

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:** February 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

This meeting may be viewed on YouTube.
The video live stream begins at 10:00 am.
<https://www.youtube.com/watch?v=xEQcCiINVDM>

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.
- 3. Approval of the January 10, 2023 and January 12, 2023 Meeting Minutes** (For possible action)

4. Authorization for an Emergency Contract with a Current and/or Former State Employee (For possible action)

Office of the Secretary of State

Pursuant to NRS 333.705, subsection 4, the office seeks a favorable recommendation regarding the office's determination to use the emergency provision to contract with former employee Scott Anderson to ensure a smooth transition to a new administration resulting from the 2022 election for the Secretary of State through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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

A. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Joseph Mwakapumba to provide support for the Laboratory Certification Program for the Department of Conservation and Natural Resources, Division of Environmental Protection through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

B. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Tanya Drew to train her replacement for the Department of Public Safety through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

C. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Cecilia Whited, currently employed by Diversified Consulting Services, to perform construction office manager duties associated with the Pyramid Highway and I-80 projects.

D. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Anthony Angelopoulos, currently employed by Construction Materials Engineers, Inc., to perform engineering technician duties associated with the US 95 and US 50 projects.

6. [Approval of Proposed Leases](#) (For possible action)
7. [Approval of Proposed Contracts](#) (For possible action)
8. [Approval of Proposed Master Service Agreements](#) (For possible action)
9. [Information Item – Clerk of the Board Contracts](#)

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from December 20, 2022 through January 18, 2023.

10. Information Item Report

A. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, subsection 2, the Department of Motor Vehicles shall certify monthly 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 for the month of December for fiscal year 2023.

B. 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 January 31, 2023.

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

Tort Claim Fund	\$ 3,157,669.60
Statutory Contingency Account	\$ 4,616,045.51
Stale Claims Account	\$ 1,309,325.35
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 9,512,461.67
IFC Unrestricted Contingency General Fund	\$ 3,246,322.45
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency General Fund	\$ 9,291,707.00
IFC Restricted Contingency Highway Fund	\$ 334,796.00

11. Public Comment This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under 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.

12. Adjournment

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. A person may submit comments to be attached to the minutes of the meeting in writing three business days before the meeting date, in addition to testifying or in lieu of testifying. Written comments are limited to 2 pages. Written comments may be submitted electronically by email at 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. 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.

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/

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Phone: (775) 684-0222 / Fax: (775) 684-0260
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Date and Time: January 10, 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 Aguilar
Attorney General Aaron Ford

STAFF PRESENT:

Amy Stephenson, Clerk of the Board

OTHERS PRESENT:

Marcie Ryba, Director, Department of Indigent Defense Services
Megan Peterson, Deputy Superintendent, Department of Education
Peter Zutz, Administrator, Department of Education
Kevin Doty, Division Administrator, Department of Administration
Timothy Galluzi, Division Administrator, Department of Administration

MEETING MINUTES

1. Call to Order / Roll Call

Governor: Welcome, everybody, to the public meeting of the State of Nevada Board of Examiners. The date being January 10, 2023 at 10:00 a.m. Let's call to order. Clerk, can you please take the roll?

Clerk of the Board: Yes, sir. Governor Lombardo?

Governor: Here.

Clerk of the Board: Secretary of State Aguilar.

Secretary of State: Here.

Clerk of the Board: Attorney General Ford.

Attorney General: Here.

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.

Governor: Moving on to agenda item number 2, *Public Comment*. The first public comment period is limited to comments on items on the agenda. No action may be taken upon the matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. Comments will be limited to 3 minutes. Do we have any public comment here in Carson City? None. Do we have anybody to the south?

Attorney General: No, sir.

Governor: Hearing none.

3. Approval of the December 13, 2022 Meeting Minutes (For possible action)

Governor: Item number 3, *Approval of the December 13, 2022 Meeting Minutes* for possible action. Do I have a motion for approval?

Attorney General: Move approval.

Secretary of State: Second.

Governor: Just as matter of procedure, I won't seek a second on any items in the future. That's within the law, correct, Attorney General?

Attorney General: Yes, sir. You're fine with that.

Governor: We have a motion on the floor. All those in favor, say aye. Motion approves unanimously.

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

A. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee James Whalen to provide his expertise and knowledge as a project manager for the Department of Transportation, Nevada Shared Radio System project through Master Service Agreement #21167 with Knowledge Services.

B. Department of Administration – Purchasing Division

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Harold Wickham to act as Deputy Director of Programs for the Department of Corrections through Master Service Agreement #23928 with HAT Limited Partnership dba Manpower.

C. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Michael Attardo, currently employed with C.A. Group, Inc., to perform construction engineering services for the I-15 North Phase 3 project.

D. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Mark Cooper, currently employed by C.A. Group, Inc., to perform construction engineering services for the I-15 North Phase 3 project.

E. Department of Health and Human Services – Division of Public and Behavioral Health

Pursuant to NRS 333.705, subsection 1, the division requests authority to contract with former employee Carmen Ponce, currently employed by the Center for Disease Control and Prevention Foundation, to support the Public Health Investigations and Epidemiology program with public health activities.

Governor: Agenda item number 4, *Authorization to Contract with a Current and/or Former State Employee*. Clerk, do we have any changes or deletions?

Clerk of the Board: Yes, sir. Note item 4-B from the Department of Administration, Purchasing Division has been withdrawn.

There are five requests under this agenda item. The first request is from the Department of Administration, Purchasing Division. This item requests authority to contract with the former employee to provide his expertise and knowledge as a project manager for the Department of Transportation, Nevada Shared Radio System Project. This individual will be employed by Knowledge Services from January 16, 2023 through June 30, 2025 on a full-time basis.

The second request is from the Department of Transportation. The department requests authority to contract with the former employee, currently employed with C.A. Group, Inc., to provide his expertise to perform construction engineering services for the I-15 North Phase 3 Project. This individual will be employed from January 2023 through January 2025 on a full-time basis.

The third request is from the Department of Transportation. The department requests authority to contract with the former employee currently employed by C.A. Group, Inc. to perform construction engineering services, also for the I-15 North Phase 3 Project from January 2023 through March 2025 on a full-time basis.

The last request is from the Department of Health and Human Services, Division of Public and Behavioral Health. This item requests authority to contract with the former employee through a subaward issued from the division to the CDC Foundation to serve as a Senior Chronic Disease Epidemiologist from January 11, 2023 through June 30, 2023 on a full-time basis. Are there any questions on these items?

Governor: Thank you. Any questions for the Board Members?

Attorney General: None here. Move approval.

Governor: We have a motion for approval. All those in favor, say aye. The motion passes unanimously. Item 4-B was removed.

5. 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 Education

Pursuant to NRS 353.268, the department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$1,330,540 from the Interim Finance Committee Contingency Account to cover costs associated with the Infinite Campus System.

B. Department of Indigent Defense Services

Pursuant to NRS 353.268, the department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$62,582 from the Interim Finance Committee Contingency Account to reimburse Elko and Humboldt counties' costs associated with the maximum contribution amount for indigent defense related costs.

C. Department of Indigent Defense Services

Pursuant to NRS 353.268, the department requests the Board's recommendation to the Interim Finance Committee for an allocation of \$38,916 from the Interim Finance Committee Contingency Account to reimburse Douglas and White Pine counties' costs associated with the maximum contribution amount for indigent defense related costs.

D. Office of the Lieutenant Governor

Pursuant to NRS 353.268, the office requests the Board's recommendation to the Interim Finance Committee for an allocation of \$31,960 from the Interim Finance Committee Contingency Account for per diem and travel expenses when traveling in his official capacity of the position.

Governor: Moving on to item number 5, *Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account*. Do we have any changes or deletions?

Clerk of the Board: Yes, sir. Item 5-A for the Department of Education has been withdrawn. There now are three requests under this agenda item. Would you like to take these together or separately, sir?

Governor: I'd like to go through these individually. I have a couple of questions.

Clerk of the Board: The first item is from Department of Indigent Defense Services with a request for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268 for an allocation of \$62,582 from the Interim Finance Committee Contingency Account to reimburse Elko and Humboldt counties' costs associated with the maximum contribution amount for indigent defense related costs. I believe there is a member of the agency here for any questions.

Governor: I think it's procedural, the question.

Marcie Ryba: Good morning, Governor. My name is Marcie Ryba, Director of the Department of Indigent Defense Services.

Governor: My question is, if you read the narrative, we have two counties included in one item. So, I'm to understand under the item, the amounts are delineated individually for each county? Is that correct?

Marcie Ryba: Thank you, Governor. In each of the actions, they were split into two separate subparts because the State of Nevada is involved in a lawsuit with the American Civil Liberties Union. We've entered into a stipulated consent judgment where some rural counties are considered 'Davis counties' because they're listed as part of that. What we have been requested to do is to group together the Davis counties as and the same for the non-Davis counties.

The first request in subsection B is for those non-Davis counties that are not part of the Davis stipulated consent judgment, but they do still fall under the maximum contribution formula and they have outlaid additional funds in order to comply with the requirements that were set in place by that lawsuit.

Governor: Procedurally, Clerk, there is no issue with including two counties on one item?

Clerk of the Board: Correct, no issue.

Governor: That was the clarification I needed. Then, if you would provide me the Davis counties, so I know them. Do you know them?

Marcie Ryba: If you would give me a second, Governor, I can read them off for you. The Davis counties appear to have been counties that didn't have an organized public defender's office at the time. There are three ways of providing indigent defense services across the State of Nevada. Counties with a population of more than 100,000 are required to have a county office of a public defender. Rural counties can also form such an office, but they're not required to, and they could opt in to the Nevada State Public Defender. The third way that you could provide indigent defense services is to contract with individual attorneys to provide that representation.

At the time of the lawsuit, these counties are listed as the rural counties for those purposes and they all chose to go with the third system of providing indigent defense service attorneys on a contract basis. Churchill County, they did not meet the maximum contribution this year. Douglas County, which we're requiring a request for reimbursement for. Esmeralda County, which had not reached their maximum. Eureka County, which did meet their maximum, but they didn't have any spending coming in after the fact. You see our request today because bills are allowed to come in 60 days after the case is closed. So, this is kind of late billing from fiscal year 2022. Lander County, did not meet its maximum. Lincoln County, did not. Lyon County, did. Mineral County, did. Nye County, did, and White Pine County, did. Douglas and White Pine had those late expenses come in and we're asking for that reimbursement.

Governor: Thank you. Since we're doing them separately, we need an action on each one of those. I'll accept a motion on item number 5-B?

Attorney General: Motion to approve on 5-B.

Governor: All those in favor? The motion passes unanimously.

Item 5-C.

Clerk of the Board: Item 5-C is also from the Department of Indigent Defense Services with a request for positive recommendation to the Interim Finance Committee pursuant to NRS 353.268 for an allocation of \$38,916 from the Interim Finance Committee Contingency Account to reimburse Douglas and White Pine counties' costs associated with the maximum contribution amount for indigent defense-related costs.

Governor: Are there any questions from Board Members? Do I have a motion for approval?

Attorney General: Move approval.

Governor: All those in favor? The motion passes unanimously.

Item number 5-D.

Clerk of the Board: Thank you, sir. This item is from the Office of the Lieutenant Governor with a request for a positive recommendation to the Interim Finance Committee pursuant to NRS 353.268 for an allocation of \$31,960 from the Interim Finance Committee Contingency Account for per diem and travel expenses when traveling in his official capacity of his position. Are there any questions on this item?

Governor: Are there any questions from any Board Members?

Attorney General: None here.

Governor: Just an interesting amount. Do we have a motion for approval?

Attorney General: Move approval.

Governor: All those in favor? The motion passes unanimously.

6. Approval of Proposed Leases (For possible action)

Governor: Item number 6, *Approval of Proposed Leases* for possible action.

Clerk of the Board: There are six leases under agenda item number 6 for approval by the Board. Lease number 4 is a retroactive extension of an existing lease. Are there any questions on these items?

Governor: Any questions from Board Members?

Attorney General: None here. Move approval.

Governor: We have a motion. All those in favor? Item number 6 passes unanimously.

7. Approval of Proposed Contracts (For possible action)

Governor: Moving on to item number 7, *Approval of Proposed Contracts*.

Clerk of the Board: There are 18 contracts under agenda item number 7 for approval by the Board. Please note that contract number 6 with the Office of Federal Assistance and IGX solutions has been withdrawn. Are there any questions on these items?

Governor: Any questions from the Board Members on any of the items?

Secretary of State: No, sir.

Attorney General: None here.

Governor: I have a question on contract number 7. I notice the term. Did we get clarification on that? I want a clarification as to the reason why this is a shorter term than a 12-month term.

Clerk of the Board: We did not, sir. We should have someone from the Department of Education to answer your question.

Megan Peterson: Good morning. Megan Peterson for the Department of Education. I'm going to defer this question to Peter Zutz, our director and who oversees that contract.

Peter Zutz: Good morning. Peter Zutz for the record, Office of Assessment, Data, and Accountability Management, the Department of Education. The department is requesting to extend this contract so that we stay in compliance with both state and federal law around the requirement to administer, score, and report a college and career readiness assessment for all grade 11 students in Nevada. Earlier in 2022, the department went out to RFP (Request for Proposal) per state purchasing process. That RFP required the approval of the State Board of Education. That was denied, and so the department is currently working to go out to RFP again. In the meantime, we're asking for this contract to be approved so that we stay compliant with both federal and state law. Thank you.

Governor: This serves as an interim.

Peter Zutz: Correct, Governor.

Governor: That's correct on September 30th as the expiration?

Peter Zutz: That is correct.

Governor: Thank you for your clarification. Do we have a motion for approval?

Secretary of State: Motion.

Governor: We have a motion. All those in favor? The motion passes unanimously.

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

Governor: Moving on to agenda item number 8, *Approval of Proposed Master Service Agreements*.

Clerk of the Board: There are four Master Service Agreements under agenda item number 8 for approval by the Board today. Are there any questions on any of these items?

Governor: Any questions from Board Members?

Attorney General: None here.

Governor: On item 8, number 1. We had an exponential increase in costs versus what was previously charged. Do we have an explanation for that?

Kevin Doty: Good morning, Governor, Members of the Board. I'm Kevin Doty, Administrator for the Purchasing Division. With me this morning is the Administrator for EITS who can probably explain this.

Timothy Galluzi: For the record, Timothy Galluzi, Administrator of the Division of Enterprise IT Services. So, at the November Interim Finance Committee meeting, Division of Enterprise IT Services was awarded a significant American Rescue Plan Act (ARPA) grant to replace the core of the state's Wide Area Network infrastructure, SilverNet. We wanted to go for ARPA funding for this because we were trying to avoid a significant rate spike for general funded agencies going into the next biennium and wanted to leverage this once-in-a-lifetime opportunity for federal funding to replace this core infrastructure. The ConvergeOne, Inc. contract that you're seeing in this Master Service Agreement has been competitively bid through the Purchasing Division, and it is a vehicle that we have a lot of experience using.

Governor: So, it's a complete replacement.

Timothy Galluzi: Yes, Governor.

Governor: Thank you. Any further question by any Board Members on item number 8?

Secretary of State: None, move approval.

Governor: We have a motion on the table. All those in favor, say aye. The motion passes unanimously. Thank you.

9. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from November 18, 2022 through December 19, 2022.

Governor: Moving on to agenda item number 9, *Information Item, Clerk of the Board Contracts*.

Clerk of the Board: There are 63 contracts over \$10,000 and under the \$100,000 threshold that were approved by the Clerk of the Board between November 18, 2022 through December 19, 2022. This item is informational. Are there any questions on any of these items?

Governor: Are there questions by any Board Member?

Attorney General: None here.

Governor: This is informational only.

10. Information Item Report

Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, subsection 2, the Department of Motor Vehicles shall certify monthly 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 for the month of November for fiscal year 2023.

Governor: Agenda item number 10. *Information Item Report, Department of Motor Vehicles, Complete Streets Program*.

Clerk of the Board: There is one informational report under agenda item number 10 today from the Department of Motor Vehicles on the voluntary contributions collected by counties pursuant to NRS 482.480, known as the Complete Streets program for the month of November for fiscal year 2023.

In November, the Department collected \$31,178. Approximately 78 percent was from the Clark County, 16 percent from Washoe County, and 3 percent from both Carson City and Douglas County. After deducting 1 percent to administer the collection and distribution of contributions, the Department distributed \$30,866.22 for the month. Are there any questions on this item?

Attorney General: None here.

Secretary of State: None here.

Governor: This is informational only. Thank you.

11. Public Comment This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under 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.

Governor: Moving on to item number 11, *Public Comment*. This public comment period is for any matter that is within the jurisdiction of the Board. 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, and comments are limited to 3 minutes. Do we have any public comment to the north? Seeing none. Any in the south?

Attorney General: No, sir.

Governor: That closes the public comment portion.

12. Adjournment

Governor: Item 12, *Adjournment*.

Secretary of State: We are adjourned. Thank you, everybody, for your time. Appreciate it.

Governor Joe Lombardo
Chairman

Amy Stephenson
Clerk of the Board



Attorney General Aaron D. Ford
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Date and Time: January 12, 2023, 10:00 AM

Location: Old Assembly Chambers of the Capitol Building
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Video Conference Location: Grant Sawyer Building
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MEMBERS PRESENT:

Governor Joe Lombardo
Secretary of State Francisco Aguilar
Attorney General Aaron Ford

STAFF PRESENT:

Amy Stephenson, Clerk of the Board

MEETING MINUTES

1. Call to Order / Roll Call

Governor: Let's bring to order the State of Nevada Board of Examiners meeting for January 12, 2023 at 10:00 a.m. At this point, could I ask the Clerk to take the roll, please?

Clerk of the Board: Good morning. Governor Lombardo?

Governor: Here.

Clerk of the Board: Secretary of State Aguilar.

Secretary of State: Here.

Clerk of the Board: Attorney General Ford.

Attorney General: Here.

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.

Governor: Thank you. Moving on to agenda item number 2, *Public Comment*. The first public comment period is limited to comments on items on the agenda. No action may be taken upon the 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 3 minutes. Do we have anybody for public comment? Do we have anybody in the south? Seeing none.

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

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

Claimant:	Clifford Miller
Claim No:	TC20329
Settlement Amount:	\$463,597.12
Date of Loss:	March 11, 2016

Governor: We'll move on to agenda item number 3. *Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036*.

Clerk of the Board: Thank you, sir. The Office of the Attorney General, pursuant to NRS 41.036, requests approval for the tort claim for Clifford Miller in the amount of \$463,597.12.

Governor: Do we have any questions of the Board?

Attorney General: None here.

Secretary of State: No questions from me.

Governor: Do we have a motion?

Attorney General: Yes, Governor. I move approval.

Governor: We have a motion on the table. All those in favor? The motion passes unanimously.

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

Governor: Moving on to agenda item number 4, Public Comment. I will not read the narrative, as we didn't have anybody at the beginning. Do we have anybody for public comment? Hearing none. We will close the public comment.

5. Adjournment

Governor: Moving on to adjournment. We are adjourned. Thank you, everybody, for your time.

Joe Lombardo
Governor



Amy Stephenson
Director

Robin Hager
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: January 12, 2023
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE SECRETARY OF STATE

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the Office seeks a favorable recommendation regarding the Office's determination to use the emergency provision to contract with former employee Scott Anderson to ensure a smooth transition to a new administration resulting from the 2022 election for the Secretary of State through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

Additional Information:

Mr. Anderson retired from the Office of the Secretary of State on December 30, 2022 and is receiving pension benefits. Mr. Anderson's experience as the Chief Deputy Secretary of State is needed to update desk and procedure manuals, document open matters, and prepare briefings. The Office seeks to use the emergency provision to contract with Mr. Anderson from January 2, 2023 through April 30, 2023 on a part-time basis, approximately 20-25 hours per week.

Statutory Authority:

NRS 333.705(4)

REVIEWED: <u>DS 1-27-23</u>
ACTION ITEM: _____



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

December 16, 2022

MEMORANDUM

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

Subject: CETS Contract 23928 – HAT LTD Partnership dba Manpower
RFP 99SWC-S1406 – Temporary Employment Services

Please find attached a copy of the "Authorization to Contract with a Former Employee" for Scott Anderson who Manpower wants to hire. Scott will be retiring December 31 and will be collecting PERS. Scott will be working on an emergency basis for a four (4) month period.

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

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

SCOTT W. ANDERSON
Chief Deputy Secretary of State

GAIL J. ANDERSON
Deputy Secretary for Southern Nevada



ERIN HOUSTON
Deputy Secretary for Securities

DEBBIE I. BOWMAN
Deputy Secretary for Operations

MARK A. WLASCHIN
Deputy Secretary for Elections

**OFFICE OF THE
SECRETARY OF STATE**

MEMORANDUM

To: Kevin Doty, Administrator
From: Debbie Bowman, Deputy Secretary of State for Operations
Date: December 15, 2022
Subject: Authorization to Contract with a Former Employee

The Secretary of State's Office is requesting an emergency contract with a former state employee, Scott Anderson, through the use of an approved MSA vendor – Manpower Temporary Services. This request is being made in accordance with the State Administrative Manual Chapter 0323 and is for a period up to four months, beginning on January 2, 2023, and ending on or before April 30, 2023.

In his previous position, Mr. Anderson served as the Chief Deputy Secretary of State. He was responsible for implementing agency policies, carrying out the Secretary's mandates and policies, administering the agency's budget, supervising all agency personnel, and acting on behalf of the Secretary of State when necessary.

The Secretary-elect will take office on January 2, 2023, and Mr. Anderson's expert knowledge and experience will provide continuity for the office. Additionally, approval of this request will enable the office to prepare for and ensure a smooth transition to the new administration.

Please contact me if you have any additional information or clarification is needed.



**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:	Scott Anderson		
Former Employee ID Number:	009663		
Former Job Title:	Chief Deputy Secretary of State		
Former Employee Agency:	Secretary of State		
Former Class and Grade:	Class:	U3701	Grade: Salary
Former Employment Dates:	From:	January 5, 2015	To: December 30, 2022
Requesting Agency:	Secretary of State		
Vendor:	Manpower Temporary Services		

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

X	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.
A	<p>Summarize scope of contract work.</p> <p>The scope will be to prepare for and ensure a smooth transition to a new administration resulting from the 2022 General Election. The former employee will update desk and procedure manuals, document open matters and prepare briefings, make presentations/transfer knowledge to newly elected staff, and introduce newly elected staff to primary customers and stakeholders.</p>
B	<p>Document former job description.</p> <p>The Secretary of State seeks to contract with current employee Scott Anderson to assist with the transition to the new Secretary of State. Mr. Anderson's 25-plus years of experience as a Deputy Secretary of State gives him significant and vital knowledge of the duties and operations of the Secretary of State's Office. The office intends to contract with Mr. Anderson on an emergency basis from January 2, 2023, through April 30, 2022, on a part-time basis for an estimated 20 – 25 hours per week. His rate will be \$63.72 per hour (which was his salary while employed with the Secretary of State's office.) He has experience that cannot be matched by existing staff. Mr. Anderson will be assisting the new Secretary of State and Chief Deputy in transitioning into the office and in navigating the various boards and commissions on which the Secretary serves, multiple organizations and regular meetings attended, the legislative and budget processes for the upcoming session, bill tracking, personnel, divisional oversight, operational oversight of the Secretary of State's numerous divisions and knowledge transfer.</p>

C	<p>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?</p> <p>The former employee has served as the Chief Deputy Secretary of State since 2015 and has been with the Secretary of State's Office since 09/1997. He is a subject matter expert and will be working with the new administration on the transition.</p>
D	<p>Explain why existing State employees within your agency cannot perform this function.</p> <p>This is an appointed position at the discretion of the Secretary of State.</p>
E	<p>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.</p> <p>N/A</p>
F	<p>List contractors' hourly rate.</p> <p>\$63.72, plus administrative markup fee</p>
G	<p>List the range of comparable State employee rates.</p> <p>Administrative Services Officer 4 grade 44 – \$36.84 to \$55.67</p>
H	<p>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?</p> <p>The requested contract hourly rate exceeds the 10% as this position will be assisting the new Secretary of State and Chief Deputy in transitioning into the office and in navigating the various boards and commissions on which the Secretary serves, multiple organizations and regular meetings attended, the legislative and budget processes for the upcoming session, bill tracking, personnel, divisional oversight, operational oversight of the Secretary of State's numerous divisions and knowledge transfer.</p>
I	<p>Document justification for hiring contractor.</p> <p>Secretary of State, Barbara Cegavske's term limit expires January 2, 2023, and a newly elected Secretary of State will be taking office. This request is to assist with the transition from Secretary Cegavske to Secretary Aguilar. Mr. Anderson's expert knowledge and experience will enable a proper transition to the new Chief Deputy Secretary of State.</p>
J	<p>Will the employee be collecting PERS at any time during the contract?</p> <p>Yes</p>
K	<p>What is the duration of the contract with the former employee? (Include start and end date)</p> <p>January 2, 2023, to April 30, 2023</p>
L	<p>Will the former employee be working full time or part time? If part time, how many hours?</p> <p>Part time – 20 to 25 hours per week</p>
M	<p>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</p> <p>No</p>

Approval for Authorization to Contract with a Former Employee:

Delelic Bowman 12/13/22
Signature of Agency Head Authorizing Request Date

Kevin O. Ooty 12/19/22
Purchasing Administrator Signature (if a Statewide Contract) Date

Brenda Berres 1.22.23
Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Joe Lombardo
Governor



Amy Stephenson
Director

Robin Hager
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: January 12, 2023
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, Executive Branch Budget Officer
Governor's Finance Office *DS*
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Joseph Mwakapumba to provide support for the Laboratory Certification Program for the Department of Conservation and Natural Resources, Division of Environmental Protection through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

Additional Information:

Mr. Mwakapumba retired from the Division of Environmental Protection on January 1, 2022 and is receiving pension benefits. His skills and experience are needed to assist in conducting site assessments and providing technical review of laboratory certification applications. The department intends to contract with Mr. Mwakapumba upon approval of the Board to December 31, 2023, on part time basis approximately 30 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: <i>AS</i> 1.26.23
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

January 9, 2023

MEMORANDUM

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

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

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

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

If you have any questions, please contact me at amorfin@admin.nv.gov



NEVADA DIVISION OF
**ENVIRONMENTAL
PROTECTION**

STATE OF NEVADA
Department of Conservation & Natural Resources

Joe Lombardo, *Governor*
James A. Settelmeyer, *Director*
Greg Lovato, *Administrator*

Date: January 9, 2023
To: Annette Morfin, Purchasing Officer
Department of Administration, Purchasing Division
From: Andrea Seifert, Chief, Safe Drinking Water
Subject.: Authorization to Contract with a Former Employee

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

We are requesting to contract with Mr. Mwakapumba due to his expertise and experience with the Laboratory Certification Branch's laboratory certification and mining processes. Mr. Mwakapumba is fully credentialed by the EPA and TNI to assess laboratories. His experience is needed to assist with assessing environmental and mining laboratories, along with providing technical assistance to the laboratories as we work to train new Laboratory Certification Officers and fill the recent vacancy within our Laboratory Certification Branch.

If you have any questions, please contact me at 77-687-9526 or aseifert@ndep.nv.gov.

Thank you.

Andrea Seifert
Bureau Chief, Bureau of Safe Drinking Water
Nevada Division of Environmental Protection



**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:	Joseph Mwakapumba		
Former Employee ID Number:	16954		
Former Job Title:	Environmental Scientist III		
Former Employee Agency:	Nevada Division of Environmental Protection		
Former Class and Grade:	Class:	10.525	Grade: 36
Former Employment Dates:	From:	01/05/2009	To: 01/01/2022
Requesting Agency:	Bureau of Safe Drinking Water		
Vendor:	Marathon		

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

X	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.
	Summarize scope of contract work.
A	Report to (Vacant) Laboratory Certification Branch Supervisor or Andrea Seifert, Bureau Chief, BSDW. Perform technical support for the Laboratory Certification Program (LCP) by: <ol style="list-style-type: none"> 1. Conducting on-site assessments of environmental and mining laboratories. 2. Providing technical review of laboratory certification applications and supporting documents to ensure the laboratories meet the requirements of the Laboratory Certification Program. 3. Providing technical assistance to laboratories regarding radiochemistry, organic/inorganic chemistry, microbiology, and mining methodologies. 4. Providing technical assistance to laboratories regarding state and federal regulations. 5. Finalizing review of certificates for completeness, accuracy, and delivery of Scopes of Accreditation. 6. Answering non-technical inquiries regarding the laboratory certification process and where to acquire information. 7. Writing and reviewing assessment reports and corrective action plans. 8. Provide training to new hires while performing joint assessments.
	Document former job description.
B	The employee worked as an Environmental Scientist III in the Laboratory Certification Branch. Job duties included conducting on-site assessments, providing technical support to environmental and mining laboratories, reviewing proficiency evaluation

	data, corrective action plans, and supporting documents to ensure laboratories meet the Laboratory Certification Program requirements. Mr. Mwakapumba worked closely with the Bureau of Mining Regulation and Reclamation (BMRR) overseeing the mining labs within the Laboratory Certification Program ensuring they were compliant with federal and state regulatory standards as required by both the Bureau of Safe Drinking Water (BSDW) and the Bureau of Mining Regulation and Reclamation (BMRR).
C	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?
	Yes, during his years with the Bureau of Safe Drinking Water, Mr. Mwakapumba was one of the senior Laboratory Certification Officers who managed the Mining Certification Program within the Laboratory Certification Program working closely with the Bureau of Mining Regulation and Reclamation to provide technical assistance in analytical chemistry and radiochemistry. He has received all the formal training and maintains EPA Drinking Water Laboratory Certification Officer certifications to conduct on-site assessments for environmental and mining laboratories.
D	Explain why existing State employees within your agency cannot perform this function.
	Due to retirements and personnel vacancies, the Laboratory Certification Program has hired new staff who currently do not have the necessary certifications to conduct drinking water laboratory assessments. Certification exams are only offered once per year, and staff must be approved by EPA to take certification exams based on their experience. In addition, Mr. Mwakapumba has specialized training and understanding of mining analytical methods. A backlog for on-site assessments for both In-State and Out-of-State laboratories occurred because of Covid-19 travel restrictions. Trained and certified staff are needed to complete the critical work of conducting laboratory assessments to meet federal and state requirements. The unexpected loss in trained and certified personnel is too great for experienced staff to complete on-site assessments and train new staff in 2023.
E	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.
	NA
F	List contractors' hourly rate.
	\$48.16
G	List the range of comparable State employee rates.
	Environmental Scientist III – Grade 36-01 to 36-10: Hourly Rate \$25.93 to \$38.56
H	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?
	The employee will be paid \$38.56 which is the same grade and step at which Mr. Mwakapumba was paid when he left State service. The vendor will invoice Bureau of Safe Drinking Water \$48.16 per hour based on their 24.9% markup under their State Contract.
I	Document justification for hiring contractor.
	Staffing vacancies have created a gap in the Bureau of Safe Drinking Water's program which was exacerbated by the COVID-19 pandemic. Laboratory assessments were not completed in 2020 due to travel restrictions, which has created a backlog. Currently, all mining laboratories and many environmental laboratories must be assessed in 2023. With the influx of new staff and only two senior staff in the Laboratory Certification Program, additional qualified staff are needed to complete laboratory assessments, effectively complete training of new staff, and allow time for new staff to complete their certification courses. There are currently 2 of 5 positions with proper certification to complete all drinking water laboratory assessments.
J	Will the employee be collecting PERS at any time during the contract?
	Yes
K	What is the duration of the contract with the former employee? (Include start and end date)

	Upon approval by Board of Examiners through December 2023.
L	Will the former employee be working full time or part time? If part time, how many hours?
	Part time, not to exceed 30 hours per/week.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	NA

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Andrea Seifert

Digitally signed by Andrea Seifert
DN: cn=Andrea Seifert, o=BSDW, ou=NDEP,
email=aseifert@ndep.nv.gov, c=US
Date: 2023.01.09 13:49:13 -08'00'

Signature of Agency Head Authorizing Request

Date

Ken A. Osty

1/10/23

Purchasing Administrator Signature (if a Statewide Contract)

Date

Dustin Sped
Budget Analyst Signature

1/12/23
Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo
Governor




Amy Stephenson
Director

Robin Hager
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: January 12, 2023
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, Executive Branch Budget Officer 
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION

Agenda Item Write-up:


Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Tanya Drew to train her replacement for the Department of Public Safety through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

Additional Information:

Ms. Drew retired from the Department of Public Safety on December 30, 2022 and is receiving pension benefits. Her skills and experience are needed to assist in training incoming personnel. The department intends to contract with Ms. Drew from March 20, 2023 through April 30, 2023 on a full time basis.

Statutory Authority:

NRS 333.705 (1)

REVIEWED:  1/26/23
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

January 12, 2023

MEMORANDUM

To: Dustin Speed

From: Annette Morfin, Purchasing Officer

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

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

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

If you have any questions, please contact me at amorfin@admin.nv.gov

Joe Lombardo
Governor



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: January 11, 2023

TO: Annette Morfin, Purchasing Officer II
Nevada State Purchasing

THROUGH: John Dekoekkoek, Contract Manager
Department of Public Safety

FROM: Captain Scott Stuenkel
Department of Public Safety, Training Division

SUBJECT: Authorization to Contract with a Former State Employee

Pursuant to NRS 333.705, subsection 1, the Department of Public Safety's Training Division requests authority to contract with a former State of Nevada employee, who is collecting PERS, to provide training incumbent personnel in the specific job duties of the DPS Training Coordinator.

Further explanations and justifications are provided in the attached Authorization to Contract with a Former Employee. Please do not hesitate to contact me with any questions or concerns regarding this request.

