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/15/2023**  
Anticipated BOE meeting date 12/2024

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2024**

Contract term: **136 days**

4. Type of contract: **Contract**

Contract description: **Evaluation Services**

5. Purpose of contract:

**This is a new contract to provide grant related professional services to assist with the development of a Non-Competing Continuance (NCC), to support continue subrecipient funding.**

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 \$125.00 per hour

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?

A professional entity needed to handle the evaluation component of a funding opportunity.

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 provide this type of service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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? 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:

Johnson, Tory, Program Manager Ph: 702-486-0767

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ijanssen	11/09/2023 16:13:26 PM
Division Approval	ijanssen	11/09/2023 16:13:30 PM
Department Approval	ijanssen	11/09/2023 16:13:34 PM
Contract Manager Approval	ijanssen	11/09/2023 16:13:41 PM
Budget Analyst Approval	nrezaie	11/14/2023 15:53:06 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28212**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Eide Bailly, LLP
Agency Code:	<b>406</b>	Contractor Name:	<b>Eide Bailly, LLP</b>
Appropriation Unit:	<b>3223-04</b>	Address:	<b>5441 Kietzke Lane Suite 150</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 89511</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	7756899234
		Vendor No.:	T29026023
		NV Business ID:	NV20201801760

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 18261

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/16/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **11/01/2024**

Contract term: **350 days**

4. Type of contract: **Contract**

Contract description: **Accounting Services**

5. Purpose of contract:

**This is a new contract to provide fee analysis for various budget accounts.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$200.00 per 240 hours

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Increasing operational costs require fee assessment alignment.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DPBH staff cannot address fee analysis due to workload.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

- 10. 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	ttilto1	11/16/2023 15:55:41 PM
Division Approval	ttilto1	11/16/2023 15:56:53 PM
Department Approval	ttilto1	11/16/2023 15:56:57 PM
Contract Manager Approval	ttilto1	11/16/2023 15:57:00 PM
Budget Analyst Approval	nrezaie	11/16/2023 16:57:28 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: **27319**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Northwest Prevention Science, INC.
Agency Code: <b>409</b>	Contractor Name: <b>Northwest Prevention Science, INC.</b>
Appropriation Unit: <b>3146-65</b>	Address: <b>2000 Fairmount Blvd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Eugene , OR 97403</b>
If "No" please explain: Not Applicable	Contact/Phone: Chris Hazen 415-685-0023
	Vendor No.: T27044995
	NV Business ID: NV20232704923

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/26/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2026**

Contract term: **2 years and 279 days**

4. Type of contract: **Contract**

Contract description: **Family Check Up**

5. Purpose of contract:

**This is a new contract to provide training, implementation and fidelity assurance for Family Check-Up model.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,640.00**

Payment for services will be made at the rate of \$33,420.00 per Year 1 Implementation & Training

Other basis for payment: \$27,220 for years 2 and 3 training

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada has opted into the Family's First Prevention Services Act and must begin to use awarded federal transition dollars to begin training and implementation of selected Prevention Models.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Family's First Prevention Service Model Family Check-up must be trained and implemented and practiced before state employees can become certified as trainers in the model.

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?

Sole Source Waiver.

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

NT7 Business License Other

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	creeve1	07/25/2023 10:16:25 AM
Division Approval	hbugg	10/17/2023 09:59:33 AM
Department Approval	mwillia9	10/17/2023 12:19:30 PM
Contract Manager Approval	sknigge	10/17/2023 12:29:30 PM
Budget Analyst Approval	twollan1	10/26/2023 19:39:44 PM



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
Purchasing Division**

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	2307080

**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>STATE AGENCY NAME REQUIRED:</b>	Division of Child and Family Services	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Sharon Knigge	775-684-7952	Sharon.knigge@dcfs.nv.gov
	Maria Hickey	775-684-1975	mhickey@dcfs.nv.gov
Betsey Crumrine	775-684-1979	bcrumrine@dcfs.nv.gov	

1b	<b>Vendor Information:</b>	
	Vendor Name:	Northwest Prevention Science, Inc.
	Contact Name:	Chris Hazen
	<b>Complete Address:</b> City, State, and Zip Code	2000 Fairmount Blvd., Eugen, OR 97403
	Telephone Number:	415-685-0023
Email Address:	chris@nwpreventionscience.org	

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:	X	No:
	Contract: Northwest Prevention Science, Inc.	Start Date:	Upon Approval	End Date:

1f	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	Family's First Prevention Services Act (FFPSA)
Other (Explain):		

Resubmission - Rec'd 07/06/23



Purchasing Use Only:	
Approval #:	230708 @

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$59,140 (over 3-year term of contract)

2	<p><b>Provide a description of work/services to be performed or services with goods to be purchased:</b></p> <p><i>Training, implementation, and fidelity assurance for the Family Check-Up® model (FCU). This model is well supported by the Administration for Children and Families (ACF) for the Families First Prevention Services Act. It is a brief, strengths-based intervention for families with children ages 2 through 17. The intervention aims to improve parenting skills and family management practices, with the goals of improving a range of emotional, behavioral, and academic child outcomes. The Family Check-Up® consists of three main components: (1) an initial interview that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context; (2) an ecological family assessment that includes parent and child questionnaires, a teacher questionnaire for children that are in school, and a videotaped observation of family interactions; and (3) tailored feedback that involves reviewing assessment results and discussing follow-up service options for the family. Follow-up services may include clinical or support services in the community. They may also include the Everyday Parenting program (EDP), which is a parenting management program that is typically delivered by the provider. Specific work to include, but not limited to: Preparation for provider training (FCU and EDP eLearning courses) E-learning course access is offered for 12 months on an individual registration basis.</i></p> <p><i>Webinar skills practice and training sessions, Live practice and training sessions, 3 x 3 hours of contact time, max 8 people/session;</i></p> <p><i>Post-training group consultation series, Six sessions per series, typically scheduled 1x/month, max 8 people/session;</i></p> <p><i>Quality assurance and quality improvement activities to support implementation success during initial implementation, review agency-specific context, identify known or potential implementation barriers, and review key implementation success factor. Support and guidance from Northwest Prevention Services to help establish and maintain program practices that facilitate effective FCU/EDP implementation (e.g., data management and reporting; logistical support around use of recordings; promotion and outreach for the program; fidelity assessment);</i></p> <p><i>Certification as a Family Check-Up Trainer/Supervisor and certification as an Everyday Parenting Trainer/Supervisor; Implementation support needed to develop competency, includes review and scoring of videotaped counseling, supervisory and training sessions, and individualized feedback; Recertification of trainers for both program models.</i></p>
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3	<p><b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b></p> <p><i>Northwest Prevention Science, Inc. has developed the Family Check-Up Model and it has been approved as a Well-Supported Prevention Model by the Title IV- E Prevention Services Clearing House; established by the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS) to conduct an objective and transparent review of research on programs and services intended to provide enhanced support to children and families and prevent foster care placements. This vendor's prevention model serves children/youth ages five to seventeen and only requires a licensed, Master's level clinician to be trained to provide services. These therapists can easily be found in rural Nevada and our internal Mental Health Counselors in the Clinical unit will be trained as well.</i></p>
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Purchasing Use Only:	
Approval #:	230708@

4	Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:
	<i>The State of Nevada has chosen to implement Family's First Prevention Services use only Well-Supported models from the Title IV- E Prevention Services Clearing House list; a competitively bid process may not yield a well-supported service model.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
		X	
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
<i>As a Well-Supported model Family Check-up meets requirements in two categories, it qualifies as a Mental Health Program and Service and an In-Home Parent Skills-Based Program Service. The other Well-supported models not chosen were Homebuilders which only serves two families at a time and need to be available 24/7 to the families; Brief Strategic Family Therapy does not serve children under six and therapy conducted by therapist in community centers, health agencies, and clinics; these are in scarce supply in rural Nevada; Nurse Family Partnership services are limited to no later than the 28<sup>th</sup> week of pregnancy through the first two years only.</i>			
b. <u>If not</u> , why were alternatives not evaluated?			

6	Has the agency purchased these services/services with goods in the past? Check One:		Yes	No		
	<i>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i>			X		
	a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u>					
	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
	Start Date	End Date				
			\$			
			\$			
		\$				
		\$				
		\$				

<i>Purchasing Use Only:</i>	
Approval #:	2307080

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<i>A competitive bid may not meet the Title IV-E requirements of the AFC Clearing house and will delay implementation and delay expenditure of federal transition dollars within the required timeline.</i>

8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?
	<i>Under the rules which govern The Families First Services' Prevention Act, to apply for federal Title IV-E reimbursement for prevention services states are limited by the Childrens Bureau to choose only prevention service models that are approved and listed on the Title IV-E Clearinghouse. There were only a few approved parenting models listed; all are proprietary. All of the well-supported, supported, and promising models were reviewed by the state of Nevada, Child Welfare Program, which includes both Clark and Washoe Counties. The rural counties needed to choose a parent education model that did not require a clinical license to become certified as there is a shortage of licensed clinicians in rural counties but there are plenty non-licensed professionals with a bachelor's or master's degree that could be trained to provide this evidenced based service. As a result, Family Check-Up was chosen as the best fit for Division of Child and Family Services Child Welfare clinical staff and rural community providers.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u><i>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></u>	X	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>		
	<i>This would only apply if we needed to certify another trainer for the Division, since this is a proprietary/trademarked Prevention Model this would be the agency we would need to use.</i>		

<i>Purchasing Use Only:</i>	
Approval #:	2307080

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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

Heather Bugg  
 Signature of Agency Representative Initiating Request

Heather Bugg, ASOIV  
 Print Name of Agency Representative Initiating Request 3/24/23  
Date

[Signature]  
 Signature of Agency Head Authorizing Request

Dr. Cindy Pitlock, Administrator  
 Print Name of Agency Head Authorizing Request 3/27/2023  
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 Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**NOTE:** *If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.*

Approved by: [Signature] 7/24/23  
Date  
 Administrator, Purchasing Division or Designee

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28245**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Anne Laughlin Esquire
Agency Code: <b>409</b>	Contractor Name: <b>Anne Laughlin Esquire</b>
Appropriation Unit: <b>3229-44</b>	Address: <b>PO Box 864</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Crystal Bay, NV 89402</b>
If "No" please explain: Not Applicable	Contact/Phone: Anne Laughlin Esq. 775-671-2414
	Vendor No.: T27044412
	NV Business ID: NV20212273490

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/26/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2027**

Contract term: **3 years and 340 days**

4. Type of contract: **Contract**

Contract description: **Case Closure**

5. Purpose of contract:

**This is a new contract to provide ongoing attorney services for case closure or guardianships for courts requiring a petition to be filed by an attorney.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

Payment for services will be made at the rate of \$1,500.00 per Case Closure

Other basis for payment: \$1,500 flat fee per case; \$1,500 per 3 cases per year=\$4,500 x 4 years = \$18,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

For Courts requiring a petition to be filed by an attorney to close a 432B case then the non-offending parent receives custody of the child(ren). This scope will also cover requirements of the Court that an alternative permanency options such as Guardianship be obtained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not perform this service

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Jennifer Mahe  
Anne Laughlin Esq.  
Amy Lea Parks

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is the only vendor that was willing to do the work required.

d. Last bid date: 06/09/2023 Anticipated re-bid date: 06/01/2027

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 November 2021. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. Not Applicable

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	krober10	09/25/2023 15:43:32 PM
Division Approval	hbugg	10/17/2023 14:14:52 PM
Department Approval	mwillia9	10/20/2023 08:03:32 AM
Contract Manager Approval	rmille8	10/23/2023 09:11:49 AM
Budget Analyst Approval	twollan1	10/26/2023 18:47:12 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28138**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	<b>DAVID H NEELY III ATTORNEY</b>
Agency Code:	<b>409</b>	Contractor Name:	<b>DAVID H NEELY III ATTORNEY</b>
Appropriation Unit:	<b>3229-42</b>	Address:	<b>AT LAW 3520 E TROPICANA AVE # D-1</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>LAS VEGAS, NV 89121-7310</b>
If "No" please explain:	Not Applicable	Contact/Phone:	David Neely 702/565-0716
		Vendor No.:	T27020410
		NV Business ID:	NV19971123037

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/26/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2027**

Contract term: **3 years and 340 days**

4. Type of contract: **Contract**

Contract description: **Case Closure**

5. Purpose of contract:

**This is a new contract to provide ongoing attorney services for case closure or guardianships for courts requiring a petition to be filed by an attorney.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,000.00**

Payment for services will be made at the rate of \$1,500.00 per Case Closure

Other basis for payment: \$1,500 x 8 cases per year = \$12,00 x 4 years = \$48,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

For Courts requiring a petition to be filed by an attorney to close a 432B case when the non-offending parent receives custody of the child(ren). This scope will also cover requirements of the Court that an alternative permanency option such as Guardianship be obtained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not perform this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Frank J. Toti  
Andrew Kynaston  
David Neely

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only vendor willing to do the work required.

d. Last bid date: 06/09/2023 Anticipated re-bid date: 06/11/2027

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 June of 2022. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Maria Hickey, Social Service Program Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	krober10	09/08/2023 07:27:15 AM
Division Approval	hbugg	09/28/2023 14:39:14 PM
Department Approval	mwillia9	10/02/2023 16:47:47 PM
Contract Manager Approval	sknigge	10/17/2023 16:11:10 PM
Budget Analyst Approval	twollan1	10/26/2023 19:20:42 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: **28297**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>WELLES PUGSLEY ARCHITECTS LLP</b>
Agency Code: <b>431</b>	Contractor Name: <b>WELLES PUGSLEY ARCHITECTS LLP</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>DBA PUGSLEY SIMPSON COULTER 151 E WARM SPRINGS RD LAS VEGAS, NV 89119-4101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119-4101</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JOY RINEER 702435-1150</b>
	Vendor No.: <b>T27038348</b>
	NV Business ID: <b>NV20031000034</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/31/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **1 year and 335 days**

4. Type of contract: **Contract**

Contract description: **Henderson Expansion**

5. Purpose of contract:

**This is a new contract to provide a study to assess the feasibility of possible future expansion of the Henderson Armory.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,400.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Study to assess the feasibility of possible future expansion of the Henderson Armory.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees lack the qualifications and skill.**

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	csnido1	09/29/2023 14:26:32 PM
Division Approval	csnido1	09/29/2023 14:26:35 PM
Department Approval	ctyle1	10/19/2023 11:33:59 AM
Contract Manager Approval	csnido1	10/24/2023 09:41:35 AM
Budget Analyst Approval	mranki1	10/31/2023 14:54:12 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28161**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: California Department of Corrections & Rehabilitation
Agency Code: <b>440</b>	Contractor Name: <b>California Department of Corrections &amp; Rehabilitation</b>
Appropriation Unit: <b>3710-16</b>	Address: <b>1515 S. Street 344N</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sacramento , CA 95811-7243</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Matthew Rustad 916-324-6688</b>
	Vendor No.: <b>T32007197</b>
	NV Business ID: <b>Governm Agency</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 **11/02/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/25/2025**

Contract term: **1 year and 297 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **PREA Audits**

5. Purpose of contract:

**This is a new contract to provide ongoing services to reimburse the California Department of Corrections and Rehabilitation for travel costs incurred to provide PREA audits for the Nevada Department of Corrections.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,020.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

In cooperation with the Western State PREA Circular Auditing agreement, the State of Nevada is allowed to get free PREA auditing services, with the understanding that only travel expenses must be reimbursed to the state providing services on a rotating basis. Otherwise, the costs to hire independent auditors to perform this function would greatly exceed available budget for these required services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Federal Department of Justice (DOJ) requires that PREA Audits are performed by a DOJ PREA auditor from outside the state.

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?

In accordance with PREA circular agreement.

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	mschobe2	10/11/2023 10:33:04 AM
Division Approval	zhoeflin	10/31/2023 09:00:01 AM
Department Approval	kshe1	11/02/2023 16:24:25 PM
Contract Manager Approval	kshe1	11/02/2023 16:25:39 PM
Budget Analyst Approval	bmacke1	11/02/2023 16:26:32 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24938** Amendment Number: **1**  
 Legal Entity Name: **R&R Partners**  
 Agency Name: **DPS-DIRECTOR'S OFFICE** Contractor Name: **R&R Partners**  
 Agency Code: **650** Address: **900 South Pavilion Center Dr**  
 Appropriation Unit: **4706-04** **Suite 100**  
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89144**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Fletcher Whitwell 702-318-4336**  
 Vendor No.:  
 NV Business ID: **NV19741000469**  
 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>70.00 %</b>	Bonds	0.00 %
<b>X</b> Highway Funds	<b>22.00 %</b>	<b>X</b> Other funding	<b>8.00 % Department Funding</b>

Agency Reference #: **RFP # 65DPS-S1574 HM**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2021**  
 Anticipated BOE meeting date **12/2023**

Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **11/30/2023**  
 Contract term: **3 years**

4. Type of contract: **Contract**  
 Contract description: **Advertise/Marketing**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides ongoing advertising and marketing services for the Zero Fatalities Campaign and recruiting activities. This amendment extends the termination date from November 30, 2023 to November 30, 2024, adds Attachment EE-Rate Increase effective November 20, 2023, and increases the maximum amount from \$2,600,000.00 to \$2,690,000.00 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,600,000.00	\$2,600,000.00	\$2,600,000.00	Yes - Action
2. Amount of current amendment (#1):	\$90,000.00	\$90,000.00	\$90,000.00	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$2,690,000.00 11/30/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is needed to provide advertising and marketing services for the Department. Primarily, this vendor will focus on the Office of Traffic Safety and the Motor Carrier section of Highway Patrol to continue campaigns toward Zero Fatalities on Nevada's roads. Other Divisions may use the contract for recruiting activities.

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 expertise to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #65DPS-S1574, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/03/2021 Anticipated re-bid date: 06/01/2023

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdefe1	10/25/2023 17:05:59 PM
Division Approval	kdefe1	10/25/2023 17:06:28 PM

Department Approval	mcosenti	10/31/2023 16:15:54 PM
Contract Manager Approval	mcosenti	10/31/2023 16:15:59 PM
Budget Analyst Approval	khawkin1	11/02/2023 14:21:48 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28361**

Agency Name: <b>DPS-HIGHWAY PATROL</b>	Legal Entity Name: <b>LAUGHLIN COMMUNITY HEALTH CENTER INC</b>
Agency Code: <b>651</b>	Contractor Name: <b>LAUGHLIN COMMUNITY HEALTH CENTER INC</b>
Appropriation Unit: <b>4713-08</b>	Address: <b>3650 SOUTH POINTE CIRCLE STE. 101</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAUGHLIN, NV 89029</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>DANIEL KELLY 775-209-4590</b>
	Vendor No.: <b>T29047178</b>
	NV Business ID: <b>NV20201899145</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 #: 651

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/02/2023**

Anticipated BOE meeting date 10/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2027**

Contract term: **3 years and 241 days**

4. Type of contract: **Contract**

Contract description: **Blood Draw Services**

5. Purpose of contract:

**This is a new contract to provide ongoing blood draw services for the Nevada Highway Patrol for evidentiary purposes when a person is arrested on suspicion of driving under the influence of drugs and/or alcohol.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Highway Patrol Officers must have a nearby medical facility available at all times that can do evidentiary blood draws. These draws must be done within two hours of a subject being arrested on suspicion of driving under the influence of drugs and/or alcohol.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**



c. Why was this contractor chosen in preference to other?