Cc: Curtis Palmer, ASOIV, DPS



**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:	Tanya Drew			
Former Employee ID Number:	09573			
Former Job Title:	Training Officer 1			
Former Employee Agency:	Dept of Public Safety – Training Division			
Former Class and Grade:	Class:	07.519	Grade:	34
Former Employment Dates:	From:	5/19/2002	To:	12/30/2022
Requesting Agency:	Dept of Public Safety – Training Division			
Vendor:	Marathon Staffing			

Please mark which of the following applies and complete Sections ‘A’ through ‘M’ below:	
X	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.
A	Summarize scope of contract work. The contracted employee will train her replacement.
B	Document former job description. The DPS In-service Training Coordinator or the DPS Training Officer I serves as a training liaison with all Divisions within the Department. They ensure the Department is in compliance with policy and procedure, Department standard operating procedure(s), Nevada Revised Statute (NRS), Nevada Administrative Code (NAC) , SAM, and Risk Management. The Training Officer is the single Department liaison with the Nevada Commission on Peace Officer’s Standards and Training (P.O.S.T.) and maintains knowledge of P.O.S.T.’s and the Department’s training mandates, forms, and reports to include their maintenance. They will compile and submit the annual sworn officer training deficiency report to P.O.S.T and will assist P.O.S.T. with compliance audits regarding sworn Department personnel training records. They will submit applications to P.O.S.T for basic certification and P.O.S.T. professional certificates. They will review lateral and in-lieu applicant eligibility and ensuring P.O.S.T. requirements are met. They will assist the Divisions with the coordination, facilitation, presentation of mandatory, in-service and professional training opportunities. They will maintain all training records for the basic academy cadets and all sworn officers within the Department. They will compile and provide training records per public records requests, subpoenas or internal records requests. The Training Officer must

	maintain a knowledge of mandatory in-service training requirements for all Department employees. They will be familiar with and be able to use the various equipment required to facilitate the presentation of curriculum and assist instructors. The Training Officer must have the computer skills to operate Microsoft Word, Excel, PowerPoint, Adobe Captivate, SuccessFactors and Skills Manager to accomplish: maintaining training records, creating spreadsheets, creating lesson plans and PowerPoint presentations, and developing statistical databases. They will coordinate and train authorized users for Skills Manager and will review/audit the accuracy of information input into Skills Manager by the authorized users. They will maintain and edit the web-based training courses. The Training Officer will actively participate in curriculum development for both sworn officers and civilian staff. They must have the ability to complete tasks/projects without constant or direct supervision. They will conduct research regarding career growth and enhancement programs and cooperate with vendors with the facilitation of various courses. The Training Officer will accept and complete all legal, appropriate tasks assigned by Training Division command staff.
C	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?
	Yes, the contract is specifically to allow Tanya Drew to train the incumbent personnel.
D	Explain why existing State employees within your agency cannot perform this function.
	The DPS Training Coordinator position previously held by Tanya Drew is a specialized position that she alone has maintained for 15 years. No other positions have had to maintain all of the Department's Training records and ensure the Department is in compliance with NAC, NRS, DPS Policy and Nevada P.O.S.T. training mandates, forms and reports.
E	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.
	No
F	List contractors' hourly rate.
	\$30.69
G	List the range of comparable State employee rates.
	Pay Grade 34 – Training Officer 1 - \$30.69
H	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?
	N/A
I	Document justification for hiring contractor.
	There is no one available to teach her replacement. Tanya held the position for 15 years. We attempted to overlap her position but were unsuccessful.
J	Will the employee be collecting PERS at any time during the contract?
	Yes
K	What is the duration of the contract with the former employee? (Include start and end date)
	03/20/2023 – 04/30/2023
L	Will the former employee be working full time or part time? If part time, how many hours?
	Full Time

M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Curtis Pakula, ASO IV 1/11/2023


Signature of Agency Head Authorizing Request

1/11/23
Date

Kevin D. Doty
Purchasing Administrator Signature (if a Statewide Contract)

1/12/23
Date


Budget Analyst Signature

1/12/23
Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo
Governor



Amy Stephenson
Director

Robin Hager
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: January 23, 2023
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Theresa Bawden, 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 TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Cecilia Whited, currently employed by Diversified Consulting Services, to engage as a member of their staffing team for the Pyramid Highway and I-80 projects.

Additional Information:

There are insufficient staff and expertise to successfully manage the workload, size, and scope of the Statewide construction operations needs for construction engineering services. Ms. Whited retired from state service on December 1, 2022, and the department intends to contract with the employee full-time from February 2023 through June 2025.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: 
ACTION ITEM: _____



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

MEMORANDUM

January 5, 2023

To: Governor's Finance Office
From: Kristina Swallow, P.E., Director
Subject: Authorization to Contract with a Former Employee – Cecilia Whited

SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Cecilia Whited. Ms. Whited retired from state service on December 1, 2022. She is currently employed by Diversified Consulting Services, who is proposing to utilize Ms. Whited as a Construction Office Manager to work on NDOT Agreement P284-22-040 for the Pyramid Highway/I-80 projects (Contracts 3947 & 3948) scheduled to complete by June of 2025. Ms. Whited was not involved in the procurement of any agreement with Diversified Consulting Services during her tenure with the Department.

BACKGROUND

In August of 2022, NDOT issued a Request for Proposals (RFP) to engage service providers to perform professional and technical engineering services to provide construction management augmentation to Construction Crew 913 for both Contract 3947 on I-80 and Contract 3948 on Pyramid Highway.

NDOT entered into an agreement with Diversified Consulting Services as the highest ranked firm responding to the RFP. Should an absence of the current assigned Construction Office Manager take place, Ms. Whited would provide support to NDOT's staff on both projects.

Ms. Whited has had no influence or authority over the consultant procurement for this Crew 913 augmentation.

RECOMMENDATION

We respectfully request your consideration for approval for NDOT to allow the addition of Ms. Whited to the Diversified Consulting Services team for Construction Office Manager duties associated with the Pyramid Highway/I-80 projects, Contracts 3947 & 3948, Agreement P284-22-040.

DocuSigned by:

Kristina L. Swallow

C4B612FC2C1E4FB...

Kristina Swallow, P.E., Director



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

RECEIVED

JAN 13 2023

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Cecilia Whited			
Former Employee ID Number:	11524			
Former Job Title:	Supervisor III, Associate Engineer			
Former Employee Agency:	Nevada Department of Transportation			
Former Class and Grade:	Class:	Engineering 6.223	Grade:	40-10
Former Employment Dates:	From:	May 24, 1997	To:	December 1, 2022
Requesting Agency:	Nevada Department of Transportation			
Vendor:	Diversified Consulting Services, (DCS)			

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

	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
X	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.
A	<p>Summarize scope of contract work.</p> <p>Augmentation of NDOT Construction Crew 913 for Agreement P284-22-040, Pyramid Highway and I-80 projects. Role will include assistance in project construction administration as a Construction Office Engineer including quantity tracking, certification tracking, RFI tracking, submittal tracking, and contractor payments.</p>
B	<p>Document former job description.</p> <p>Managed Construction Office contractor payment system including implementation of the new AASHTOWare Project Construction and Materials. Responsible for statewide construction contract closeout. Managed the administration of state highway construction projects assisting the Resident Engineer field crews responsible for managing construction projects to meet all federal and state requirements, including contractor negotiations, materials testing, inspection, and project survey to conform to project plans, project specifications and standard plans. Manage financial resources to ensure efficient operations and compliance with budgetary limitations.</p>
C	<p>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?</p> <p>Yes, employee is being hired for her knowledge of overall 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</p>

	for engineering demands that that current staff cannot supply. All information related to NDOT is public information with no confidential/specialized processes.
D	Explain why existing State employees within your agency cannot perform this function.
	NDOT frequently contracts work and solicits requests for proposals to the consultant community due to limited resources at the Department.
E	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.
	None, no relationships exist.
F	List contractors' hourly rate.
	\$50 per hour
G	List the range of comparable State employee rates.
	\$30.53 - \$45.83 (Grade 40)
H	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?
	Proposed contract rate is comparable to the average private consultant rate for Ms. Whited's qualifications and experience. There is no specific contract term for Ms. Whited's employment with Diversified Consulting Services.
I	Document justification for hiring contractor.
	Diversified Consulting Services has a need for someone with Ms. Whited's expertise and knowledge for both NDOT and other public works contracts that Diversified Consulting Services performs throughout Nevada.
J	Will the employee be collecting PERS at any time during the contract?
	Yes, due to retirement form NDOT.
K	What is the duration of the contract with the former employee? (Include start and end date)
	Start Date: December 5, 2022 End: No employed end date is identified
L	Will the former employee be working full time or part time? If part time, how many hours?
	Full time
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

DocuSigned by:

C4B612FC2C1E4FB

Signature of Agency Head Authorizing Request

01/06/2023
Date

Purchasing Administrator Signature (if a Statewide Contract)

Date



Budget Analyst Signature

1/28/23
Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo
Governor



Amy Stephenson
Director

Robin Hager
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: January 23, 2023
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Theresa Bawden, 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 TRANSPORTATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Anthony Angelopoulos, currently employed by Construction Materials Engineers, Inc., to engage as a member on their staffing team on the US 50 projects to include a portion of the rollbed modification, cold milling and plantmix bituminous surface with open grade placement.

Additional Information:

There are insufficient staff and expertise to successfully manage the workload, size, and scope of the Statewide construction operations needs for construction engineering services. Mr. Angelopoulos retired from state services on December 12, 2022, and the department intends to contract with Mr. Angelopoulos full-time from March 2023 through October 2023.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____ ACTION ITEM: _____



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

MEMORANDUM

December 13, 2022

To: State of Nevada Board of Examiners
From: Kristina Swallow, Director
Subject: Authorization to Contract with a Former Employee – Anthony Angelopoulos

SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Mr. Anthony Angelopoulos. Mr. Angelopoulos is retiring from state service on December 12, 2022. Construction Materials Engineers, Inc. (CME) has hired Mr. Angelopoulos to fill the Engineering Technician III on upcoming Agreement P363-22-040, Contract #3956 and Project #STBG-050-3(014).

BACKGROUND

Contract #3956 on US 95 is a mill and overlay to include lighting improvements and the installation of a deceleration lane. Project #STBG-050-3(014) on US 50 includes a portion of roadbed modification, cold milling, and plantmix bituminous surface with open grade placement.

The goal of this Agreement is to assist the DEPARTMENT in administering these contracts per Federal Highways Administration (FHWA) standards. Through a Request for Proposal (RFP) process, CME was selected to perform the required services for Contract #3956 and Project #STBG-050-3(014), pending Transportation Board approval in January 2023. Mr. Angelopoulos will begin his employment with CME. in January 2023. Upon his start, CME has requested to use Mr. Angelopoulos' to assist with the inspection duties on Contract #3956 and Project #STBG-050-3(014). Mr. Angelopoulos spent twenty-five (25) years with NDOT serving in multiple roles in District II, which included construction, permits, and special projects.

At no time during Mr. Angelopoulos' State service was he involved in the RFP procurement and selection of CME for the required services.

RECOMMENDATION

We respectfully request your consideration for approval for NDOT to allow the addition of Mr. Angelopoulos to the CME team for Engineering Technician duties associated with the US 95 and US 50 projects, Agreement P363-22-040, Contract #3956 and Project #STBG-050-3(014).

DocuSigned by:

Kristina L. Swallow

648613F6261E4FB...

Kristina Swallow, P.E., Director



RECEIVED

DEC 27 2022

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

**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:	Anthony Scott Angelopoulos			
Former Employee ID Number:	10281			
Former Job Title:	Supervisor 3 District II			
Former Employee Agency:	Nevada Department of Transportation			
Former Class and Grade:	Class:	40	Grade:	10
Former Employment Dates:	From:	12/1/1997	To:	12/12/2022
Requesting Agency:	Nevada Department of Transportation			
Vendor:	Construction Materials Engineers, Inc.			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
X	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.
A	Summarize scope of contract work. Provide augmentation of Crew 904 on two concurrent projects in the Churchill County Area. Mr. Angelopoulos will be providing construction inspection.
B	Document former job description. Mr. Angelopoulos retired as a Supervisor 3 in Stormwater/Special Projects where he was responsible for departmental oversight and supervision of engineering staff.
C	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? Mr. Angelopoulos is being proposed for this position because he has a lengthy history of working on highway construction projects in northern Nevada.
D	Explain why existing State employees within your agency cannot perform this function. The Nevada Department of Transportation is experiencing higher than usual vacancies throughout District 2. Staffing levels on Construction Crews are not sufficient for current and anticipated construction projects.

E	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.
	There are no relationships between any employee or Owner of Construction Materials Engineers, Inc. or the NDOT Construction Division and Mr. Angelopoulos.
F	List contractors' hourly rate.
	Mr. Angelopoulos' rate of pay is \$60.00/HR.
G	List the range of comparable State employee rates.
	The range for Supervisor III is \$30.84 to \$46.28 per hour.
H	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?
	The contract rate is justified because Mr. Angelopoulos' salary is commensurate with his skill set and his billing rate is a standard rate approved by NDOT.
I	Document justification for hiring contractor.
	Managing NDOT construction contracts is a critical task that requires many years of experience in construction and knowledge of NDOT policies and procedures. NDOT and the State of Nevada bare a high amount of risk with construction quality and public safety on their projects. An experienced construction inspector, with previous NDOT knowledge and experience will be a valuable asset and a lower cost alternative to the potential legal actions against the state of Nevada.
J	Will the employee be collecting PERS at any time during the contract?
	Yes.
K	What is the duration of the contract with the former employee? (Include start and end date)
	140 Working Days anticipated to begin in March of 2023.
L	Will the former employee be working full time or part time? If part time, how many hours?
	Full time
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No.

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

DocuSigned by:
Kristina L. Swallow
Signature of Agency Head Authorizing Request

12/23/2022
Date

Purchasing Administrator Signature (if a Statewide Contract) Date

[Handwritten Signature]
Budget Analyst Signature

1/23/23
Date

Clerk of the Board of Examiners Signature Date

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	COMMISSION ON MINERAL RESOURCES	THE TRUST FOR METHODIST DEVELOPMENT OF THE FIRST UNITED METHODIST CHURCH OF CARSON CITY, NEVADA	\$284,917
		This is an extension of an existing lease.	
	Term of Lease:	03/01/2023 – 02/29/2028	Located in Carson City
2.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – EPIDEMIOLOGY AND RESPONSE	CVV, LLC	\$577,912
		This is a new lease.	
	Term of Lease:	04/01/2023 – 03/31/2030	Located in Las Vegas
3.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF WELFARE AND SUPPORTIVE SERVICES	PACIFIC PLACE SITE, LLC	\$1,043,917
		This is an extension of an existing lease.	
	Term of Lease:	03/01/2023 – 02/28/2027	Located in Las Vegas
4.	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL	COUNTY OF ELKO, ADMINISTRATION	\$45,000
		This is an extension of an existing lease.	
	Term of Lease:	02/01/2023 – 01/31/2028	Located in Wells
5.	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL	CITY OF WEST WENDOVER	\$22,500
		This is an extension of an existing lease.	
	Term of Lease:	07/01/2023 – 06/30/2028	Located in West Wendover
6.	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL	ELKO COUNTY SHERIFF'S OFFICE	\$0.00
		This is an extension of an existing lease.	
	Term of Lease:	02/01/2023 – 01/31/2029	Located in Carson City
7.	DEPARTMENT OF PUBLIC SAFETY – INVESTIGATION DIVISION	FLAMINGO OAKWOOD, LLC	\$394,230
		This is an extension of an existing lease.	
	Term of Lease:	04/01/2023 – 05/31/2029	Located in Las Vegas

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
8.	DEPARTMENT OF WILDLIFE	RS BS FAMILY TRUST	\$90,000
		This is an extension of an existing lease.	
	Term of Lease:	05/01/2023 – 04/30/2028	Located in Battle Mountain
9.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – DIVISION OF HEALTH CARE FINANCING AND POLICY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO UNIVERSITY OF NEVADA, RENO	\$366,686
		This is an extension of an existing lease.	
	Term of Lease:	01/01/2023 – 12/31/2027	Located in Reno
10.	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – DIVISION OF TOURISM	RENO 200 S. VIRGINIA, LLC	\$789,822
		This is a new location.	
	Term of Lease:	03/01/2023 – 07/31/2028	Located in Reno
11.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION – NEVADA EARLY INTERVENTION SERVICES	CVV, LLC	\$5,645,050
		This is a new lease.	
	Term of Lease:	03/01/2023 – 02/28/2030	Located in Las Vegas
12.	DEPARTMENT OF HEALTH AND HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION – NEVADA EARLY INTERVENTION SERVICES	CVV, LLC	\$93,269
		This is a new lease.	
	Term of Lease:	03/01/2023 – 02/29/2024	Located in Las Vegas

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 contract information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by:	1-22-23
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: State of Nevada
 Division of Minerals
 400 W King St Suite 106
 Carson City, Nevada 89703
 Robert Ghiglieri
 T: 775-684-7048 E: rghiglieri@minerals.nv.gov

Remarks: Request to renew existing lease

Exceptions/Special notes: Market analysis 90% limited data \$1.60 current rate 1.36 Negotiated 1.45 with 8% increase over 5 year term. Lessor wanted 15% increase w/5 year term and 3% yearly increases.

2. Name of Lessor: The Trust for Methodist Development of the First United Methodist Church of Carson City, Nevada

3. Address of Lessor: C/O 301 West Washington St
 Carson City, Nevada 89703

4. Property contact: Samuel Douglas
 T: 775-884-1696E: samuel@nvccg.us

5. Address of Lease property: 400 West King Street, Suites 100 and 106
 Carson City, Nevada 89703

a. Square Footage: Rentable Usable 3,123

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	Estimated cost per square foot
\$ 4,528.36	12	\$ 54,340.20	March 1, 2023 - February 29, 2024	\$0.00	\$0.00	\$1.45
4% \$ 4,709.48	12	\$ 56,513.76	March 1, 2024 - February 28, 2025	\$0.00	\$0.00	\$1.50
\$ 4,709.48	12	\$ 56,513.76	March 1, 2025 - February 28, 2026	\$0.00	\$0.00	\$1.50
4% \$ 4,897.88	12	\$ 58,774.32	March 1, 2026 - February 28, 2027	\$0.00	\$0.00	\$1.56
\$ 4,897.88	12	\$ 58,774.32	March 1, 2027 - February 29, 2028	\$0.00	\$0.00	\$1.56
	60	\$ 284,916.36				\$1.51

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: Five 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 analysis 90% limited data \$1.60 current rate 1.36 Negotiated 1.45 with 8% increase over 5 year term. Lessor wanted 15% increase w/5 year term and 3% yearly increases.

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

n. Lease will be paid for by Agency Budget Account Number: 4219

6. This lease constitutes:

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

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

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JAN 12 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

 12/22/2012
 Authorized Agency Signature Date
 17


For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input checked="" type="checkbox"/> YES	<input 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
NV19861025336		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>
e. Ownership Type (Domestic, Foreign, Government, etc.):	Exp: _____	
f. Nevada Business ID Number:	_____	
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? Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T29000736	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

 1-12-23
 Authorized Signature Date
 Public Works Division
 17
 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:	AKI 1.13.22
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Health and Human Services
 Division of Public and Behavioral Health, Epidemiology and Response (EPI)
 4150 Technology Way, Third Floor
 Carson City, Nevada 89705
 Irma Janssen
 T: 775.684.4224 E: contractunit@health.nv.gov

Remarks:

This is a new lease for the current location with changes to the term.

Exceptions/Special notes:

Pre Negotiated terms with Lessor and former leaders. Market rate current now is 2.59 no increases for the term of the 7 year lease and remains a full service lease.

2. Name of Lessor:

CVW, LLC

3. Address of Lessor:

c/o MDL Group
 5960 South Jones Boulevard
 Las Vegas, Nevada 89118

4. Property contact:

Bonnie Densmore
 T: 702.388.1800 E: bdensmore@mdlgroup.com

5. Address of Lease property:

3811 West Charleston Boulevard, Suite 206 and 207
 Las Vegas, Nevada 89102

a. Square Footage:

Rentable 2,698
 Usable

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 6,879.90	12	\$ 82,558.80	April 1, 2023 through March 31, 2024	\$0.00	\$0.00	\$2.55
0% \$ 6,879.90	12	\$ 82,558.80	April 1, 2024 through March 31, 2025	\$0.00	\$0.00	\$2.55
0% \$ 6,879.90	12	\$ 82,558.80	April 1, 2025 through March 31, 2026	\$0.00	\$0.00	\$2.55
0% \$ 6,879.90	12	\$ 82,558.80	April 1, 2026 through March 31, 2027	\$0.00	\$0.00	\$2.55
0% \$ 6,879.90	12	\$ 82,558.80	April 1, 2027 through March 31, 2028	\$0.00	\$0.00	\$2.55
0% \$ 6,879.90	12	\$ 82,558.80	April 1, 2028 through March 31, 2029	\$0.00	\$0.00	\$2.55
0% \$ 6,879.90	12	\$ 82,558.80	April 1, 2029 through March 31, 2030	\$0.00	\$0.00	\$2.55
		84	\$ 577,911.60			

c. Total Lease Consideration:

\$0.00

d. Total Improvement Cost:

e. Option to renew:

Yes No 365 Renewal terms: One (1) identical term

f. Holdover notice:

of Days required 30 Holdover terms: 5%/90

g. Term:

Seven (7) years

h. Pass-thrus/CAM/Taxes

Landlord Tenant

i. Utilities:

Landlord Tenant

j. Janitorial:

Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

k. Repairs:

Major: Landlord Tenant Minor: Landlord Tenant

l. Comparable Area Market Rate Average:

\$2.99

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3219, 3153 and 3216

6. This lease constitutes:

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

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

RECEIVED

JAN 11 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

[Signature]
 Authorized Agency Signature _____ Date 1/9/2023



For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a: e. Ownership Type (Domestic, Foreign, Government, etc.):	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	Domestic
f. Nevada Business ID Number:	NV20181605314	Exp: 8/31/2023
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T29041383	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature]
 Authorized Signature _____ Date 1-11-23
 Public Works Division
 For Board of Examiners YES NO

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

For Budget Division Use Only	
Reviewed by:	10/5/2022
Reviewed by:	ARF 1-10-23
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
 Division of Welfare and Supportive Services
 1470 College Parkway
 Carson City, Nevada 89706
 Karen Killian
 T: (702) 486-3228 E: kkillian@dwss.nv.gov

Remarks: Leasing Services negotiated this lease renewal at existing rates for 48 months. Missed the BOE for Jan, now planned for February 2023, did not get approvals back on lease until 12/13 from COF

Exceptions/Special notes: No Tenant Improvements, negotiated existing rate with no increases over the next 4 years, Welfare needs to stay close to the current area for bus stop, and required services, did not find properties available close by, the properties found were too close to other Welfare services. Market rate \$2.39 current rate \$2.67

2. Name of Lessor: Pacific Place Site, LLC

3. Address of Lessor: 6330 Spring Mountain Road, Suite D
 Las Vegas, Nevada 89146

4. Property contact: Talon Commercial Real Estate, LLC
 5940 S. Rainbow Blvd.
 Las Vegas, NV 89118
 ATTN: Kathy Stubbs
 702-683-3171 Email kstubbs@bhswproperties.com

5. Address of Lease property: 3101 Spring Mountain Road Suites 3,4,5
 Las Vegas, Nevada 89102

a. Square Footage: Rentable Usable 8,153

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement Total Cost	Base Rent cost per square foot	Actual cost per square foot
\$ 21,748.20	12	\$ 260,978.40	March 1, 2023- February 29, 2024	\$0.00	\$0.00	\$2.67
\$ 21,748.20	12	\$ 260,978.40	March 1, 2024- February 28, 2025	\$0.00	\$0.00	\$2.67
\$ 21,748.20	12	\$ 260,978.40	March 1, 2025- February 28, 2026	\$0.00	\$0.00	\$2.67
\$ 21,748.20	12	\$ 260,978.40	March 1, 2026- February 28, 2027	\$0.00	\$0.00	\$2.67
			48	\$1,043,916.80		\$2.67

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: Four (4) Years

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

i. Utilities: Landlord Tenant

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

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

l. Comparable Area Market Rate Average: 2.39 Market Rate Negotiated current rate with no increases over length of lease

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

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

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

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

RECEIVED
 JAN 10 2023

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
staff count here

01/06/2023
 Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CCRP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Foreign	
f. Nevada Business ID Number:	NV20191571585	Exp: 9/30/2023
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	127042055	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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


 Authorized Signature
 Public Works Division

1-9-23.
 Date

RG2
 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:	40 1/22/23
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
 Directors Office Nevada Highway Patrol
 555 Wright Way
 Carson City, Nevada 8971
 Kristi Defer
 T: 775-684-4903 E: kdefer@dps.state.nv.us

Remarks: Lease renewal of current lease

Exceptions/Special notes:

2. Name of Lessor: County of Elko, Administration

3. Address of Lessor: 540 Court Street
 Elko, Nevada 89801

4. Property contact: Tasha Herr
 T: 775-753-7073 E: therr@elkocountynv.net

5. Address of Lease property: 1510 Lake Avenue
 Wells, Nevada 89835

a. Square Footage: Rentable Usable 730

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot	
\$750.00	12	\$ 9,000.00	February 1, 2023- January 31, 2024	\$0.00	\$0.00	\$1.03	
0% \$ 750.00	12	\$ 9,000.00	February 1, 2024- January 31, 2025	\$0.00	\$0.00	\$1.03	
0% \$ 750.00	12	\$ 9,000.00	February 1, 2025- January 31, 2026	\$0.00	\$0.00	\$1.03	
0% \$ 750.00	12	\$ 9,000.00	February 1, 2026- January 31, 2027	\$0.00	\$0.00	\$1.03	
0% \$ 750.00	12	\$ 9,000.00	February 1, 2027- January 31, 2028	\$0.00	\$0.00	\$1.03	
c. Total Lease Consideration:		60	\$ 45,000.00			\$1.03	
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 (5) 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 type="checkbox"/> 5 day <input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day <input checked="" 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:		N/A					
m. Specific termination clause in lease:		Breach/Default lack of funding					
n. Lease will be paid for by Agency Budget Account Number:		4713					

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JAN 09 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

[Signature] 12-27-2022
 Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input type="checkbox"/> YES	<input checked="" 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: Exempt	Exp: _____	
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number: T81072742		
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature] 1-6-23
 Authorized Signature Date
 Public Works Division

For Board of Examiners YES NO

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

For Budget Division Use Only	
Reviewed by:	1/12/23
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
Highway Patrol Division
555 Wright Way
Carson City, Nevada 89711
Katie Henrie
T: 775-684-4467 E: khenrie@dps.state.nv.us

Remarks: The tenant has requested to remain co-located in the City of West Wendover's Police Department.

Exceptions/Special notes: No Market Analysis data available. Lessor has pre-negotiated \$50 increase per month every five years on current tenant lease.

2. Name of Lessor: City of West Wendover

3. Address of Lessor: PO BOX 2825
West Wendover, Nevada 89883

4. Property contact: Chris J. Melville, City Manager
T: 775-664-3081 E: cmelville@westwendovercity.com

5. Address of Lease property: 1111 N. Gene L. Jones Way
West Wendover, Nevada 89883

a. Square Footage: Rentable Usable 108

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 375.00	12	\$ 4,500.00	July 1, 2023 - June 30, 2024	\$0.00	\$0.00	\$3.47
\$ 375.00	12	\$ 4,500.00	July 1, 2024 - June 30, 2025	\$0.00	\$0.00	\$3.47
\$ 375.00	12	\$ 4,500.00	July 1, 2025 - June 30, 2026	\$0.00	\$0.00	\$3.47
\$ 375.00	12	\$ 4,500.00	July 1, 2026 - June 30, 2027	\$0.00	\$0.00	\$3.47
\$ 375.00	12	\$ 4,500.00	July 1, 2027 - June 30, 2028	\$0.00	\$0.00	\$3.47
	60	\$ 22,500.00				\$3.47

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

e. Option to renew: Yes No 365 Renewal terms: Pre negotiated renewal

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: Not available

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

n. Lease will be paid for by Agency Budget Account Number: 4713

6. This lease constitutes:

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

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

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JAN 10 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

Pat J. Coy 1-5-2023
Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain...	<input checked="" type="checkbox"/> YES	<input 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.):	Government	Exp: N/A
f. Nevada Business ID Number:	Exempt	
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? **If No, explain...	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T80961605	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain...	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

a. 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

[Signature] 1.9.23.
Authorized Signature Date

Public Works Division

As 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 related documentation. This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

For Budget Division Use Only	
Reviewed by: <i>AKS</i>	1-22-23
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
Nevada Highway Patrol Division
555 Wright Way
Carson City, Nevada 89711
Katie Henrie
T: 775-684-4467 E: khenrie@dps.state.nv.us

Remarks: This is a renewal of an existing lease

Exceptions/Special notes: This is a zero cost lease

2. Name of Lessor: Elko County Sheriff's Office

3. Address of Lessor: 775 West Silver Street
Elko, Nevada 89601

4. Property contact: James Pili
T: 775-738-3421
CC Tricia Baker
(P) 775 738 3101 x249 Email tbaker@elkocountynv.net

5. Address of Lease property: 1120 Snyder Way
Jackpot, Nevada 89652

a. Square Footage: Rentable Usable 324

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$0.00	60	\$0.00	February 1, 2028 - January 31, 2029	\$0.00	\$0.00	\$0.00
		\$ -		\$0.00	\$0.00	
		\$ -		\$0.00	\$0.00	
	60	\$0.00				

#DIV/0!
#DIV/0!

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

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

f. Holdover notice: # of Days required 30 Holdover terms: Month to Month

g. Term: Five (5) Years

h. Pass-thru/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: n/a

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

n. Lease will be paid for by Agency Budget Account Number: 4713

6. This lease constitutes:

An extension of an existing lease

An addition to current facilities (requires estimated expenses)

A relocation (requires estimated expenses)

A new location (requires estimated expenses)

Remodeling only

Other

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

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JAN 12 2023

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

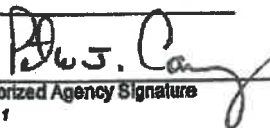
STATEWIDE LEASE INFORMATION

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 Doc Unit _____

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

 1-11-2023
Authorized Agency Signature Date


For Public Works Information:

7. State of Nevada Business License Information:

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

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

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

 1-12-23
Authorized Signature Date
Public Works Division
For Board of Examiners YES NO

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
Investigations Division
555 Wright Way
Carson City, Nevada 89711
John Dekoekkoek
T: 775-684-4698 E: jdekoekkoek@dps.state.nv.us

Remarks: Rent renewal of existing Lease. Current rent \$2.14 market rate \$2.26 met goal of 85% of market approved first year rent \$1.92 with 2 months abated rent

Exceptions/Special notes: No Tenant Improvements. Lessor agreed to provide 2 covered parking spots at no additional costs.

2. Name of Lessor: Flamingo Oakwood, LLC

3. Address of Lessor: 1620 South Los Angeles Street, Unit C
Los Angeles, California 90015
Jonathan Kermani- Manager

4. Property contact: Jared Bonnell
8985 S Eastern Ave. Suite 100
Las Vegas, Nevada 89123
T: 702-630- 8016 E: jared@oneclv.com

5. Address of Lease property: 2080 East Flamingo Road, Suite 118
Las Vegas, Nevada 89119

a. Square Footage: Rentable Usable 2,727

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	2	Abated Rent	April 1, 2023 - May 31, 2023	\$0.00	\$0.00	
0% \$ 5,235.84	12	\$ 62,830.08	June 1, 2023 - May 31, 2024	\$0.00	\$0.00	\$1.92
3% \$ 5,392.92	12	\$ 64,715.04	June 1, 2024 - May 31, 2025	\$0.00	\$0.00	\$1.98
0% \$ 5,392.92	12	\$ 64,715.04	June 1, 2025 - May 31, 2026	\$0.00	\$0.00	\$1.98
3% \$ 5,554.71	12	\$ 66,656.52	June 1, 2026 - May 31, 2027	\$0.00	\$0.00	\$2.04
0% \$ 5,554.71	12	\$ 66,656.52	June 1, 2027 - May 31, 2028	\$0.00	\$0.00	\$2.04
3% \$ 5,721.35	12	\$ 68,656.20	June 1, 2028 - May 31, 2029	\$0.00	\$0.00	\$2.10
	74	\$ 394,229.40				\$2.01

c. Total Lease Consideration: \$0.00

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: Six Years first 2 months free

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

i. Utilities: Landlord Tenant

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

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

l. Comparable Area Market Rate Average: \$2.26 met goal of 85% and two months abated rent

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

n. Lease will be paid for by Agency Budget Account Number: 3743

6. This lease constitutes:

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

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

RECEIVED
DEC 20 2022

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

Lesa Holloway 12/14/22
 Authorized Agency Signature Date

For Public Works Information:

7. State of Nevada Business License information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	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:	NV20191584461	Exp: 9/30/2023
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T32008072C	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature] 12-16-22
 Authorized Signature Date
 Public Works Division

For Board of Examiners YES NO

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Wildlife
6980 Sierra Center Parkway, Suite 120
Reno, Nevada 89511
Jody Wilkinson
T:775-688-1402 E: jody.wilkinson@ndow.org

Remarks: Lease renewal of exiting lease

Exceptions/Special notes: Tenant agreed to increase and got budget approval for \$1.50 Current \$1.05
Lease renewal excludes the use of the greenhouse 1,100 square feet, and no tenant improvements

2. Name of Lessor: RS BS Family Trust - Owner Sarah Burkhart

3. Address of Lessor: 410 Ranchette
Battle Mountain, Nevada 89820-3305

4. Property contact: Sarah Burkhart
T: 775-635-5398 Cell 775-374-1125 E: msbs354@gmail.com

5. Address of Lease property: 525 Round Mountain Drive
Battle Mountain Nevada 89820-3505

a. Square Footage: Rentable 1,000 Rentable square feet of office space including 90 square feet of storage 10,680 square feet of compacted gravel fenced and gated parking lot storage area with front and rear lighting at no additional charge
 Usable 1,000

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 1,500.00	12	\$ 18,000.00	May 1, 2023 - April 30, 2024	\$0.00	\$0.00	\$1.50
\$ 1,500.00	12	\$ 18,000.00	May 1, 2024 - April 30, 2025	\$0.00	\$0.00	\$1.50
\$ 1,500.00	12	\$ 18,000.00	May 1, 2025 - April 30, 2026	\$0.00	\$0.00	\$1.50
\$ 1,500.00	12	\$ 18,000.00	May 1, 2026 - April 30, 2027	\$0.00	\$0.00	\$1.50
\$ 1,500.00	12	\$ 18,000.00	May 1, 2027 - April 30, 2028	\$0.00	\$0.00	\$1.50
	60	\$ 90,000.00				\$1.50

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

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

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

g. Term: Five 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: No data rural area Current \$1.05 Approved \$1.50 by Tenant

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

n. Lease will be paid for by Agency Budget Account Number: 4460

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

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

RECEIVED
JAN 09 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 _____ Date 1-4-2023


For Public Works Information:

7. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c.	Does the Lessor have a current Nevada State Business License? **If No, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
d.	The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>
		CORP <input type="checkbox"/>	LP <input type="checkbox"/>
e.	Ownership Type (Domestic, Foreign, Government, etc.):		
f.	Nevada Business ID Number: <u>NV20212253930</u>	Exp: <u>10/31/2023</u>	
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i.	State of Nevada Vendor number: <u>T32003487</u>		
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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


 Authorized Signature _____ Date 1-6-23
 Public Works Division

For Board of Examiners YES NO

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

For Budget Division Use Only	
Reviewed by:	ARI 1-27-23
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Health and Human Services
 Division of Health Care Financing and Policy
 1100 East William Street, Suite 101
 Carson City, Nevada 89701
 Lisa Tuttle
 T: 775-684-3727 E: LTuttle@dncfp.nv.gov

Remarks:

Lease renewal of existing lease

Exceptions/Special notes:

Market Rate \$1.95 Negotiated at \$1.57 at 81% of market rate. Lessor was asking for 3% yearly increases and we negotiated 2% increases. Lessor informed us they will not renew this lease after it expires on 12/31/2027.

2. Name of Lessor:

University of Nevada Reno

3. Address of Lessor:

Real Estate MS243
 1664 North Virginia Street
 Reno, Nevada 89557

4. Property contact:

c/o Board of Regents
 Casey Shiver
 T: 775-784-4180 Ext 203 E: cshiver@unr.edu

5. Address of Lease property:

745 West Moana Lane, Suite 200
 Reno, Nevada 89509

a. Square Footage:

Rentable
 Usable 3,740

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
\$ 5,871.80	12	\$ 70,461.60	January 1, 2023 - December 31, 2023	\$0.00	\$0.00	\$1.57
2% \$ 5,989.24	12	\$ 71,870.88	January 1, 2024 - December 31, 2024	\$0.00	\$0.00	\$1.60
2% \$ 6,109.02	12	\$ 73,308.24	January 1, 2025 - December 31, 2025	\$0.00	\$0.00	\$1.63
2% \$ 6,231.20	12	\$ 74,774.40	January 1, 2026 - December 31, 2026	\$0.00	\$0.00	\$1.67
2% \$ 6,355.83	12	\$ 76,269.96	January 1, 2027 - December 31, 2027	\$0.00	\$0.00	\$1.70
	60	\$ 386,685.08				\$1.63

c. Total Lease Consideration:

\$0.00

d. Total Improvement Cost:

\$0.00

e. Option to renew:

Yes No 365 Renewal terms: One identical term

f. Holdover notice:

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

g. Term:

Five (5) Years

h. Pass-thrus/CAM/Taxes

Landlord Tenant

i. Utilities:

Landlord Tenant

j. Janitorial:

Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

k. Repairs:

Major: Landlord Tenant Minor: Landlord Tenant

l. Comparable Area Market Rate Average: 6 year range 1.95/SQFT

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3158

6. This lease constitutes:

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

a. Estimated Expenses:

Moving: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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JAN 23 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

Stacie Weeks

01/18/2023

Authorized Agency Signature

Date

18

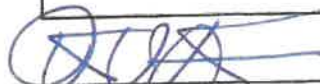
For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input type="checkbox"/> YES	<input checked="" 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:	Exp: _____	
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office? Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	D35000816	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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


Authorized Signature

1-20-23
Date

Public Works Division

19

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 timetables of returned documentation. This Summary is for informational purposes only, any changes in contact information will need to be updated by agency, on agency's copy.