They are the only vendor in the area.

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	jramo3	10/16/2023 12:03:55 PM
Division Approval	thick2	10/20/2023 14:21:38 PM
Department Approval	mcosenti	10/31/2023 15:02:07 PM
Contract Manager Approval	mcosenti	10/31/2023 15:02:10 PM
Budget Analyst Approval	khawkin1	11/02/2023 15:34:57 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23584** Amendment Number: **3**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **TRUCKEE MEADOWS PARKS FOUNDATION**

Agency Code: **702** Contractor Name: **TRUCKEE MEADOWS PARKS FOUNDATION**

Appropriation Unit: **4462-12** Address: **50 COWAN DR**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89509-1009**

If "No" please explain: **Not Applicable** Contact/Phone: **HEIDI ANDERSON 775-410-1702**

Vendor No.: **T32008705**

NV Business ID: **NV20121181070**

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 %	<b>X</b>	Fees	<b>90.00 %</b>
<b>X</b> Federal Funds	<b>10.00 %</b>		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 21-24

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2020**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **10/31/2024**

Contract term: **3 years and 355 days**

4. Type of contract: **Contract**

Contract description: **Americorps WL Ed**

5. Purpose of contract:

**This is the third amendment to the original contract which provides wildlife education programming and volunteer services by supervising and mentoring five full-time AmeriCorps volunteers. This amendment increases the maximum amount from \$239,535 to \$293,535 due to a continued need for services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$205,996.00	\$205,996.00	\$205,996.00	Yes - Action
a. Amendment 1:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
b. Amendment 2:	\$13,539.00	\$13,539.00	\$33,539.00	Yes - Info
2. Amount of current amendment (#3):	\$54,000.00	\$54,000.00	\$87,539.00	Yes - Info
3. New maximum contract amount:	\$293,535.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The opportunity to foster a strong partnership with a well-known organization within our communities, as well as build a program to offer young professionals an opportunity to grow, learn, and give back to the wildlife field.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees cannot do this work due to a limited amount of staff and the Americorps program is a national volunteer 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 200902**

**Approval Date: 09/08/2020**

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? 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, 11/2020 - current, work has always 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:  
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	jwilkin3	09/26/2023 10:56:58 AM
Division Approval	cbalcon	09/26/2023 14:07:54 PM
Department Approval	jneubau2	10/11/2023 08:09:56 AM
Contract Manager Approval	abarredo	10/11/2023 11:07:32 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: **28232**

Agency Name: **DEPARTMENT OF WILDLIFE**  
Agency Code: **702**  
Appropriation Unit: **4464-13**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Log Rx**  
Contractor Name: **Log Rx**  
Address: **2430 Pavillions Place Lane  
Unit 306**  
City/State/Zip: **Sacramento, CA 95825**  
Contact/Phone: **Clive Savacool 916/717-0179**  
Vendor No.: **T29047668**  
NV Business ID: **NV20232884945**  
To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **#24-21**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/03/2023**

Anticipated BOE meeting date **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2026**

Contract term: **2 years and 332 days**

4. Type of contract: **Contract**

Contract description: **Online RX Tracking**

5. Purpose of contract:

**This is a new contract to provide drug tracking services to the department. The department uses a wide array of controlled substances to manage wildlife and conduct public safety operations. Tracking these drugs is required by DEA regulations and this software will improve tracking and compliance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,600.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Improve controlled substance tracking and inventory as required by DEA regulations.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**No such software system exists within the state and it would be cost-prohibitive to design such a system ourselves.**

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):

**Log Rx  
OperativeIQ  
PSTrax**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only one to respond with a quote

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 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:

Nate LaHue, Wildlife Health Specialist Ph: (775) 688-1813

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	09/21/2023 14:43:10 PM
Division Approval	cbalcon	09/21/2023 14:58:51 PM
Department Approval	jneubau2	10/06/2023 09:15:20 AM
Contract Manager Approval	abarredo	10/06/2023 12:56:10 PM
EITS Approval	ljean	10/09/2023 07:29:42 AM
Budget Analyst Approval	dspeed1	11/03/2023 12:10:00 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: **28163**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>BAT CONSERVATION INTERNATIONAL, INC.</b>
Agency Code: <b>702</b>	Contractor Name: <b>BAT CONSERVATION INTERNATIONAL, INC.</b>
Appropriation Unit: <b>4466-11</b>	Address: <b>BLDG 1</b>
Is budget authority available?: <b>Yes</b>	<b>500 N CAPITAL OF TEXAS HWY</b>
If "No" please explain: <b>Not Applicable</b>	<b>AUSTIN, TX 78746-3450</b>
	Contact/Phone: <b>512/327-9721</b>
	Vendor No.: <b>T32007846</b>
	NV Business ID: <b>NV20212077281</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **#24-18**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/02/2023**

Anticipated BOE meeting date **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2027**

Contract term: **3 years and 303 days**

4. Type of contract: **Contract**

Contract description: **Bat Monitoring**

5. Purpose of contract:

**This is a new contract to provide services to analyze bat acoustic data collected under Wildlife Diversity's NABat project and other bat acoustic-related projects for preservation and protection of species and habitats as needed.**

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 \$20,000.00 per Year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Providing managers information that file gaps for species needs within the Nevada Wildlife Action Plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Amount of staff time needed in the field to conduct surveys, sample, monitor does not have the programming skills or staff to perform all 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):

Bat Conservation International  
Oregon State University  
San Jose State University

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This contractor is able to provide services needed, other vendors did not respond.

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

18.14%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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, 2010-2023, work has always 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:

Jessica Brooks, Diversity Staff Specialist Ph: (775) 688-1443

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	08/29/2023 15:57:40 PM
Division Approval	cbalcon	08/31/2023 13:23:31 PM
Department Approval	jneubau2	09/26/2023 15:09:00 PM
Contract Manager Approval	abarredo	09/26/2023 15:27:53 PM
Budget Analyst Approval	dspeed1	11/02/2023 16:10:52 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: **26802** Amendment Number: **1**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **All Star Custom Hay, LLC**

Agency Code: **702** Contractor Name: **All Star Custom Hay, LLC**

Appropriation Unit: **4467-13** Address: **600 Western Hills #10**

Is budget authority available?: **Yes** City/State/Zip: **Spring Creek, NV 89815**

If "No" please explain: **Not Applicable** Contact/Phone: **Josh Smith 775-397-7570**

Vendor No.: **T29044847A**

NV Business ID: **NV20212078981**

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 %
<b>X</b> Federal Funds	<b>75.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>25.00 % Sportsmen</b>

Agency Reference #: **#23-19**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2022**

Anticipated BOE meeting date **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **4 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Tractor Rental**

5. Purpose of contract:

**This is the first amendment to the original contract which provides tractor and tractor implement rentals for rangeland and emergency wildfire restoration on an as needed basis. This amendment extends the termination date from December 31, 2024 to October 31, 2026 and increases the maximum amount from \$24,500 to \$96,000 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:	\$24,500.00	\$24,500.00	\$24,500.00	Yes - Info
2. Amount of current amendment (#1):	\$71,500.00	\$71,500.00	\$96,000.00	Yes - Info
3. New maximum contract amount:	\$96,000.00			
and/or the termination date of the original contract has changed to:	10/31/2026			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Wildfires often sterilize the seed bank, thus reseeding after a wildfire can be necessary to jump start the system to provide adequate food and cover for wildlife. Drill seeding with the use of tractors is a tried and true practice for reseeding efforts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State currently doesn't own the tractors to perform this work and the capital investment of purchase and maintenance out weighs the cost of renting for the frequency of use the state would utilize the equipment. Renting the tractors will allow State employees to implement 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):

All Star Custom Hay LLC  
Triangle S Equipment  
United Rentals  
Northern Nevada Equipment

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

All Star Custom Hay was the only vendor that replied to the solicitation.

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, 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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	jwilkin3	09/22/2023 07:39:15 AM
Division Approval	cbalcon	09/22/2023 08:16:20 AM
Department Approval	jneubau2	10/06/2023 09:18:07 AM
Contract Manager Approval	jwilkin3	10/06/2023 09:33:21 AM
Budget Analyst Approval	dspeed1	11/03/2023 15:43:31 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: **28119**

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: **BP Livestock, Inc. dba BP Weeds**  
Contractor Name: **BP Livestock, Inc. dba BP Weeds**  
Address: **260 Fay Ave**  
City/State/Zip: **Ely, NV 89301**  
Contact/Phone: **Bert Paris 775-296-3234**  
Vendor No.: **T32014137**  
NV Business ID: **NV20151351494**

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 24-16

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/07/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/30/2027**

Contract term: **3 years and 296 days**

4. Type of contract: **Contract**

Contract description: **Weed Management**

5. Purpose of contract:

**This is a new contract to provide project management, technical assistance, and collaborative on-the-ground weed removal projects for private, state and public lands.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,750.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Invasive/non-native weed removal and abatement through a task order, and will be provided to the contractor by NDOW for each project. These projects will benefit Nevada's rangelands by improving the overall health of the ecosystem; thus, benefiting native wildlife species.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the proper supplies or resources to accomplish these goals.**

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):

Morris Ag Air  
Progressive Pest Management  
BP Livestock Inc dba BP Weeds  
CropJet Aviation, LLC  
Humboldt Watershed Cooperative Weed Management Area

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is a non-government agency who has the qualified knowledge, skill, and resources.