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Tourism and Cultural Affairs
Division of Tourism
401 N. Carson Street
Carson City, Nevada 89701
Angle Mathiesen
T: 775.687.0634 E: amathiesen@travelnevada.com

Remarks: This is a new location negotiated to include five (5) months abated rents.

Exceptions/Special notes: Current rate is \$0.981. The Market Rate for downtown Reno is \$2.17, this lease starts with 5 months abated rents then goes to \$2.30 with 2% increases yearly

2. Name of Lessor: Reno 200 S. Virginia LLC

3. Address of Lessor: 300 E. Second Street, Suite 1210
Reno, Nevada 89501

4. Property contact: Lisa Wilson O: 775.954.2829 Direct: 916.461.5060 E: lwilson@basin-street.com
Meghan Clay Direct: 916.461.5710 C: 720.629.8856 E: mclay@basin-street.com

5. Address of Lease property: 200 S. Virginia Street, Suite 500
Reno, Nevada 89501

a. Square Footage: Rentable
 Usable 5,500

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$0.00	5	\$0.00	March 1, 2023 - July 31, 2023	\$0.00	\$0.00	\$0.00
\$ 12,650.00	12	\$ 151,800.00	August 1, 2023 - July 31, 2024	\$0.00	\$0.00	\$2.30
2% \$ 12,903.00	12	\$ 154,836.00	August 1, 2024 - July 31, 2025	\$0.00	\$0.00	\$2.346
2% \$ 13,156.00	12	\$ 157,872.00	August 1, 2025 - July 31, 2026	\$0.00	\$0.00	\$2.392
2% \$ 13,420.00	12	\$ 161,040.00	August 1, 2026 - July 31, 2027	\$0.00	\$0.00	\$2.440
2% \$ 13,689.50	12	\$ 164,274.00	August 1, 2027 - July 31, 2028	\$0.00	\$0.00	\$2.49
c. Total Lease Consideration:		65	\$ 789,822.00			
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 (5) years and five (5) 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:		Market Rate \$2.17, Current rate \$0.981, new rate \$2.30				
m. Specific termination clause in lease:		Breach/Default lack of funding				
n. Lease will be paid for by Agency Budget Account Number:		1522				

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


1-26-23

 Authorized Agency Signature Date
 15


For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? **If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input 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.):	Foreign	
f. Nevada Business ID Number:	NV20111655911	Exp: 10/31/2023
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T32013467	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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


1-30-23

 Authorized Signature Date
 Public Works Division
 BM
 For Board of Examiners YES NO

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Aging and Disability Services Division, Nevada Early Intervention Services
3416 Goni Road, Building D, Suite 132
Carson City, Nevada 89706
Mariana Acevedo
T: 775.687.4210 E: macevedo@adsd.nv.gov

Remarks: This is a new lease. The previous lease had two locations on one lease, this location has been broke out.

Exceptions/Special notes: This lease was pre-negotiated was \$2.86 a square foot, after renegotiating and seperating the two locations, this is now at \$2.55 a square foot. The current market rate is \$2.34 and the previous lease was at \$2.39 a square foot. This is a full service lease, with a flat rate for seven (7) years. With major tenant requested Tenant Improvements.

2. Name of Lessor: CVV, LLC

3. Address of Lessor: c/o MDL Group
5960 South Jones Boulevard
Las Vegas, Nevada 89118

4. Property contact: Bonnie Densmore
T: 702.388.1800 F: 702.388.1010 E: bdensmore@mdlgroup.com

5. Address of Lease property: 1161 South Valley View
Las Vegas, Nevada 89102

a. Square Footage: Rentable
 Usable 24,261

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	\$ 67,202.97	12	\$ 806,435.64	March 1, 2023 through February 28, 2024	\$0.22	\$2.55	\$2.77
0%	\$ 67,202.97	12	\$ 806,435.64	March 1, 2024 through February 28, 2025	\$0.22	\$2.55	\$2.77
0%	\$ 67,202.97	12	\$ 806,435.64	March 1, 2025 through February 28, 2026	\$0.22	\$2.55	\$2.77
0%	\$ 67,202.97	12	\$ 806,435.64	March 1, 2026 through February 28, 2027	\$0.22	\$2.55	\$2.77
0%	\$ 67,202.97	12	\$ 806,435.64	March 1, 2027 through February 29, 2028	\$0.22	\$2.55	\$2.77
0%	\$ 67,202.97	12	\$ 806,435.64	March 1, 2028 through February 28, 2029	\$0.22	\$2.55	\$2.77
0%	\$ 67,202.97	12	\$ 806,435.64	March 1, 2029 through February 28, 2030	\$0.22	\$2.55	\$2.77
		84	\$5,645,049.48				

c. Total Lease Consideration: \$504,670.32

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: 90 / 5%

g. Term: Seven (7) year

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

i. Utilities: Landlord Tenant

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

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

l. Comparable Area Market Rate Average: \$2.34

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

n. Lease will be paid for by Agency Budget Account Number: 3208

6. This lease constitutes:

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

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

RECEIVED

JAN 12 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

Rique Cobb 01/10/2023
 Authorized Agency Signature Date
 130

For Public Works Information:

7. State of Nevada Business License Information:

a.	Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c.	Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d.	The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/> CORP <input type="checkbox"/> P <input type="checkbox"/>
e.	Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f.	Nevada Business ID Number:	NV20181605314	Exp: 8/31/2023
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i.	State of Nevada Vendor number:	T29041383	
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature] 1-12-23
 Authorized Signature Date
 Public Works Division

dm
 For Board of Examiners YES NO

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Aging and Disability Services Division, Nevada Early Intervention Services
3416 Goni Road, Building D, Suite 132
Carson City, Nevada 89706
Mariana Acevedo
T: 775.687.4210 E: macevedo@adsd.nv.gov

Remarks: This is a new lease. The previous lease had two locations on one lease, this location has been broke out.

Exceptions/Special notes: This lease was pre-negotiated was \$2.86 a square foot, after renegotiating and seperating the two locations, this is now at ~~\$2.55~~ a square foot. The current market rate is \$2.34 and the previous lease was at \$2.39 a square foot. This is a full service lease.

2. Name of Lessor: CVV, LLC

3. Address of Lessor: c/o MDL Group
5960 South Jones Boulevard
Las Vegas, Nevada 89118

4. Property contact: Bonnie Densmore
T: 702.388.1800 F: 702.388.1010 E: bdensmore@mdlgroup.com

5. Address of Lease property: 3811 West Charleston Boulevard, Suite 209
Las Vegas, Nevada 89102

a. Square Footage: Rentable Usable 3,048

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$ 7,772.40	12	\$ 93,268.80	March 1, 2023 - February 29, 2024	\$0.00	\$0.00	\$2.55
	12	-\$ 93,268.80				

c. Total Lease Consideration: \$0.00

d. Total Improvement Cost: \$0.00

e. Option to renew: Yes No Renewal terms: one identical term

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

g. Term: One (1) year

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

i. Utilities: Landlord Tenant

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

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

l. Comparable Area Market Rate Average: \$2.34

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

n. Lease will be paid for by Agency Budget Account Number: 3151 / 3208

6. This lease constitutes:

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

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

RECEIVED

JAN 12 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

Rigue Robb
Authorized Agency Signature

01/10/2023
Date

For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License? *If Yes, explain....	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
c. Does the Lessor have a current Nevada State Business License? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic	
f. Nevada Business ID Number:	NV20181605314	Exp: 8/31/2023
g. Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number:	T29041383	
j. Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

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

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

[Signature] 1-12-23.
Authorized Signature Date
Public Works Division

bm
For Board of Examiners YES NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	051	TREASURER'S OFFICE - COLLEGE SAVINGS TRUST	AKF CONSULTING	OTHER: CONTRACT SERVICE CHARGES	\$150,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides legal, compliance and regulatory services related to Section 529 Plans. This amendment extends the termination date from March 31, 2023 to March 31, 2025 and increases the maximum amount from \$150,000 to \$300,000 due to the continued need for these services.				
	Term of Contract:	03/09/2021 - 03/31/2025	Contract # 23947			
2.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	KNIT	OTHER: FEDERAL	\$738,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Las Vegas Detention Center - Forensics Facility Renovation CIP project to include architectural, mechanical, electrical, and plumbing engineering services sufficient to convert the old Las Vegas jail into a fully functioning state forensics facility: CIP Project No. 23-A018; SPWD Contract No. 115222.				
	Term of Contract:	Upon Approval - 12/31/2026	Contract # 27055			
3.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	BOARD OF REGENTS - NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL	\$265,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide an independent third-party evaluation of the new Nevada Education Funding Plan analyzing the impact of converting the funding plan to a weighted per-pupil funding formula.				
	Term of Contract:	01/01/2023 - 07/30/2023	Contract # 27159			
4.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	SILVERSCRIPT INSURANCE COMPANY	OTHER: HEALTHY NEVADA FUNDS	\$190,713	Exempt
	Contract Description:	This is a new contract to provide ongoing state pharmaceutical assistance for eligible members enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
	Term of Contract:	03/10/2023 - 03/09/2027	Contract # 27125			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	UNITED HEALTHCARE INSURANCE COMPANY	OTHER: HEALTHY NEVADA FUNDS	\$280,233	Exempt
	Contract Description:	This is a new contract to provide ongoing state pharmaceutical assistance for eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
		Term of Contract:	03/10/2023 - 03/09/2027	Contract # 27124		
6.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	WELLCARE PRESCRIPTION INSURANCE, INC.	OTHER: HEALTHY NEVADA FUNDS	\$216,978	Exempt
	Contract Description:	This is a new contract to provide ongoing state pharmaceutical assistance for eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.				
		Term of Contract:	03/10/2023 - 03/09/2027	Contract # 27122		
7.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	(\$61,131,322)	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Disproportionate Share Hospital (DSH) program for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent, and Medicaid recipients. This amendment decreases the maximum amount from \$122,021,816 to \$60,890,494 due to the change in methodology for collecting the state's share of the DSH program for fiscal year 2023.				
		Term of Contract:	07/01/2021 - 06/30/2023	Contract # 23855		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$21,396,498	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contribution of the supplemental inpatient and outpatient Upper Payment Limit programs and the Graduate Medical Education program. This amendment extends the termination date from June 30, 2023 to June 30, 2025 and increases the maximum amount from \$11,949,902 to \$33,346,400 due to the continued need for these services and revises the methodology for calculating the voluntary contribution.				
	Term of Contract:	07/01/2021 - 06/30/2025	Contract # 24035			
9.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$49,941,998	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state government owned or operated hospitals. This amendment extends the termination date from June 30, 2023 to June 30, 2025 and increases the maximum amount from \$62,504,302 to \$112,446,300 due to the continued need for these services.				
	Term of Contract:	07/01/2020 - 06/30/2025	Contract # 23967			
10.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTER-GOVERNMENTAL TRANSFER PROGRAM	CLARK COUNTY	OTHER: REVENUE	\$18,347,546	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the supplemental Graduate Medical Education program for non-state government owned or operated teaching hospitals. This amendment extends the termination date from June 30, 2023 to June 30, 2025 and increases the maximum amount from \$31,764,854 to \$50,112,400 due to the continued need for these services.				
	Term of Contract:	07/01/2020 - 06/30/2025	Contract # 23979			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	COMAGINE HEALTH	OTHER: HEALTH COST CONTAINMENT 64.6% FEDERAL 35.4%	\$4,337,030	
	Contract Description:	This is a new contract to provide services for health data reporting of data collection, aggregation, and reporting for Nevada hospitals, ambulatory surgical centers, and intermediate care facilities.				
		Term of Contract:	03/01/2023 - 02/28/2027	Contract # 26980		
12.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - MEDICAID	NYE COUNTY - PAHRUMP VALLEY FIRE AND RESCUE	FEDERAL	\$3,280,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing emergency ambulance services for Medicaid recipients.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 26974		
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - HEALTH CARE FACILITIES REGULATION	AITHENT, INC.	FEE: USER 92% FEDERAL 8%	\$528,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing maintenance and support services for the Aithent Licensing and Regulatory systems.				
		Term of Contract:	04/01/2024 - 03/31/2028	Contract # 27084		
14.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	DELOITTE CONSULTING, LLP	GENERAL 14.4% OTHER: CHANGES FOR SERVICES 20.6% FEDERAL 65%	\$48,510,328	
	Contract Description:	This is the first amendment to the original contract which provides system changes and enhancements to the existing Nevada Operations of Multi-Automated Data Systems (NOMADS), Application Management Productivity System and Access Nevada eligibility systems, as well as development and implementation of a new Medicaid waiver process. This amendment increases the maximum amount from \$18,459,290 to \$66,969,618 due to adding the Mainframe Modernization project to the scope of work.				
		Term of Contract:	08/09/2022 - 06/30/2026	Contract # 26545		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	INFORMATIX, INC.	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$1,223,933	
	Contract Description:	This is the fifth amendment to the original contract which provides an electronic application to assist in the collections and disbursements of Child Support payments to the custodial parent. This amendment extends the termination date from March 31, 2023 to October 31, 2025 and increases the maximum amount from \$2,381,107.71 to \$3,605,041.00 due to a continued need for these services and an extension of the test and production period.				
		Term of Contract:	12/12/2017 - 10/31/2025	Contract # 19387		
16.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES	HEALTH AND HUMAN SERVICES FOUNDATION	GENERAL 50% OTHER: COUNTY ASSESSMENTS 50%	\$188,149	
	Contract Description:	This is the second amendment to the original contract which provides ongoing room and board, basic skills training, and mental health assessments to youth under parole supervision. This amendment extends the termination date from February 28, 2023 to June 30, 2023 and increases the contract maximum from \$94,224.32 to \$282,372.96 due to the continued need for services.				
		Term of Contract:	07/01/2022 - 06/30/2023	Contract # 26528		
17.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	BAMBOO SUNRISE, LLC	FEDERAL	\$400,000	
	Contract Description:	This is a new contract to provide ongoing psychiatric residential treatment services to youths residing in buildings 11 and 14 on the Charleston campus.				
		Term of Contract:	Upon Approval - 03/31/2027	Contract # 27072		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	COLYAR TECHNOLOGY SOLUTIONS, LLC	OTHER: SHIPPING CHARGES 25% FEDERAL 75%	\$2,514,323	
	Contract Description:	This is a new contract to provide ongoing maintenance support services and enhancements for the proprietary meals claim data system.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 26634		
19.	650	DEPARTMENT OF PUBLIC SAFETY - DIRECTOR'S OFFICE	MARTIN-ROSS & ASSOCIATES, LLC	OTHER: COST ALLOCATED	\$300,000	
	Contract Description:	This is a new contract to provide ongoing law enforcement background investigations for prospective law enforcement positions.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 27046		
20.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	SOFTWARE AG USA, INC.	FEE: FINGERPRINT 100%	\$154,000	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing maintenance and support services for the integrated software platform system. This amendment increases the maximum amount from \$627,354 to \$781,354 due to the continued need for these services.				
		Term of Contract:	02/09/2021 - 06/30/2024	Contract # 23877		
21.	658	DEPARTMENT OF PUBLIC SAFETY - HIGHWAY SAFETY PLAN AND ADMINISTRATION	AGATE SOFTWARE, INC.	FEDERAL	\$177,945	
	Contract Description:	This is the first amendment to the original contract which provides ongoing support, maintenance, and hosting of the grants management system. This amendment increases the maximum amount from \$299,153 to \$477,098 due to a required update to Agate's latest IGX software.				
		Term of Contract:	10/01/2020 - 10/31/2024	Contract # 23286		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	THE CAREER INDEX CORPORATION	GENERAL 5% FEDERAL 95%	\$312,000	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides a software solution to gather and report data required for the performance measures contained in the Workforce Innovation and Opportunity Act. This amendment increases the maximum amount from \$1,556,660 to \$1,868,660 due to the increased number of seats.				
	Term of Contract:	10/01/2021 - 09/30/2025	Contract # 24819			
23.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	HAYES WAKAYAMA, LLC	FEE: LICENSURE	\$200,000	Professional Service
	Contract Description:	This is a new contract to provide legal services.				
	Term of Contract:	Upon Approval - 12/31/2025	Contract # 27081			
24.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	SCOTTIE LAW FIRM, PLLC	FEE: LICENSURE	\$200,000	Professional Service
	Contract Description:	This is a new contract to provide legal services.				
	Term of Contract:	Upon Approval - 01/31/2025	Contract # 27080			

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 23947	Amendment Number: 1
Agency Name: TREASURER - COLLEGE SAVINGS TRUST	Legal Entity Name: AKF Consulting
Agency Code: 051	Contractor Name: AKF Consulting
Appropriation Unit: 1092-04	Address: 757 Third Avenue 12th Floor
Is budget authority available?: Yes	City/State/Zip: New York, NY 10017
If "No" please explain: Not Applicable	Contact/Phone: Andrea Feirstein 646.218.9864
	Vendor No.:
	NV Business ID: NV20171050341
To what State Fiscal Year(s) will the contract be charged?	2021-2025

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Contract Service Charges

Agency Reference #: 051

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/09/2021**

Anticipated BOE meeting date: 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2023**

Contract term: **4 years and 22 days**

4. Type of contract: **Contract**

Contract description: **Legal Counsel**

5. Purpose of contract:

This is the first amendment to the original contract which provides legal, compliance and regulatory services related to Section 529 Plans. This amendment extends the termination date from March 31, 2023 to March 31, 2025 and increases the maximum amount from \$150,000 to \$300,000 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:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
2. Amount of current amendment (#1):	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
3. New maximum contract amount:	\$300,000.00			
and/or the termination date of the original contract has changed to:	03/31/2025			

II. JUSTIFICATION

7. What conditions require that this work be done?

Internal Revenue Code Section 529 savings and prepaid tuition plans need specialized legal support. NRS 353B.110 allows the Board to enter into contracts for goods or services including legal counsel.

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

Neither AGO or STO employees have the legal expertise to assist with these matters.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the 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?

Most states with 529 plans use either AKF consulting or Jamie Canup with Hirschler Fleischer for IRC 529 regulatory and compliance assistance; however, Mr. Canup has left Hirschler Fleischer and is no longer consulting state 529 plans.

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	alaw1	01/09/2023 15:07:45 PM
Division Approval	alaw1	01/09/2023 15:07:50 PM
Department Approval	alaw1	01/09/2023 15:08:04 PM

Contract Manager Approval	lilim1	01/09/2023 15:14:01 PM
Budget Analyst Approval	bmacke1	01/23/2023 15:18:07 PM
BOE Agenda Approval	bmacke1	01/23/2023 15:18:20 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: **27055**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: KNIT
Agency Code: 082	Contractor Name: KNIT
Appropriation Unit: All Appropriations	Address: 7250 PEAK DR. STE. 216
Is budget authority available?: No	City/State/Zip: LAS VEGAS, NV 89128
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3161, expenditure category 62, ARPA-FORENSIC LV JAIL RENOV	Contact/Phone: 702-363-2222
	Vendor No.: T29033716
	NV Business ID: NV19851015692

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **115222**

2. Contract start date:

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

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Las Vegas Detention Center - Forensics Facility Renovation CIP project to include architectural, mechanical, electrical, and plumbing engineering services sufficient to convert the old Las Vegas jail into a fully functioning state forensics facility: CIP Project No. 23-A018; SPWD Contract No. 115222.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$738,000.00**

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 - Southern Nevada Adult Mental Health

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:

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

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	12/20/2022 10:46:43 AM
Division Approval	nmann	12/20/2022 10:46:48 AM
Department Approval	nmann	12/20/2022 10:46:51 AM
Contract Manager Approval	lwildes	12/21/2022 12:51:40 PM
Budget Analyst Approval	nhovden	12/28/2022 09:23:42 AM
BOE Agenda Approval	nhovden	12/28/2022 09:23:44 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27159**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	BOARD OF REGENTS - NSHE - UNIVERSITY OF NEVADA, LAS VEGAS
Agency Code:	300	Contractor Name:	BOARD OF REGENTS - NSHE - UNIVERSITY OF NEVADA, LAS VEGAS
Appropriation Unit:	2712-09	Address:	Center for Research and Eval. 4505 S MARYLAND PKWY MS 1005
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89154
If "No" please explain:	Not Applicable	Contact/Phone:	CREA 702-895-1812
		Vendor No.:	D35000813
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

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

<input checked="" type="checkbox"/>	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **CREA - EXTERNAL Evaluator**

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 **02/2023**

Retroactive? **Yes**

If "Yes", please explain

3. Termination Date: **07/30/2023**

Contract term: **209 days**

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

Contract description: **External Evaluator**

5. Purpose of contract:

This is a new interlocal agreement to provide an independent third-party evaluation of the new Nevada Education Funding Plan analyzing the impact of converting the funding plan to a weighted per-pupil funding formula.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$265,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Education, per the general appropriation in the 2021 legislative session, is required to evaluate the impact of the new Nevada Education Funding Plan. The new Nevada Education Funding Plan collapsed categorical funding programs (SB 178, Zoom, Victory, RBG3) into a weighted per-pupil funding formula.

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

State of Nevada employees are not qualified to be external evaluators for ourselves.

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

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

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

Not Applicable

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

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

Governmental Entity

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

10. 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	mhanke	01/17/2023 15:55:07 PM
Division Approval	mhanke	01/17/2023 15:55:15 PM
Department Approval	mhanke	01/17/2023 15:55:19 PM
Contract Manager Approval	strongc7	01/17/2023 16:15:20 PM
Budget Analyst Approval	mranki1	01/18/2023 08:49:09 AM
BOE Agenda Approval	dlenzner	01/18/2023 16:08:04 PM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Jhone M. Ebert
Superintendent
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DEPARTMENT OF EDUCATION
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January 17, 2023

MEMORANDUM

TO: Amy Stephenson
Clerk of the Board of Examiners
Governor's Finance Office – Budget Division

THROUGH: Michael Rankin
EBBO 1, Governor's Finance Office – Budget Division

FROM: Megan Peterson *mp*
Deputy Superintendent, Student Investment Division

SUBJECT: Request for Retroactive Contract with Board of Regents, UNLV - CREA

This memorandum serves as a request for retroactive approval to January 1, 2023, on a contract with the Board of Regents, University of Nevada, Las Vegas - CREA. The original start date was not met due to a much longer than expected review of the State's contract by the vendor's legal department. To avoid this situation in the future, the Department will consider a longer vendor review period when verifying contract start dates. The analysis to be conducted by this vendor will provide the State and the Department with an evaluation of the new Nevada Education Funding Plan. Should this retroactive request be denied, the project schedule will need to be reconsidered including potentially delaying the final report delivery date; shifting delivery dates may have the potential to impact timely decisions that affect the needs of students, teachers, and administrators.

We appreciate your consideration in this matter.

CC: Jhone M. Ebert, Superintendent of Public Instruction
CC: Peter Zutz, Administrator, ADAM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27125**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	SILVERSCRIPT INSURANCE COMPANY
Agency Code:	402	Contractor Name:	SILVERSCRIPT INSURANCE COMPANY
Appropriation Unit:	3156-16	Address:	1 CVS DRIVE
Is budget authority available?:	Yes	City/State/Zip:	WOONSOCKET, RI 02895
If "No" please explain:	Not Applicable	Contact/Phone:	GLENN AMNOTT 860-900-6940
		Vendor No.:	T29030993
		NV Business ID:	NV20181782915

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Healthy Nevada Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2023**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/09/2027**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **SRxDRx Part-D Prescr**

5. Purpose of contract:

This is a new contract to provide ongoing state pharmaceutical assistance for eligible members enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$190,713.00**

Other basis for payment: As per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

State employees are not authorized to perform the needed services.

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

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

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

Not Applicable

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

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

\$.90 (90 cents) per member - Administrative Fee

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 provider agreement 2013 and ADSD contract from 2015 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:
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	01/05/2023 14:12:49 PM
Division Approval	tric1	01/05/2023 14:22:08 PM
Department Approval	dschmid5	01/09/2023 16:56:18 PM
Contract Manager Approval	maced1	01/10/2023 10:31:13 AM
Budget Analyst Approval	khal5	01/18/2023 14:27:30 PM
BOE Agenda Approval	afrantz	01/23/2023 16:04:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27124**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	UNITED HEALTHCARE INSURANCE COMPANY
Agency Code:	402	Contractor Name:	UNITED HEALTHCARE INSURANCE COMPANY
Appropriation Unit:	3156-16	Address:	PO BOX 5840
Is budget authority available?:	Yes	City/State/Zip:	CAROL STREAM, IL 60197-5840
If "No" please explain:	Not Applicable	Contact/Phone:	Natalie Henderson 800-955-8098
		Vendor No.:	T27014148B
		NV Business ID:	NV20181928491

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Healthy Nevada Funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2023**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/09/2027**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **SRxDRx Part-D Prescr**

5. Purpose of contract:

This is a new contract to provide ongoing state pharmaceutical assistance for eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$280,233.00**

Other basis for payment: As per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

State employees are not authorized to perform the needed services.

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

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

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

Not Applicable

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

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

\$.90 (90 cents) per member - Administrative Fee

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 provider agreement and contract with ADSD 2015 - current. Satisfactory.

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

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

Not Applicable

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

Other

Non-Title 7 - Exemption Code:006 - Insurance company

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

Yes

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	01/05/2023 14:13:28 PM
Division Approval	tric1	01/05/2023 14:21:19 PM
Department Approval	dschmid5	01/09/2023 16:54:50 PM
Contract Manager Approval	macedved1	01/10/2023 10:28:35 AM
Budget Analyst Approval	khal5	01/18/2023 14:28:05 PM
BOE Agenda Approval	afrantz	01/23/2023 16:03:17 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27122**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	WELLCARE PRESCRIPTION INSURANCE, INC.
Agency Code:	402	Contractor Name:	WELLCARE PRESCRIPTION INSURANCE, INC.
Appropriation Unit:	3156-16	Address:	8725 HENDERSON RD REN # 1
Is budget authority available?:	Yes	City/State/Zip:	TAMPA, FL 33634-1143
If "No" please explain:	Not Applicable	Contact/Phone:	ADAM SWARTZ 813/206-2826
		Vendor No.:	T27013210
		NV Business ID:	NV20131722994

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % HEALTHY NEVADA FUNDS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2023**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/09/2027**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **SRxDRx Part-D Prescr**

5. Purpose of contract:

This is a new contract to provide ongoing state pharmaceutical assistance for eligible members who are enrolled in Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug benefits.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$216,978.00**

Other basis for payment: As per Attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

Starting January 1, 2006, the Federal Medicare Part D plan went into effect. Nevada's Senior Rx and Disability Rx members must use Medicare Part D as their first resource for prescription drugs.

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

State employees are not authorized to perform the needed services.

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

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

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

Not Applicable

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

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

The State must contract with all prescription drug plans Federally authorized to offer Part D benefits in Nevada. (Section 1860D-23 (b)(2) of Social Security Act)

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

\$.90 (90 cents) per member - Administrative Fee

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 2006-2009, ADSD 2009-current. Satisfactory.

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

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

Not Applicable

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

Other

Non-Title 7, Exemption Code: 006

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

Yes

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

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	01/03/2023 15:10:56 PM
Division Approval	tric1	01/03/2023 16:05:28 PM
Department Approval	dschmid5	01/04/2023 16:45:45 PM
Contract Manager Approval	macedved1	01/05/2023 10:20:51 AM
Budget Analyst Approval	khal5	01/18/2023 14:25:17 PM
BOE Agenda Approval	afrantz	01/23/2023 16:02:09 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 23855	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: Jessica Colvin 702-455-3324
	Vendor No.: T81026920X
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2022-2023

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

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: **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

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

4. Type of contract: **Revenue Contract**

Contract description: **DSH Program**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the Disproportionate Share Hospital (DSH) program for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent, and Medicaid recipients. This amendment decreases the maximum amount from \$122,021,816 to \$60,890,494 due to changes in the methodology for collecting the state's share of the DSH program for fiscal year 2023.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$122,021,816.00	\$122,021,816.00	\$122,021,816.00	Yes - Action
2. Amount of current amendment (#1):	-\$61,131,322.00	-\$61,131,322.00	-\$61,131,322.00	Yes - Action
3. New maximum contract amount:	\$60,890,494.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for supplemental payments to hospitals that serve a disproportionate share of uninsured, indigent, and Medicaid patients. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding.

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

State employees are performing this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. 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 2016 to current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmayhall	05/19/2022 13:45:52 PM
Division Approval	staciew3	02/03/2023 14:12:28 PM
Department Approval	staciew3	02/03/2023 14:13:42 PM
Contract Manager Approval	ltuttl1	02/03/2023 16:01:10 PM
Budget Analyst Approval	sbrown	02/08/2023 08:51:04 AM
BOE Agenda Approval	sbrown	02/08/2023 08:51:08 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **24035** Amendment Number: **1**
 Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Clark County**
 Agency Code: **403** Contractor Name: **Clark County**
 Appropriation Unit: **3157-00** Address: **500 Grand Central Parkway**
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89155**
 If "No" please explain: **Not Applicable** Contact/Phone: **Jessica Colvin 702-455-3324**
 Vendor No.:
 NV Business ID: **Governmental Entity**
 To what State Fiscal Year(s) will the contract be charged? **2022-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

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 **02/2023**
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2023**
 Contract term: **4 years**
 4. Type of contract: **Revenue Contract**
 Contract description: **VC (UPL MCO)**

5. Purpose of contract:
This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the voluntary contribution of the supplemental inpatient and outpatient Upper Payment Limit programs and the Graduate Medical Education program. This amendment extends the termination date from June 30, 2023 to June 30, 2025 and increases the maximum amount from \$11,949,902 to \$33,346,400 due to the continued need for these services and change in the methodology of calculating the credit received on the county voluntary contribution.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$11,949,902.00	\$11,949,902.00	\$11,949,902.00	Yes - Action
2. Amount of current amendment (#1):	\$21,396,498.00	\$21,396,498.00	\$21,396,498.00	Yes - Action
3. New maximum contract amount:	\$33,346,400.00			
and/or the termination date of the original contract has changed to:	06/30/2025			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. 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 2018 - Current. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	02/07/2023 11:01:41 AM
Division Approval	laaron	02/07/2023 13:16:14 PM
Department Approval	staciew3	02/07/2023 14:11:19 PM
Contract Manager Approval	dmartin3	02/07/2023 14:25:19 PM
Budget Analyst Approval	hfield	02/07/2023 14:48:14 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: **23967** Amendment Number: **1**

Agency Name: **DHHS - HEALTH CARE FINANCING & POLICY** Legal Entity Name: **Clark County**

Agency Code: **403** Contractor Name: **Clark County**

Appropriation Unit: **3157-00** Address: **500 Grand Centrol Parkway**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89155**

If "No" please explain: **Not Applicable** Contact/Phone: **Jessica Colvin, Chief Financial Officer 702-455-3324**

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

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years**

4. Type of contract: **Revenue Contract**

Contract description: **UPL Supplemental**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the supplemental inpatient and outpatient Upper Payment Limit program for non-state government owned or operated hospitals. This amendment extends the termination date from June 30, 2023 to June 30, 2025 and increases the maximum amount from \$62,504,302 to \$112,446,300 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:	\$62,504,302.00	\$62,504,302.00	\$62,504,302.00	Yes - Action
2. Amount of current amendment (#1):	\$49,941,998.00	\$49,941,998.00	\$49,941,998.00	Yes - Action
3. New maximum contract amount:	\$112,446,300.00			
and/or the termination date of the original contract has changed to:	06/30/2025			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. 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:

DCHPF 2016 to 2020 - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	02/07/2023 11:01:01 AM
Division Approval	laaron	02/07/2023 13:13:27 PM
Department Approval	staciew3	02/07/2023 14:12:30 PM
Contract Manager Approval	dmartin3	02/07/2023 14:25:58 PM
Budget Analyst Approval	hfield	02/07/2023 14:50:12 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: 23979	Amendment Number: 1
Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Clark County
Agency Code: 403	Contractor Name: Clark County
Appropriation Unit: 3157-00	Address: 500 Grand Central Parkway
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89155
If "No" please explain: Not Applicable	Contact/Phone: Jessica Colvin 702-455-3324
	Vendor No.:
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2021-2025

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2020**

Anticipated BOE meeting date: **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **5 years**

4. Type of contract: **Revenue Contract**

Contract description: **GME Graduate Med Ed**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides ongoing funds for the state's share of the supplemental Graduate Medical Education program for non-state government owned or operated teaching hospitals. This amendment extends the termination date from June 30, 2023 to June 30, 2025 and increases the maximum amount from \$31,764,854 to \$50,112,400 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:	\$31,764,854.00	\$31,764,854.00	\$31,764,854.00	Yes - Action
2. Amount of current amendment (#1):	\$18,347,546.00	\$18,347,546.00	\$18,347,546.00	Yes - Action
3. New maximum contract amount:	\$50,112,400.00			
and/or the termination date of the original contract has changed to:	06/30/2025			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of supplemental payments to non-state governmentally owned or operated hospitals. This agreement provides for receipt of the non-federal share of funds in order to secure federal funding for this program.

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

State employees are doing this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

10. 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 2016 to current - Satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cluevan1	02/07/2023 10:59:58 AM
Division Approval	laaron	02/07/2023 13:14:49 PM
Department Approval	staciew3	02/07/2023 14:12:12 PM
Contract Manager Approval	dmartin3	02/07/2023 14:24:01 PM
Budget Analyst Approval	hfield	02/07/2023 14:45:35 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26980**

Agency Name: DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name: Comagine Health
Agency Code: 403	Contractor Name: Comagine Health
Appropriation Unit: 3158-04	Address: 10700 Meridian Avenue North Suite 300
Is budget authority available?: Yes	City/State/Zip: Seattle, WA 98133-9008
If "No" please explain: Not Applicable	Contact/Phone: Lori Barrett 800-949-7536
	Vendor No.: T27042408
	NV Business ID: NV20151443417

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 %
X Federal Funds	35.40 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	64.60 % Health Cost Containment

Agency Reference #: **RFP 40DHHS-S2005 (RV)**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Health Data Reporting**

5. Purpose of contract:

This is a new contract to provide services for health data reporting of data collection, aggregation, and reporting for Nevada hospitals, ambulatory surgical centers, and intermediate care facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,337,030.29**

II. JUSTIFICATION

7. What conditions require that this work be done?

State mandates (NRS 449.450 - 530 inclusive) require specific reports to be created and posted to the public health data transparency website.

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

Level of detailed data collection, data assembly, and maintenance of public facing site(s) for data transparency requires a dedicated team of professionals working beyond the scope and capability of internal staffing.

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):

Comagine Health
Qengine LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S2005 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: 05/20/2022 Anticipated re-bid date: 01/01/2026

- 10. a. Does the contract contain any IT components? Yes
- b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	aroma2	01/10/2023 09:08:17 AM
Division Approval	ltuttl1	01/10/2023 09:23:27 AM
Department Approval	staciew3	01/10/2023 11:49:21 AM
Contract Manager Approval	ltuttl1	01/18/2023 14:26:12 PM
EITS Approval	ljean	01/18/2023 14:30:07 PM
Budget Analyst Approval	afrantz	01/23/2023 16:06:30 PM
BOE Agenda Approval	afrantz	01/23/2023 16:06:32 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 | Fax: (775) 687-9097

MEMORANDUM

TO: Stacie Weeks, Administrator, DHCFP, DHHS
Robin Ochsenschlager, IT Professional IV, DHCFP, DHHS
April Caughron, IT Manager II, DHCFP, DHHS
Lynnette Aaron, Administrative Services Officer IV, DHCFP, 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 – DHCFP – TIN 361 – *Health Data Reporting* – Update D – BA 3158

DATE: January 18, 2023

We have completed our review for the Department of Health and Human Services (DHHS), Division of Healthcare Financing and Policy (DHCFP) – *Health Data Reporting* – TIN 361, Update D.

The submitted TIN, for an estimated value of \$457,136.35 in the FY22/FY23 biennium, \$2,133,321.54 in the FY24/FY25 biennium, and \$1,746,572.40 in the FY26/FY27 biennium (64.6% Health Cost Containment, 35.4% Federal Grant), is to update funding information for the Health Data Reporting system.

DHCFP is seeking proposals from qualified Vendors that have the experience and expertise to provide Health Data Reporting for data collection, aggregation, and reporting to DHCFP pursuant to NRS 439A.270 and NRS 439A.083. The selected Vendor will be expected to provide reports and data for the annual Report on Activities and Operations of Nevada Hospitals. DHCFP's current website, www.nevadacomparecare.net, exists to assist the consumer in making informed health care decisions. Health information for Nevada hospitals and ambulatory surgical centers is provided to the public through this public website for transparency.

EITS' position on agency web investments has two pillars.

The first pillar is that the State Digital Experience Platform (DXP), to be implemented in the future, will be the technology foundation for all executive branch agencies and will be used to host their websites and web applications, thus taking advantage of security, modern web services, data insights, intelligent mobile, economies of scale, and a set of templates for a State-unified User Experience (UX) wherever possible. Upon selection, the modern cloud-based solution will be the replacement for Ektron.

The second pillar is that agencies should use their own content creators, MSAs, or other contract vehicles to build their websites and web applications on the State's DXP platform. EITS' web team does not have the resources to build websites for agencies (with some minor exceptions), focusing instead on a unified, statewide, online experience and ADA training programs.

The agency considers the investment and final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26974**

Agency Name:	DHHS - HEALTH CARE FINANCING & POLICY	Legal Entity Name:	Nye County - Pahrump Valley Fire and Rescue
Agency Code:	403	Contractor Name:	Nye County - Pahrump Valley Fire and Rescue
Appropriation Unit:	3243-24	Address:	2101 E. Calvada Blvd., Suite 300
Is budget authority available?:	Yes	City/State/Zip:	Pahrump, NV 89048
If "No" please explain:	Not Applicable	Contact/Phone:	Stephani Elliott 775-751-6355
		Vendor No.:	T81082419B
		NV Business ID:	Governmental Entity

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 %
X Federal Funds	100.00 %	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 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing emergency ambulance services for Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,280,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

DHCFP needs fire districts to provide emergency transportation. The Title XIX of the Social Security Act and accompanying regulations require that states cover medical care, services, and fulfill administrative requirements necessary to operate the Medicaid program efficiently. The transportation services ensure individuals get needed care.

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

The State does not have the resources or expertise to provide these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

- 10. 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 2019-2023. 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:

Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	12/20/2022 08:39:20 AM
Division Approval	ltuttl1	12/20/2022 08:56:09 AM
Department Approval	mлаufer	12/20/2022 13:46:13 PM
Contract Manager Approval	ltuttl1	12/20/2022 13:50:59 PM
Budget Analyst Approval	afrantz	12/30/2022 08:27:59 AM
BOE Agenda Approval	afrantz	12/30/2022 08:28:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27084**

Agency Name: DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name: AITHENT, INC.
Agency Code: 406	Contractor Name: AITHENT, INC.
Appropriation Unit: 3216-19	Address: 19 FULTON ST
Is budget authority available?: Yes	City/State/Zip: NEW YORK, NY 10038
If "No" please explain: Not Applicable	Contact/Phone: Allister Yu 212/725-7646
	Vendor No.: T32002745
	NV Business ID: NV20141059063

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 %	X	Fees	92.00 % State Fees
X Federal Funds	8.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **C 18137**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2024**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Software Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance and support services for the Aithent Licensing and Regulatory systems.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$528,000.00**

Other basis for payment: **Upon receipt of invoice and approval of services**

II. JUSTIFICATION

7. What conditions require that this work be done?

Software maintenance and support for ALIS.

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

State employees lack the expertise and resources to perform the work.

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

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 221103

Approval Date: 11/10/2022

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

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

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

b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current vendor with DPBH since 2014, satisfactory services.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ttילו1	12/21/2022 16:04:20 PM
Division Approval	rmille8	12/29/2022 07:30:20 AM
Department Approval	rmille8	12/29/2022 07:31:45 AM
Contract Manager Approval	rmille8	01/24/2023 09:08:54 AM
EITS Approval	ljean	01/24/2023 10:33:07 AM
Budget Analyst Approval	afrantz	01/24/2023 10:50:56 AM
BOE Agenda Approval	afrantz	01/24/2023 10:50:59 AM
BOE Final Approval	Pending	

BA 3216
C 18137



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:	
Approval#:	221103②

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	STATE AGENCY NAME REQUIRED:	DHHS/DPBH/Bureau of Health Care Quality & Compliance	
	Contact Name and Title	Phone Number	Email Address
	Leticia Metherell, Health Program Manager III	775-684-1045	lmetherell@health.nv.gov
	Ronda Miller, Management Analyst III	775-684-5932	rondamiller@health.nv.gov

1b	Vendor Information:	
	Vendor Name:	Aithent, Inc.
	Contact Name:	Atul Mathur
	Complete Address: City, State, and Zip Code	19 Fulton Street, Suite 408, New York, New York, 10038
	Telephone Number:	1-212-725-7646
	Email Address:	atulm@del.aithent.com

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	Sole
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	X	No:
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No: X
	Contract:	Start Date:	April 1, 2024	End Date: March 31, 2028

1f	Funding:	
	State Appropriated:	\$509,000 (State Fees)
	Federal Funds:	\$30,000 (Federal Grant)
	Grant Funds:	\$0

Per id 11/8/22 11/11/22

Other (Explain):	\$0
------------------	-----

Purchasing Use Only:	
Approval #:	2211030

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$539,000

2	Provide a description of work/services to be performed or services with goods to be purchased:
	<p><i>Aithent, Inc. will provide the following services:</i></p> <ul style="list-style-type: none"> ▪ <i>Second Level Support to Customer's Designated Representatives</i> ▪ <i>Provide support for troubleshooting and resolving problems when it is determined that ALiS software is not operating as defined in software requirements.</i> ▪ <i>Upgrade of ALiS software as necessary for it to work with current versions of supported browsers.</i> ▪ <i>Guidance and help in resolving issues, and responses to queries from Designated Representatives for efficient use of ALiS Software.</i> ▪ <i>Perform necessary analyses to identify the cause of reported issues and identify / provide solutions where they relate to ALiS software, within the scope of agreed software requirements.</i> ▪ <i>Apply timely software releases with minimal interruption during business hours.</i> ▪ <i>Hosted server - Uptime and availability of hosted server and related ALiS Services</i> ▪ <i>Regular backups of data.</i>

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
	<i>Aithent created the ALiS software for web-based licensing and regulatory system. All rights, title and interest in and to the software are the exclusive property of Aithent; therefore, Aithent is the only vendor that can maintain our web-based licensing and regulatory system.</i>

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>Aithent created the ALiS software for the DPBH web-based licensing and regulatory system. All rights, title and interest in and to the software are the exclusive property of Aithent; therefore, Aithent is the only vendor that can maintain our web-based licensing and regulatory system.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			X

5	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>
	<p>b. <i>If not, why were alternatives not evaluated?</i></p> <p><i>Other services were not evaluated due to DPBH using specific software designed by Aithent that is proprietary to the vendor.</i></p>

Purchasing Use Only:

Approval #:

221103 @

Has the agency purchased these services/services with goods in the past? Check One: Yes No

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 ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.

X

a. 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:**

Term	Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
4/1/2020	3/31/2024	\$547,560	Maintenance Agreement for web-based licensing & regulatory System MA# 17521	N/A
4/1/2018	3/31/2020	\$291,300	Maintenance Agreement for web-based licensing & regulatory System MA# 16453	N/A
3/11/2014	3/31/2018	\$2,142,850	Implementation of web-based licensing & regulatory System RFP #3079 + 6 amendments Internal Contract # 14294	15307

7 What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?

Keeping the Aithent maintenance agreement in place is critical for HCQC to meet its statutory and regulatory licensing requirements and to perform its regulatory duties effectively and efficiently, in addition to being customer focused and allowing for secure payment processing.
(NRS 449.030) (NRS 432A.141 & NRS 652.080)

Purchasing Use Only:	
Approval #:	#2211030

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>ALiS is a proprietary software developed by Aithient for DPBH.</i>

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>	X	
	a. <i>If yes, please provide details regarding future obligations or needs.</i> <i>This system will need continued support.</i>		

Purchasing Use Only:

Approval #:

#2211030

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.

Ronda Miller

Signature of Agency Representative Initiating Request

Ronda Miller

Print Name of Agency Representative Initiating Request

11/2/22
Date

Kelli Quintero

Signature of Agency Head Authorizing Request

Kelli Quintero

Print Name of Agency Head Authorizing Request

11/2/22
Date

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

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.

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:

Kevin O. Costy

Administrator, Purchasing Division or Designee

11/10/22
Date

Steve Sisolak
Governor



#2211030

Laura E. Freed
Director

Matthew Tuma
Deputy Director

Timothy Galluzi
State CIO/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 | Fax: (775) 687-9097

MEMORANDUM

TO: Richard Whitley, Director, DHHS
Brian Vezina, Administrative Services Officer I, DPBH, DHHS
Erin Williams, IT Manager III, DPBH, DHHS
Leticia Metherell, Health Program Manager III, DPBH, DHHS
Dawn Boyter, Management Analyst III, DPBH, 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 – DPBH – TIN 622 – *HCQC Aithent Maintenance Agreement* – BA 3216, 3149

DATE: October 12, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health's (DPBH) – *HCQC Aithent Maintenance Agreement* – TIN 622.

The submitted TIN, for an estimated value of \$165,000.00 in the FY24/FY25 biennium and \$132,000 in FY26 (92% State Fees, 8% Federal Grant), is to renew the Aithent software maintenance agreement.

DPBH's Bureau of Health Care Quality and Compliance (HCQC) currently has a maintenance agreement with Aithent that expires April 1, 2024, and that must be renewed, as this system is critical to carrying out the Division's mission. This software will continue to benefit the public, occupational licensees, the media, health care facilities, medical laboratories, and childcare facilities.

Keeping the Aithent maintenance agreement in place is critical for HCQC to meet its statutory and regulatory licensing requirements and to perform its regulatory duties effectively and efficiently, in addition to being customer focused and allowing for secure payment processing.

#221103 (C)

The agency considers the investment and final implementation to have an ongoing low security risk; however, personal identification information is transported, stored, and/or processed using this solution and it 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 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.



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 | Fax: (775) 687-9097

MEMORANDUM

TO: Richard Whitley, Director, DHHS
Erin Williams, IT Manager III, DPBH, DHHS
Leticia Metherell, Health Program Manager III
Brian Vezina, Administrative Services Officer I, DPBH, DHHS
Dawn Boyter, Management Analyst III, DPBH, 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 – DPBH – TIN 622 – *HCQC Aithent Maintenance Agreement* – Update B – BA 3216, 3149

DATE: January 13, 2023

We have completed our review for the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health's (DPBH) – *HCQC Aithent Maintenance Agreement* – TIN 622, Update B.

The submitted TIN update, for an estimated value of \$165,000 in the FY24/FY25 biennium, \$264,000 in the FY26/FY27 biennium, and \$99,000 in FY28 (92% State Fees, 8% Federal Grant), is to renew the Aithent software maintenance agreement and to reflect cost adjustments.

DPBH's Bureau of Health Care Quality and Compliance (HCQC) currently has a maintenance agreement with Aithent that expires April 1, 2024, and that must be renewed, as this system is critical to carrying out the Division's mission. This software will continue to benefit the public, occupational licensees, the media, health care facilities, medical laboratories, and childcare facilities.

Keeping the Aithent maintenance agreement in place is critical for HCQC to meet its statutory and regulatory licensing requirements and to perform its regulatory duties effectively and efficiently, in

addition to being customer focused and allowing for secure payment processing.

The agency considers the investment and final implementation to have an ongoing low security risk; however, personal identification information is transported, stored, and/or processed using this solution and it 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 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: **26545** Amendment Number: **1**

Agency Name: **DHHS - WELFARE AND SUPPORTIVE SERVICES** Legal Entity Name: **Deloitte Consulting, LLP**

Agency Code: **407** Contractor Name: **Deloitte Consulting, LLP**

Appropriation Unit: **3228-26** Address: **980 9th Street, Suite 1800**

Is budget authority available?: **Yes** City/State/Zip: **Sacramento , CA 95814**

If "No" please explain: **Not Applicable** Contact/Phone: **Rakesh Dutttagupta 916-288-3100**

Vendor No.: **T27024237**

NV Business ID: **NV20081436471**

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

<input checked="" type="checkbox"/>	General Funds	14.40 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	65.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	20.60 % Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/09/2022**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **3 years and 326 days**

4. Type of contract: **Contract**

Contract description: **Eligibility System**

5. Purpose of contract:

This is the first amendment to the original contract which provides system changes and enhancements to the existing Nevada Operations of Multi-Automated Data Systems (NOMADS), Application Management Productivity System and Access Nevada eligibility systems, as well as development and implementation of a new Medicaid waiver process. This amendment increases the maximum amount from \$18,459,290 to \$66,969,618 due to added activities associated with the removal of the remaining NOMADS legacy components from the mainframe and the transition to a new system platform.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$18,459,290.00	\$18,459,290.00	\$18,459,290.00	Yes - Action
2. Amount of current amendment (#1):	\$48,510,328.00	\$48,510,328.00	\$48,510,328.00	Yes - Action
3. New maximum contract amount:	\$66,969,618.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

During the recent legislative session, several changes to the Medicaid program were adopted. These changes are mandated to be developed and implemented no later than July 2022. Along with these changes, the Division is requesting additional enhancements to the different eligibility systems. The system enhancements/changes will improve client access to services, such as access to electronic communication which will allow them to have correspondence sent electronically, ability to access their notice and other documentation from their case manager.

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

Division staff does not possess the expertise required to perform these enhancements to the existing systems.

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):

Multichain Ventures, Inc.
Deloitte
Computer Systems West, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1833 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 02/09/2022 Anticipated re-bid date: 12/01/2025

10. a. Does the contract contain any IT components? Yes
b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	apereira	12/29/2022 12:14:24 PM
Division Approval	cbuscay	12/29/2022 12:50:22 PM
Department Approval	rthomps1	01/04/2023 16:23:40 PM
Contract Manager Approval	ajin0922	01/05/2023 08:40:35 AM
EITS Approval	ljean	01/05/2023 09:26:14 AM
Budget Analyst Approval	afrantz	01/17/2023 07:51:08 AM
BOE Agenda Approval	afrantz	01/17/2023 07:51:15 AM



STATE OF NEVADA
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M E M O R A N D U M

TO: Robert Thompson, Administrator, DHHS, DWSS
Lisa Swearingen, Deputy Administrator, DHHS, DWSS
Crystal Buscay, Chief Financial Officer, DHHS, DWSS
Bart London, Chief IT Manager, DHHS, DWSS

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 – DWSS – TIN 463 – *Mainframe (NOMADS) Modernization* – Update A – BA 3228

DATE: August 11, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services' (DWSS) – *Mainframe (NOMADS) Modernization* – TIN 463, Update A.

The submitted TIN, for an estimated value of \$17,309,680.00 in the FY22/FY23 biennium and \$20,159,040.00 in the FY24/FY25 biennium (an increase of \$2,908,720 for the combined biennia), and an additional \$6,541,608 for FY26 (100% ARPA Fiscal Recovery Funds), is to engage with a vendor to modernize the legacy components of NOMADS using the modern platforms hosted at the EITS facility.

The DWSS NOMADS application currently has many components residing on the State's mainframe hardware. The DWSS Mainframe Modernization project will remove the remaining 25-year-old NOMADS components from the mainframe and move them onto DWSS's modern platforms using modern programming languages. This transition will increase the agility and responsiveness of DWSS applications to meet the critical needs of customers.

Currently, DWSS relies on vendors and State employees who have the necessary legacy coding skills to support NOMADS on the mainframe. Unfortunately, the number of employees with legacy coding skills is being reduced rapidly, especially in recent years, due to attrition statewide.

DWSS' goal is to convert and migrate the remaining legacy NOMADS components from the mainframe database to a modern database platform then retire the legacy system. These components will be moved to DWSS's state-of-the-art virtual environment hosted at the EITS Facility which has highly evolved disaster recovery and security capabilities, as required by the agency's federal partners.

Several other agencies are moving off of the EITS mainframe and EITS has proposed outsourcing mainframe services to contractors who have the needed skills that are not available within the State and at a reduced cost. This investment will allow the agency to focus on modern technology solutions.

The agency considers the investment and final implementation to have an ongoing low security risk, as this investment will improve the reliability and security of NOMADS components.

EITS supported server hosting is expected to increase as a result of this investment while EITS supported mainframe usage is expected to decrease. The VXRails environment can easily scale with increased demand; however, addition physical hosts will be required. The agency should work closely with the EITS Compute team to ensure there are no scheduling, migration, or compatibility issues.

Because there are inherent risks related to this effort on a shared resource, EITS must be able to manage drawdown efforts and associated risks for all tenants. Therefore, EITS' support is contingent upon receiving quarterly status updates on key project deliverables and timelines, to enable EITS' communication with key stakeholders in the EITS server environment.

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: 19387	Amendment Number: 5
Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: INFORMATIX, INC.
Agency Code: 407	Contractor Name: INFORMATIX, INC.
Appropriation Unit: 3238-23	Address: 2535 Capitol Oaks Drive Suite 340
Is budget authority available?: Yes	City/State/Zip: SACRAMENTO, CA 95833-2937
If "No" please explain: Not Applicable	Contact/Phone: Mercedes Sullivan 916/830-1400
	Vendor No.: T29018702
	NV Business ID: NV20081431872

To what State Fiscal Year(s) will the contract be charged? **2018-2026**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/12/2017**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **03/31/2023**

Termination Date:

Contract term: **7 years and 324 days**

4. Type of contract: **Contract**

Contract description: **CSEP Disbrsmnt Sys**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides an electronic application to assist in the collections and disbursements of Child Support payments to the custodial parent. This amendment extends the termination date from March 31, 2023 to October 31, 2025 and increases the maximum amount from \$2,381,107.71 to \$3,605,041.00 due to a continued need for these services and an extension of the test and production period.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,100,000.00	\$1,100,000.00	\$1,100,000.00	Yes - Action
a. Amendment 1:	\$49,737.00	\$49,737.00	\$49,737.00	Yes - Info
b. Amendment 2:	\$803,501.78	\$803,501.78	\$853,238.78	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	\$427,868.93	\$427,868.93	\$427,868.93	Yes - Action
2. Amount of current amendment (#5):	\$1,223,933.29	\$1,223,933.29	\$1,223,933.29	Yes - Action
3. New maximum contract amount:	\$3,605,041.00			
and/or the termination date of the original contract has changed to:	10/31/2025			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per Federal Regulation 45 CFR 302.32, SCaDU must disburse child support collections within two (2) business days of the payment being received, as long as sufficient information identifying the payee is provided. The Personal Responsibility & Work Opportunity Reconciliation Act (PRWORA) mandates the use of a statewide collection and disbursement system for child support enforcement payment processing. Failure to implement and maintain a statewide system will result in financial sanctions imposed by the federal government.

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? 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?

Per NRS 332.195 authorizes the State of Nevada to join or use a contract that has been competitively bid by another governing body outside of the State;

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:

Currently under contract with the Division of Welfare & Supportive Services and providing satisfactory services.

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

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

Not Applicable

15. The contractor is 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	apereira	12/23/2022 10:37:01 AM
Division Approval	cbuscay	12/23/2022 10:40:08 AM
Department Approval	rthomps1	01/04/2023 16:22:29 PM
Contract Manager Approval	ajin0922	01/05/2023 08:40:55 AM
EITS Approval	ljean	01/05/2023 09:25:34 AM
Budget Analyst Approval	afrantz	01/17/2023 08:09:42 AM
BOE Agenda Approval	afrantz	01/17/2023 08:09:51 AM



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M E M O R A N D U M

TO: Robert H. Thompson, Administrator, DWSS, DHHS
Ami Pereira, Financial Chief, DWSS, DHHS
Janae Kelly, SCaDU Chief, DWSS, DHHS
Bart London, Chief IT Manager, Information Services, DWSS, 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 – DWSS – TIN 370 – *Child Support Disbursement and Collection Application* – Update A – BA 3238

DATE: December 2, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS) – *Child Support Disbursement and Collection Application* – TIN 370, Update A.

The submitted TIN, for an estimated value of \$851,465.00 in the FY22/FY23 biennium, \$944,900.00 in the FY24/FY25 biennium, and \$163,768 in FY26 (66% Child Support, 34% State Share of Collections), is to update cost and contact information for the Informatix contract that is currently in place to process Child Support Enforcement payments.

The current Child Support Enforcement Program is being replaced with NVKIDS, that was scheduled for an April 2022 pilot rollout, and the final phase for statewide implementation was scheduled for October 2022. The current child support disbursement and collection application contract with Informatix was built into NVKIDS and is due to expire. Any design or development changes of the NVKIDS system will cause substantial delays and financial impacts which would put the project and its federal funding in jeopardy. The agency considers the technology investment and ongoing security risks to be low.

This SaaS hosted solution will be renewed with confidence as it has been in operation for several years and has been implemented in multiple States with a robust federal audit history.

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.



**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 #:	4770

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	STATE AGENCY NAME REQUIRED:	<i>Division of Welfare and Supportive Services</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Andy Jin</i>	<i>775-684-0672</i>	<i>dwsscontracts@dwss.nv.gov</i>
	<i>Janae Kelly</i>	<i>702-486-8578</i>	<i>jxkelly@dwss.nv.gov</i>

2	Contractor Information:	
	Contractor Name:	<i>Informatix, Inc</i>
	Contact Name:	<i>Michele Blanc</i>
	Complete Address: City, State and Zip Code	<i>2485 Natomas Park Drive, Suite 430 Sacramento, CA 95833</i>
	Phone Number:	<i>916-830-1400</i>
	Email Address:	<i>Michele.blanc@infomatixinn.com</i>

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:	N/A	#:	
	Enter CETS Number:	N/A		
	Contract Amount:	N/A		
	Contract Term:	Start Date:	N/A	End Date:

Purchasing Use Only:

Approval #: 477 (CA)

Current Contract Information: Joinder with the State of Delaware				
4	Solicitation Type, if applicable:	RFP		#: HHS-16-001
	Enter CETS Number:	#19387		
	Initial Contract Amount:	\$1,953,238.78		
	Contract Term:	Start Date:	December 12, 2017	End Date: March 31, 2023

Amendment Information – List <u>all previously</u> approved amendments:			
Amd #:	Brief Synopsis of What Amendment Accomplished:	Dollar Change in Contract Amount	Change in End Date
5	1	Increases the total contract authority and extended the termination date for 2 additional years	Increase of \$49,737.00 March 31, 2022
	2	Increase the total contract authority	Increase of \$803,501.78
	3	Extend the termination date for 1 additional year and increases the total contract authority	Increase of \$427,868.93 March 31, 2023

<u>Proposed</u> Amendment Information:			
Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Dollar Change in Contract Amount	Change in End Date
6	4	Increases the total contract authority and extended the termination date for 2.5 additional years	Increase of \$1,223,933.00 October 31, 2025

7 What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0338)?

The Child Support Enforcement Program (CSEP) for the Division of Welfare and Supportive Services is undergoing a full system replacement called NVKIDS. The pilot rollout was implemented on April 4, 2022, Region One on July 5, 2022, and the final phase is scheduled is for October 4, 2022. The current contract with Informatix is due to expire shortly after the implementation of NVKIDS. After full implementation, the NVKIDS system will undergo federal certification review. The current functionality of the payment processing services provided by Informatix was built into NVKIDS. Any design and development changes of the NVKIDS system will cause a delay in the certification process and will have negative financial impacts which would put the project and federal funding in jeopardy.

8 What are the potential consequences to the State if the contract extension request is denied?

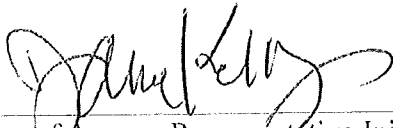
If the contract extension request is denied, DWSS would possibly be required to implement a new

payment processing solution into the NVKIDS system at the same time the system is being federally reviewed and certified.

Selecting another vendor would require dedication of Information Technology and System staff, along with CSEP personnel, and resources to train a new vendor on the complexities of the payment processing system. DWSS does not have the personnel resources to dedicate to training a new vendor. Informatix has been engaged in this capacity for 3 years, and has developed institutional knowledge of the CSEP system, and payment processing system which would be very difficult, and cost prohibitive, to replace if required to use another vendor during the certification of NVKIDS. Additionally, the CSEP is a performance-based program, and the Rapid system provides the program with expedited payment process to be compliant with federal performance requirements. Failure to meet federal performance measures could result in penalties to the Temporary Assistance for Needy Families (TANF) Block Grant. Moreover, moving to another vendor at this point could jeopardize the payment processing and certification of NVKIDS and potentially cost the program hundreds of thousands of dollars for additional rework to NVKIDS. It would be a significant deferment to CSEP if these services were not available.

<i>Purchasing Use Only:</i>	
Approval #:	477 (C)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 0338 that contracts be solicited at least every four (4) years and attest that all statements are true and correct. 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

Janae Kelly
 Print Name of Agency Representative Initiating Request

11/14/2022

Date



Signature of Agency Head Authorizing Request

Robert H. Thompson
 Print Name of Agency Head Authorizing Request

11/15/2022

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

12/6/22

Date

Steve Sisolak
Governor



#477 (2)

Laura E. Freed
Director

Matthew Tuma
Deputy Director

Timothy Galluzi
State CIO/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 | Fax: (775) 687-9097

MEMORANDUM

TO: Robert H. Thompson, Administrator, DWSS, DHHS
Ami Pereira, Financial Chief, DWSS, DHHS
Janae Kelly, SCaDU Chief, DWSS, DHHS
Bart London, Chief IT Manager, Information Services, DWSS, 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 – DWSS – TIN 370 – *Child Support Disbursement and Collection Application* – Update A – BA 3238

DATE: December 2, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS) – *Child Support Disbursement and Collection Application* – TIN 370, Update A.

The submitted TIN, for an estimated value of \$851,465.00 in the FY22/FY23 biennium, \$944,900.00 in the FY24/FY25 biennium, and \$163,768 in FY26 (66% Child Support, 34% State Share of Collections), is to update cost and contact information for the Informatix contract that is currently in place to process Child Support Enforcement payments.

The current Child Support Enforcement Program is being replaced with NVKIDS, that was scheduled for an April 2022 pilot rollout, and the final phase for statewide implementation was scheduled for October 2022. The current child support disbursement and collection application contract with Informatix was built into NVKIDS and is due to expire. Any design or development changes of the NVKIDS system will cause substantial delays and financial impacts which would put the project and its federal funding in jeopardy. The agency considers the technology investment and ongoing security risks to be low.

#477 (2)

This SaaS hosted solution will be renewed with confidence as it has been in operation for several years and has been implemented in multiple States with a robust federal audit history.

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: 26528	Amendment Number: 2	
Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: HEALTH AND HUMAN SERVICES FOUNDATION	
Agency Code: 409	Contractor Name: HEALTH AND HUMAN SERVICES FOUNDATION	
Appropriation Unit: 3263-36	Address: FOUNDATION PO BOX 1200	
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89432-1200	
If "No" please explain: Not Applicable	Contact/Phone: Vicki McVeigh 775/762-6048	
	Vendor No.: T32007152A	
	NV Business ID: NV20101136719	

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

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

X	General Funds	50.00 %	Fees	0.00 %	
	Federal Funds	0.00 %	Bonds	0.00 %	
	Highway Funds	0.00 %	X Other funding	50.00 %	county assessments

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 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/28/2023**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Parole Services**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing room and board, basic skills training, and mental health assessments to youth under parole supervision. This amendment extends the termination date from February 28, 2023 to June 30, 2023 and increases the contract maximum from \$94,224.32 to \$282,372.96 due to the continued, and greater than anticipated demand for services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$94,224.32	\$94,224.32	\$94,224.32	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$94,224.32	No
2. Amount of current amendment (#2):	\$188,148.64	\$188,148.64	\$282,372.96	Yes - Action
3. New maximum contract amount:	\$282,372.96			
and/or the termination date of the original contract has changed to:	06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

Some youth under parole supervision require room and board from a qualified provider to ensure their safety and to collaborate with the Youth Parole Bureau. Youth under parole supervision may also benefit from basic skills training to aid in their rehabilitation, and mental health assessment to ensure identification of appropriate resources.

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

State employees do not have the expertise.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

DCFS contracts with multiple vendors for these same essential client services through the use of Direct Client Services service agreements through RFQ 99SWC-NV22-S1737. This vendor has experienced significant delays entering into a Master Services Agreement (MSA) due to state business license issues and temporary closure of the RFQ. Once a MSA is in place, DCFS intends to re-establish a service agreement with this vendor at which point this contract will be terminated.

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?

Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

This vendor currently provides these services through a service initiation. Services are satisfactory.

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	bdahlber	12/01/2022 10:29:47 AM
Division Approval	knielsen	12/23/2022 10:52:10 AM

Department Approval	cpitlock	12/27/2022 08:22:54 AM
Contract Manager Approval	kathr55	12/27/2022 08:28:59 AM
Budget Analyst Approval	kanders2	01/18/2023 13:51:54 PM
BOE Agenda Approval	afrantz	01/23/2023 14:13:45 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **27072**

Agency Name:	DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name:	BAMBOO SUNRISE, LLC
Agency Code:	409	Contractor Name:	BAMBOO SUNRISE, LLC
Appropriation Unit:	3646-04	Address:	98 East Lake Mead Parkway Suite 201
Is budget authority available?:	Yes	City/State/Zip:	Henderson, NV 89015
If "No" please explain:	Not Applicable	Contact/Phone:	Michael Flynn 702-433-3038
		Vendor No.:	T32005036
		NV Business ID:	NV20111717709

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 %
X Federal Funds	100.00 %	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 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2027**Contract term: **4 years and 58 days**4. Type of contract: **Contract**Contract description: **PRTF Services**

5. Purpose of contract:

This is a new contract to provide ongoing psychiatric residential treatment services to youths residing in buildings 11 and 14 on the Charleston campus.

6. NEW CONTRACT

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

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Psychiatric Residential Treatment Facility services for children and youth ages 12-17 with severe emotional disturbance is needed in our community and the Division does not have the required level of staffing to run the facility.

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

The Division does not have the staff 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):

**Epic Behavioral Health Group
Village Casa
On Point Behavior**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2099, and in accordance with NRS 333, the selected vendor was the only vendor that submitted a proposal. A review was performed by an independently appointed evaluation committee and an internal agency review.

d. Last bid date: 08/11/2022 Anticipated re-bid date: 03/31/2026

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor has been under contract through an MSA since July, 2018. The Division has utilized their services for the entirety of the contract. 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:

Amy Guevara, Licensed Psychologist 1 Ph: 702-486-4227

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knielsen	12/27/2022 11:26:38 AM
Division Approval	knielsen	12/27/2022 11:56:16 AM
Department Approval	cpitlock	12/27/2022 14:36:33 PM
Contract Manager Approval	sknigge	12/30/2022 08:38:38 AM
Budget Analyst Approval	afrantz	12/30/2022 09:07:16 AM
BOE Agenda Approval	afrantz	12/30/2022 09:07:19 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26634**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: COLYAR TECHNOLOGY SOLUTIONS, LLC
Agency Code: 550	Contractor Name: COLYAR TECHNOLOGY SOLUTIONS, LLC
Appropriation Unit: 1362-26	Address: 15333 N PIMA RD STE 370
Is budget authority available?: Yes	City/State/Zip: SCOTTSDALE, AZ 85260-2638
If "No" please explain: Not Applicable	Contact/Phone: Gregory Heilner 623-209-1782
	Vendor No.: T81027345
	NV Business ID: NV20131022090

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 %
X Federal Funds	75.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	25.00 % SHIPPING CHARGES

Agency Reference #: 23-01

2. Contract start date:

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

Anticipated BOE meeting date 08/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 334 days**

4. Type of contract: **Other (include description): GSA per NRS 333.480**

Contract description: **Colyar Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing maintenance support services and enhancements for the proprietary meals claim data system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,514,323.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Colyar Technology system is a proprietary system and requires Colyar employees to complete maintenance and enhancements as necessary.

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 experience or expertise necessary 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?

This vendor was chosen pursuant to NRS 333.480 which allows state agencies to use approved GSA contracts as the solicitation. This contract is issued under GSA contract# GS-35F-0516V; See attachment CC for reference.

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:

Patricia Hoppe, Deputy Administrator Ph: 702-668-4562

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	btait	08/12/2022 16:23:41 PM
Division Approval	cmatijev	08/12/2022 16:35:05 PM
Department Approval	cmatijev	08/12/2022 16:35:22 PM
Contract Manager Approval	cprasa1	09/22/2022 10:04:31 AM
EITS Approval	ljean	09/29/2022 08:31:20 AM
Budget Analyst Approval	bberry	01/23/2023 15:21:07 PM
BOE Agenda Approval	bberry	01/23/2023 15:21:12 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 CONTRACT1. Contract Number: **27046**Agency Name: **DPS-DIRECTOR'S OFFICE**Agency Code: **650**Appropriation Unit: **4706-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MARTIN-ROSS & ASSOCIATES, LLC**Contractor Name: **MARTIN-ROSS & ASSOCIATES, LLC**Address: **350 S ROCK BLVD STE 200**City/State/Zip: **RENO, NV 89502-4164**Contact/Phone: **David Ponte 775-722-2704**Vendor No.: **T29027834**NV Business ID: **NV20031163095**To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Cost Allocated

Agency Reference #: **RFP# 65DPS-S2167HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **02/2023**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **4 years and 149 days**4. Type of contract: **Contract**Contract description: **LE Background Invest**

5. Purpose of contract:

This is a new contract to provide ongoing law enforcement background investigations for prospective law enforcement positions.

6. NEW CONTRACT

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

Other basis for payment: Billed monthly, payment made upon receipt and approval of invoice.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department of Public Safety (DPS) must perform law enforcement background investigations on prospective candidates. Due to staffing issues, DPS requires the services of a vendor with completing these background investigations.