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:

Madi Ellingwood, Biologist 3 Ph: 775-388-1982

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	09/07/2023 11:02:50 AM
Division Approval	cbalcon	09/08/2023 15:03:21 PM
Department Approval	jneubau2	10/11/2023 08:13:27 AM
Contract Manager Approval	jwilkin3	10/11/2023 09:57:30 AM
Budget Analyst Approval	dspeed1	11/07/2023 11:55:54 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: **28120**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Manford Charles Glock &amp; Tina Marie Glock</b>
Agency Code: <b>702</b>	Contractor Name: <b>Manford Glock dba Progressive Pest Management</b>
Appropriation Unit: <b>4467-13</b>	Address: <b>PO Box 50117</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89513</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Manford Glock 775-322-7378</b>
	Vendor No.: <b>T32012359</b>
	NV Business ID: <b>NV20121685772</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **24-17**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/02/2023**

Anticipated BOE meeting date **10/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2027**

Contract term: **3 years and 119 days**

4. Type of contract: **Contract**

Contract description: **Weed Management**

5. Purpose of contract:

**This is a new contract to provide project management, technical assistance, and collaborative on-the-ground weed removal projects for private, state and public lands.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,750.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Invasive/non-native weed removal and abatement through a task order, and will be provided to the contractor by NDOW for each project. These projects will benefit Nevada's rangelands by improving the overall health of the ecosystem; thus, benefiting native wildlife species.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the proper supplies or resources to accomplish these goals.**

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):

CropJet Aviation, LLC  
Morris Ag Air  
Humboldt Watershed Cooperative Weed Management Area  
Progressive Pest Management  
BP Weeds

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

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

Madi Ellingwood, Biologist 3 Ph: 775-388-1982

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	09/18/2023 11:20:53 AM
Division Approval	cbalcon	09/21/2023 08:47:25 AM
Department Approval	jneubau2	09/26/2023 09:52:35 AM
Contract Manager Approval	jwilkin3	09/26/2023 15:26:01 PM
Budget Analyst Approval	dspeed1	11/02/2023 15:40:12 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26007** Amendment Number: **1**  
 Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **Roadway Company**  
 Agency Code: **702** Contractor Name: **Roadway Company**  
 Appropriation Unit: **4467-13** Address: **PO Box 597**  
 Is budget authority available?: **Yes** City/State/Zip: **Wells, NV 89835**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Ashley Johns 775-752-3377**  
 Vendor No.: **T81085789**  
 NV Business ID: **NV20001187929**

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 #: 22-73

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 11/2023

Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved 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 the first amendment to the original contract to provide trailer rental and delivery and/or transport services for moving and/or storing materials statewide. This amendment increases the maximum amount from \$24,000 to \$84,000 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):	\$60,000.00	\$60,000.00	\$84,000.00	Yes - Info
3. New maximum contract amount:	\$84,000.00			

#### 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 Company  
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.  
NDOW 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	08/24/2023 08:22:57 AM

Division Approval	cbalcon	08/29/2023 12:01:07 PM
Department Approval	jneubau2	09/28/2023 10:21:54 AM
Contract Manager Approval	jwilkin3	11/02/2023 16:27:49 PM
Budget Analyst Approval	dspeed1	11/02/2023 17:09:34 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28314**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Tungite Labs, LLC</b>
Agency Code: <b>702</b>	Contractor Name: <b>Tungite Labs, LLC</b>
Appropriation Unit: <b>4467-15</b>	Address: <b>1913 E 5th Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Greenville, NC 27858</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Joe Weiss 919-806-9772</b>
	Vendor No.: <b>T29047750</b>
	NV Business ID: <b>NV20232912434</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2026</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Upland Game Stamp</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 24-28

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/07/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**

Contract term: **1 year and 358 days**

4. Type of contract: **Contract**

Contract description: **Acoustic Data Analyis**

5. Purpose of contract:

**This is a new contract to provide a web-accessible, online, solution for processing hundreds of thousands of hours of audio data in an efficient manner to support sage-grouse research.**

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?

Data analysis using manual listening and logging and current software is inefficient and time consuming for staff. Implementing an online solution capable of using cloud-computing technology will speed up the processing times and make data analysis much more efficient.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are either currently working at full capacity on other projects and/or do not have the technical expertise needed 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):

Core Tech  
Cuttlsoft  
Tungite Labs

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Tungite Labs has the required experience and was the only vendor to respond to the solicitation.

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)?

**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:

Matt Maples, Wildlife Staff Specialist Ph: 775-688-1568

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	10/11/2023 10:37:18 AM
Division Approval	cbalcon	10/11/2023 10:40:02 AM
Department Approval	jneubau2	10/24/2023 16:32:30 PM
Contract Manager Approval	jwilkin3	10/26/2023 12:11:35 PM
EITS Approval	ljean	10/31/2023 08:13:51 AM
Budget Analyst Approval	dspeed1	11/07/2023 12:00:12 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25303** Amendment Number: **3**

Agency Name: **DCNR - PARKS DIVISION** Legal Entity Name: **STANTEC CONSULTING SERVICES**

Agency Code: **704** Contractor Name: **STANTEC CONSULTING SERVICES**

Appropriation Unit: **4604-06** Address: **INC**

Is budget authority available?: **Yes** City/State/Zip: **CHICAGO, IL 60693-0139**

If "No" please explain: **Not Applicable** Contact/Phone: **Brian McRae 425/289-7331**

Vendor No.: **T81023418B**

NV Business ID: **NV20101021081**

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % STATE PARKS FACILITY &amp; GROUNDS MAINTENANCE</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/08/2022**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **12/31/2023**

Termination Date:

Contract term: **2 years and 327 days**

4. Type of contract: **Contract**

Contract description: **Engineering contract**

5. Purpose of contract:

**This is the third amendment to the original contract to provide bidding assistance and construction oversight for Spooner Lake Frontcountry improvements. This amendment extends the termination date from December 31, 2023 to December 31, 2024 and increases the maximum amount from \$145,140.00 to \$156,260.00 due to the continued need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$145,140.00	\$145,140.00	\$145,140.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$11,120.00	\$11,120.00	\$11,120.00	Yes - Info
3. New maximum contract amount:	\$156,260.00			
and/or the termination date of the original contract has changed to:	12/31/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Oversight of construction to design specs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Project workload exceeds capacity of staff.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Direct-select per NAC 333.150(2)(b). The vendor was the engineer of record during the design of this project. As such, they are uniquely aware of the designs and challenges of this project and in a position to guide the construction phase according to plan.

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	ethick1	11/06/2023 09:51:47 AM
Division Approval	ethick1	11/06/2023 09:51:54 AM

Department Approval ethick1  
Contract Manager Approval ethick1  
Budget Analyst Approval rjacob3

11/06/2023 09:52:03 AM  
11/06/2023 09:52:12 AM  
11/15/2023 08:38:40 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28475**

Agency Name: **DCNR - PARKS DIVISION**  
 Agency Code: **704**  
 Appropriation Unit: **4605-15**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **VL CONSTRUCTION LLC**  
 Contractor Name: **VL CONSTRUCTION LLC**  
 Address:  
 City/State/Zip: **BILLHEAD CITY, AZ 86442**  
 Contact/Phone: 928.234.4510  
 Vendor No.: T29047853  
 NV Business ID: NV20191374357

To what State Fiscal Year(s) will the contract be charged? **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 %</b>	<b>Utility Surcharge</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **222 days**

4. Type of contract: **Contract**

Contract description: **Restroom renovations**

5. Purpose of contract:

**This is a new contract to provide renovation of a restroom on the south beach at Big Bend State Recreation Area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$39,850.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The pipe alley is 25yrs old and most components are badly rusted or degraded. The current plumbing has provided problems over the years and is in need of replacement.

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 complete 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):

REDMOND CONSTRUCTION  
 COLORADO RIVER PLUMBING  
 VL CONSTRUCTION  
 RGD CONSTRUCTION

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



[Empty text box]

d. Last bid date: Anticipated re-bid date:

- 10. 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	ethick1	11/06/2023 10:33:29 AM
Division Approval	ethick1	11/06/2023 10:33:31 AM
Department Approval	ethick1	11/06/2023 10:33:33 AM
Contract Manager Approval	ethick1	11/06/2023 10:33:39 AM
Budget Analyst Approval	rjacob3	11/20/2023 08:39:14 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: **28364**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>WALKER RIVER MECHANICAL GROUP</b>
Agency Code: <b>704</b>	Contractor Name: <b>WALKER RIVER MECHANICAL GROUP</b>
Appropriation Unit: <b>4605-12</b>	Address: <b>12 STATE ROUTE 208</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>YERINGTON, NV 89447-2420</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775/463-9698</b>
	Vendor No.: <b>T32004427</b>
	NV Business ID: <b>NV20161072666</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2025**

Contract term: **1 year and 284 days**

4. Type of contract: **Contract**

Contract description: **On Call HVAC-WRSRA**

5. Purpose of contract:

**This is a new contract to provide on call repair and maintenance of HVAC systems located within the Walker River State Recreational Area.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Preventative maintenance and replacement of aging of equipment at WRSRA.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Park employees are not licensed to perform all required skills.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Arellano Heating  
Marricini HVAC  
Walker River Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor has provided satisfactory work for State Parks in the past.

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	ethick1	11/16/2023 12:26:03 PM
Division Approval	ethick1	11/16/2023 12:26:06 PM
Department Approval	ethick1	11/16/2023 12:26:22 PM
Contract Manager Approval	ethick1	11/16/2023 12:26:29 PM
Budget Analyst Approval	rjacob3	11/20/2023 08:28:06 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: **28428**

Agency Name: <b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name: <b>GNOMON INC</b>
Agency Code: <b>705</b>	Contractor Name: <b>GNOMON INC</b>
Appropriation Unit: <b>4211-32</b>	Address: <b>1601 FAIRVIEW DR STE G</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89701-5860</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>ERIC INGBAR 775/885-2305</b>
	Vendor No.: <b>T81005218</b>
	NV Business ID: <b>NV19941043248</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 **10/31/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **Yes**

If "Yes", please explain

**The division was advised by State Purchasing in the last minute to change the contract from a short form to a long form which resulted in a delay of processing.**

3. Termination Date: **10/31/2024**

Contract term: **1 year and 1 day**

4. Type of contract: **Contract**

Contract description: **TCID Mapping Enhance**

5. Purpose of contract:

**This is a new contract to provide a mapping toolbar upgrade to work with ArcGIS Pro software.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,423.00**

Other basis for payment: Upon receipt, review and acceptance of the deliverable(s) and upon receipt of an invoice and subject to agency approval.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The current mapping toolbar to digitize water righted areas was developed in 2014 for ArcMap by Gnomon. the existing toolbar links the mapping data with a database application designed by Gnomon to track water right changes by contract, serial number and Public Land Survey System areas. The toolbar contains checks for quality control on tabular and spatial data to reduce errors from overlapping or missing areas. ESRI, the maker of ArcGIS software, will retire the ArcMap software on March 1, 2025. The replacement software from ESRI is AcrGIS Pro. Gnomon will build a similar toolbar to work with ArcGIS Pro.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The U.S. Bureau of Reclamation requires an outside entity to do the QA/QC.