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

Due to other Department and Public Safety requirements, DPS does not have qualified staff assigned to the Background Investigations Unit at this time and therefore, must have a vendor 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-S2167, 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: 10/10/2022 Anticipated re-bid date: 10/01/2026

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	lgallow1	12/07/2022 09:21:40 AM
Division Approval	lgallow1	12/07/2022 09:21:44 AM
Department Approval	jdekoekk	12/07/2022 09:33:18 AM
Contract Manager Approval	jdekoekk	12/07/2022 09:33:22 AM
Budget Analyst Approval	dspeed1	01/17/2023 13:16:08 PM
BOE Agenda Approval	bberry	01/22/2023 14:09:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23877** Amendment Number: **2**

Agency Name: **DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE** Legal Entity Name: **Software AG USA, Inc.** Contractor Name: **Software AG USA, Inc.**

Agency Code: **655** Address: **11170 Plaza America Drive #700**

Appropriation Unit: **4709-26** City/State/Zip: **Reston, VA 20190**

Is budget authority available?: **Yes** Contact/Phone: **Mary Lalouch 214-507-8930**

If "No" please explain: **Not Applicable** Vendor No.: **PUR0005376**

To what State Fiscal Year(s) will the contract be charged? **2021-2024** NV Business ID: **NV20081664091**

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

General Funds	0.00 %	X	Fees	100.00 % Fingerprint
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **Software AG**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2021**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2024**

Contract term: **3 years and 141 days**

4. Type of contract: **Contract**

Contract description: **Software AG**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing maintenance and support services for the integrated software platform system. This amendment increases the maximum amount from \$627,354 to \$781,354 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$298,740.00	\$298,740.00	\$298,740.00	Yes - Action
a. Amendment 1:	\$328,614.00	\$328,614.00	\$328,614.00	Yes - Action
2. Amount of current amendment (#2):	\$154,000.00	\$154,000.00	\$154,000.00	Yes - Action
3. New maximum contract amount:	\$781,354.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The software platform house critical programs that if not under contract and supported would create a risk to officer and public safety.

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

The software is proprietary and state employees do not have the training or access to program code.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 200802

Approval Date: 08/11/2020

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

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

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

b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor has performed satisfactory services for various state agencies since 2014 according the State of Nevada Controller's Office DataWarehouse.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkolenut	12/16/2022 12:00:17 PM
Division Approval	lgallow1	12/16/2022 14:04:10 PM
Department Approval	jdekoekk	12/16/2022 14:27:35 PM

Contract Manager Approval	jdekoekk	12/16/2022 14:27:41 PM
EITS Approval	daxtel1	12/21/2022 14:58:29 PM
Budget Analyst Approval	dspeed1	01/23/2023 16:09:43 PM
BOE Agenda Approval	bberry	01/23/2023 16:11:38 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 | Fax: (775) 687-9097

MEMORANDUM

TO: Erica Souza-Llamas, Administrator, RCCD, DPS
Jason Kolenut, Administrative Services Officer III, RCCD, DPS
Tom Dorsey, IT Manager III/Information Security Officer, RCCD, DPS

CC: Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Jason Benshoof, IT Chief, Agency IT Services, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – DPS – TIN 638 – *Software AG Amendment #2* –
BA 4709

DATE: November 10, 2022

We have completed our review for the Department of Public Safety (DPS), Records, Communications and Compliance Division's (RCCD) – *Software AG Amendment #2* – TIN 638.

The submitted TIN, for an estimated value of \$154,000.00 in the FY22/FY23 biennium (State Fees), is to install the most current version of webMethods.

The agency will contract with Software AG Professional Services to upgrade their webMethods environment from version 9.8 to version 10.15.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as personal identification information is transported, stored, and/or processed using this system and 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 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: **23286** Amendment Number: **1**

Agency Name: **DPS-TRAFFIC SAFETY** Legal Entity Name: **AGATE SOFTWARE, INC.**

Agency Code: **658** Contractor Name: **AGATE SOFTWARE, INC.**

Appropriation Unit: **4688-13** Address: **2214 UNIVERSITY PARK DRIVE SUITE 102**

Is budget authority available?: **Yes** City/State/Zip: **OKEMOS, MI 48864-3980**

If "No" please explain: **Not Applicable** Contact/Phone: **Jason Hagle, Account Manager 517-336-2537**

Vendor No.: **T29025797**

NV Business ID: **NV20101743480**

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **658**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2020**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **10/31/2024**

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

4. Type of contract: **Contract**

Contract description: **Maintain and Support**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing support, maintenance and hosting of the agency's existing grants management system. This amendment increases the maximum amount from \$299,153 to \$477,098 due to a required update to Agate's latest IGX software.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$299,153.16	\$299,153.16	\$299,153.16	Yes - Action
2. Amount of current amendment (#1):	\$177,945.00	\$177,945.00	\$177,945.00	Yes - Action
3. New maximum contract amount:	\$477,098.16			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Public Safety - Office of Traffic Safety Division promotes reducing crashes and fatalities on NV roadways, by providing federal grant funds to NV traffic safety partners. Federal funding for this office has quadrupled in recent years. This has increased the workload, while limited staff and resources have remained unchanged. OTS currently has federal grant funds available to continue its web-based grant management system. This system has allowed for more effective and transparent grants management and has reduced paper, copying and postage costs.

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

This is an elaborate web-based system that is solely owned by Agate Software, INC that requires hosting, continued support and maintenance

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-S1144, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/01/2020 Anticipated re-bid date: 04/01/2024

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:

Office of Traffic Safety. Contractor services have been satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	cjackson	01/06/2023 16:00:07 PM
Division Approval	cjackson	01/06/2023 16:00:19 PM
Department Approval	jdekoekk	01/10/2023 06:33:11 AM
Contract Manager Approval	jdekoekk	01/10/2023 06:33:16 AM
EITS Approval	ljean	01/10/2023 08:45:26 AM
Budget Analyst Approval	dspeed1	01/13/2023 16:58:25 PM
BOE Agenda Approval	bberry	01/22/2023 14:20:13 PM



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M E M O R A N D U M

TO: Amy Davey, Administrator, OTS, DPS
Michelle Farmer, Administrative Services Officer, OTS, DPS

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 – DPS – TIN 517 – *DPS-OTS Intelligrants IGX Grant Management System Upgrade* – BA 4688

DATE: June 8, 2022

We have completed our review for the Department of Public Safety (DPS), Office of Traffic Safety's (OTS) – *DPS-OTS Intelligrants IGX Grant Management System Upgrade* – TIN 517.

The submitted TIN, for an estimated value of \$170,000 in the FY24/FY25 biennium (100% Federal Grant), is to upgrade the Intelligrants system that will no longer be supported after October 31, 2024.

This system supports all phases of the grants management cycle and reduces paperwork, copying and postage costs. The grant management workload has increased drastically while staffing and resources have remained unchanged. DPS-OTS is seeking to renew the Intelligrants contract for an additional four (4) years to continue their support and maintenance of the system after it is upgraded.

The agency considers the investment and final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 24819	Amendment Number: 1
Agency Name: DETR - ADMINISTRATIVE SERVICES	Legal Entity Name: THE CAREER INDEX CORPORATION
Agency Code: 908	Contractor Name: THE CAREER INDEX CORPORATION
Appropriation Unit: 3274-24	Address: 601 E. Sherman Ave., Suite 4
Is budget authority available?: Yes	City/State/Zip: COEUR D'ALENE, ID 83814-7793
If "No" please explain: Not Applicable	Contact/Phone: Cody Dixon 208-819-4956
	Vendor No.: T32005302
	NV Business ID: NV20222611076

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

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

<input checked="" type="checkbox"/> General Funds	5.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	95.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3570-26-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2021**
 Anticipated BOE meeting date **12/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **09/30/2025**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **SARA**

5. Purpose of contract:

This is the first amendment to the original contract which provides a software solution to gather and report data required for the performance measures contained in the Workforce Innovation and Opportunity Act. This amendment increases the maximum amount from \$1,556,660 to \$1,868,660 due to the increased number of seats.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,556,660.00	\$1,556,660.00	\$1,556,660.00	Yes - Action
2. Amount of current amendment (#1):	\$312,000.00	\$312,000.00	\$312,000.00	Yes - Action
3. New maximum contract amount:	\$1,868,660.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of the SARA project is a solution to the gathering and reporting of data required for the performance measures contained in the Workforce Innovation and Opportunity Act (WIOA) across care management systems for the core partners without modifying these existing systems. This project also increases the core partners ability to share common clients, documentation and recording for those clients.

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

This project crosses across multiple state and local participating agencies. There is no state agency which provides similar services.

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 210803
Approval Date: 08/10/2021

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

This is a sole source vendor that is currently under 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:

DETR since 2017 and 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	mmercer	12/27/2022 12:49:37 PM
Division Approval	cedlefse	12/27/2022 14:46:32 PM
Department Approval	cedlefse	12/27/2022 14:46:35 PM

Contract Manager Approval	jwixon	01/04/2023 08:30:04 AM
EITS Approval	daxtel1	01/04/2023 15:24:58 PM
Budget Analyst Approval	dlenzner	01/18/2023 15:43:11 PM
BOE Agenda Approval	dlenzner	01/18/2023 15:43:14 PM



STATE OF NEVADA
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Enterprise IT Services Division
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
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MEMORANDUM

TO: Elisa Cafferata, Director, DETR
Josh Marhevka, Chief Financial Officer, DETR
Laxmi Bokka, IT Chief Manager, DETR
Scott Jeffries, IT Manager III, DETR

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
Frederick Springer, Interim IT Chief, Communication, EITS, DOA
Jason Benshoof, IT Chief, Agency IT Services, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – DETR – TIN 297 – SARA – Update A – BA 4770

DATE: December 2, 2022

We have completed our review for the Department of Employment, Training and Rehabilitation's (DETR) – SARA – TIN 297, Update A.

The submitted TIN, for an estimated value of \$880,280.00 in the FY22/FY23 biennium and \$988,380.00 in the FY24/FY25 biennium (100% Federal Grant), is to reflect adjusted cost information for the current contract (CETS 24819, ID 3570-26-DETR).

SARA provides an automated, web-based mobile compatible virtual assistant (SARA) and an on-demand internet network (ODIN) to communicate with clients of DETR's Employment Security Division, Local Workforce Development Boards, Department of Education, DHHS Division of Welfare Support Services, and DETR's Vocational Rehabilitation. SARA also shares data on clients between partner agencies and is a common intake system, which has increased efficiency and improved quality of service to clients.

The agency considers the investment and final implementation to have an ongoing low security risk.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

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

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

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



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:	
Approval#:	210803 (C)

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:			
	State Agency Name:	DETR – Rehabilitation Division		
		<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
		Tracy Zehner, Contract Manager	775-684-3823	jmcu@detr.nv.gov

1b	Vendor Information:	
	Identify Vendor:	The Career Index Corporation
	Contact Name:	KD Nygaard
	Complete Address:	1078 W Peninsula Dr, Coeur D'Alene, ID 83184
	Telephone Number:	(888) 558-1658 ext 804
	Email Address:	kdn@thecareerindex.com

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

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

1e	Term:				
	One (1) Time Purchase:				
	Contract:	Start Date:	October 1, 2021	End Date:	September 30, 2025

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Cost Allocated

Rec'd 07/29/21

Purchasing Use Only:

Approval #:

210803 @

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$1,747,740.00
----	---

2	Provide a description of work/services to be performed or commodity/good to be purchased: <i>To provide automated, web-based mobile compatible virtual assistant (SARA) and an on-demand internet network (ODIN) to communicate with clients of DETR Vocational Rehabilitation (VR), Employment Security Divisions (ESD), Local Workforce Development Boards, Department of Education, and DHHS Division of Welfare Support Services. It also shares data on clients between partner agencies and is a common intake system which has increased efficiency and improved quality of service to clients.</i>
---	--

3	What are the unique features/qualifications required for this service or good that are not available from any other vendor: <i>Using SARA and ODIN has reduced redundancy in service delivery among the partner agencies and has enabled the State to meet the requirements of Federal Workforce Innovation and Opportunity Act (WIOA) and fulfill the goals outlined in Nevada's Unified State Plan to deliver core and intensive services to dislocated workers and other job-seeking clients.</i>
---	--

4	Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source: <i>There are no know alternatives to this service. SARA was part of a pilot program funded by the Rehabilitation Division's Federal oversight agency, the Rehabilitation Services Administration (RSA). Nevada was selected as one of only three states to participate in this pilot and has thus far been successful. The pilot program ended 9/30/2020 and since then the three states, NV, KY, AK, have continued as subscription customers. Additionally, WI, MS, TX, and the Veterans Administration's VR&E department also subscribe.</i>
---	---

Were alternative services or commodities evaluated? Check One.		Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/>
5	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.				
	b. <u>If not</u> , why were alternatives not evaluated? <i>No known alternatives to this service exist. The RSA, through its Workforce Innovation Technical Assistance Center chose The Career Index program to solve data sharing and reporting requirements for states to meet WIOA requirements.</i>				

Purchasing Use Only:

Approval #: 210803 

6	Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.			Yes: X	No:	
	a. If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>	
	<i>Start and End Dates</i>					
	08/08/2017	09/30/2021	\$1,401,193.00	SARA	Waiver #170502	
		\$				
		\$				
		\$				
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid? <i>Loss of the ability to use the intake system between all WIOA core programs, which would cause Nevada not to meet the Federal WIOA requirements.</i>
---	--

8	What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable? <i>Per the RSA's Workforce Innovation Technical Assistance Center there are no other vendors providing similar products. Online search results also came up negative.</i>
---	---

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

Purchasing Use Only:	
Approval #:	210803 (C)

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



 Agency Representative Initiating Request

Tracy Zehner
 Print Name of Agency Representative Initiating Request

7/28/21
 Date

By 

 Signature of Agency Head Authorizing Request

Elisa Cafferata
 Print Name of Agency Head Authorizing Request

CHRISTOPHER SEWELL, DEPUTY DIRECTOR

7-29-21
 Date

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

 Name of agency or entity who provided information or review:

 Representative Providing Review

 Print Name of Representative Providing Review

 Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:



 Administrator, Purchasing Division or Designee

8/10/21
 Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27081**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Hayes Wakayama, LLC
Agency Code: BDC	Contractor Name: Hayes Wakayama, LLC
Appropriation Unit: B011 - All Categories	Address: 5798 South Durango Drive #105
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89113
If "No" please explain: Not Applicable	Contact/Phone: Jack Juan 702/655-1047
	Vendor No.:
	NV Business ID: NV20201750083

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 %	X	Fees	100.00 % Licensure
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 **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2025**

Contract term: **2 years and 334 days**

4. Type of contract: **Contract**

Contract description: **Legal**

5. Purpose of contract:

This is a new contract to provide legal services.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$225.00 per hour

Other basis for payment: Paid monthly upon invoicing for work performed

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires legal representation as needed and requested to carry out the duties set forth in NRS 624.115

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

Ongoing litigation, contractors expertise

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

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

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

Not Applicable

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

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

Experience with the Board

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	dlumber2	12/16/2022 07:17:01 AM
Division Approval	dlumber2	12/16/2022 07:17:03 AM
Department Approval	dlumber2	12/16/2022 07:17:05 AM
Contract Manager Approval	dlumber2	12/16/2022 07:17:08 AM
Budget Analyst Approval	hfield	12/23/2022 11:58:49 AM
BOE Agenda Approval	hfield	12/23/2022 11:58:52 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27080**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: SCOTTIE LAW FIRM, PLLC
Agency Code: BDC	Contractor Name: SCOTTIE LAW FIRM, PLLC
Appropriation Unit: B011 - All Categories	Address: 520 S FOURTH ST, SUITE 360
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89101
If "No" please explain: Not Applicable	Contact/Phone: Richard Scotti 702/232-0170
	Vendor No.:
	NV Business ID: NV20222588487

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 %	X	Fees	100.00 % Licensure
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: **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2025**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **LEGAL**

5. Purpose of contract:

This is a new contract to provide legal services.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$250.00 per HOUR

Other basis for payment: **PAID MONTHLY UPON INVOICING FOR WORK PERFORMED**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires legal representation as needed and requested to carry out the duties set forth in NRS 64.115

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

Ongoing litigation, contractor expertise

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

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

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

Not Applicable

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

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

The vendor has expertise with the board

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	dlumber2	12/16/2022 07:06:50 AM
Division Approval	dlumber2	12/16/2022 07:06:52 AM
Department Approval	dlumber2	12/16/2022 07:06:56 AM
Contract Manager Approval	dlumber2	12/16/2022 07:20:56 AM
Budget Analyst Approval	hfield	12/23/2022 12:01:02 PM
BOE Agenda Approval	hfield	12/23/2022 12:01:04 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	5 STAR DISABILITY SERVICES LV, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disability support, community based living arrangements, and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 27137		
2.		VARIOUS STATE AGENCIES	A NOVO CARE, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
		Term of Contract:	Upon Approval - 01/31/2027	Contract # 27077		
3.		VARIOUS STATE AGENCIES	B.A.B.A SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$8,300,000	
	Contract Description:	This is a new contract to provide ongoing early intervention, case management, occupational therapy, applied behavioral analysis, autism treatment assistance program, physical therapy, and speech pathology therapy and counseling services.				
		Term of Contract:	Upon Approval - 01/31/2027	Contract # 27032		
4.		VARIOUS STATE AGENCIES	C.A. PERSONAL DEVELOPMENT MANAGEMENT, INC.	OTHER: VARIOUS AGENCIES	\$3,300,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support and mental health services.				
		Term of Contract:	Upon Approval - 01/30/2027	Contract # 27040		
5.		VARIOUS STATE AGENCIES	CORPORATE TRANSLATION SERVICES, LLC DBA LANGUAGE LINK	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing on-site and remote sign language translation and interpretation services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 27019		
6.		VARIOUS STATE AGENCIES	CAPABILITY HEALTH AND HUMAN SERVICES	OTHER: VARIOUS AGENCIES	\$18,000,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing services for adult daycare, assistive technology, behavioral support, supportive services for the blind and visually impaired, case management, community work experience programs, customized employment, disabilities support, early intervention, educational tutoring and support, employment support, job development, occupational therapy, physical therapy, rehabilitation, and pre-employment services. This amendment increases the maximum amount from \$10,000,000 to \$28,000,000 due to an increased need for these services.				
		Term of Contract:	03/08/2022 - 01/31/2026	Contract # 25399		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.		VARIOUS STATE AGENCIES	CHAU PHAM, PLLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing psychiatry services.				
		Term of Contract:	Upon Approval - 01/30/2027	Contract # 27038		
8.		VARIOUS STATE AGENCIES	CONNEXIONS MENTAL HEALTH SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing mental health services.				
		Term of Contract:	Upon Approval - 01/31/2027	Contract # 27057		
9.		VARIOUS STATE AGENCIES	DEVONEE'S HEART & SOUL HEALTHCARE, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
		Term of Contract:	Upon Approval - 01/31/2027	Contract # 27060		
10.		VARIOUS STATE AGENCIES	HELIX OPPORTUNITY, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing assistive technology, autism treatment assistance program, disabilities support, employment support, job development, and pre-employment services.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 27134		
11.		VARIOUS STATE AGENCIES	IDEALSTAFFING, INC.	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing home health care services.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 27139		
12.		VARIOUS STATE AGENCIES	LANGUAGE LINE SERVICES, INC.	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing document translation, communication real-time translation and captioning, over-the-phone interpreting, and video-remote interpreting services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 27092		
13.		VARIOUS STATE AGENCIES	MAGELLAN HEALTHCARE, INC.	OTHER: VARIOUS AGENCIES	\$6,600,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, early intervention, mental health, and substance abuse counseling services.				
		Term of Contract:	Upon Approval - 01/30/2027	Contract # 27037		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
14.		VARIOUS STATE AGENCIES	MOXY UP	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing psychiatry, case management, counseling, educational tutoring and education support, employment support, host home and homeless youth services, job development, mental health, psychology, respite care, and substance abuse counseling services.				
		Term of Contract:	Upon Approval - 01/31/2027	Contract # 27031		
15.		VARIOUS STATE AGENCIES	PROJECT HELP NETWORK, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, community work experience programs, customized employment support, job development, and pre-employment services.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 27149		
16.		VARIOUS STATE AGENCIES	VALLEY PEDIATRIC & SPECIALTY CENTER	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing pediatric services.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 27146		
17.		VARIOUS STATE AGENCIES	VALUED RELATIONSHIPS, INC.	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing personal emergency response system services.				
		Term of Contract:	Upon Approval - 01/31/2027	Contract # 27078		
18.		VARIOUS STATE AGENCIES	ETRANSLATION SERVICES	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing over-the-phone interpreting, video-remote interpreting, in-person translation, document translation, and desktop publishing services.				
		Term of Contract:	Upon Approval - 03/31/2026	Contract # 27093		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27137**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: 5 Star Disability Services LV, LLC
Agency Code: MSA	Contractor Name: 5 Star Disability Services LV, LLC
Appropriation Unit: 9999 - All Categories	Address: 7500 West Lake Mead Blvd STE C9-186
Is budget authority available?: Yes	City/State/Zip: Las Vegas , NV 89128
If "No" please explain: Not Applicable	Contact/Phone: Chimezie Charles Maduka 702-574-0272
	Vendor No.: T32012572
	NV Business ID: NV20212252978

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing disability support services, community based living arrangements, supportive living arrangement services, and related services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

Was the solicitation (RFP) done by the Purchasing 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	gdavi6	01/10/2023 10:52:35 AM
Division Approval	gdavi6	01/10/2023 10:52:38 AM
Department Approval	ldeloach	01/10/2023 11:07:37 AM
Contract Manager Approval	rvradenb	01/13/2023 13:12:14 PM
Budget Analyst Approval	dspeed1	01/13/2023 15:49:02 PM
BOE Agenda Approval	bberry	01/22/2023 12:54:01 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27077**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: A NOVO CARE, LLC
Agency Code: MSA	Contractor Name: A NOVO CARE, LLC
Appropriation Unit: 9999 - All Categories	Address: 8225 W SAHARA AVE STE C-2
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89117
If "No" please explain: Not Applicable	Contact/Phone: Jennie Inguanzo 702-871-0002
	Vendor No.: T32005371
	NV Business ID: NV20151418614

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2027**

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 personal care services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/27/2022 10:44:15 AM
Division Approval	gdavi6	12/27/2022 10:44:17 AM
Department Approval	gdavi6	12/27/2022 10:44:19 AM
Contract Manager Approval	gdavi6	12/27/2022 10:44:22 AM
Budget Analyst Approval	dkluever	01/05/2023 15:26:16 PM
BOE Agenda Approval	nhovden	01/05/2023 16:25:15 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: **27032**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: B.A.B.A SERVICES, LLC
Agency Code: MSA	Contractor Name: B.A.B.A SERVICES, LLC
Appropriation Unit: 9999 - All Categories	Address: 2821 W. HORIZON RIDGE PKWY #130
Is budget authority available?: Yes	City/State/Zip: HENDERSON, NV 89052
If "No" please explain: Not Applicable	Contact/Phone: BRIGITTAALLEN@BABASERVICESLLC.COM 702-292-6989
	Vendor No.: T29043560
	NV Business ID: NV20191652850

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2027**

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

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing early intervention, case management, occupational therapy, applied behavioral analysis, autism treatment assistance program, physical therapy, speech pathology therapy and counseling, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,300,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/27/2022 10:46:04 AM
Division Approval	gdavi6	12/27/2022 10:46:06 AM
Department Approval	gdavi6	12/27/2022 10:46:08 AM
Contract Manager Approval	gdavi6	12/27/2022 10:46:10 AM
Budget Analyst Approval	dkluever	01/05/2023 15:22:37 PM
BOE Agenda Approval	nhovden	01/05/2023 15:45:03 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27040**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	C.A. Personal Development Management, Inc.
Agency Code:	MSA	Contractor Name:	C.A. Personal Development Management, Inc.
Appropriation Unit:	9999 - All Categories	Address:	9750 W. Sky Canyon Park Dr. Suite 160-132
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89166
If "No" please explain:	Not Applicable	Contact/Phone:	Cassandra Arthur 702-900-3607
		Vendor No.:	Pending
		NV Business ID:	NV20212016868

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/30/2027**

Contract term: **4 years and 30 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, mental health, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,300,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing 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	gdavi6	12/27/2022 10:44:55 AM
Division Approval	gdavi6	12/27/2022 10:44:58 AM
Department Approval	gdavi6	12/27/2022 10:45:00 AM
Contract Manager Approval	gdavi6	12/27/2022 10:45:04 AM
Budget Analyst Approval	dkluever	01/05/2023 15:25:31 PM
BOE Agenda Approval	nhovden	01/05/2023 16:24:35 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27019**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	CORPORATE TRANSLATION SERVICES, LLC
Agency Code:	MSA	Contractor Name:	CORPORATE TRANSLATION SERVICES, LLC DBA LANGUAGE LINK
Appropriation Unit:	9999 - All Categories	Address:	DBA LANGUAGE LINK 701 NE 136TH AVE STE 200
Is budget authority available?:	Yes	City/State/Zip:	VANCOUVER, WA 98684-6937
If "No" please explain:	Not Applicable	Contact/Phone:	Kimberly Paukert 888/266-2066
		Vendor No.:	T32000889
		NV Business ID:	NV20212306309

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 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1847-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2026**

Contract term: **3 years and 58 days**

4. Type of contract: **MSA**

Contract description: **OnDemand Translation**

5. Purpose of contract:

This is a new contract to provide ongoing on-site and remote sign language translation and interpretation services statewide.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities.

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

State employees are not qualified or certified to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 06/01/2025

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

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes, Purchasing Division on behalf of multiple agencies. Agencies are satisfied.

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

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

Not Applicable

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

LLC

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

No b. If "No", please explain:

Vendor provides services using a DBA,

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/12/2022 11:20:19 AM
Division Approval	gdavi6	12/12/2022 11:20:22 AM
Department Approval	ldeloch	12/12/2022 14:19:05 PM
Contract Manager Approval	rgradenb	12/14/2022 08:08:39 AM
Budget Analyst Approval	dspeed1	01/17/2023 13:10:39 PM
BOE Agenda Approval	bberry	01/24/2023 11:12:40 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 25399	Amendment Number: 1
Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Capability Health and Human Services
Agency Code: MSA	Contractor Name: Capability Health and Human Services
Appropriation Unit: 9999 - All Categories	Address: 7281 W CHARLESTON BLVD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89117-1592
If "No" please explain: Not Applicable	Contact/Phone: Lisa Manning 702-408-2100
	Vendor No.: PUR0005112A
	NV Business ID: NV19761001232

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/08/2022**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2026**

Contract term: **3 years and 330 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing services for adult daycare, assistive technology, behavioral support, supportive services for the blind and visually impaired, case management, community work experience programs, customized employment, disabilities support, early intervention, educational tutoring and support, employment support, job development, occupational therapy, physical therapy, pre-employment, and rehabilitation. This amendment increases the maximum amount from \$10,000,000 to \$28,000,000 due to an increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$10,000,000.00	\$10,000,000.00	\$10,000,000.00	Yes - Action
2. Amount of current amendment (#1):	\$18,000,000.00	\$18,000,000.00	\$18,000,000.00	Yes - Action
3. New maximum contract amount:	\$28,000,000.00			

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 provided various direct client services.

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

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:

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

Non-profit Corporation

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/12/2022 11:19:58 AM
Division Approval	gdavi6	12/12/2022 11:20:01 AM
Department Approval	ldeloch	12/12/2022 14:12:15 PM
Contract Manager Approval	rgradenb	12/14/2022 08:08:55 AM
Budget Analyst Approval	dkluever	01/05/2023 15:33:25 PM
BOE Agenda Approval	nhovden	01/05/2023 16:32:29 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: **27038**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Chau Pham, PLLC
Agency Code: MSA	Contractor Name: Chau Pham, PLLC
Appropriation Unit: 9999 - All Categories	Address: 1211 Red Jade Ct
Is budget authority available?: Yes	City/State/Zip: Henderson, NV 89014
If "No" please explain: Not Applicable	Contact/Phone: Chau Pham 510-501-5039
	Vendor No.: T32012788
	NV Business ID: NV20222504836

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/30/2027**

Contract term: **4 years and 30 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychiatry services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	gdavi6	12/27/2022 10:45:22 AM
Division Approval	gdavi6	12/27/2022 10:45:24 AM
Department Approval	gdavi6	12/27/2022 10:45:26 AM
Contract Manager Approval	gdavi6	12/27/2022 10:45:29 AM
Budget Analyst Approval	dkluever	01/05/2023 15:30:20 PM
BOE Agenda Approval	nhovden	01/05/2023 16:28:20 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: **27057**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Connexions Mental Health Services, LLC
Agency Code: MSA	Contractor Name: Connexions Mental Health Services, LLC
Appropriation Unit: 9999 - All Categories	Address: 10655 Park Run Dr. #210
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89144
If "No" please explain: Not Applicable	Contact/Phone: Victor Ingram 702-277-0602
	Vendor No.: T29045429
	NV Business ID: NV20191567107

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2027**

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 mental health services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? **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	gdavi6	12/27/2022 10:44:37 AM
Division Approval	gdavi6	12/27/2022 10:44:39 AM
Department Approval	gdavi6	12/27/2022 10:44:41 AM
Contract Manager Approval	gdavi6	12/27/2022 10:44:43 AM
Budget Analyst Approval	dkluever	01/05/2023 15:29:10 PM
BOE Agenda Approval	nhovden	01/05/2023 16:26:52 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27060**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	DeVonee's Heart & Soul Healthcare, LLC
Agency Code:	MSA	Contractor Name:	DeVonee's Heart & Soul Healthcare, LLC
Appropriation Unit:	9999 - All Categories	Address:	5000 West Oakley Blvd STE A3-4
Is budget authority available?:	Yes	City/State/Zip:	Las Vegas, NV 89146
If "No" please explain:	Not Applicable	Contact/Phone:	Shalonda Jenkins 702-377-1198
		Vendor No.:	T29045774
		NV Business ID:	NV20191434443

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2027**

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 personal care services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing 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	gdavi6	12/27/2022 10:46:38 AM
Division Approval	gdavi6	12/27/2022 10:46:41 AM
Department Approval	gdavi6	12/27/2022 10:46:43 AM
Contract Manager Approval	gdavi6	12/27/2022 10:46:46 AM
Budget Analyst Approval	dkluever	01/05/2023 15:29:43 PM
BOE Agenda Approval	nhovden	01/05/2023 16:27:24 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27134**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Helix Opportunity, LLC
Agency Code: MSA	Contractor Name: Helix Opportunity, LLC
Appropriation Unit: 9999 - All Categories	Address: 833 Market Street Suite 421
Is budget authority available?: Yes	City/State/Zip: San Francisco, CA 94103
If "No" please explain: Not Applicable	Contact/Phone: David Fazio 510-590-7363
	Vendor No.: T29045480
	NV Business ID: NV20222455849

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing assistive technology services, autism treatment assistance program services, customized employment services, disabilities support services, employment support services, job development services, and pre-employment services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing 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:
Foreign Corporation

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	01/10/2023 10:52:19 AM
Division Approval	gdavi6	01/10/2023 10:52:21 AM
Department Approval	ldeloach	01/10/2023 11:09:49 AM
Contract Manager Approval	rvradenb	01/13/2023 13:11:59 PM
Budget Analyst Approval	dspeed1	01/13/2023 15:37:17 PM
BOE Agenda Approval	bberry	01/22/2023 13:30:07 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: **27139**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: IDEALSTAFFING, INC.
Agency Code: MSA	Contractor Name: IDEALSTAFFING, INC.
Appropriation Unit: 9999 - All Categories	Address: 500 N RAINBOW BLVD STE 300
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89107-1061
If "No" please explain: Not Applicable	Contact/Phone: Idell Bailey 702/305-5377
	Vendor No.: T27040056
	NV Business ID: NV20141084923

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

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

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

d. Last bid date: 12/21/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	01/10/2023 10:52:54 AM
Division Approval	gdavi6	01/10/2023 10:52:56 AM
Department Approval	ldeloch	01/10/2023 11:16:31 AM
Contract Manager Approval	rvradenb	01/13/2023 13:12:28 PM
Budget Analyst Approval	dspeed1	01/13/2023 16:05:36 PM
BOE Agenda Approval	bberry	01/22/2023 13:33:22 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: **27092**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: LANGUAGE LINE SERVICES, INC.
Agency Code: MSA	Contractor Name: LANGUAGE LINE SERVICES, INC.
Appropriation Unit: 9999 - All Categories	Address: 1 Lower Ragsdale Dr., Bldg. 2
Is budget authority available?: Yes	City/State/Zip: Monterrey Heights, CA 93940
If "No" please explain: Not Applicable	Contact/Phone: Krys Brightwell 800-752-6096
	Vendor No.: T29000549A
	NV Business ID: NV20041693625

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 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1847-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2026**

Contract term: **3 years and 58 days**

4. Type of contract: **MSA**

Contract description: **Interpreting Service**

5. Purpose of contract:

This is a new contract to provide ongoing document translation, communication real-time translation and captioning, over-the-phone, and video-remote interpreting services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

This service provides assistance to State employees who are required to provide access to these services for individuals and mandated by federal requirements for the Americans with Disabilities Act (ADA) to provide reasonable accommodations to people with disabilities and access to accurate interpreting and translation services when engaging with state agencies.

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

State employees are not qualified or certified to provide these services.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 06/01/2025

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

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/27/2022 10:47:20 AM
Division Approval	gdavi6	12/27/2022 10:47:22 AM
Department Approval	gdavi6	12/27/2022 10:47:25 AM
Contract Manager Approval	gdavi6	12/27/2022 10:47:27 AM
Budget Analyst Approval	dkluever	01/05/2023 15:36:10 PM
BOE Agenda Approval	nhovden	01/05/2023 16:33:53 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: **27037**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MAGELLAN HEALTHCARE, INC.
Agency Code: MSA	Contractor Name: MAGELLAN HEALTHCARE, INC.
Appropriation Unit: 9999 - All Categories	Address: 6303 Cowboys Way
Is budget authority available?: Yes	City/State/Zip: Frisco, TX 75034
If "No" please explain: Not Applicable	Contact/Phone: Arthur Hennig 860-970-5133
	Vendor No.: T29045897
	NV Business ID: NV20011379302

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/30/2027**

Contract term: **4 years and 30 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support, case management, early intervention, mental health, substance abuse counseling, and related services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,600,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/27/2022 10:45:43 AM
Division Approval	gdavi6	12/27/2022 10:45:46 AM
Department Approval	gdavi6	12/27/2022 10:45:48 AM
Contract Manager Approval	gdavi6	12/27/2022 10:45:51 AM
Budget Analyst Approval	dkluever	01/05/2023 15:30:58 PM
BOE Agenda Approval	nhovden	01/05/2023 16:29:18 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: **27031**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: MOXY UP
Agency Code: MSA	Contractor Name: MOXY UP
Appropriation Unit: 9999 - All Categories	Address: 1616 US HIGHWAY 395N
Is budget authority available?: Yes	City/State/Zip: MINDEN, NV 89423
If "No" please explain: Not Applicable	Contact/Phone: MOXYUPNEVADA@GMAIL.COM 775-790-7022
	Vendor No.: T32010051
	NV Business ID: NV20181579334

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2027**

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

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing psychiatry, case management, counseling, educational tutoring and education support, employment support, host home and homeless youth services, job development, mental health, psychology, respite care, and substance abuse counseling services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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

Yes

17. Not Applicable

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/27/2022 10:46:21 AM
Division Approval	gdavi6	12/27/2022 10:46:22 AM
Department Approval	gdavi6	12/27/2022 10:46:25 AM
Contract Manager Approval	gdavi6	12/27/2022 10:46:28 AM
Budget Analyst Approval	dcluever	01/05/2023 15:23:42 PM
BOE Agenda Approval	nhovden	01/05/2023 15:45:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27149**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: PROJECT HELP NETWORK, INC.
Agency Code: MSA	Contractor Name: PROJECT HELP NETWORK, INC.
Appropriation Unit: 9999 - All Categories	Address: 11 North Sierra St. STE 104
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: Sandra Lee Jersey 775-247-3619
	Vendor No.: T32004639
	NV Business ID: NV20151538433

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral support services, case management services, community work experience programs, customized employment services, employment support services, job development services, and pre-employment services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	01/10/2023 10:53:29 AM
Division Approval	gdavi6	01/10/2023 10:53:32 AM
Department Approval	ldeloach	01/10/2023 11:40:10 AM
Contract Manager Approval	rvradenb	01/13/2023 13:12:43 PM
Budget Analyst Approval	dspeed1	01/13/2023 15:30:29 PM
BOE Agenda Approval	bberry	01/22/2023 13:08:17 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: **27146**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Teresita Lu Melocoton M.D., Prof. Corp.
Agency Code: MSA	Contractor Name: Valley Pediatric & Specialty Center
Appropriation Unit: 9999 - All Categories	Address: DBA Valley Ped & Specialty Ctr 3701 W CHARLESTON BLVD BLVD
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89102-1844
If "No" please explain: Not Applicable	Contact/Phone: Nestor Melocoton 702/388-4428
	Vendor No.: T27004378
	NV Business ID: NV20011472912

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

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

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **3 years and 334 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is a new contract to provide ongoing pediatric 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:
Nevada Corporation

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

No b. If "No", please explain:

Vendor provides services using a DBA

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	01/10/2023 10:53:10 AM
Division Approval	gdavi6	01/10/2023 10:53:12 AM
Department Approval	ldeloach	01/10/2023 11:41:52 AM
Contract Manager Approval	rvradenb	01/13/2023 13:12:58 PM
Budget Analyst Approval	dspeed1	01/13/2023 15:40:27 PM
BOE Agenda Approval	bberry	01/22/2023 12:56:42 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: **27078**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: Valued Relationships, Inc.
Agency Code: MSA	Contractor Name: Valued Relationships, Inc.
Appropriation Unit: 9999 - All Categories	Address: 1400 Commerce Center Dr.
Is budget authority available?: Yes	City/State/Zip: Franklin , OH 45005
If "No" please explain: Not Applicable	Contact/Phone: Anna Laura Rehwinkel 800-860-4230
	Vendor No.: T29044398
	NV Business ID: NV20181783280

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: S1737-RV

2. Contract start date:

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

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2027**

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 personal emergency response system services.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-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	gdavi6	12/27/2022 10:46:58 AM
Division Approval	gdavi6	12/27/2022 10:47:00 AM
Department Approval	gdavi6	12/27/2022 10:47:03 AM
Contract Manager Approval	gdavi6	12/27/2022 10:47:05 AM
Budget Analyst Approval	dkluever	01/05/2023 15:34:56 PM
BOE Agenda Approval	nhovden	01/05/2023 16:33:16 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 CONTRACT1. Contract Number: **27093**

Agency Name: MSA MASTER SERVICE AGREEMENTS	Legal Entity Name: eTranslation Services
Agency Code: MSA	Contractor Name: eTranslation Services
Appropriation Unit: 9999 - All Categories	Address: 2167 East 21st St. Suite 252
Is budget authority available?: Yes	City/State/Zip: Brooklyn, NY 11229
If "No" please explain: Not Applicable	Contact/Phone: Ana Pana 800-882-6058
	Vendor No.: T29045128
	NV Business ID: NV20222377201

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 %	X Other funding	100.00 % Various Agencies

Agency Reference #: S1847-RV

2. Contract start date:

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

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2026**Contract term: **3 years and 58 days**4. Type of contract: **MSA**Contract description: **Interpreting Service**

5. Purpose of contract:

This is a new contract to provide ongoing over-the-phone (OPI), video-remote-interpreting (VRI), in-person, document translation, desktop publishing, related services.

6. NEW CONTRACT

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

7. What conditions require that this work be done?

This service provides assistance to State employees who are required to provide access to various translation and interpretation needs for internal and external clients and citizens in need of state services.

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

State employees are not qualified or certified to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected as part of a multi award solicitation 99SWC-S1847 to provided various on demand translation and interpretation services statewide.

d. Last bid date: 12/31/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gdavi6	12/27/2022 10:47:42 AM
Division Approval	gdavi6	12/27/2022 10:47:44 AM
Department Approval	gdavi6	12/27/2022 10:47:47 AM
Contract Manager Approval	gdavi6	12/27/2022 10:47:49 AM
Budget Analyst Approval	dkluever	01/05/2023 15:36:50 PM
BOE Agenda Approval	nhovden	01/05/2023 16:34:35 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	ELLIOTT ARTHUR SATTLER II	OTHER: AG CAP FUNDS	\$10,000	Professional Service
	Contract Description:	This is a new contract to provide mediation services between the State of Nevada and the Nevada Northern Railway Foundation.				
		Term of Contract:	01/09/2023 - 06/30/2023	Contract # 27120		
2.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	STRAUSS & SHAVELLE	OTHER: TORT CLAIMS	\$28,800	Professional Service
	Contract Description:	This is a new contract to provide expert witness services in case number Lopez, et al., v. The State of Nevada, et al.				
		Term of Contract:	12/28/2022 - 09/30/2024	Contract # 27090		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NK ENTERPRISES, INC.	OTHER: BUILDING RENTAL INCOME REVENUE	\$12,800	
	Contract Description:	This is a new contract to provide ongoing locksmith services for state-owned buildings in southern Nevada.				
		Term of Contract:	01/17/2023 - 01/31/2027	Contract # 27140		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	OVERHEAD DOOR COMPANY OF SIERRA NEVADA/RENO	OTHER: BUILDING RENTAL INCOME REVENUE	\$20,000	
	Contract Description:	This is a new contract to provide ongoing overhead door repair and maintenance services for state-owned buildings in northern Nevada.				
		Term of Contract:	01/13/2023 - 12/31/2026	Contract # 27127		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	PREVENTIVE PEST CONTROL LAS VEGAS, LLC	OTHER: BUILDING RENTAL INCOME REVENUE	\$11,640	
	Contract Description:	This is a new contract to provide ongoing pest control services for the Grant Sawyer Building in Las Vegas.				
		Term of Contract:	01/13/2023 - 12/31/2026	Contract # 27076		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RHP MECHANICAL SYSTEMS	OTHER: BUILDING RENTAL INCOME REVENUE	\$38,600	
	Contract Description:	This is a new contract to provide ongoing quarterly maintenance and repair services for the Governor's Mansion's air and water heating systems.				
		Term of Contract:	12/22/2022 - 12/31/2026	Contract # 27039		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RED STAR FENCE COMPANY, LLC	OTHER: BUILDING RENTAL INCOME REVENUE	\$27,255	
	Contract Description: This is a new contract to provide gate repair services for the Grant Sawyer building in Las Vegas. Term of Contract: 01/17/2023 - 06/30/2023 Contract # 27110					
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES, INC.	BONDS	\$58,350	Professional Service
	Contract Description: This is the first amendment to the original contract which provides professional architectural/engineering services for the Lovelock Correctional Center Advance Planning - Wastewater System Upgrade CIP: CIP Project No. 21-P07; SPWD Contract No. 114482. This amendment increases the maximum amount from \$282,800 to \$341,150 due to the decision to replace the pump station in lieu of performing repairs. Term of Contract: 11/09/2021 - 06/30/2025 Contract # 25027					
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - CONSERVATION AND NATURAL RESOURCES AND AGRICULTURE CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	(\$24,125)	Professional Service
	Contract Description: This is the second amendment to the original contract which provides professional architectural/engineering services for the Fort Churchill State Park - Facilities Maintenance and Americans with Disabilities Act upgrades CIP: CIP Project No.19-M53; SPWD Contract No.113348. This amendment decreases the maximum amount from \$110,185 to \$86,060 due to the elimination of bidding and construction administration services. Term of Contract: 03/10/2020 - 06/30/2023 Contract # 22892					
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	KGA, INC.	OTHER: AGENCY FUNDED	\$17,760	Professional Service
	Contract Description: This is the first amendment to the original contract which provides professional architectural/engineering services for the Stein Hospital Interior Renovations CIP: CIP Project No. 22-A001; SPWD Contract No. 114766. This amendment increases the maximum amount from \$237,677 to \$255,437 due to added bid support and construction administration services. Term of Contract: 06/14/2022 - 12/31/2024 Contract # 26243					

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS DIVISION	KGA, INC.	OTHER: AGENCY FUNDED	(\$10,810)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Stein Hospital Elevator Upgrade CIP: CIP Project No. 22-A013; SPWD Contract No. 114633. This amendment decreases the maximum amount from \$48,800 to \$37,990 due to the removal of bid services through construction administration.				
	Term of Contract:	03/22/2022 - 06/30/2023	Contract # 25673			
12.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	JILL I. GREINER	OTHER: WORKERS COMPENSATION/ CHARGES FOR SERVICES	\$40,000	
	Contract Description:	This is a new contract to provide Special Appeals Officer services for cases related to Division of Human Resource Management, Department of Employment, Training, and Rehabilitation, Department of Education, and Medicaid providers.				
	Term of Contract:	12/20/2022 - 12/01/2024	Contract # 27034			
13.	180	DEPARTMENT OF ADMINISTRATION - ENTERPRISE INFORMATION TECHNOLOGY SERVICES - COMPUTER FACILITY	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	OTHER: REVENUE	\$58,424	
	Contract Description:	This is a new revenue contract to provide ongoing microwave rack rental space at the following microwave sites: Angel Peak in Clark County, Fairview Peak in Churchill County, Sober Peak in Nye County, and Cave Mountain in White Pine County.				
	Term of Contract:	07/01/2022 - 06/30/2026	Contract # 27013			
14.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - RURAL REGIONAL CENTER	SCOTT C. KUHN	GENERAL	\$14,400	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Fallon office.				
	Term of Contract:	01/01/2023 - 12/31/2026	Contract # 27085			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - WOMEN, INFANT, AND CHILDREN FOOD SUPPLEMENT	MAXIMUS US SERVICES, INC.	OTHER: FEDERAL	\$46,566	
	Contract Description:	This is a new contract to provide ongoing evaluation services and identification of an online shopping solution to support the Women, Infants and Children Program.				
		Term of Contract:	01/06/2023 - 07/31/2023	Contract # 26872		
16.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ENERGY ASSISTANCE PROGRAM	WASHOE COUNTY SCHOOL DISTRICT	OTHER: UNIVERSAL ENERGY CHARGE	\$10,000	Exempt
	Contract Description:	This is a new contract to provide ongoing application assistance services for the Energy Assistance Program intake site in Washoe County.				
		Term of Contract:	12/27/2022 - 06/30/2026	Contract # 26354		
17.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	ADULT & CHILD HEALTH	FEDERAL	\$19,076	
	Contract Description:	This is a new contract to provide pre-adoptive services and support.				
		Term of Contract:	12/21/2022 - 09/30/2023	Contract # 27050		
18.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	ST. JUDE'S RANCH FOR CHILDREN - NEVADA REGION, INC.	GENERAL 25% FEDERAL 75%	\$20,540	
	Contract Description:	This is the second amendment to the original contract which provides Specialized Foster Care (SFC) placement services for children placed out of home by the Division. This amendment extends the termination date from December 31, 2022 to June 30, 2023 and increases the maximum amount from \$28,060 to \$48,600 due to the continued need for these services and to increase the SFC daily rate.				
		Term of Contract:	07/01/2022 - 06/30/2023	Contract # 26578		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	7 DAY DENTAL OF NEVADA, LLC	GENERAL	\$44,624	
	Contract Description:	This is the second amendment to the original contract which provides ongoing dental services. This amendment extends the termination date from December 31, 2022 to December 31, 2023 and increases the maximum amount from \$22,312 to \$66,936 due to an increased need for these services.				
		Term of Contract:	07/01/2022 - 12/31/2023	Contract # 26531		
20.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	DENISE OGLETREE MCGUINN	GENERAL 76.2% FEDERAL 23.8%	\$45,000	
	Contract Description:	This is a new contract to provide ongoing medical services for direct client care, case evaluations, medication prescriptions and management, triage services, telephone consultations, and adjunctive staff training.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 26900		
21.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	REGENTS OF THE UNIVERSITY OF CALIFORNIA - UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	FEDERAL	\$10,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides clinical staff training and preparation for clinical treatment of youth and their families. This amendment increases the maximum amount from \$61,000 to \$71,000 due to an increased need for these services.				
		Term of Contract:	08/10/2021 - 03/31/2023	Contract # 24398		
22.	431	OFFICE OF THE MILITARY	EKAY ECONOMIC CONSULTANTS, INC.	FEDERAL	\$24,750	
	Contract Description:	This is a new contract to provide an economic impact study of operations and activities at the state and federal level on Nevada's private sector.				
		Term of Contract:	12/21/2022 - 12/31/2026	Contract # 27065		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	431	OFFICE OF THE MILITARY	EXCEED PEST DEFENSE, LLC	GENERAL 50% FEDERAL 50%	\$88,179	
	Contract Description:	This is a new contract to provide ongoing pest control services for facilities in southern Nevada.				
		Term of Contract:	12/20/2022 - 12/31/2026	Contract # 27062		
24.	431	OFFICE OF THE MILITARY	KHOURYS FRESH MARKET CARLIN, LLC	GENERAL 25% FEDERAL 75%	\$93,000	
	Contract Description:	This is a new contract to provide ongoing on-site food services for the Battle Born Youth Challenge Academy in Carlin.				
		Term of Contract:	01/10/2023 - 02/15/2023	Contract # 27094		
25.	431	OFFICE OF THE MILITARY	PREVENTIVE PEST CONTROL LAS VEGAS, LLC	GENERAL 50% FEDERAL 50%	\$73,841	
	Contract Description:	This is a new contract to provide ongoing pest control services for facilities throughout the state.				
		Term of Contract:	12/20/2022 - 12/31/2026	Contract # 27063		
26.	431	OFFICE OF THE MILITARY	SOPHIA MACIAS	GENERAL 25% FEDERAL 75%	\$40,500	
	Contract Description:	This is a new contract to provide ongoing hair cutting services for cadets at the Battle Born Youth Challenge Academy in Carlin.				
		Term of Contract:	12/27/2022 - 12/31/2024	Contract # 27064		
27.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	COOLSYS COMMERCIAL & INDUSTRIAL SOLUTIONS, INC.	FEDERAL	\$22,000	
	Contract Description:	This is the first amendment to the original contract which provides preventative maintenance for the freezers in the Washoe County warehouse. This amendment changes the entity name from Source Refrigeration & HVAC, Inc. to Coolsys Commercial & Industrial Solutions, Inc. and increases the maximum amount from \$15,568 to \$37,568 due to an increased need for these services.				
		Term of Contract:	12/13/2019 - 09/30/2023	Contract # 22295		
28.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	RAYMOND HANDLING CONCEPTS CORPORATION	FEE: PROCESSING AND HANDLING 90% FEDERAL 10%	\$13,994	
	Contract Description:	This is a new contract to provide ongoing preventative maintenance services for the Reno distribution facility lift trucks.				
		Term of Contract:	01/18/2023 - 09/30/2026	Contract # 26694		
29.	550	DEPARTMENT OF AGRICULTURE - REGISTRATION & ENFORCEMENT	AB SCIEX, LLC	FEE: REGISTRATION, LICENSE, AND INSPECTION	\$91,241	
	Contract Description:	This is the first amendment to the original contract which provides mass spectrometer preventative maintenance services and onsite training. This amendment extends the termination date from February 15, 2023 to April 30, 2025 and increases the maximum amount from \$50,786.60 to \$142,028.00 due to the continued need for these services.				
		Term of Contract:	04/13/2021 - 04/30/2025	Contract # 24036		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	FELICITAS HERNANDEZ	HIGHWAY	\$12,920	
	Contract Description:	This is the second amendment to the original contract which provides ongoing janitorial services for the Fernley and USA Parkway Substation. This amendment extends the termination date from December 31, 2022 to December 31, 2024 and increases the maximum amount from \$24,000 to \$36,920 due to the continued need for these services.				
	Term of Contract:	01/01/2019 - 12/31/2024	Contract # 20146			
31.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL	EFI GLOBAL, INC.	FEE: LICENSING 50% PLAN REVIEW 50%	\$18,000	
	Contract Description:	This is a new contract to provide ongoing forensic laboratory and fire/arson investigative services.				
	Term of Contract:	01/17/2023 - 10/31/2026	Contract # 26781			
32.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	GEOTECHNICAL & ENVIRONMENTAL SERVICES, INC.	FEE: SPORTSMEN REVENUE	\$40,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing geotechnical engineering, construction inspection and materials testing services.				
	Term of Contract:	12/21/2022 - 12/31/2026	Contract # 26990			
33.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	SOSUTV CORPORATION	OTHER: SPORTSMEN REVENUE	\$20,520	
	Contract Description:	This is a new contract to provide live streaming services when holding Commission meetings at the Washoe County Administration building.				
	Term of Contract:	01/06/2023 - 12/31/2025	Contract # 27054			
34.	702	DEPARTMENT OF WILDLIFE - HABITAT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - UNIVERSITY OF NEVADA, RENO	FEE: HABITAT CONSERVATION 40% OTHER: INDUSTRIAL DEVELOPMENT FUND 60%	\$33,138	Exempt
	Contract Description:	This is the first amendment to the original contract which provides a study examining the potential for including native forb in planted greenstrips throughout the state. This amendment increases the maximum amount from \$33,611.23 to \$66,749.23 due to the addition of Phase 2 of the study.				
	Term of Contract:	11/09/2021 - 08/31/2023	Contract # 25003			
35.	706	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	VOGUE LAUNDRY & CLEANERS, INC.	GENERAL	\$18,000	
	Contract Description:	This is a new contract to provide ongoing laundry services for the Elko and Ely shop locations.				
	Term of Contract:	01/06/2023 - 06/30/2027	Contract # 27114			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	GARTNER, INC.	HIGHWAY	\$34,228	
	Contract Description:	This is a new service agreement under Master Blanket Purchase Order 99SWC-NV21-8568 which provides information technology (IT) research and advisory services. This agreement provides consulting services, research, and training for senior IT leaders.				
	Term of Contract:	12/29/2022 - 12/31/2023	Contract # 27069			
37.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	GARTNER, INC.	HIGHWAY	\$66,431	
	Contract Description:	This is a new service agreement under Master Blanket Purchase Order 99SWC-NV21-8568 which provides information technology (IT) research and advisory services. This agreement provides consulting services, research and training for IT technical team members.				
	Term of Contract:	12/29/2022 - 12/31/2023	Contract # 27070			
38.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	JENSON TOTAL SERVICES, INCORPORATED	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$45,500	
	Contract Description:	This is the second amendment to the original contract which provides ongoing maintenance and repair services of commercial refrigeration units in southern Nevada. This amendment increases the maximum amount from \$49,500 to \$95,000 due to an increased need for these services.				
	Term of Contract:	08/26/2020 - 08/26/2024	Contract # 23444			
39.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - VOCATIONAL REHABILITATION	ODYSSEY CHARTER SCHOOL	FEDERAL	\$43,200	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing pre-employment transition services, in a camp setting, to disabled youths, ages 16-22.				
	Term of Contract:	01/18/2023 - 06/30/2024	Contract # 27148			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	GEOGRAPHIC SOLUTIONS, INC.	FEDERAL	\$11,160	
	Contract Description:	This is the first amendment to the original contract which provides automated reporting and management information system services for Nevada workforce agency offices throughout the state. This amendment increases the maximum amount from \$3,848,300 to \$3,859,460 due to the need to perform research for the Reemployment Services and Eligibility Assessment grants program and to develop a crosswalk for Futurework files.				
	Term of Contract:	10/01/2022 - 06/30/2026	Contract # 25965			
41.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES	XCEL MAINTENANCE SERVICES, INC.	OTHER: COST ALLOCATION	\$60,000	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Las Vegas Boulevard office.				
	Term of Contract:	12/22/2022 - 12/31/2024	Contract # 27056			
42.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES	XCEL MAINTENANCE SERVICES, INC.	FEDERAL	\$32,400	
	Contract Description:	This is a new contract to provide ongoing janitorial services.				
	Term of Contract:	12/21/2022 - 12/31/2024	Contract # 27067			
43.	960	SILVER STATE HEALTH INSURANCE EXCHANGE - SILVER STATE HEALTH INSURANCE EXCHANGE ADMINISTRATION	RFI ENTERPRISES, INC.	FEE: CARRIER PREMIUM	\$14,761	
	Contract Description:	This is a new contract to provide installation services of a closed-circuit television system.				
	Term of Contract:	12/27/2022 - 11/01/2027	Contract # 27052			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	B009	LICENSING BOARDS AND COMMISSIONS - FUNERAL AND CEMETERY SERVICES	MAUPIN, COX & LEGOY, A PROFESSIONAL CORPORATION	FEE: LISENSURE	\$49,400	Professional Service
	Contract Description:	This is a new contract to provide legal services. Term of Contract: 12/21/2022 - 08/30/2024 Contract # 26923				
45.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	NELSON ELECTRIC COMPANY, INC.	FEE: LISENSURE	\$22,000	
	Contract Description:	This is a new contract to provide lighting installation and ongoing maintenance support services. Term of Contract: 01/05/2023 - 12/31/2024 Contract # 27075				
46.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	RENO GREEN LANDSCAPING, LLC	FEE: LISENSURE	\$15,000	
	Contract Description:	This is a new contract to provide ongoing landscaping services. Term of Contract: 01/18/2023 - 12/31/2024 Contract # 27151				
47.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	TOM CLARK SOLUTIONS	FEE: LISENSURE	\$42,000	
	Contract Description:	This is a new contract to provide lobbying services and assistance with legislative matters. Term of Contract: 01/18/2023 - 12/31/2023 Contract # 27143				
48.	B028	LICENSING BOARDS AND COMMISSIONS - VETERINARY MEDICAL EXAMINERS	CASEY NEILON, INC.	OTHER: LISENSURE	\$22,550	
	Contract Description:	This is a new contract to provide ongoing annual auditing services. Term of Contract: 01/05/2023 - 12/01/2024 Contract # 27108				
49.	B036	LICENSING BOARDS AND COMMISSIONS - MASSAGE THERAPISTS	FLYNN GIUDICI GOVERNMENT AFFAIRS, LLC	FEE: LISENSURE	\$34,500	
	Contract Description:	This is a new contract to provide professional assistance through the 2023 legislative session. Term of Contract: 01/05/2023 - 12/31/2023 Contract # 27091				
50.	B036	LICENSING BOARDS AND COMMISSIONS - MASSAGE THERAPISTS	THE ADVANTAGE GROUP	FEE: LISENSURE	\$10,000	
	Contract Description:	This is a new contract to provide investigation services relating to illicit activity in massage establishments. Term of Contract: 01/06/2023 - 06/30/2024 Contract # 27102				

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27120**

Agency Name: **ATTORNEY GENERAL'S OFFICE**
Agency Code: **030**
Appropriation Unit: **1030-04**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: **ELLIOTT SATTLER MEDIATION**
Contractor Name: **ELLIOTT SATTLER MEDIATION**
Address: **PO BOX 3721**
City/State/Zip: **RENO, NV 89505**
Contact/Phone: **775-224-4606**
Vendor No.: **PENDING**
NV Business ID: **NV20211982540**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % AG CAP funds

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/09/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **171 days**

4. Type of contract: **Contract**

Contract description: **Mediation**

5. Purpose of contract:

This is a new contract to provide mediation services between the State of Nevada and the Nevada Northern Railway Foundation.

6. NEW CONTRACT

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Mediation between the State of Nevada and the Nevada Northern Railway Foundation

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 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:

Dan Nubel, DAG Ph: 775-684-1225

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	12/30/2022 10:04:51 AM
Division Approval	cdavis	12/30/2022 10:04:54 AM
Department Approval	jhoba2	12/30/2022 10:13:21 AM
Contract Manager Approval	Iramire7	12/30/2022 10:17:11 AM
Budget Analyst Approval	thick2	01/09/2023 11:53:12 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27090**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: Strauss & Shavelle, Inc.
Agency Code: 030	Contractor Name: Strauss & Shavelle, Inc.
Appropriation Unit: 1348-15	Address: 1439-17th Avenue
Is budget authority available?: Yes	City/State/Zip: San Francisco, CA 94122-3402
If "No" please explain: Not Applicable	Contact/Phone: Robert Shavelle 415-731-0240
	Vendor No.: T29046269
	NV Business ID: NV20222635666

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Tort Claims

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/28/2022**

Anticipated BOE meeting date **02/2023**

Retroactive? **Yes**

If "Yes", please explain

We are requesting that this contract be retroactively approved to September 30, 2022. Due to the nature of the ongoing litigation, the timeframe has narrowed for timely submission of this contract.

3. Termination Date: **09/30/2024**

Contract term: **1 year and 276 days**

4. Type of contract: **Contract**

Contract description: **Expert Witness**

5. Purpose of contract:

This is a new contract to provide expert witness services in case number Lopez, et al., v. The State of Nevada, et al., 2:21-cv-01161-ART-NJK.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The expert will review documents and reports of the Plaintiff's expert economist and will prepare a rebuttal report regarding the assessment of economic damages.

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:

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:

Lorin Taylor, DAG Ph: 702-486-2389

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	12/20/2022 14:50:19 PM
Division Approval	cdavis	12/20/2022 14:50:22 PM
Department Approval	jhoba2	12/27/2022 13:19:45 PM
Contract Manager Approval	Iramire7	12/28/2022 08:26:04 AM
Budget Analyst Approval	jpeat	12/28/2022 08:31:06 AM

AARON D. FORD
Attorney General

CAROLINE BATEMAN
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General



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TERESA BENITEZ-
THOMPSON
Chief of Staff

LESLIE NINO PIRO
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

Date: December 19, 2022

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

From: Lesley Volkov, Management Analyst II

Subject: Retroactive Approval for contract #27090 Shavelle & Strauss

We are requesting that this contract be retroactively approved to September 30, 2022. Due to the nature of the ongoing litigation, the timeframe has narrowed for timely submission of this contract.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27140**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION Agency Code: 082 Appropriation Unit: 1349-12 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: NK ENTERRPISES INC. Contractor Name: ABC Locksmiths dba Address: 3823 Losee City/State/Zip: Las Vegas, NV 89030 Contact/Phone: 702-598-1630 Vendor No.: T29046415 A NV Business ID: NV20081153775
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To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/17/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2027**

Contract term: **4 years and 15 days**

4. Type of contract: **Contract**

Contract description: **Locksmith Services**

5. Purpose of contract:

This is a new contract to provide locksmith services for state-owned buildings in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,800.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Locksmith services are to maintain safe and secure access to State 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 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):

Untied Lock and Security
NK Enterprise dba ABC Locksmith
Door Busters Lock & Safe

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: 12/15/2022 Anticipated re-bid date: 12/15/2027

- 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:

Nevada Corporation

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

No b. If "No", please explain:

dba

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	01/09/2023 09:59:53 AM
Division Approval	jkidd	01/09/2023 17:05:48 PM
Department Approval	ssands	01/12/2023 13:27:47 PM
Contract Manager Approval	ssands	01/12/2023 13:27:50 PM
Budget Analyst Approval	klay0	01/17/2023 11:30:42 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27127**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: Overhead Door Company of Sierra Nevada
Agency Code: 082	Contractor Name: Overhead Door Company of Sierra Nevada
Appropriation Unit: 1349-12	Address: 1290 Holcomb Avenue
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89502-2445
If "No" please explain: Not Applicable	Contact/Phone: 775-322-4621
	Vendor No.: PUR0002873
	NV Business ID: NV19791008459

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **3 years and 353 days**

4. Type of contract: **Contract**

Contract description: **Door maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing repair and maintenance services to all types of overhead doors in state-owned buildings in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Buildings and Grounds use these contracts for emergency repair service and maintenance of existing roll-up doors. Not providing these services would be detrimental to the properties.

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 tools, materials, expertise, or manpower needed to facilitate these projects.

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):

**George & Sons
Thompson Garage Doors
Overhead Door**

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: 12/15/2022 Anticipated re-bid date: 12/15/2026

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

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	01/09/2023 08:29:04 AM
Division Approval	jkidd	01/09/2023 10:30:39 AM
Department Approval	ssands	01/10/2023 09:33:14 AM
Contract Manager Approval	ssands	01/10/2023 09:33:17 AM
Budget Analyst Approval	klay0	01/13/2023 11:08:03 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: **27076**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: PREVENTIVE PEST CONTROL LAS
Agency Code: 082	Contractor Name: PREVENTIVE PEST CONTROL LAS
Appropriation Unit: 1349-12	Address: VEGAS LLC
Is budget authority available?: Yes	3566 S. POLARIS AVE., STE 3A
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89103
	Contact/Phone: 702/649-0019
	Vendor No.: T27044246
	NV Business ID: NV20021046494

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **3 years and 353 days**

4. Type of contract: **Contract**

Contract description: **Pest Control**

5. Purpose of contract:

This is a new contract to provide pest control services at the Grant Sawyer Building in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,640.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

To properly handle pest problems and to ensure public and State employee's well-being 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 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):

Orkin
Rentokil
Preventive Pest

b. Solicitation Waiver: **Not Applicable**

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

best cost

d. Last bid date: 12/13/2022 Anticipated re-bid date: 12/13/2026

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

- 19. Agency Field Contract Monitor:
Martin Fisher, Facility manager Ph: 702-486-5360

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcarlo4	12/29/2022 11:42:13 AM
Division Approval	ssands	12/29/2022 11:46:57 AM
Department Approval	ssands	12/29/2022 11:47:00 AM
Contract Manager Approval	wpfaffp	12/29/2022 12:01:28 PM
Budget Analyst Approval	klay0	01/13/2023 16:37:43 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: **27039**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: RAY HEATING PRODUCTS INC DBA
Agency Code: 082	Contractor Name: RAY HEATING PRODUCTS INC DBA
Appropriation Unit: 1349-12	Address: RHP MECHANICAL SYSTEMS PO BOX 2957
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89505-2957
If "No" please explain: Not Applicable	Contact/Phone: 775/322-9434
	Vendor No.: PUR0002724A
	NV Business ID: NV20041446186

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/22/2022**

Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **4 years and 10 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide maintenance for heating, pumping, fan coils, water heaters, etc. for the Governor's Mansion on a quarterly basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$38,600.00**

Other basis for payment: \$33,600 for maintenance and \$5,000.00 for additional parts, if needed.

II. JUSTIFICATION

7. What conditions require that this work be done?

Chemical analysis is needed quarterly. Quarterly servicing of the air handler, package units, split system for the cottage, and water softener. MERV-10 filters are replaced quarterly. Boilers, heat exchangers, and hot water pumps need to be serviced in winter and fall. The draft inducer, and domestic water heater, and the pump need to be serviced in spring as well as the belt replacements. Exhaust fans and makeup air units need service in the spring and fall. Historical property and equipment needs maintenance and upkeep.

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 expertise nor the manpower to facilitate.

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):

RHP
Lincoln Heating & Air
All Hours Air

b. Solicitation Waiver: **Not Applicable**

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

Best price from quotes

d. Last bid date: 12/01/2022 Anticipated re-bid date: 12/01/2026

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

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	12/13/2022 14:59:38 PM
Division Approval	jkidd	12/14/2022 15:09:43 PM
Department Approval	ssands	12/15/2022 08:00:24 AM
Contract Manager Approval	ssands	12/15/2022 08:00:29 AM
Budget Analyst Approval	thick2	12/22/2022 08:25:04 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: **27110**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: TRE BARNEN LLC DBA
Agency Code: 082	Contractor Name: TRE BARNEN LLC DBA
Appropriation Unit: 1349-14	Address: RED STAR FENCE COMPANY 4755 W DEWEY DR
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89118-2244
If "No" please explain: Not Applicable	Contact/Phone: 702/733-7827
	Vendor No.: T27034022
	NV Business ID: NV20091247702

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Building Rental Income Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/17/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **163 days**

4. Type of contract: **Contract**

Contract description: **Repair fence**

5. Purpose of contract:

This is a new contract to repair personnel gates located at the Grant Sawyer Building in Las Vegas. CAT14-FY23-005

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,255.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The perimeter fence needs to be repaired for security purposes at the Grant Sawyer Building.

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.

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):

**Tiberti Fence
Red Star Fence
All Star Fence**

b. Solicitation Waiver: **Not Applicable**

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

The only vendor to bid on project.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	jpierro1	12/28/2022 08:25:49 AM
Division Approval	ssands	12/28/2022 08:31:25 AM
Department Approval	ssands	12/28/2022 08:31:30 AM
Contract Manager Approval	ssands	01/12/2023 11:31:41 AM
Budget Analyst Approval	klay0	01/17/2023 11:22:15 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25027** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **LUMOS & ASSOCIATES**

Agency Code: **082** Contractor Name: **LUMOS & ASSOCIATES**

Appropriation Unit: **1558-17** Address: **308 N. CURRY ST. #200**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89703**

If "No" please explain: **Not Applicable** Contact/Phone: **775-883-7077**

Vendor No.: **T80912843A**

NV Business ID: **NV19791006982**

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 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114482

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**

Anticipated BOE meeting date 12/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 233 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for the Lovelock Correctional Center Advance Planning - Wastewater System Upgrade CIP: CIP Project No. 21-P07; SPWD Contract No. 114482. This amendment increases the maximum amount from \$282,800.00 to \$341,150.00 due to scope increase with pump station replacement in lieu of pump rehabilitation.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$282,800.00	\$282,800.00	\$282,800.00	Yes - Action
2. Amount of current amendment (#1):	\$58,350.00	\$58,350.00	\$58,350.00	Yes - Info
3. New maximum contract amount:	\$341,150.00			

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	12/09/2022 14:04:48 PM
Division Approval	nmann	12/09/2022 14:04:54 PM
Department Approval	nmann	12/09/2022 14:05:04 PM
Contract Manager Approval	lwildes	12/09/2022 14:47:49 PM
Budget Analyst Approval	rrossum	12/20/2022 11:21:10 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: **22892** Amendment Number: **2**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **FRAME ARCHITECTURE, INC.**

Agency Code: **082** Contractor Name: **FRAME ARCHITECTURE, INC.**

Appropriation Unit: **1591-37** Address: **4090 S MCCARRAN BLVD.SUITE E**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-7529**

If "No" please explain: **Not Applicable** Contact/Phone: **775-827-9977**

Vendor No.: **T29014981**

NV Business ID: **NV20031302154**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 113348

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2020**

Anticipated BOE meeting date 12/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 112 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Fort Churchill State Park - Facilities Maintenance and Americans with Disabilities Act (ADA) upgrades CIP: CIP Project No.19-M53; SPWD Contract No.113348. This amendment decreases the maximum amount from \$110,185.00 to \$86,060.00 due to the removal of bidding and construction administration services from this contract.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$96,500.00	\$96,500.00	\$96,500.00	Yes - Action
a. Amendment 1:	\$13,685.00	\$13,685.00	\$13,685.00	Yes - Info
2. Amount of current amendment (#2):	-\$24,125.00	-\$24,125.00	-\$10,440.00	Yes - Info
3. New maximum contract amount:	\$86,060.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2019 Leg Approved CIP's

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

Capital Improvement Program (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	12/09/2022 11:51:56 AM
Division Approval	nmann	12/09/2022 11:52:07 AM
Department Approval	nmann	12/09/2022 11:52:17 AM
Contract Manager Approval	lwildes	12/09/2022 12:58:03 PM
Budget Analyst Approval	jpeat	12/20/2022 11:18:49 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 26243	Amendment Number: 1
Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: KGA ARCHITECTURE
Agency Code: 082	Contractor Name: KGA ARCHITECTURE
Appropriation Unit: All Appropriations	Address: 4170 W. DIABLO DR. FL. 3
Is budget authority available?: No	City/State/Zip: LAS VEGAS, NV 89148
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3161, expenditure category 60, ARPA - Stein Renovations.	Contact/Phone: 702-367-6900
	Vendor No.: T81092560
	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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funding

Agency Reference #: 114766

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**
 Anticipated BOE meeting date 01/2023

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

Not Applicable

3. Previously Approved Termination Date: **12/31/2024**
 Contract term: **2 years and 201 days**

4. Type of contract: **Contract**
 Contract description: **Arch/Eng**

5. Purpose of contract:
This is the first amendment to the original contract which provides professional architectural/engineering services for the Stein Hospital Interior Renovations CIP: CIP Project No. 22-A001; SPWD Contract No. 114766. This amendment increases the maximum amount from \$237,677.00 to \$255,437.00 due to added bid support and construction administration services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$237,677.00	\$237,677.00	\$237,677.00	Yes - Action
2. Amount of current amendment (#1):	\$17,760.00	\$17,760.00	\$17,760.00	Yes - Info
3. New maximum contract amount:	\$255,437.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application thru SPWD

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	12/20/2022 12:06:20 PM
Division Approval	nmann	12/20/2022 12:06:28 PM

Department Approval nmann
Contract Manager Approval lwildes
Budget Analyst Approval jpeat

12/20/2022 12:06:39 PM
12/21/2022 12:44:26 PM
01/05/2023 09:41:10 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: **25673** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **KITTRELL GARLOCK & ASSOCIATES DBA KGA ARCHITECTURE**

Agency Code: **082** Contractor Name: **KITTRELL GARLOCK & ASSOCIATES DBA KGA ARCHITECTURE**

Appropriation Unit: **All Appropriations** Address: **9075 W. DIABLO DR. FL. 3**

Is budget authority available?: **No** City/State/Zip: **LAS VEGAS, NV 89148-7604**

Contact/Phone: **702-367-6900**

If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3161, expenditure category 95, Deferred Maintenance.