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 #: 231001**

**Approval Date: 10/10/2023**

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? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The division was previously in contract with Gnomon from 2014 - 2020 and the services provided were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Stephanie Snyder, GIS Analyst III Ph: 775-684-2856

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	11/01/2023 10:23:34 AM
Division Approval	sweb4	11/01/2023 10:23:36 AM
Department Approval	kwilliam	11/01/2023 12:14:00 PM
Contract Manager Approval	sweb4	11/01/2023 14:44:41 PM
EITS Approval	ljean	11/02/2023 09:40:36 AM
Budget Analyst Approval	rjacob3	11/15/2023 13:09:23 PM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
 Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	231001

### 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>STATE AGENCY NAME REQUIRED:</b>	Nevada Division of Water Resources	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Stephanie Snider, GIS Analyst III	684-2856	ssnider@water.nv.gov
	Brian McMenemy, IT Manager I	684-2858	bmcmenamy@water.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Gnomon, Inc.
	Contact Name:	Eric Ingbar, Director
	<b>Complete Address:</b> City, State, and Zip Code	1601 Fairview Dr., Suite G Carson City, NV 89701
	Telephone Number:	775-885-2305
	Email Address:	eingbar@gnomon.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>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 checked="" type="checkbox"/>	No:
	Contract:	Start Date:	Upon approval	End Date: September 30, 2025

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	

Rec'd 10/01/23 // auto ✓

#2310010

Federal Funds:	<i>U.S. Bureau of Reclamation (100%)</i>
Grant Funds:	
Other (Explain):	

<del>Purchasing Use Only:</del>	
Approval #:	

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>\$45,423</i>

2	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	<i>The current mapping toolbar to digitize water righted areas was developed in 2014 for ArcMap by Gnomon. The existing toolbar links the mapping data with a database application designed by Gnomon to track water right changes by contract, serial number and Public Land Survey System areas. The toolbar contains checks for quality control on tabular and spatial data to reduce errors from overlapping or missing areas. Esri, the maker of ArcGIS software, will retire the ArcMap software on March 1, 2025. The replacement software from Esri is ArcGIS Pro. Gnomon will build a similar toolbar to work with ArcGIS Pro. This toolbar upgrade will allow DWR to continue mapping and tracking water righted areas for the Newlands Project with a mapping system that is supported by Esri for technical support, complies with OCIO security standards, and incorporates the latest spatial data technology.</i>

3	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<i>The data system was developed specifically to track water right assignments to property owners within the Truckee Carson Irrigation District (TCID). Gnomon is familiar with the complex queries, database structure, web code and security modules that are being utilized for this project. Gnomon is familiar with the unique water right transaction processes for TCID, which is unlike any project utilized by another state. The Newlands Project was one of the first reclamation projects for the BOR. It provides irrigation water from the Truckee and Carson Rivers for about 57,000 acres of cropland in the Lahontan Valley near Fallon and bench lands near Fernley in western Nevada.</i>

4	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>Gnomon developed the existing system and has extensive knowledge of TCID water rights. They will replicate the functionality of the current toolbar and provide enhancements to increase effectiveness based on communications with mapping staff during their previous contract period. Gnomon is already familiar with existing workflows for TCID water right permits and will not need to be updated on the requirements for balancing water assignments associated with deed ownership. There are no other vendors who have experience or are familiar with the project or the software. Any other vendor would require additional lead time and expense for them to reverse engineer the unique data system. We only have the funding that allows for this update.</i>

5	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
			<input checked="" type="checkbox"/>

a. *If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*

b. *If not, why were alternatives not evaluated?*

*No alternatives currently exist. We have a vendor that is already familiar with the application code, the functionality, the staff workflows, and the database schema.*

*Purchasing Use Only:*

Approval #: \_\_\_\_\_

6	Has the agency purchased these services/services with goods in the past? Check One:				Yes	No
	<p><i>NOTE: To avoid delays or your request being rejected, 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> <p>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 these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</i></p>				<input checked="" type="checkbox"/>	
Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #	
Start Date	End Date					
May 14, 2014	May 31, 2019	\$295,670	Water right mapping and accounting system	RFP# 3112	15517	
April 1, 2019	Sept 30, 2020	\$ 0	Amendment for time extension		15517	
		\$				
		\$				
		\$				

7

What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?

*A competitive bidding process would not be cost-effective or practical due to the time involved in completing an RFP and getting another vendor up to speed on the intricacies of TCID permitting and the workflows necessary for both DWR and the TCID Office for the approval of these specialized water rights. Due to this project being federally funded, there is not enough funding to support a new RFP under the current award. Gnomon is the intended consultant approved by the BOR in the recent grant amendment dated September 5, 2023.*



When the ArcMap software is no longer supported by Esri, there will not be patches released to correct security vulnerabilities. OCIO may not allow the PC to be connected to the network if the IT security standards are not met.

We have been using ArcMap which is a legacy software to continue project work with Gnomon's originally developed data system and processing tools. The DWR office already converted to using ArcGIS Pro software 3 years ago. Without this upgrade, the Newlands Mapping Project will continue to be isolated from spatial technology advances that the rest of the office already has.

8 What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?

The development rate being charged falls within the average price range per hour for highly complex .NET application development. The hours planned for the project were discussed with other .NET developers in the Department and were realistic for each task outlined.

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u>		<input checked="" type="checkbox"/>
	a. If yes, please provide details regarding future obligations or needs.		
	While there is no obligation for future purchases with this vendor, if a funding source becomes available in the future, there is a possibility that we could rehire Gnomon to make enhancements to our application.		

<del>Purchasing Use Only:</del>	
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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

Stephanie Snider / Brian McMenamy  
Signature of Agency Representative Initiating Request

Stephanie Snider / Brian McMenamy 10-09-2023  
Print Name of Agency Representative Initiating Request Date

[Signature] 10/9/2023  
Signature of Agency Head Authorizing Request

CHRISTOPHER THORSON 10/9/2023  
Print Name of Agency Head Authorizing Request Date

#231001(4)

**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 Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

<b>NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</b>	<input type="checkbox"/>
---	--------------------------

Approved by:

  
\_\_\_\_\_  
Administrator, Purchasing Division or Designee

10/10/25  
\_\_\_\_\_  
Date

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22869</b>	Amendment Number: <b>2</b>
Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>Gold Systems, Inc.</b>
Agency Code: <b>706</b>	Contractor Name: <b>Gold Systems, Inc.</b>
Appropriation Unit: <b>4195-33</b>	Address: <b>2121 S McClelland St Ste 204</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Salt Lake City, UT 84106-2558</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Steve Gold 801-456-6129</b>
	Vendor No.: <b>T29042829</b>
	NV Business ID: <b>NV20191645381</b>

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.

<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 #: **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 **10/2023**

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 second 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 \$420,466.00 to \$460,466.00 due to the ongoing software development and helpdesk costs.**

#### 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
a. Amendment 1:	\$191,423.00	\$191,423.00	\$191,423.00	Yes - Action
2. Amount of current amendment (#2):	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
3. New maximum contract amount:	\$460,466.00			

#### 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? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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

rmorse

10/20/2023 11:24:07 AM

Division Approval	rmorse	10/20/2023 11:24:11 AM
Department Approval	hedmonds	10/30/2023 10:25:40 AM
Contract Manager Approval	rmorse	10/30/2023 10:30:22 AM
EITS Approval	ljean	10/31/2023 08:15:02 AM
Budget Analyst Approval	rjacob3	11/14/2023 09:15:40 AM



**STATE OF NEVADA**  
**GOVERNOR'S OFFICE**  
*Office of the Chief Information Officer*  
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:** Kacey KC, Administrator, Forestry, DCNR  
Hilary Reynolds, Administrative Services Officer I, Forestry, DCNR  
Ian Oliver, IT Professional II, Forestry, DCNR  
Richard Morse, Program Manager, Forestry, DCNR

**CC:** Tim Galluzi, State Chief Information Officer, OCIO  
Robert Dehnhardt, State Chief Information Security Officer, OCIO  
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

**FROM:** Lisa Jean, TIN Administrator, OCIO

**SUBJECT:** TIN Completion Memo – Forestry – TIN 523 – *Fire Billing Software* – Update A – BA 4195

**DATE:** October 10, 2023

We have completed our review for the Department of Conservation and Natural Resources (DCNR), Division of Forestry (Forestry) – *Fire Billing Software* – TIN 523, Update A.

The submitted TIN, for an estimated value of \$120,019.00 in the FY24/FY25 biennium (100% General Fund), is to update cost information to reflect extended licensing and hosting for the Fire Billing System.

The Fire Billing System is a cloud-based solution that improves processing and data management.

The agency considers the investment and final implementation to have an ongoing low security risk.