Vendor No.: **T80931708**
NV Business ID: **NV20201742190**

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded

Agency Reference #: **114633**

2. Contract start date:
a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2022**

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 100 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:
This is the first amendment to the original contract which provides professional architectural/engineering services for the Stein Hospital Elevator Upgrade CIP: CIP Project No. 22-A013; SPWD Contract No. 114633. This amendment decreases the maximum amount from \$48,800.00 to \$37,990.00 due to the removal of bid services through construction administration.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$48,800.00	\$48,800.00	\$48,800.00	Yes - Info
2. Amount of current amendment (#1):	-\$10,810.00	-\$10,810.00	\$37,990.00	Yes - Info
3. New maximum contract amount:	\$37,990.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

"Agency Submitted Application"

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	01/05/2023 10:58:19 AM
Division Approval	nmann	01/05/2023 10:58:29 AM

Department Approval	nmann	01/05/2023 10:58:40 AM
Contract Manager Approval	lwildes	01/05/2023 11:03:46 AM
Budget Analyst Approval	jpeat	01/05/2023 11:45:26 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27034**

Agency Name: ADMIN - HEARINGS AND APPEALS DIVISION	Legal Entity Name: Jill I. Greiner
Agency Code: 089	Contractor Name: Jill I. Greiner
Appropriation Unit: 1015-04	Address: 2915 Sagittarius Drive
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89509
If "No" please explain: Not Applicable	Contact/Phone: Jill Greiner 775-322-8443
	Vendor No.: T29010968
	NV Business ID: NV20222392621

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Workers Compensation/Charges for Services

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/20/2022**

Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/01/2024**

Contract term: **1 year and 347 days**

4. Type of contract: **Contract**

Contract description: **Special Appeals Ofc**

5. Purpose of contract:

This is a new contract to provide services as a Special Appeals Office to handle cases related to Human Resource Management, Department of Employment, Training, and Rehabilitation, Department of Education, and Medicaid provider matters.

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 the 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:

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 to who those hearings pertain.

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

Was the solicitation (RFP) done by the 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: 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:

Lino Jasso, Legal Office Manager Ph: 702-486-2555

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	12/08/2022 08:41:03 AM
Division Approval	jkidd	12/08/2022 08:51:55 AM
Department Approval	ssands	12/15/2022 11:54:59 AM
Contract Manager Approval	ssands	12/15/2022 11:55:02 AM
Budget Analyst Approval	jpeat	12/20/2022 08:22:00 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: **27013**

Agency Name: ADMIN - ENTERPRISE IT SERVICES	Legal Entity Name: University of Nevada, Reno, Mackay School of Mines, Seismology
Agency Code: 180	Contractor Name: University of Nevada, Reno, Mackay School of Mines, Seismology
Appropriation Unit: 1385-00	Address: 1664 N. Virginia, Mail Stop 174
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89557
If "No" please explain: Not Applicable	Contact/Phone: 775-68-8531
	Vendor No.:
	NV Business ID: N/A

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 %	X Other funding	100.00 % Revenue

2. Contract start date:

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

Anticipated BOE meeting date 12/2022

Retroactive? **Yes**

If "Yes", please explain

The attached Revenue Contract with the University of Nevada Reno, Mackey School of Mines has been submitted for the BOE's approval. Due to the necessity of continued public communications coverage, we are asking the Board of Examiners to retroactively approve this contract to July 1, 2022. The agency takes its contract process seriously and with the recent staff changes we have had a delay in processing revenue contracts. Contracts will be handled in a timely manner going forward.

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

Contract term: **4 years**

4. Type of contract: **Revenue Contract**

Contract description: **Rack Space Rental**

5. Purpose of contract:

This is a new revenue contract provide ongoing microwave rack space at Angel Peak in Clark County, Fairview Peak in Churchill County, Sober Peak in Nye County, and Cave Mountain in White Pine County.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$58,424.16**

Payment for services will be made at the rate of \$3,651.51 per rack space

Other basis for payment: \$14,616.04 per year FY23;FY24;FY25 & FY26

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?

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

We have had ongoing revenue contracts with the University of Nevada, Reno, Mackay School of Mines, the Seismology Department for many years, and other mountaintop sites, all 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:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rsanche6	11/30/2022 15:45:11 PM
Division Approval	jkidd	12/01/2022 15:33:44 PM
Department Approval	ssands	01/18/2023 08:11:20 AM
Contract Manager Approval	ssands	01/18/2023 08:13:44 AM
Budget Analyst Approval	mranki1	01/18/2023 11:40:27 AM

Steve Sisolak
Governor



Laura E. Freed
Director

Matthew Tuma
Deputy Director

Timothy D. Galluzi
Administrator/State CIO

Darla J. Dodge
Deputy 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 | eitsadministration@admin.nv.gov | Fax: (775) 687-9097

MEMORANDUM

DATE: 29 November 2022

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

FROM: Timothy Galluzi, Administrator 

SUBJECT: Request BOE retroactive approval for attached revenue agreement

The attached revenue agreement with the UNR Seismology Department has been submitted for approval to the Board of Examiners. Due to a combination of staff vacancies (at UNR as well as EITS), new staff training, change in unit leadership, and the biennial budget build, this agreement was not identified until after the expiration date, with final confirmation that UNR intends to continue using EITS services taking place on 24 October 2022, therefore we were unable to provide Governor's Finance Office with sufficient time to review and approve with a 01 July 2022 start date.

This revenue agreement is a continuation of service to provide rack space at Angel Peak in Clark County, Fairview Peak in Churchill County, Sober Peak in Nye County, and Cave Mountain in White Pine County which provides wireless internet services to the public. As this is a revenue agreement, we are requesting the retroactive approval date to have contractual authority between the state and UNR Seismology Department to bill for rack space rental and receive revenue for the State of Nevada.

If the agreement is not approved with an effective date of 01 July 2022, the Enterprise Information Technology Services Network Transport Services budget account would not receive revenue for service provided and not collect sufficient funds this fiscal year for the expenses related to this service.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of 01 July 2022.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27085**

Agency Name:	DHHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	KUHN, SCOTT CHRISTOPHER DBA
Agency Code:	402	Contractor Name:	KUHN, SCOTT CHRISTOPHER DBA
Appropriation Unit:	3167-04	Address:	D&JS CLEANING SERVICE 740 SUNSET DR
Is budget authority available?:	Yes	City/State/Zip:	FALLON, NV 89406-3681
If "No" please explain:	Not Applicable	Contact/Phone:	SCOTT KUHN 775-342-8189
		Vendor No.:	T27025981
		NV Business ID:	NV20181528466

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2023**
Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **RRC Fallon Janitoria**

5. Purpose of contract:

This is a new contract that continues ongoing janitorial services for the Rural Regional Center office located in Fallon, Nevada, which is necessary to provide a clean and healthy environment for employees and consumers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,400.00**

Payment for services will be made at the rate of \$300.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to Joint Commission accreditation standards, facilities where services are delivered must be maintained for health and safety purposes. The Fallon Rural Services lease agreement for the clinic offices does not include janitorial services.

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

Currently there are no agency FTE employees with the necessary training, time or equipment to provide the janitorial service to this 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):

Clean All Around
D&J's Cleaning Service
Integrity Cleaning Services

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to return a proposal and cost is reasonable.

d. Last bid date: 11/01/2022 Anticipated re-bid date: 09/01/2026

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:

Since 2018 - Current 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 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	gjorgens	12/19/2022 10:00:15 AM
Division Approval	dschmid5	12/19/2022 14:14:01 PM
Department Approval	dschmid5	12/19/2022 14:14:03 PM
Contract Manager Approval	macedved1	12/19/2022 16:06:39 PM
Budget Analyst Approval	thick2	12/22/2022 08:22:32 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: **26872**

Agency Name:	DHHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	Maximus US Services, Inc.
Agency Code:	406	Contractor Name:	Maximus US Services, Inc.
Appropriation Unit:	3214-46	Address:	1600 Tysons Blvd., Suite 1400
Is budget authority available?:	Yes	City/State/Zip:	McLean, VA 22102
If "No" please explain:	Not Applicable	Contact/Phone:	Mary Hinderer 757-846-8776
		Vendor No.:	T27043917
		NV Business ID:	NV20081088905

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 %	X Other funding	100.00 % Gretchen Swanson Center for Nutrition (GSCN)

Agency Reference #: C 18117

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/06/2023**
Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/31/2023**

Contract term: **205 days**

4. Type of contract: **Contract**

Contract description: **Evaluation Services**

5. Purpose of contract:

This is a new contract to provide evaluation services to support the Women, Infants and Children (WIC) Program and the identification of an online shopping solution for WIC participants and approved WIC vendors throughout Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$46,566.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada WIC received one of five grant awards to explore innovation in online shopping capability for WIC participants and approved vendors throughout Nevada.

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

Due to the innovative nature of this work and required evaluation and functionality of online shopping Nevada WIC does not currently have the internal staffing capacity to conduct the work necessary to satisfy requirements of the grant.

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

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

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

The Blueprint Collaborative
Public Consulting Group
Social Entrepreneurs, Inc.

b. Solicitation Waiver: **Not Applicable**

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

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: 08/18/2022 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor with the State since 2020, satisfactory services

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	10/25/2022 15:48:29 PM
Division Approval	rmille8	12/15/2022 08:35:28 AM
Department Approval	rmille8	12/29/2022 11:17:24 AM
Contract Manager Approval	rmille8	12/29/2022 11:17:30 AM
Budget Analyst Approval	jpeat	01/06/2023 08:06:02 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26354**

Agency Name: DHHS - WELFARE AND SUPPORTIVE SERVICES	Legal Entity Name: WASHOE COUNTY SCHOOL DISTRICT
Agency Code: 407	Contractor Name: WASHOE COUNTY SCHOOL DISTRICT
Appropriation Unit: 4862-04	Address: FAMILY RESOURCE CENTERS PO BOX 30425
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89520-3425
If "No" please explain: Not Applicable	Contact/Phone: Brenda Costello 775/227-7658
	Vendor No.: T40234300D
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Universal Energy Charge (UEC)

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/27/2022**

Anticipated BOE meeting date **06/2022**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **3 years and 185 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **EAP Intake Site**

5. Purpose of contract:

This is a new contract to provide ongoing application assistance services at the Energy Assistance Program intake site in Washoe County for the cost of home energy to low income and senior populations of Nevada.

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 \$10.00 per completed application

II. JUSTIFICATION

7. What conditions require that this work be done?

Funding through the Low Income Home Energy Assistance Program block grant allows for increased program access for applicants by collaboration with various entities to assist with the EAP application completion process.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These various public and non-profit vendors assist with the EAP application process, which significantly decreases processing time by state employees.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract with DWSS and providing satisfactory service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Betsy Ransdell, Social Services Program Specialist III Ph: (775) 684-0552

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	07/06/2022 08:14:25 AM
Division Approval	cbuscay	07/06/2022 08:14:28 AM
Department Approval	rthomps1	12/07/2022 13:20:51 PM
Contract Manager Approval	mpomerle	12/07/2022 16:12:26 PM
Budget Analyst Approval	jpeat	12/27/2022 13:22:49 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: **27050**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Adult & Child Health
Agency Code: 409	Contractor Name: Adult & Child Health
Appropriation Unit: 3145-31	Address: 8320 Madison Avenue
Is budget authority available?: Yes	City/State/Zip: Indianapolis, IN 46227
If "No" please explain: Not Applicable	Contact/Phone: Heather Angebrandt 317-494-2313
	Vendor No.: Pending
	NV Business ID: Out-of-state Vendor

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2022**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2023**

Contract term: **282 days**

4. Type of contract: **Contract**

Contract description: **Pre-Adoption Service**

5. Purpose of contract:

This is a new contract which provides services and support, for a pre-adoptive family, as required by the Interstate Compact for the Placement of Children.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,075.50**

Payment for services will be made at the rate of \$2,119.50 per month

Other basis for payment: \$2,119.50 x 9 months = \$19,075.50

II. JUSTIFICATION

7. What conditions require that this work be done?

The Interstate Compact for the Placement of Children (ICPC) requires that children in a pre-adoptive placement be supervised for a minimum of 6 months prior to the finalization of an adoption.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees cannot perform this function in Indiana.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The Interstate Compact for the Placement of Children requires the agency who completed the Adoption Home Study to also provide visitation to monitor the placement of the child and provide/refer to services for the family until the adoption is finalized. This vendor was used by the home state for the home study; it is the obligation of the sending state (Nevada) to arrange for the pre-adoption supervision, and therefore, Nevada is obligated to use this 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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

Non-profit Corporation

This vendor will be performing services solely outside the state of Nevada.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

No b. If "NO", please explain.

This vendor will be performing services solely outside the state of Nevada.

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Program Specialist Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	12/14/2022 09:21:00 AM
Division Approval	knielsen	12/16/2022 09:00:08 AM
Department Approval	cpitlock	12/16/2022 10:18:08 AM
Contract Manager Approval	kathr55	12/16/2022 11:43:37 AM
Budget Analyst Approval	jpeat	12/21/2022 10:49:08 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26578** Amendment Number: **2**

Agency Name: **DHHS - DIVISION OF CHILD AND FAMILY SERVICES** Legal Entity Name: **ST JUDES RANCH FOR CHILDREN**

Agency Code: **409** Address: **BOULDER CITY CAMPUS**

Appropriation Unit: **3229-14** PO BOX **60100**

Is budget authority available?: **Yes** City/State/Zip: **BOULDER CITY, NV 89006-0100**

If "No" please explain: **Not Applicable** Contact/Phone: **Alyssa Palmer 702/294-7111**

Vendor No.: **T27014856**

NV Business ID: **NV19941032326**

To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	25.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	75.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **12/31/2022**

Termination Date:

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Foster Care**

5. Purpose of contract:

This is the second amendment to the original contract which provides Specialized Foster Care (SFC) placement for children placed out of home by the Division. This amendment extends the termination date from December 31, 2022 to June 30, 2023 and increases the maximum amount from \$28,060 to \$48,600 due to the continued need for these services and to increase the SFC daily rate.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$28,060.00	\$28,060.00	\$28,060.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$28,060.00	No
2. Amount of current amendment (#2):	\$20,540.00	\$20,540.00	\$48,600.00	Yes - Info
3. New maximum contract amount:	\$48,600.00			
and/or the termination date of the original contract has changed to:	06/30/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

This vendor provides out of home placement to children who are removed from their homes due to abuse and/or neglect.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

DCFS intends to re-establish a service agreement with this vendor at which point this contract will be terminated. The vendor submitted a bid on August 3, 2022 in Epro and is awaiting a master service agreement by the Purchasing Division. Bid number: 99SWC-VQ12808.

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 currently provides these services. 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:

Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hbugg	12/14/2022 09:18:56 AM
Division Approval	knielsen	12/15/2022 10:32:21 AM
Department Approval	cpitlock	12/15/2022 14:43:56 PM
Contract Manager Approval	kathr55	12/28/2022 10:06:05 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: 26531	Amendment Number: 2
Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: 7 DAY DENTAL OF NEVADA, LLC DBA
Agency Code: 409	Contractor Name: 7 DAY DENTAL OF NEVADA, LLC DBA
Appropriation Unit: 3259-04	Address: ANYDAY DENTAL 2575 N 5TH ST STE A
Is budget authority available?: Yes	City/State/Zip: ELKO, NV 89801-2468
If "No" please explain: Not Applicable	Contact/Phone: Jennifer Micke 775/738-9666
	Vendor No.: T29024502
	NV Business ID: NV20041148715

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.

<input checked="" type="checkbox"/> General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **12/31/2022**

Termination Date:

Contract term: **1 year and 183 days**

4. Type of contract: **Contract**

Contract description: **Dental Services**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing dental services for youth. This amendment extends the termination date from December 31, 2022 to December 31, 2023 and increases the maximum amount from \$22,312 to \$66,936 due to an ongoing need for dental services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$22,312.00	\$22,312.00	\$22,312.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$22,312.00	No
2. Amount of current amendment (#2):	\$44,624.00	\$44,624.00	\$66,936.00	Yes - Info
3. New maximum contract amount:	\$66,936.00			
and/or the termination date of the original contract has changed to:	12/31/2023			

II. JUSTIFICATION

7. What conditions require that this work be done?

DCFS is obligated to provide dental services to youth living at the Nevada Youth Training Center.

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 these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted a bid on August 30, 2022 in Epro and is awaiting a master service agreement contract by the Purchasing Division. Bid number: 99SWC-VQ13002. As soon as a MSA contract has been approved, DCFS intends to re-establish a service agreement with this vendor at which point this contract will be terminated.

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 currently provides these services through a service agreement. 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:

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	dander16	12/08/2022 09:23:21 AM
Division Approval	knielsen	12/20/2022 09:45:48 AM
Department Approval	cpitlock	12/20/2022 13:46:11 PM
Contract Manager Approval	kathr55	12/20/2022 13:51:16 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: **26900**

Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Ogletree McGuinn, Denise
Agency Code: 409	Contractor Name: Ogletree McGuinn, Denise
Appropriation Unit: 3646-04	Address: 6826 Hathaway Drive
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89156
If "No" please explain: Not Applicable	Contact/Phone: Denise Ogletree McGuinn 702-812-9652
	Vendor No.: T29044568
	NV Business ID: NV20171577773

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	76.20 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	23.80 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**
Anticipated BOE meeting date **01/2023**

Retroactive? **Yes**

If "Yes", please explain

A retroactive date of July 1, 2022 is requested to provide essential medical services for DCFS clients including direct client care, evaluations, medication prescriptions and management, triage, follow-along telephone consultation, and adjunctive staff training. DCFS had a contract (CETS #19904) with Denise Ogletree-McGuinn that expired on June 30, 2022. Timely contract renewal was missed and vendor insurance issues have caused delays in renewal.

3. Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Medical Services**

5. Purpose of contract:

This is a new contract for ongoing medical services for DCFS clients including direct client care, evaluations, medication prescriptions and management, triage, follow-along telephone consultation, and adjunctive staff training.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$150.00 per hour - direct care (200 hours x \$150 = \$30,000)

Other basis for payment: \$150 per day - on-call services (100 days x \$150 = \$15,000)

II. JUSTIFICATION

7. What conditions require that this work be done?

It is necessary to have a qualified individual to perform medical services for residential clients of the agency.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Medical services is an advanced specialty that is needed to ensure the safety of clients of the agency.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has been providing this service retroactively.

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 currently provides these services. 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:

Dr. Gwendolyn Greene, Clinical Program Manager Ph: 702-486-6195

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	10/13/2022 14:58:02 PM
Division Approval	knielsen	12/19/2022 16:04:22 PM
Department Approval	cpitlock	12/20/2022 08:12:58 AM
Contract Manager Approval	kathr55	12/20/2022 09:05:20 AM
Budget Analyst Approval	jpeat	12/27/2022 14:35:45 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: 24398	Amendment Number: 1
Agency Name: DHHS - DIVISION OF CHILD AND FAMILY SERVICES	Legal Entity Name: Regents of the University of California, San Francisco
Agency Code: 409	Contractor Name: Regents of the University of California, San Francisco
Appropriation Unit: 3646-18	Address: 1001 Portrero Ave Bldg 20 Suite 2100
Is budget authority available?: Yes	City/State/Zip: San Francisco, CA 94001
If "No" please explain: Not Applicable	Contact/Phone: Chandra Ghosh 415-206-5979
	Vendor No.: T27042894
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2022-2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	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 **08/10/2021**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2023**

Contract term: **1 year and 233 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Clinical Staff Train**

5. Purpose of contract:

This is the first amendment to the interlocal agreement to provide clinical staff training and preparation for clinical treatment of youth and their families. This amendment adds additional Ripple Effect trainings and increases the maximum amount from \$61,000 to \$71,000 to add two more training days due to an ongoing need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$61,000.00	\$61,000.00	\$61,000.00	Yes - Action
2. Amount of current amendment (#1):	\$10,000.00	\$10,000.00	\$10,000.00	Yes - Info
3. New maximum contract amount:	\$71,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This training is to provide clinical staff with positive, up to date, state of the art procedures for day to day psychotherapy behavioral training, handling and situation resolution with youth and their families.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No staff have the certification to perform this type of training or the capability to issue the college credits.

9. Were quotes or proposals solicited? No
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

d. Last bid date: Anticipated re-bid date:

10. 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 was under contract with the Division from 2019-2020. Services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	09/29/2022 07:53:46 AM
Division Approval	knielsen	12/20/2022 12:05:08 PM
Department Approval	cpitlock	12/28/2022 11:09:52 AM
Contract Manager Approval	sknigge	12/28/2022 11:15:28 AM
Budget Analyst Approval	jpeat	01/06/2023 07:59:47 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27065**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: EKAY ECONOMIC CONSULTANTS, INC.
Agency Code: 431	Contractor Name: EKAY ECONOMIC CONSULTANTS, INC.
Appropriation Unit: 3650-10	Address: 550 W PLUMB LANE, B459
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89509-3503
If "No" please explain: Not Applicable	Contact/Phone: EUGENIA LARMORE 775-232-7203
	Vendor No.: T27043266
	NV Business ID: NV20101604656

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2022**
 Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **4 years and 11 days**

4. Type of contract: **Contract**

Contract description: **Economic Study**

5. Purpose of contract:

This is a new contract to provide an in-depth study and associated analysis on the private sector economic impact resulting from operations and activities of the Nevada National Guard including Army, Air Force, and State of Nevada Office of the Military.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,750.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide an in-depth study and associated analysis on the private sector economic impact resulting from operations and activities of the Nevada National Guard including Army, Air Force, and State of Nevada Office of the Military.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Not able to gather the necessary information to complete the analysis.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidder.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ctyle1	12/15/2022 11:46:50 AM
Division Approval	ctyle1	12/15/2022 11:46:52 AM
Department Approval	ctyle1	12/15/2022 11:46:55 AM
Contract Manager Approval	csnido1	12/15/2022 11:59:55 AM
Budget Analyst Approval	jpeat	12/21/2022 13:13:54 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: **27062**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: EXCEED PEST DEFENSE, LLC
Agency Code: 431	Contractor Name: EXCEED PEST DEFENSE, LLC
Appropriation Unit: 3650-07	Address: 2690 CHANDLER
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89120
If "No" please explain: Not Applicable	Contact/Phone: ALEX ESQUIVEL 702-827-8300
	Vendor No.: T29046124
	NV Business ID: NV20141714025

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/20/2022**

Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **4 years and 12 days**

4. Type of contract: **Contract**

Contract description: **Pest Control**

5. Purpose of contract:

This is a new contract to provide pest control at Nevada National Guard facilities in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$88,178.56**

II. JUSTIFICATION

7. What conditions require that this work be done?

Pest control service for the Nevada National Guard facilities in southern Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees are not certified nor have the tools for the service 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):

Battle Born Pest
Preventive Pest Control
Exceed Pest Defense

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

One of three vendors to submit a bid for a 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 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	12/14/2022 17:11:31 PM
Division Approval	csnido1	12/14/2022 17:11:33 PM
Department Approval	csnido1	12/14/2022 17:11:36 PM
Contract Manager Approval	csnido1	12/14/2022 17:11:37 PM
Budget Analyst Approval	jpeat	12/20/2022 09:41:14 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: **27094**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	KHOURYS FRESH MARKET CARLIN, LLC
Agency Code:	431	Contractor Name:	KHOURYS FRESH MARKET CARLIN, LLC
Appropriation Unit:	3650-19	Address:	PO BOX 1609
Is budget authority available?:	Yes	City/State/Zip:	CARLIN, NV 89822
If "No" please explain:	Not Applicable	Contact/Phone:	NAWAL KHOURY 775-934-3565
		Vendor No.:	T29046169
		NV Business ID:	NV20181106442

To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	25.00 %	Fees	0.00 %
X Federal Funds	75.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2023**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/15/2023**

Contract term: **36 days**

4. Type of contract: **Contract**

Contract description: **Food Service BBYCA**

5. Purpose of contract:

This is a new contract to provide on-site food services for the Battle Born Youth Challenge Academy.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$93,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

We are needing food provided to our cadets and need to have a company provide food that comply with USDA requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We need a company to provide food that comply with USDA 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):

**IDEAL MARKET
CHARTWELLS
KHOURY FRESH MARKET**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Khoury Fresh Market was the only vendor that could provide the necessary USDA requirements.

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	01/05/2023 13:57:58 PM
Division Approval	csnido1	01/05/2023 13:58:00 PM
Department Approval	csnido1	01/05/2023 13:58:03 PM
Contract Manager Approval	csnido1	01/05/2023 13:58:06 PM
Budget Analyst Approval	vmilazz1	01/10/2023 15:00:44 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: **27063**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	PREVENTIVE PEST CONTROL LAS VEGAS, LLC
Agency Code:	431	Contractor Name:	PREVENTIVE PEST CONTROL LAS VEGAS, LLC
Appropriation Unit:	3650-07	Address:	3566 POLARIS AVENUE, SUITE 3A
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89103
If "No" please explain:	Not Applicable	Contact/Phone:	DIANA WINDER-HEDGEMAN 702-271-8401
		Vendor No.:	T27044246
		NV Business ID:	NV20021046494

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	50.00 %	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/20/2022**
Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**
Contract term: **4 years and 12 days**

4. Type of contract: **Contract**
Contract description: **Pest Control**

5. Purpose of contract:
This is a new contract to provide pest control at Nevada National Guard facilities statewide.

6. NEW CONTRACT
The maximum amount of the contract for the term of the contract is: **\$73,840.63**

II. JUSTIFICATION

7. What conditions require that this work be done?
Pest control service for the Nevada National Guard facilities statewide.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
Employees are not certified nor have the tools for the service 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):
**Preventive Pest Control
Exceed Pest Defense
Battle Born Pest**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

One of three vendors to submit a bid for a 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 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	12/14/2022 17:12:47 PM
Division Approval	csnido1	12/14/2022 17:12:49 PM
Department Approval	csnido1	12/14/2022 17:12:51 PM
Contract Manager Approval	csnido1	12/14/2022 17:12:53 PM
Budget Analyst Approval	jpeat	12/20/2022 10:00:00 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: **27064**

Agency Name: ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name: SOPHIA MACIAS
Agency Code: 431	Contractor Name: SOPHIA MACIAS
Appropriation Unit: 3650-19	Address: 1110 CEDAR STREET
Is budget authority available?: Yes	City/State/Zip: CARLIN, NV 89822
If "No" please explain: Not Applicable	Contact/Phone: SOPHIA MACIAS 775-934-5026
	Vendor No.: T32010750
	NV Business ID: NV20181182830

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.

X General Funds	25.00 %	Fees	0.00 %
X Federal Funds	75.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/27/2022**

Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **2 years and 5 days**

4. Type of contract: **Contract**

Contract description: **Haircut Services**

5. Purpose of contract:

This is a new contract to provide haircut services to maintain the approved hair style for cadets at the Battle Born Youth Challenge Academy in Carlin.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,500.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide haircut services for the cadets.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of license to cut hair.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Graffiti Salon
Great Clips
Sophia Macias

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bidder.

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	ctyle1	12/15/2022 11:46:20 AM
Division Approval	ctyle1	12/15/2022 11:46:31 AM
Department Approval	ctyle1	12/15/2022 11:46:35 AM
Contract Manager Approval	csnido1	12/16/2022 10:46:30 AM
Budget Analyst Approval	jpeat	12/27/2022 14:56:54 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: 22295	Amendment Number: 1
Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: COOLSYS COMMERCIAL & INDUSTRIAL SOLUTIONS, Inc.
Agency Code: 550	Contractor Name: COOLSYS COMMERCIAL & INDUSTRIAL SOLUTIONS, Inc.
Appropriation Unit: 1362-10	Address: INC
Is budget authority available?: Yes	145 S STATE COLLEGE BLVD #200
If "No" please explain: Not Applicable	BREA, CA 92821-5806
	Contact/Phone: Douglas Wolfe 714-578-2310
	Vendor No.: PUR0003162A
	NV Business ID: NV20011398549

To what State Fiscal Year(s) will the contract be charged? **2020-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/13/2019**

Anticipated BOE meeting date 10/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **09/30/2023**

Termination Date:

Contract term: **3 years and 291 days**

4. Type of contract: **Contract**

Contract description: **Freezers-PM**

5. Purpose of contract:

This is the first amendment to the original contract which provides preventative maintenance for the freezers in NDA's Washoe County Warehouse. This amendment increases the maximum amount of the contract from \$15,568 to \$37,568 due to the increased and continued need for repair services. The amendment also changes the contractor's name from Source Refrigeration & HVAC, Inc. to Coolsys Commercial & Industrial Solutions, Inc. using the same Nevada business license number and changing the vendor code to PUR0003162B.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$15,568.00	\$15,568.00	\$15,568.00	Yes - Info
2. Amount of current amendment (#1):	\$22,000.00	\$22,000.00	\$37,568.00	Yes - Info
3. New maximum contract amount:	\$37,568.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Periodic preventative maintenance needs to be performed to assure the freezers continue to operate and avoid sudden down time which requires repairs that would affect the USDA food.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Agriculture staff does not have the expertise to perform this service.

- 9. Were quotes or proposals solicited? Yes
- Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor was the only one to submit a proposal and provided a reasonable cost for the needed services.

d. Last bid date: 07/02/2019 Anticipated re-bid date: 06/30/2023

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	btait	08/04/2022 08:22:45 AM
Division Approval	kdailey	08/04/2022 13:48:04 PM
Department Approval	kdailey	08/04/2022 13:48:09 PM
Contract Manager Approval	cprasa1	08/22/2022 15:04:08 PM
Budget Analyst Approval	dspeed1	01/17/2023 14:16:59 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: **26694**

Agency Name: DEPARTMENT OF AGRICULTURE	Legal Entity Name: Raymond Handling Concepts Corporation
Agency Code: 550	Contractor Name: Raymond Handling Concepts Corporation
Appropriation Unit: 1362-10	Address: 41400 Boyce Road
Is budget authority available?: Yes	City/State/Zip: Fremont, CA 94538
If "No" please explain: Not Applicable	Contact/Phone: Manny Martinez 775-356-8383
	Vendor No.: PUR0002046
	NV Business ID: NV20181770965

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 %	X	Fees	90.00 % Processing and Handling
X Federal Funds	10.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 23-03

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/18/2023**

Anticipated BOE meeting date 10/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **3 years and 255 days**

4. Type of contract: **Contract**

Contract description: **Forklift Maintenance**

5. Purpose of contract:

This is a new contract to provide preventative maintenance on warehouse lift trucks in the Reno distribution facility.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$13,994.00**

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?

Lift trucks require regular maintenance to keep equipment in working order. Equipment not regularly maintained can break down, causing excessive emergency work.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Our state workers do not have the expertise to maintain this 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):

Crown Lift Trucks
Raymond Handling Concepts Corporation
Industrial Handling Equipment

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor provides the required services and has excellent customer satisfaction references.

d. Last bid date: 07/12/2022 Anticipated re-bid date: 07/12/2026

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:

NDA in 2021, work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	btait	08/17/2022 15:23:39 PM
Division Approval	cmatijev	08/17/2022 15:38:03 PM
Department Approval	cmatijev	08/17/2022 15:38:07 PM
Contract Manager Approval	cprasa1	08/17/2022 15:49:37 PM
Budget Analyst Approval	dspeed1	01/18/2023 17:05:15 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: **24036** Amendment Number: **1**
 Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **AB SCIEX, LLC**
 Agency Code: **550** Contractor Name: **AB SCIEX, LLC**
 Appropriation Unit: **4545-04** Address: **2101 Radio Road**
 Is budget authority available?: **Yes** City/State/Zip: **REDWOOD CITY, CA 94065**
 If "No" please explain: Not Applicable Contact/Phone: **MICHAEL DRISCOLL 916-933-9110**
 Vendor No.: **T32010503**
 NV Business ID: **NV20091513258**

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 %	X	Fees	100.00 %	Registration, License and Inspection
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 **04/13/2021**
 Anticipated BOE meeting date: 01/2023
 Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/15/2023**
 Contract term: **4 years and 18 days**
 4. Type of contract: **Contract**
 Contract description: **PM-Triple Quad-Plant**

5. Purpose of contract:
This is the first amendment to the original contract which provides preventative maintenance and onsite training for a mass spectrometer. This amendment extends the termination date from February 15, 2023 to April 30, 2025 and increases the maximum amount from \$50,786.60 to \$142,028.00 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:	\$50,786.60	\$50,786.60	\$50,786.60	Yes - Action
2. Amount of current amendment (#1):	\$91,241.40	\$91,241.40	\$91,241.40	Yes - Info
3. New maximum contract amount: and/or the termination date of the original contract has changed to:	\$142,028.00 04/30/2025			

II. JUSTIFICATION

7. What conditions require that this work be done?
 Preventative maintenance and onsite training for this specialty mass spectrometer must be completed by the manufacturer to keep this equipment functioning and in compliance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State workers don't have the expertise to provide the preventative maintenance or the onsite training.

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 was the only vendor who responded to solicitation #55AGR-S1472.

d. Last bid date: 02/17/2021 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	rgiffor1	12/09/2022 16:30:20 PM
Division Approval	mmarkovi	12/13/2022 08:06:11 AM
Department Approval	avigi1	12/13/2022 10:24:26 AM
Contract Manager Approval	cprasa1	12/13/2022 15:25:57 PM
Budget Analyst Approval	rrossum	12/27/2022 14:25:01 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: 20146	Amendment Number: 2
Agency Name: DPS-HIGHWAY PATROL	Legal Entity Name: HERNANDEZ, FELICITAS
Agency Code: 651	Contractor Name: HERNANDEZ, FELICITAS
Appropriation Unit: 4713-04	Address: dba Alex's Cleaning Service
Is budget authority available?: Yes	1519 TRUBODE LN
If "No" please explain: Not Applicable	City/State/Zip: FERNLEY, NV 89408-7117
	Contact/Phone: Felicita Hernandez 775/842-0108
	Vendor No.: T27025265
	NV Business ID: NV20101233013

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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2019**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **12/31/2022**

Contract term: **6 years and 1 day**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing janitorial services at the Nevada Highway Patrol office in Fernley and USA Parkway Substation. This amendment extends the termination date from 12/31/2022 to 12/31/2024 and increases the maximum amount from \$24,000.00 to \$36,920.00 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:	\$17,120.00	\$17,120.00	\$17,120.00	Yes - Info
a. Amendment 1:	\$6,880.00	\$6,880.00	\$24,000.00	No
2. Amount of current amendment (#2):	\$12,920.00	\$19,800.00	\$36,920.00	Yes - Info
3. New maximum contract amount:	\$36,920.00			
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?