While the solution is accessed from outside of SilverNet, it does not process, store, or transport personal identification information and has no impact on state infrastructure.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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: **28477**

Agency Name: <b>DCNR - FORESTRY DIVISION</b>	Legal Entity Name: <b>Clark County</b>
Agency Code: <b>706</b>	Contractor Name: <b>Clark County</b>
Appropriation Unit: <b>4196-00</b>	Address: <b>5758 E. Flamingo Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89119</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-455-7307</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2025</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 Other funding</b>	<b>100.00 % WFPP revenue funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **Yes**

If "Yes", please explain

**NDF and Clark County Fire Department have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2023 as the current contract for this service expires on June 30, 2023.**

3. Termination Date: **06/30/2025**

Contract term: **2 years**

4. Type of contract: **Revenue Contract**

Contract description: **WFPP**

5. Purpose of contract:

**This is a new revenue interlocal agreement to provide wildland fire services under the Wildland Fire Protection Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,442.00**

Payment for services will be made at the rate of \$8,221.00 per SFY

Other basis for payment: Services paid \$8,221.00 for SFY24-25

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Clark County Fire Department will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**



a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277 - Interlocal Agreement

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:

Governmental entities routinely provide services to one another.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Ron Bollier, Fire Management Officer Ph: 775-684-2556

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	11/08/2023 09:17:53 AM
Division Approval	hedmonds	11/08/2023 18:19:30 PM
Department Approval	hedmonds	11/08/2023 18:19:49 PM
Contract Manager Approval	mvaldiv1	11/09/2023 08:28:20 AM
Budget Analyst Approval	rjacob3	11/14/2023 08:58:45 AM



# NEVADA DIVISION OF FORESTRY

STATE OF NEVADA  
Department of Conservation & Natural Resources

Joe Lombardo, Governor  
James A. Settlemeyer, Director  
Kacey KC, State Forester/Firewarden

DATE: November 6, 2023

## MEMORANDUM

**TO:** Richard Jacobs  
*Budget Officer*  
*Governor's Finance Office*

**FROM:** Kacey KC  
*State Forester / Fire Warden*  
*Nevada Division of Forestry*

**SUBJECT:** REQUEST FOR RETROACTIVE START DATE OF CONTRACT – Clark County (CETS #28477)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Vendor: **Nevada Division of Forestry.**
- Services to be provided: **This is a new interlocal agreement to provide services under the Wildland Fire Protection Program for Clark County.**
- Funding source and expenditure category: **BA4196 – CAT 00 revenue.**
- Requested start date of work: **July 1, 2023.**
- Expected execution date of agreement: **November 8, 2023.**
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - **This contract was delayed due to vacancies within NDF and the processing time of county administrations and their board of county commissioners.**
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: **These contracts are renewed on an annual basis. If the work is not able to proceed on time, lack of environmental containment could aggravate the risk of wildland fires in the region.**
  - Explain how the program/bureau will prevent future retroactive requests: **NDF will continue to train its new contract manager and strive to process these contracts earlier in the future.**

If you have any questions, please contact Jovani Valdivia at (775) 684-2506 or martin.valdivia@forestry.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: **27889**

Agency Name: **DCNR - FORESTRY DIVISION**  
Agency Code: **706**  
Appropriation Unit: **4196-00**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **WASHOE TRIBE OF NEVADA AND CA**  
Contractor Name: **WASHOE TRIBE OF NEVADA AND CA**  
Address: **919 US HIGHWAY 395 S**  
City/State/Zip: **GARDNERVILLE, NV 89410-8968**  
Contact/Phone: James Gatzke 7753098749  
Vendor No.: T80730530D  
NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **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 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/17/2023**

Anticipated BOE meeting date 07/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **225 days**

4. Type of contract: **Revenue Contract**

Contract description: **Aerial Seeding**

5. Purpose of contract:

**This is a new revenue contract to provide aerial seeding services to the Washoe Tribe of Nevada and California.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Governmental entities throughout Nevada often aid each other in providing services unique to their agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are providing 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:

Kris Kirkland, Chief Pilot Ph: 775-782-1419

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	11/13/2023 11:30:34 AM
Division Approval	hedmonds	11/13/2023 14:49:41 PM
Department Approval	hedmonds	11/13/2023 14:49:45 PM
Contract Manager Approval	rmorse	11/14/2023 09:08:44 AM
Budget Analyst Approval	rjacob3	11/17/2023 11:11:23 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: **28382**

Agency Name: <b>B&amp;I - INDUSTRIAL RELATIONS DIV</b>	Legal Entity Name: <b>MILES CONSTRUCTION</b>
Agency Code: <b>742</b>	Contractor Name: <b>MILES CONSTRUCTION</b>
Appropriation Unit: <b>4680-13</b>	Address: <b>61 INDUSTRIAL PKWY</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89706-7829</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jim Feser 775/246-3722</b>
	Vendor No.: <b>T27003787</b>
	NV Business ID: <b>NV19981131058</b>
To what State Fiscal Year(s) will the contract be charged? <b>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 % Workers' Compensation Fund</b>

Agency Reference #: **742**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2023**

Anticipated BOE meeting date **12/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2024**

Contract term: **78 days**

4. Type of contract: **Contract**

Contract description: **Construction Service**

5. Purpose of contract:

**This is a new contract to provide construction services, to make necessary structural repairs and alterations prior to move-in at the 1886 E. College Parkway location in Carson City.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,388.00**

Payment for services will be made at the rate of \$24,388.00 per Deliverable

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Prior to the division moving into a new office location structural repairs and alterations are required.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**The work requires professional construction 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):

**Miles Construction  
All Angles Construction  
Metcalf Builders**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Miles was the only bidder.

d. Last bid date: 10/12/2023 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	snichol6	11/02/2023 14:42:03 PM
Division Approval	jhanse4	11/07/2023 08:50:39 AM
Department Approval	jhanse4	11/07/2023 08:50:42 AM
Contract Manager Approval	jhanse4	11/07/2023 08:50:50 AM
Budget Analyst Approval	stilley	11/14/2023 14:28:00 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: **28363**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Advanced Pro Remediation, LLC</b>
Agency Code: <b>901</b>	Contractor Name: <b>Advanced Pro Remediation, LLC</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>5961 McLeod Drive</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89120-3404</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Dayna Fualaau 702-252-0880</b>
	Vendor No.: <b>T27038055</b>
	NV Business ID: <b>NV20031177584</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2026</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 #: **3797-26-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2023**

Anticipated BOE meeting date **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**

Contract term: **1 year and 352 days**

4. Type of contract: **Contract**

Contract description: **Advanced Pro**

5. Purpose of contract:

**This is a new contract to provide ongoing emergency on-call remediation and/or restoration services for the Business Enterprise of Nevada food service locations in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: Rates: \$71.84/Hour (M-F 8am-5pm); \$107.86 /Hour (M-F after 5pm, Saturdays); \$143.69/Hour (Sunday & Holiday). Cost of materials to be determined as needed. Travel Costs will only be paid for travel over 30 miles (one-way) from the vendor's contracted location or to any of the Hoover Dam locations. Travel costs will not exceed \$40.00 for a round trip. Invoices payable only with submittal and approval of supporting documentation, including a breakdown of parts and labor submitted. Contract not to exceed: \$20,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

After fire, flood or other disasters, BEN food service sites are not safe nor sanitary and will be shut down until the damage is cleaned up and the floor, walls, air and surfaces are brought up to Southern Nevada Health District Health Codes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency staff are not trained nor have the equipment 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):

Advanced Pro  
Pinnacle Flood Restoration  
Paul Davis Restoration

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost vendor

d. Last bid date: 09/18/2023 Anticipated re-bid date: 06/02/2025

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:

Vendor has provided satisfactory services to BEN since November 2016.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	clarki1	11/06/2023 07:09:41 AM
Division Approval	scas1	11/13/2023 12:06:17 PM
Department Approval	scas1	11/13/2023 12:06:19 PM
Contract Manager Approval	wcune1	11/13/2023 15:34:34 PM
Budget Analyst Approval	vfajota	11/13/2023 16:37:57 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28346**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Bulls Eye Technical Services</b>
Agency Code: <b>901</b>	Contractor Name: <b>Bulls Eye Technical Services</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>3585 S, Highland Dr Suite# 55</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>Theresa Bresee 702-658-4454</b>
	Vendor No.: <b>T29024622</b>
	NV Business ID: <b>NV20031239700</b>
To what State Fiscal Year(s) will the contract be charged? <b>2024-2026</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 #: **3795-26-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2023**

Anticipated BOE meeting date **11/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **1 year and 314 days**

4. Type of contract: **Contract**

Contract description: **Bulls Eye Repair**

5. Purpose of contract:

**This is a new contract to provide ongoing repair and maintenance of commercial kitchen appliances at any Southern Nevada Business Enterprise of Nevada (BEN) location.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Other basis for payment: Regular Time: \$110/hr. (Monday-Friday 800am-500pm); Overtime: \$165/hr. (on-holiday time outside of regular time); Double Time - \$220/hr. (Holiday Time). 1/2 hour is charged to arrive at any location in the Las Vegas Valley. Travel time is charged round trip to locations outside of the Las Vegas Valley. Parts runs are charged the actual time to obtain parts. Parts are marked up 25% from our cost. We do charge to diagnose and then prepare an estimate to complete a repair. Mileage not to exceed \$50.00 per round trip to the Hoover Dam. Invoices payable only with submittal and approval of supporting documentation, including a breakdown of parts and labor submitted. Total Contract not to exceed \$50,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

BEN facilities require ongoing commercial kitchen equipment repair and maintenance in order to prevent interruption of services and to adhere to state and local health codes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not skilled, licensed or qualified to maintain the equipment.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Bulls Eye  
Hobart Service  
Hi Tech  
Expert Commercial Appliance Repair

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: 08/21/2023 Anticipated re-bid date: 06/02/2025

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:

This vendor provided satisfactory services to BEN from June 2010 to April 2022.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	clarki1	11/08/2023 09:01:57 AM
Division Approval	scas1	11/08/2023 14:25:16 PM
Department Approval	scas1	11/08/2023 14:25:19 PM
Contract Manager Approval	wcune1	11/08/2023 15:17:26 PM
Budget Analyst Approval	twollan1	11/20/2023 14:44:01 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: **28360**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: Complete Electric, LLC
Agency Code: <b>901</b>	Contractor Name: <b>Complete Electric, LLC</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>P.O. Box 61719</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89506</b>
If "No" please explain: Not Applicable	Contact/Phone: Richard Barker 775-852-1361
	Vendor No.: T32014946A
	NV Business ID: NV20061717795

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 #: 3792-25-BEN

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/13/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2025**

Contract term: **1 year and 321 days**

4. Type of contract: **Contract**

Contract description: **Complete Electric**

5. Purpose of contract:

**This is a new provide ongoing regular and emergency electrical services for the various Business Enterprise of Nevada food service locations in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Other basis for payment: Rates: \$95.00/hr. (7:00am-4:00pm M-F), \$142.50/hr. (4:01pm to quitting). No service work started after 4:00pm. No service work on weekends/holidays. Materials = cost +25%. Invoices payable only with submittal and approval of supporting documentation, including a breakdown of parts and labor submitted. Contract not to exceed: 40,000.00.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The BEN program has on going needs for electrical repair services at various program sites. These services are essential to the health and safety of staff and the public and are mandated by the health codes and regulations of various cities, counties and the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not licensed to 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):

Silver State Electric  
Complete Electric  
The Electric Company  
Briggs Electric

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: 09/19/2023 Anticipated re-bid date: 06/02/2025

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 provided satisfactory services to DETR from 10/2010 to 8/2017.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	clarki1	10/30/2023 15:33:58 PM
Division Approval	scas1	11/01/2023 09:28:33 AM
Department Approval	scas1	11/01/2023 09:28:35 AM
Contract Manager Approval	wcune1	11/01/2023 16:00:09 PM
Budget Analyst Approval	vfajota	11/13/2023 13:16:04 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28180**

Agency Name: <b>DETR - REHABILITATION DIVISION</b>	Legal Entity Name: <b>Eide Bailly LLP</b>
Agency Code: <b>901</b>	Contractor Name: <b>Eide Bailly LLP</b>
Appropriation Unit: <b>3253-10</b>	Address: <b>5441 Kietzke Lane</b>
Is budget authority available?: <b>Yes</b>	<b>Suite 150</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Reno, NV 89511</b>
	Contact/Phone: <b>Tiffany Williamson 775-337-3961</b>
	Vendor No.: <b>T29026023B</b>
	NV Business ID: <b>NV20201801760</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2024-2025</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 % Business Enterprise Set-Aside</b>

Agency Reference #: **3780-25-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/20/2023**

Anticipated BOE meeting date **01/2024**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **1 year and 222 days**

4. Type of contract: **Contract**

Contract description: **Eide Bailly BEN**

5. Purpose of contract:

**This is a new contract to provide ongoing independent vendor audits of Business Enterprises of Nevada facilities that generate annual gross revenues in excess of \$150,000.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,000.00**

Other basis for payment: Rates: \$5,500.00 (Yearly Site Revenue over \$1,000,000) Flat Fee/Site Location; \$4,500.00 (Yearly Site Revenue under \$1,000,000) Flat Fee/Site Location. Invoices payable only with submittal and approval of supporting documentation, including a breakdown of parts and labor submitted. Total Contract not to exceed: \$38,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

As required by NAC 426.267, the Bureau will enter into a contract with an accounting firm to provide external audits biennially for each BEN facility with gross revenue of \$150,000 or more.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NAC 426.267 1(b) states the Bureau will enter into a contract with an independent accounting firm to perform the audits.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: \_\_\_\_\_ Anticipated re-bid date: \_\_\_\_\_

10. 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 multiple state agencies including BEN and Insurance since 2012.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	clarki1	11/08/2023 09:03:22 AM
Division Approval	scas1	11/08/2023 14:26:33 PM
Department Approval	scas1	11/08/2023 14:26:35 PM
Contract Manager Approval	wcune1	11/08/2023 15:14:40 PM
Budget Analyst Approval	twollan1	11/20/2023 16:15:09 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: <b>26840</b>	Amendment Number: <b>1</b>
Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>WW WILLIAMS COMPANY LLC</b>
Agency Code: <b>908</b>	Contractor Name: <b>WW WILLIAMS COMPANY LLC</b>
Appropriation Unit: <b>3272-04</b>	Address: <b>2680 Losee Rd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>N. Las Vegas, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Daniel Mathis 702-399-1890</b>
	Vendor No.: <b>T29041024A</b>
	NV Business ID: <b>NV20161487647</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 Other funding 100.00 % Cost Allocation</b>
Agency Reference #: <b>3675-25-DETR</b>	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/07/2023**

Anticipated BOE meeting date **09/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2025**

Contract term: **2 years and 24 days**

4. Type of contract: **Contract**

Contract description: **Generator Services**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides ongoing annual maintenance for the diesel generator located at 2800 E. St. Louis Avenue in Las Vegas. This amendment increases the maximum amount from \$9,630 to \$29,630 due to the continued need for these services and revises the terms and conditions.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$9,630.00	\$9,630.00	\$9,630.00	No
2. Amount of current amendment (#1):	\$20,000.00	\$29,630.00	\$29,630.00	Yes - Info
3. New maximum contract amount:	\$29,630.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
Maintenance, battery, and belt replacement is required for proper operation of this generator.

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 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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

ONLY BID RECIEVED

d. Last bid date: 09/01/2022      Anticipated re-bid date: 09/02/2024

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:  
 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	09/29/2023 08:42:46 AM
Division Approval	scas1	10/04/2023 09:56:14 AM
Department Approval	scas1	10/04/2023 09:56:32 AM
Contract Manager Approval	dmetcalf	10/06/2023 08:15:24 AM
Budget Analyst Approval	vfajota	11/09/2023 15:18:56 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: **28152**

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>B002 - 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>Suzanne Olsen 775/283-5555</b>
	Vendor No.: <b>T29010569</b>
	NV Business ID: <b>NV20061293367</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2023**

Anticipated BOE meeting date 12/2023

Retroactive? **Yes**

If "Yes", please explain

**Financial audit is required and completion of the contract took longer than expected.**

3. Termination Date: **12/31/2024**

Contract term: **1 year and 153 days**

4. Type of contract: **Contract**

Contract description: **Professional Service**

5. Purpose of contract:

**The purpose of this contract is to sign with Casey Neilon Inc. to provide the review of the Board's financials, internal control and annual audit compliance.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,540.00**

Other basis for payment: \$18,000 for 2023 and 3% increase for 2024

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant NRS 218G.400, Boards are required to be audited annually or biennially by a certified public accountant or public accountant. The audit report or balance sheet must be filed with the Legislative Auditor and the Chief of the Budget Division by December 1 of each year in which an audit is conducted or balance sheet is prepared.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff does not have adequate certification to provide these services. Also, it will be unethical for Board staff to review the Board's financial statements for auditing compliance purposes.

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?

Casey Neilon Inc. has contracts with three other state agencies to provide auditing 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NV State Board of Accountancy - 2023 - for auditing services  
NV State Board of Veterinarian - 2023 - for auditing 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:

Monica Harrison, Executive Director Ph: 702 4867300

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cmonica	08/24/2023 11:03:45 AM
Division Approval	cmonica	08/24/2023 11:03:49 AM
Department Approval	cmonica	08/24/2023 11:03:52 AM
Contract Manager Approval	cmonica	08/24/2023 11:03:56 AM
Budget Analyst Approval	stilley	11/20/2023 17:28:40 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28336**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>ARBOR PROS LLC</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>ARBOR PROS LLC</b>
Appropriation Unit: <b>B015 - All Categories</b>	Address: <b>1350 Stardust St., Suite D</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89503</b>
If "No" please explain: Not Applicable	Contact/Phone: Heather Makrdichian 775/221-3827
	Vendor No.: T27042266A
	NV Business ID: NV20161405908

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2024**

Contract term: **167 days**

4. Type of contract: **Contract**

Contract description: **Arbor Pros 2023**

5. Purpose of contract:

**This is a new contract to provide ongoing snow removal 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 \$83.00 per hour

Other basis for payment: \$110/hour for mandatory marking of obstacles, \$96.50/hr hand detailed for sidewalks, \$262.50/hr mechanized for parking lots

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Snow removal is required to protect property and the safety of individuals employed by the Board.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Board do not have the expertise or equipment 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):

Reno Green Landscaping  
Action Lowan & Landscape LLC  
Arbor Pros, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: 09/07/2023 Anticipated re-bid date: 09/07/2024

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:

Contracted with Nevada State Board of Medical Examiners, 11/7/22 to 04/30/23, work 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	5522	10/05/2023 09:29:32 AM
Division Approval	5522	10/05/2023 09:29:44 AM
Department Approval	5522	10/05/2023 09:29:49 AM
Contract Manager Approval	5522	10/05/2023 09:30:26 AM
Budget Analyst Approval	Iramire7	11/14/2023 12:33:49 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28359**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>FM MARKETING LLC</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>FM MARKETING LLC</b>
Appropriation Unit: <b>B015 - All Categories</b>	Address: <b>7473 W LAKE MEAD BLVD STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89128-0265</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702/249-9900</b>
	Vendor No.: <b>T29040933</b>
	NV Business ID: <b>NV20041045342</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2024**

Contract term: **351 days**

4. Type of contract: **Contract**

Contract description: **FM Marketing 23/24**

5. Purpose of contract:

**This is a new contract to provide public relations and information consulting.**

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 \$130.00 per Hour

Other basis for payment: Billed monthly

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is interested in improving its communication with the public and gaining assistance with its quarterly newsletter and other public outreach. Many state agencies utilize a full time public information officer, and the Board believes it is more economical to contract for these services on a project basis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board employees are not experienced and knowledgeable in this specialized area of marketing and the Boards need is not for a full time employee 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):

There were only two proposals received  
FM Marketing LLC  
Arc Dome Strategies

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Higher score from evaluation committee.

d. Last bid date: 09/14/2023 Anticipated re-bid date: 09/13/2024

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:  
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	5522	10/12/2023 10:27:29 AM
Division Approval	5522	10/12/2023 10:27:32 AM
Department Approval	5522	10/12/2023 10:27:37 AM
Contract Manager Approval	5522	10/12/2023 10:27:40 AM
Budget Analyst Approval	Iramire7	11/14/2023 12:37:37 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **28252**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>HALSTEAD LAW OFFICES, LLC</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>HALSTEAD LAW OFFICES, LLC</b>
Appropriation Unit: <b>B015 - All Categories</b>	Address: <b>615 S ARLINGTON AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89509-1507</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Patricia Halstead 775/322-2244</b>
	Vendor No.: <b>T29034847</b>
	NV Business ID: <b>NV20131658465</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/24/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **10/31/2025**

Contract term: **2 years and 8 days**

4. Type of contract: **Contract**

Contract description: **Halstead 2023**

5. Purpose of contract:

**This is a new contract for ongoing hearing officer services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,632.00**

Payment for services will be made at the rate of \$200.00 per hour

Other basis for payment: Monthly upon invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 630.106 and NAC 630.470 authorize the Board to hire and utilize hearing officers to hold hearings regarding complaints filed pursuant to NRS 630.311. The purpose of this contract is to add a hearing officer to the Board's list of available hearing officers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearing officers need to be independent from the Board staff in order to ensure due process for the respondents in the hearing.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: \_\_\_\_\_ Anticipated re-bid date: \_\_\_\_\_

10. 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 - through 02/2023 - Verified as satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	09/21/2023 10:52:35 AM
Division Approval	5522	09/21/2023 10:52:40 AM
Department Approval	5522	09/21/2023 10:52:43 AM
Contract Manager Approval	5522	09/21/2023 10:52:46 AM
Budget Analyst Approval	stilley	10/24/2023 11:22:57 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: **28339**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Jill I Greiner</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Law Offices of Jill Greiner</b>
Appropriation Unit: <b>B015 - All Categories</b>	Address: <b>2915 Sagittarius Dr.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89509-6895</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jill Greiner 775/322-8443</b>
	Vendor No.:
	NV Business ID: <b>NV20222392621</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/03/2023**

Anticipated BOE meeting date 11/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **2 years and 59 days**

4. Type of contract: **Contract**

Contract description: **Greiner 2023**

5. Purpose of contract:

**This is a new contract to provide ongoing hearing officer services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$200.00 per hour

Other basis for payment: billed monthly

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 630.106 and 630.470 authorize the Board to hire and utilize hearing officers to hold hearings regarding complaints filed pursuant to NRS 630.311. The purpose of this contract is to add a hearing officer to the Board's list of available officers.

Contractor is responsible for assigned disciplinary matters, ensuring that the hearing procedures contained in NRS and NAC Chapter 630 are followed, as well as those contained in the Administrative Procedure Act and NRS Chapters 622 and 622A. Issue scheduling orders, decide pending motions and draft orders regarding the same, preside over administrative hearings, and draft findings and recommendations for Board review at the conclusion of a hearing.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearing officers need to be independent from the Board staff in order to ensure due process for the respondents in the hearing.

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Hearing officer, Nevada State Board of Medical Examiners, 03-24-22 to 12-31-23, work satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

registered as sole proprietor; doing business as name

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	10/05/2023 12:11:16 PM
Division Approval	5522	10/05/2023 12:11:18 PM
Department Approval	5522	10/05/2023 12:11:22 PM
Contract Manager Approval	5522	10/05/2023 12:11:24 PM
Budget Analyst Approval	stillley	11/03/2023 17:58:05 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: **28035**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>Coulson &amp; Associates</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>Coulson &amp; Associates</b>
Appropriation Unit: <b>B036 - All Categories</b>	Address: <b>6170 Ridgeview Court, Suite D</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>Michael Coulson or Delcy Gillen 775.825.4444</b>
	Vendor No.:
	NV Business ID: <b>NV20001490534</b>

To what State Fiscal Year(s) will the contract be charged? **2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/16/2023**

Anticipated BOE meeting date 10/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **45 days**

4. Type of contract: **Contract**

Contract description: **Annual Audit**

5. Purpose of contract:

**This is a new contract to provide ongoing financial statement audit services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

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?

**Require outside review of financials per NRS 281G.400.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Statute requires an outside audit of the Board's financials.**

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?

Coulson and Associates have completed the Board's annual audit since 2017 and is a professional service as defined in NAC 333.150 (2)(b)(5)

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 has completed the board's annual audit since 2017.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	anders7	07/27/2023 15:50:17 PM
Division Approval	anders7	07/27/2023 15:50:20 PM
Department Approval	anders7	07/27/2023 15:50:22 PM
Contract Manager Approval	Iramire7	11/16/2023 12:34:06 PM
Budget Analyst Approval	Iramire7	11/16/2023 13:29:56 PM

Joe Lombardo  
Governor



Amy Stephenson  
Director

David Johnson  
Deputy Director

Jim Rodriguez  
Administrator

**STATE OF NEVADA  
GOVERNOR'S FINANCE OFFICE  
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298  
Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: November 22, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Richard Jacobs, Executive Branch Budget Officer  
Budget Division  
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES –  
DIVISION OF STATE LANDS**

Agenda Item Write-up:

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners quarterly reports regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This report covers the period of July 1, 2023 through September 30, 2023.

Additional Information:

There were no acquisitions of land under the Nevada Land Bank Program during this quarter. There was one transfer of interest in real property that occurred during this quarter and was facilitated by the Nevada Land Bank. The total of the one transaction involved 1,881 square feet of land coverage and generated \$51,075 in proceeds for the Nevada Land Bank. The Tahoe Mitigation budget account had \$4,332,971 available in realized funding as of September 30, 2023.

Statutory Authority:

NRS 321.5954

REVIEWED:                     

ACTION ITEM:



Nevada Division of  
**STATE LANDS**


**STATE OF NEVADA**  
**Department of Conservation & Natural Resources**

Joe Lombardo, *Governor*  
James A. Settelmeyer, *Director*  
Charles Donohue, *Administrator*

**MEMORANDUM**

**DATE:** November 22, 2023

**TO:** Amy Stephenson, Director, Governor's Finance Office

**FROM:**  Charles Donohue, Administrator and State Land Registrar, Nevada Division of State Lands

**RE:** **BOARD OF EXAMINERS 1<sup>st</sup> QUARTER FY 2024 REPORT FOR THE NEVADA LAND BANK PROGRAM – MEETING DATE OF December 12th, 2023**

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Pursuant to NRS 321.5954, a quarterly report regarding the real property or interests in real property transferred by the Nevada Land Bank Program shall be reported quarterly to the State Board of Examiners.

**Nevada Land Bank Program:**

The Nevada Land Bank is a program housed in the Nevada Division of State Lands (NDSL) and operated by the Nevada Tahoe Resource Team (NTRT) on behalf of the Tahoe Regional Planning Agency (TRPA) through a Memorandum of Understanding and under the authority of Chapter 355, Statutes of Nevada 1993. The Nevada Land Bank acquires sensitive parcels, facilitates land coverage transactions, and mitigates the environmentally detrimental effects of land coverage in the Lake Tahoe Basin by permanently retiring land coverage or by transferring more environmentally sensitive land coverage to less sensitive land types. Land coverage, such as impervious surfaces like parking lots, roads and roofs, is one element of the bundle of development rights required in the Lake Tahoe Basin to move forward with development or redevelopment projects. Allowable coverage on a given parcel is determined by the sensitivity of a parcel's land class: Classes 1 through 3 are more environmentally sensitive lands; Classes 4 through 7 are less sensitive lands. These activities contribute to the protection of the environment at Lake Tahoe. The Nevada Land Bank activities are funded through program revenue and land coverage mitigation fees collected by TRPA that are transferred to NDSL to carry out the program.

This memorandum is to report real property or interests in real property transferred under this program for the quarter ending September 30, 2023 (July 1, 2023 – September 30, 2023).

There were no acquisitions of land during the 4<sup>th</sup> quarter.

ONE (1) transfer of an interest in real property occurred during the 1st quarter totaling \$51,075.00 in proceeds for the Nevada Land Bank.

On **September 1, 2023**, a transaction was finalized for the sale of 1362 square feet of Class 1b, Restored Soft Land Coverage to Cameron and Amanda Zink, as required by one of the conditions for TRPA permit ERSP2023-0182 to authorize the construction of a new single family residence to be located at 697 Tumbleweed Drive in Incline Village, Washoe County, Nevada. APN: 125-502-09. This transaction generated a total of \$51,075.00 in proceeds for the Nevada Land Bank.

The proceeds from these transactions were deposited in the Tahoe Mitigation Land Bank budget account (BA 4200). The realized funding available in BA 4200 was \$4,332,971.00, as of September 30, 2023. The Nevada Land Bank utilizes revenue received by land coverage transactions to conduct such activities as acquiring sensitive parcels, permanently retiring land coverage, and transferring more environmentally sensitive land coverage to less sensitive land types, in support of TRPA environmental threshold standards and the Regional Plan.

In the event you have any questions or would like additional information, please contact Kevin Fromherz, Tahoe Program Manager at [KFromherz@lands.nv.gov](mailto:KFromherz@lands.nv.gov) or (775) 684-2736.

CD/cd

CC: Chad Stephens, Deputy Director