State facilities must be cleaned and maintained.

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 provide this type of 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):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor who provided a response and quote to the Informal Solicitation.

d. Last bid date: 03/01/2018 Anticipated re-bid date: 06/01/2024

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:

This vendor is currently under contract with DPS and service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

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	kdefe1	12/20/2022 12:21:11 PM
Division Approval	cjackson	12/20/2022 13:35:06 PM
Department Approval	jdekoekk	12/20/2022 13:56:56 PM
Contract Manager Approval	jdekoekk	12/20/2022 13:57:03 PM
Budget Analyst Approval	jpeat	12/27/2022 09:54:18 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26781**

Agency Name: **DPS-FIRE MARSHAL**
 Agency Code: **656**
 Appropriation Unit: **3816-13**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **EFI GLOBAL, INC.**
 Contractor Name: **EFI GLOBAL, INC.**
 Address: **555 MENLO DRIVE, SUITE D**
 City/State/Zip: **ROCKLIN, CA 95765**
 Contact/Phone: **SMITH PURDUM 916-259-6655**
 Vendor No.: **T32007318**
 NV Business ID: **NV20051052663**
 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 %	X	Fees	100.00 %	50% licensing and fees and 50% plan review fees
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/17/2023**
 Anticipated BOE meeting date **02/2023**

Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Termination Date: **10/31/2026**
 Contract term: **3 years and 287 days**

4. Type of contract: **Contract**
 Contract description: **Forensic Lab Service**

5. Purpose of contract:
This is a new contract to provide forensic laboratory and fire/arson investigation services.

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 \$180.00 per Sample submitted for testing
 Other basis for payment: \$70 per control or comparison samples, \$260 per hour for testimony if required

II. JUSTIFICATION

7. What conditions require that this work be done?
Fire Investigators must have a forensic laboratory available to perform forensic arson testing services in a timely manner.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
There are no State agencies that provide these services.

9. Were quotes or proposals solicited? **Yes**
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):
**Washoe County
 Las Vegas Metropolitan Police Department
 EFI Global**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only laboratory our division has found that can provide specific forensic arson testing required with a short turnaround time.

d. Last bid date: Anticipated re-bid date: 08/14/2026

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 Fire Marshal Division has used EFI Global in the past and they have provided good quality service.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	bbaxte1	09/06/2022 12:04:24 PM
Division Approval	cjackson	01/04/2023 13:15:25 PM
Department Approval	jdekoekk	01/09/2023 11:08:19 AM
Contract Manager Approval	jdekoekk	01/09/2023 11:08:22 AM
Budget Analyst Approval	dspeed1	01/17/2023 13:56:17 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: **26990**

Agency Name: **DEPARTMENT OF WILDLIFE**
 Agency Code: **702**
 Appropriation Unit: **4460-07**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **GEOTECHNICAL & ENVIRONMENTAL**
 Contractor Name: **GEOTECHNICAL & ENVIRONMENTAL SERVICES, Inc.**
 Address: **7150 PLACID ST**
 City/State/Zip: **LAS VEGAS, NV 89119**
 Contact/Phone: **Bob Thomsen 702-365-1001**
 Vendor No.: **T81085017**
 NV Business ID: **NV19921050120**

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 %	X	Fees	100.00 % SPORTSMEN'S REVENUE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **#23-29**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2022**

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**

Contract term: **4 years and 11 days**

4. Type of contract: **Contract**

Contract description: **Geotech Engineering**

5. Purpose of contract:

This is a new contract to provide geotechnical engineering, construction inspection and materials testing 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?

Geotechnical engineering, construction inspection, and materials testing services required as a condition of the building permit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

GES labs and staff have the required certifications to perform the specified 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?

Expertise in similar work for other firms/agencies.

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:

Rodd Lighthouse, Supervising Professional Engineer Ph: (775)688-1586

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	11/17/2022 15:31:26 PM
Division Approval	nroble1	11/18/2022 16:24:53 PM
Department Approval	nroble1	11/18/2022 16:24:56 PM
Contract Manager Approval	jwilkin3	12/05/2022 10:59:28 AM
Budget Analyst Approval	jpeat	12/21/2022 08:14:44 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27054**

Agency Name: DEPARTMENT OF WILDLIFE	Legal Entity Name: SOSUTV CORPORATION
Agency Code: 702	Contractor Name: SOSUTV CORPORATION
Appropriation Unit: 4460-11	Address: 3983 S MCCARRAN BLVD #427
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502-7510
If "No" please explain: Not Applicable	Contact/Phone: Casey Kasten 775/899-8592
	Vendor No.: T29044371
	NV Business ID: NV20131220601
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 %	X Other funding	100.00 % Sportsmen Revenue

Agency Reference #: 23-41

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/06/2023**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2025**

Contract term: **2 years and 360 days**

4. Type of contract: **Contract**

Contract description: **Live Streaming Srvcs**

5. Purpose of contract:

This is a new contract to provide live streaming services when holding Nevada Board of Wildlife Commission meetings at the Washoe County Administrative Building.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,520.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SoSu TV is the only entity allowed to utilize facilities and access cameras at the Washoe County Administrative Building. NDOW ensures the option to livestream Commission Meetings of the Nevada Board of Wildlife Commissioners for public access.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not allowed access to the facility equipment room. This company has exclusive access.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Chris Vasey, Conservation Education Administrator Ph: (775) 688-1553

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	12/20/2022 13:35:49 PM
Division Approval	nroble1	12/20/2022 14:11:24 PM
Department Approval	nroble1	12/20/2022 14:11:26 PM
Contract Manager Approval	jwilkin3	12/22/2022 11:33:53 AM
Budget Analyst Approval	jpeat	01/06/2023 08:46:14 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: **25003** Amendment Number: **1**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **University of Nevada, Reno - Board of Regents**

Agency Code: **702** Contractor Name: **University of Nevada, Reno - Board of Regents**

Appropriation Unit: **4467-14** Address: **1664 North Virginia Street**

Is budget authority available?: **Yes** City/State/Zip: **Reno, NV 89557**

If "No" please explain: **Not Applicable** Contact/Phone: **Lesley Morris 775-453-3064**

Vendor No.: **D35000849**

NV Business ID: **Government Entity**

To what State Fiscal Year(s) will the contract be charged? **2022-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	40.00 % Habitat Conservation Fee
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	60.00 % Industrial Development Fund

Agency Reference #: **22-29**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2023**

Contract term: **1 year and 294 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Greenstrip Study**

5. Purpose of contract:

This is the first amendment to the original contract which provides funds to continue examining the potential for native forb inclusion in greenstrips planted in Nevada. This amendment increases the maximum amount from \$33,611.23 to \$66,749.23 due to the continued need.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$33,611.23	\$33,611.23	\$33,611.23	Yes - Info
2. Amount of current amendment (#1):	\$33,138.00	\$33,138.00	\$66,749.23	Yes - Info
3. New maximum contract amount:	\$66,749.23			

II. JUSTIFICATION

7. What conditions require that this work be done?

Greenstrips are a type of fuel break based on the idea that green perennial plants can slow advancing wildfire. In recent years, some native forbs have been reported as good candidates from greenstrip seeding, but forbs are an understudied part of rangeland wildlife habitat. Adding native forbs to greenstrips could decrease time to ignition, reduce duration of combustion, and increase wildlife habitat quality at the same time. However, these forbs need to be tested for their potential to establish with commonly seeded greenstrip species.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to conduct this type of research.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. 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, FY21, work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dchelin1	11/22/2022 16:52:32 PM
Division Approval	nrob1	11/29/2022 16:37:32 PM
Department Approval	nrob1	12/14/2022 12:48:00 PM
Contract Manager Approval	jwilkin3	12/22/2022 11:46:44 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27114**

Agency Name: **DCNR - FORESTRY DIVISION**
 Agency Code: **706**
 Appropriation Unit: **4195-04**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **VOGUE LAUNDRY & CLEANERS, INC.**
 Contractor Name: **VOGUE LAUNDRY & CLEANERS, INC.**
 Address: **DBA VOGUE LINEN & UNIFORM RENT
175 5TH ST
ELKO, NV 89801-3701**
 City/State/Zip: **ELKO, NV 89801-3701**
 Contact/Phone: **Kitty Nash 775-340-9870**
 Vendor No.: **T60153830**
 NV Business ID: **NV19591001005**

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **NDF23-009**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/06/2023**

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**

Contract term: **4 years and 175 days**

4. Type of contract: **Contract**

Contract description: **Laundry Services**

5. Purpose of contract:

This is a new contract to provide ongoing linen and laundry service to the agency's Elko Office, Mechanic Shop, and the Ely Industrial Shop.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Operations for NDF's automotive shops require the use of coveralls and shop towels by the mechanics while working on fleet vehicles. Additionally, mats and mop heads protect against shop activity soiling the carpet in the main office. These items must be cleaned on a regular basis.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDF does not have the necessary facilities to complete this type of work nor do other state agencies within the Elko or Ely areas 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):

Emerald Textiles
Vogue Laundry & Cleaning, Inc.
AlSCO, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen by a selection committee in accordance with NRS and NAC 333 to be the best suited to perform the services required by the agency and the State.

d. Last bid date: 12/08/2022 Anticipated re-bid date: 10/04/2027

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 services for NDF plus multiple other agencies since 1999 - 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:

Slade Sanborn, Camp Area Supervisor Ph: 775-289-1627

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hedmonds	12/28/2022 18:00:08 PM
Division Approval	dsorensen	01/03/2023 10:11:39 AM
Department Approval	dsorensen	01/03/2023 10:11:42 AM
Contract Manager Approval	rmorse	01/04/2023 10:11:46 AM
Budget Analyst Approval	jpeat	01/06/2023 10:18:45 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27069**

Agency Name: DEPARTMENT OF MOTOR VEHICLES Agency Code: 810 Appropriation Unit: 4715-04 Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: GARTNER INC Contractor Name: GARTNER INC Address: PO BOX 911319 City/State/Zip: DALLAS, TX 75391-1319 Contact/Phone: 239/561-4815 Vendor No.: PUR0005339A NV Business ID: NV19941112701
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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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/29/2022**

Anticipated BOE meeting date 12/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **1 year and 2 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Gartner Work Plan**

5. Purpose of contract:

This is a new Service Agreement under Master Blanket Purchase Order 99SWC-NV21-8568 which provides research and advisory services related to information technology. This Work Plan is for consulting on DMV IT systems to create a customer centric platform. (Includes the State of Minnesota NASPO ValuePoint Master Agreement 186840).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,228.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Changes in the technology sector occur very rapidly. When the Department has to make IT related decisions and provide technical information, it is limited by the realm of the department's current IT infrastructure. It is becoming more important for MVIT to have access to current trends and research related to the ever changing information technology environment. Gartner has been identified as a source for expertise in IT research in both the government and private sectors. The Department is beginning a modernization project for its integrated computer application. By partnering with Gartner, the department will have access to technology experts and related information that will assist in the selection of the best possible solution for modernization and its success.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

- 10. 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	pgra1	12/13/2022 12:22:16 PM
Division Approval	asmit3	12/14/2022 14:12:43 PM
Department Approval	asmit3	12/14/2022 14:12:45 PM
Contract Manager Approval	asampso2	12/14/2022 15:16:46 PM
EITS Approval	daxtel1	12/21/2022 14:58:00 PM
Budget Analyst Approval	thick2	12/29/2022 12:12:23 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: **27070**

Agency Name: DEPARTMENT OF MOTOR VEHICLES	Legal Entity Name: GARTNER INC
Agency Code: 810	Contractor Name: GARTNER INC
Appropriation Unit: 4715-30	Address: PO BOX 911319
Is budget authority available?: Yes	City/State/Zip: DALLAS, TX 75391-1319
If "No" please explain: Not Applicable	Contact/Phone: 239/561-4815
	Vendor No.: PUR0005339A
	NV Business ID: NV19941112701

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 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/29/2022**

Anticipated BOE meeting date 12/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **1 year and 2 days**

4. Type of contract: **Other (include description): null**

Contract description: **Gartner Work Plan**

5. Purpose of contract:

This is a new Service Agreement under Master Blanket Purchase Order 99SWC-NV21-8568 which provides research and advisory services related to information technology. This Work Plan is for consulting on DMV IT systems to create a customer centric platform. (Includes the State of Minnesota NASPO ValuePoint Master Agreement 186840).

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$66,431.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Changes in the technology sector occur very rapidly. When the Department has to make IT related decisions and provide technical information, it is limited by the realm of the department's current IT infrastructure. It is becoming more important for MVIT to have access to current trends and research related to the ever changing information technology environment. Gartner has been identified as a source for expertise in IT research in both the government and private sectors. The Department is beginning a modernization project for its integrated computer application. By partnering with Gartner, the department will have access to technology experts and related information that will assist in the selection of the best possible solution for modernization and its success.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

[Empty text box]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

- 10. 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	pgra1	12/13/2022 14:11:18 PM
Division Approval	asmit3	12/14/2022 14:13:03 PM
Department Approval	asmit3	12/14/2022 14:13:05 PM
Contract Manager Approval	asampo2	12/14/2022 15:17:18 PM
EITS Approval	tgalluzi	12/29/2022 09:01:31 AM
Budget Analyst Approval	thick2	12/29/2022 12:20:55 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: 23444	Amendment Number: 2
Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: JENSON TOTAL SERVICES
Agency Code: 901	Contractor Name: JENSON TOTAL SERVICES
Appropriation Unit: 3253-10	Address: 2880 N COMMERCE ST
Is budget authority available?: Yes	City/State/Zip: NORTH LAS VEGAS, NV 89030-3908
If "No" please explain: Not Applicable	Contact/Phone: Jim Jenson 702/396-4000
	Vendor No.: T29005698
	NV Business ID: NV19991356528
To what State Fiscal Year(s) will the contract be charged?	2021-2025
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds 0.00 %	Fees 0.00 %
Federal Funds 0.00 %	Bonds 0.00 %
Highway Funds 0.00 %	X Other funding 100.00 % Business Enterprise Set-Aside
Agency Reference #: 3448-23-BEN	

2. Contract start date:
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/26/2020**
 Anticipated BOE meeting date **01/2023**

Retroactive? **No**
 If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/26/2024**
 Contract term: **4 years and 1 day**

4. Type of contract: **Contract**
 Contract description: **2020 Jenson Total**

5. Purpose of contract:
This is the second amendment of the original contract to provide ongoing maintenance and repair of commercial refrigerator units/freezers/ice makers/reach-in units/ display units for all Business Enterprise of Nevada locations in southern Nevada and on the Hoover Dam. This amendment increases the maximum amount from \$49,500 to \$95,000 due to ongoing major repairs/services and the continued need for this service.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$49,500.00	\$49,500.00	\$49,500.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$49,500.00	No
2. Amount of current amendment (#2):	\$45,500.00	\$45,500.00	\$95,000.00	Yes - Info
3. New maximum contract amount:	\$95,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?
BEN has a large inventory of cold units that must be maintained, to prevent the loss of inventory and revenue for the bind operator.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not qualified, nor have the equipment to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Western Commercial
Jenson Total
Expert Commercial

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost vendor

d. Last bid date: 07/16/2020 Anticipated re-bid date: 06/01/2024

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:

This vendor has provided satisfactory services to BEN since 2008.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	12/20/2022 12:33:57 PM
Division Approval	jmarhevk	12/20/2022 14:43:49 PM
Department Approval	jmarhevk	12/20/2022 14:43:56 PM
Contract Manager Approval	jwixon	12/23/2022 11:06:41 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27148**

Agency Name: DETR - REHABILITATION DIVISION	Legal Entity Name: Odyssey Charter School of Nevada
Agency Code: 901	Contractor Name: Odyssey Charter School of Nevada
Appropriation Unit: 3265-09	Address: 2251 S. Jones Blvd Suite 100A
Is budget authority available?: Yes	City/State/Zip: Las Vegas, NV 89146-3145
If "No" please explain: Not Applicable	Contact/Phone: Devon Dolliger 702-501-2160
	Vendor No.: T81102486
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2023-2024

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3702-24-REHAB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/18/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **1 year and 163 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **2023 Odyssey Pre-ETS**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing Pre-Employment Transition Services, in a camp setting, to disabled youths, ages 16-22, by providing the tools that will enable them to seek and retain employment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$43,200.00**

Other basis for payment: \$400/student per Week; 3 camps per calendar year; Each camp is 2 weeks; Minimum: 12 students Maximum: 18 students, Maximum per camp. Maximum \$14,400/camp. Student must attend a min of 3 days/week for that week to be invoiced. Invoices payable only upon receipt and acceptance of student evaluations and the camp final report. Contract not to exceed: \$43,200.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

Section 110(d)(1) of the Rehabilitation Act as amended by the Workforce Innovation and Opportunity Act , Public Law 113-128 (29 USC 3101) (2014) requires that 15% of all grant funding be spent on Pre-ETS programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or have the skills to undertake the Pre-ETS training.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Governmental Entity

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided satisfactory services to Vocational Rehabilitation since July 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	athomps8	01/11/2023 09:36:00 AM
Division Approval	cedlefse	01/12/2023 07:33:32 AM
Department Approval	cedlefse	01/12/2023 07:33:42 AM
Contract Manager Approval	jwixon	01/12/2023 10:00:15 AM
Budget Analyst Approval	vfajota	01/18/2023 13:31:42 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: **25965** Amendment Number: **1**

Agency Name: **DETR - ADMINISTRATIVE SERVICES** Legal Entity Name: **Geographic Solutions, Inc.**

Agency Code: **908** Contractor Name: **Geographic Solutions, Inc.**

Appropriation Unit: **3274-22** Address: **1001 Omaha Cir**

Is budget authority available?: **Yes** City/State/Zip: **Palm Habor, FL 34683-4036**

If "No" please explain: **Not Applicable** Contact/Phone: **Paul Toomey 727-786-7955**

Vendor No.: **T27039926**

NV Business ID: **NV20161382911**

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **90 DETR-S1812-TB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2022**

Anticipated BOE meeting date **01/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **3 years and 273 days**

4. Type of contract: **Contract**

Contract description: **SAWS 2022**

5. Purpose of contract:

This is the first amendment to the original contract which provides automated reporting and management information system that includes hardware, software, implementation, maintenance and support to provide various self-service jobseeker and employer system modules for the Nevada workforce agency offices across the State of Nevada. This amendment updates new service extracts to perform research for the RESEA program and crosswalk for data research for Futurework files. This will increase the total contract amount from \$3,848,300.00 to \$3,859,460.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,848,300.00	\$3,848,300.00	\$3,848,300.00	Yes - Action
2. Amount of current amendment (#1):	\$11,160.00	\$11,160.00	\$11,160.00	Yes - Info
3. New maximum contract amount:	\$3,859,460.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

DETR requires self-service modules for job seekers and employers for DETR JobConnect offices, Administrative IT functionality for training and maintenance, and staff service modules for record keeping, case management, and reporting functionality to be in compliance with the Department of Labor and federal and state labor laws.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have the capability to develop this type of management information 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?

Geographic Solutions was the only bidder for the solicitation. Thus, an agency review was conducted, and the evaluators unanimously voted that the bid was accepted.

d. Last bid date: 12/17/2021 Anticipated re-bid date: 12/17/2025

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Under CETS entry 18376, DETR contracted with the vendor Geographic Solutions for DETR's management information system called EmployNV. Yes, DETR is satisfied with the vendor's 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

mmerc

12/06/2022 08:47:16 AM

Division Approval	cedlefse	12/07/2022 11:06:31 AM
Department Approval	cedlefse	12/07/2022 11:06:42 AM
Contract Manager Approval	jwixon	12/08/2022 13:02:40 PM
EITS Approval	ljean	12/09/2022 08:59:43 AM
Budget Analyst Approval	jpeat	12/21/2022 13:52:29 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: **27056**

Agency Name:	DETR - ADMINISTRATIVE SERVICES	Legal Entity Name:	XCEL MAINTENANCE SERVICES INC
Agency Code:	908	Contractor Name:	XCEL MAINTENANCE SERVICES INC
Appropriation Unit:	All Budget Accounts - Category 04	Address:	8920 COLORFUL PINES AVE
Is budget authority available?:	Yes	City/State/Zip:	LAS VEGAS, NV 89143-4403
If "No" please explain:	Not Applicable	Contact/Phone:	KATHIA WINCHELL 702/341-9235
		Vendor No.:	T81103343
		NV Business ID:	NV20021426879

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % cost allocated based on FTE for each budget within location

Agency Reference #: 3694-25-DETR

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/22/2022**
Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**
Contract term: **2 years and 10 days**

4. Type of contract: **Contract**
Contract description: **Janitorial**

5. Purpose of contract:
This is a new contract to provide janitorial services to the DETR location at 2827 Las Vegas Boulevard.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**
Payment for services will be made at the rate of \$2,500.00 per Month
Other basis for payment: Payment remitted after invoice received and approved by OM staff member.

II. JUSTIFICATION

7. What conditions require that this work be done?
The Department needs these services to keep the facility clean.

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? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Superb Maids
Red Rock Cleaning
Jani-King

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only response that was received.

d. Last bid date: 10/14/2022 Anticipated re-bid date: 10/14/2024

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmercer	12/16/2022 12:03:41 PM
Division Approval	jmarhevk	12/16/2022 12:53:13 PM
Department Approval	jmarhevk	12/16/2022 12:53:16 PM
Contract Manager Approval	jwixon	12/16/2022 16:19:37 PM
Budget Analyst Approval	thick2	12/22/2022 08:26:21 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: **27067**

Agency Name: DETR - ADMINISTRATIVE SERVICES	Legal Entity Name: XCEL MAINTENANCE SERVICES, INC.
Agency Code: 908	Contractor Name: XCEL MAINTENANCE SERVICES, INC.
Appropriation Unit: All Budget Accounts - Category 04	Address: 8920 COLORFUL PINES AVE
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89143-4403
If "No" please explain: Not Applicable	Contact/Phone: KATHIA WINCHELL 702/341-9235
	Vendor No.: T81103343
	NV Business ID: NV20021426879

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 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **3695-25-DETR**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2022**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **2 years and 11 days**

4. Type of contract: **Contract**

Contract description: **Janitorial**

5. Purpose of contract:

This is a new contract to provide janitorial services to the DETR location at 1001 A Street.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,400.00**

Payment for services will be made at the rate of \$1,350.00 per Month

Other basis for payment: Payment remitted after invoice received and approved by OM staff member.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Department needs these services to keep the facility clean.

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? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Red Rock Cleaning
Superb Maids
Jani-King**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only response that was received.

d. Last bid date: 10/14/2022 Anticipated re-bid date: 10/14/2024

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mmercerc	12/16/2022 12:04:56 PM
Division Approval	jmarhevk	12/16/2022 12:53:45 PM
Department Approval	jmarhevk	12/16/2022 12:53:48 PM
Contract Manager Approval	jwixon	12/19/2022 07:51:06 AM
Budget Analyst Approval	thick2	12/22/2022 08:24:19 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27052**

Agency Name: SILVER STATE HEALTH INSURANCE EXCHANGE	Legal Entity Name: RFI Enterprises, DBA
Agency Code: 960	Contractor Name: RFI Enterprises, DBA
Appropriation Unit: 1400-26	Address: RFI Communications & Security 4060 S. McCarran Blvd Suite A
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89502
If "No" please explain: Not Applicable	Contact/Phone: Dave Gish 775-852-3355
	Vendor No.: PUR0002572
	NV Business ID: NV20021334287

To what State Fiscal Year(s) will the contract be charged? **2023-2028**

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 %	X	Fees	100.00 % Carrier Premium Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/27/2022**

Anticipated BOE meeting date 12/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/01/2027**

Contract term: **4 years and 309 days**

4. Type of contract: **Contract**

Contract description: **Safety and Security**

5. Purpose of contract:

This is a new contract to provide and install a Cloud Hosted CCTV system. The proposed system will have five (5) cameras with 14 days of storage retention at 1080p. The vendor will also provide and install six (6) Small Rose Lever 2 3/8. Backset Locks as described in recent site walk.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,761.13**

Payment for services will be made at the rate of \$6,752.84 per 5 cameras

Other basis for payment: \$2,008.29 for six (6) Backset Locks, and \$6,000 for Eagle Eye Subscription for five years.

II. JUSTIFICATION

7. What conditions require that this work be done?

A security and risk assessment was conducted by Capitol Police. As a result, recommendations were made to install safety and security equipment in the Carson City office.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees at SSHIX, are not able to conduct this work because they do not have the expertise and equipment required to do this work.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The quote they provided was in the best interest for the State; furthermore, RFI had the most detailed proposal for the work that needs to be done. They provided different options for camera software. They demonstrated how a team of highly skilled and responsive individuals provide a superior level of performance and support to our needs. RFI is on the MSA under solicitation number 99SWC-NV19-2630 and Statewide Contract #3407.

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:

Eliane Fuentes, Management Analyst II Ph: 775-687-9787

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jlop18	12/27/2022 13:18:50 PM
Division Approval	jlop18	12/27/2022 13:18:52 PM
Department Approval	rhigh	12/27/2022 13:30:21 PM
Contract Manager Approval	jlop18	12/27/2022 13:33:16 PM
Budget Analyst Approval	jpeat	12/27/2022 13:56:25 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: **26923**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: Maupin, Cox, LeGoy
Agency Code: BDC	Contractor Name: Maupin, Cox, LeGoy
Appropriation Unit: B009 - All Categories	Address: 4785 Caughlin Parkway
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89520
If "No" please explain: Not Applicable	Contact/Phone: Rick Hsu 775-827-2000
	Vendor No.:
	NV Business ID: NV19731004440

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 %	X	Fees	100.00 % Lisensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/21/2022**

Anticipated BOE meeting date 11/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/30/2024**

Contract term: **1 year and 252 days**

4. Type of contract: **Contract**

Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract for legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,400.00**

Payment for services will be made at the rate of \$325.00 per Hour

Other basis for payment: Upon invoice as services are provided

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires outside legal counsel for representation and prosecution in disciplinary cases and to act as Board Counsel in legal matters of the Board.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Professional services are required; staff is not qualified to provide.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Expertise in administrative law and representation of regulatory Boards.

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	lp310000	10/21/2022 13:52:55 PM
Division Approval	lp310000	10/21/2022 13:53:00 PM
Department Approval	lp310000	10/21/2022 13:53:04 PM
Contract Manager Approval	lp310000	10/21/2022 13:53:10 PM
Budget Analyst Approval	hfield	12/21/2022 14:03:18 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27075**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: NELSON ELECTRIC COMPANY, INC.
Agency Code: BDC	Contractor Name: NELSON ELECTRIC COMPANY, INC.
Appropriation Unit: B015 - All Categories	Address: 1410 FREEPORT BL
Is budget authority available?: Yes	City/State/Zip: SPARKS, NV 89431
If "No" please explain: Not Applicable	Contact/Phone: Phillip Kelley 7023580643
	Vendor No.: PUR0004455
	NV Business ID: NV19781008753

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 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/05/2023**

Anticipated BOE meeting date 12/2022

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **1 year and 361 days**

4. Type of contract: **Contract**

Contract description: **Nelson Electric**

5. Purpose of contract:

This is a new contract to provide services for re-lamping and maintenance of all building lighting.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,000.00**

Payment for services will be made at the rate of \$1,500.00 per quarter

Other basis for payment: Initial re-lamping for \$7,880, then \$1500 per quarter, billed quarterly

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board owns a building at 9600 Gateway Drive in Reno that requires replacement and maintenance of the light bulbs and fixtures.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

None of the Board staff has expertise in commercial lighting and lighting maintenance.

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):

TechCity Electric Service
Have Lights Will Travel
Nelson Electric Company Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Availability and response time.

d. Last bid date: 11/22/2022 Anticipated re-bid date: 11/22/2024

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	12/14/2022 12:49:34 PM
Division Approval	5522	12/14/2022 12:49:36 PM
Department Approval	5522	12/14/2022 12:49:38 PM
Contract Manager Approval	5522	12/14/2022 12:49:41 PM
Budget Analyst Approval	jpeat	01/05/2023 15:23:46 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: **27151**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: RENO GREEN LANDSCAPING, LLC
Agency Code: BDC	Contractor Name: RENO GREEN LANDSCAPING, LLC
Appropriation Unit: B015 - All Categories	Address: 190 Woodland Avenue
Is budget authority available?: Yes	City/State/Zip: RENO, NV 89523
If "No" please explain: Not Applicable	Contact/Phone: Alan Spydell 775/852-8952
	Vendor No.: T81100215
	NV Business ID: NV20222410277

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 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/18/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2024**

Contract term: **1 year and 348 days**

4. Type of contract: **Contract**

Contract description: **Reno Green 2023**

5. Purpose of contract:

This is a new contract to provide landscaping services

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Payment for services will be made at the rate of \$525.00 per Month

Other basis for payment: As invoices are submitted

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board owns a building at 9600 Gateway Drive in Reno which requires landscaping maintenance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

None of the Board staff has expertise in landscaping maintenance.

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):

**Tailored Lawn Care
Reno Green Landscaping, LLC
Newmarker Lawn & Garden**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best pricing

d. Last bid date: 11/15/2022 Anticipated re-bid date: 11/15/2024

- 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:

2021 - 2022 for Nevada State Board of Medical Examiners and work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	5522	01/12/2023 10:03:10 AM
Division Approval	5522	01/12/2023 10:03:14 AM
Department Approval	5522	01/12/2023 10:03:17 AM
Contract Manager Approval	5522	01/12/2023 10:03:19 AM
Budget Analyst Approval	hfield	01/18/2023 10:59:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27143**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	TOM CLARK SOLUTIONS
Agency Code:	BDC	Contractor Name:	TOM CLARK SOLUTIONS
Appropriation Unit:	B015 - All Categories	Address:	445 California Ave, Suite C
Is budget authority available?:	Yes	City/State/Zip:	RENO, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	Tom Clark 775/813-0523
		Vendor No.:	T29035523
		NV Business ID:	NV20101052133

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 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/18/2023**

Anticipated BOE meeting date 02/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **347 days**

4. Type of contract: **Contract**

Contract description: **Tom Clark 2023**

5. Purpose of contract:

A new contract to provide lobbying services and assistance with Legislative matters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$42,000.00**

Payment for services will be made at the rate of \$3,500.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board of Medical Examiners is involved in legislative issues each legislative session and is also involved in interim committees and the promulgation of regulations. All of this work requires special skills, expertise, and knowledge of an experienced legislative liaison to assure optimal results for the Board and the citizens it serves.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Board lack the expertise and capacity necessary to properly represent the Board at the Legislature and advise on legislative matters.

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):

Mike Hillerby
Tom Clark Solutions
Neena Laxalt

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 10/21/2022 Anticipated re-bid date: 10/21/2023

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

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	5522	01/09/2023 10:15:24 AM
Division Approval	5522	01/09/2023 10:15:27 AM
Department Approval	5522	01/09/2023 10:15:30 AM
Contract Manager Approval	5522	01/09/2023 10:15:33 AM
Budget Analyst Approval	hfield	01/18/2023 09:57:02 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27108**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS Agency Code: BDC Appropriation Unit: B028 - All Categories Is budget authority available?: Yes If "No" please explain: Not Applicable	Legal Entity Name: Casey Neilon, CPA Contractor Name: Casey Neilon, CPA Address: 503 N. Division St City/State/Zip: Carson City, NV 89703 Contact/Phone: Suzanne Olsen 775-885-3556 Vendor No.: NV Business ID: NV20061293367
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To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Licensure Fees

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/05/2023**

Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/01/2024**

Contract term: **1 year and 331 days**

4. Type of contract: **Contract**

Contract description: **Auditing**

5. Purpose of contract:

This is a new contract to provide auditing services to the Board on an annual basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,550.00**

Payment for services will be made at the rate of \$11,000.00 per Year

Other basis for payment: and \$11,550

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 218G.400(b), if the revenue of the Board from all sources is \$75,000 or more for any fiscal year the board must engage the services of a CPA to audit all fiscal records for that fiscal year.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Pursuant to NRS 218G.400(b) the Board must engage with a CPA.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the 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:
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	jstrand1	12/23/2022 07:23:37 AM
Division Approval	jstrand1	12/23/2022 07:23:40 AM
Department Approval	jstrand1	12/23/2022 07:23:42 AM
Contract Manager Approval	jstrand1	12/23/2022 07:23:45 AM
Budget Analyst Approval	jpeat	01/05/2023 15:13:37 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: **27091**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Flynn Giudici Government Affairs, LLC
Agency Code:	BDC	Contractor Name:	Flynn Giudici Government Affairs, LLC
Appropriation Unit:	B036 - All Categories	Address:	708 N Center Street, Suite 200
Is budget authority available?:	Yes	City/State/Zip:	Reno, NV 89501
If "No" please explain:	Not Applicable	Contact/Phone:	Daniel Giudici (775)2009682
		Vendor No.:	
		NV Business ID:	NV20212145952

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 %	X	Fees	100.00 % Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/05/2023**

Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2023**

Contract term: **360 days**

4. Type of contract: **Contract**

Contract description: **New Contract**

5. Purpose of contract:

This is a new contract to provide professional assistance through the 2023 legislative session.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,500.00**

Other basis for payment: \$3,500 from approval by BOE through July 31, 2023 and then \$2,000 per month from August 1, 2023 through December 31, 2023

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires legislative and government affairs services, including consulting and reporting through the 2023 legislative session.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise and ability to attend the daily legislative session meetings and hearings.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Perkins Group
K. Neena Laxalt
SSS Public Affairs
Flynn Giudici Government Affairs

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Several Board members felt that a team would be better than a single lobbyist, and the price point for the other team was too high.

d. Last bid date: 12/13/2022 Anticipated re-bid date: 08/01/2024

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:

State of Nevada - Board of Examiners for Social Workers
State of Nevada - Governor's Office of Economic Development
Truckee Meadows Community College

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	anders7	12/20/2022 16:20:28 PM
Division Approval	anders7	12/20/2022 16:20:31 PM
Department Approval	anders7	12/20/2022 16:20:33 PM
Contract Manager Approval	anders7	12/20/2022 16:20:36 PM
Budget Analyst Approval	jpeat	01/05/2023 12:25:59 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: **27102**

Agency Name: BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name: The Advantage Group
Agency Code: BDC	Contractor Name: The Advantage Group
Appropriation Unit: B036 - All Categories	Address: 475 Hill Street, Suite B
Is budget authority available?: Yes	City/State/Zip: Reno, NV 89501
If "No" please explain: Not Applicable	Contact/Phone: Taco Prins 775.829.1777
	Vendor No.:
	NV Business ID: NV19931023286

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 %	X	Fees	100.00 % Licensing fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/06/2023**

Anticipated BOE meeting date 01/2023

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2024**

Contract term: **1 year and 175 days**

4. Type of contract: **Contract**

Contract description: **New Contract**

5. Purpose of contract:

This is a new contract to provide investigation services to address illicit activity in massage establishments including undercover operations at establishments and identification of unlicensed or inappropriate practice.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: Costs will vary based on investigator hourly rate plus expenses incurred during the course of investigations and testifying at board meetings.

II. JUSTIFICATION

7. What conditions require that this work be done?

Illicit activity occurs in massage establishments in Nevada. The Board is tasked with protection of the public and as such needs to respond to complaints regarding solicitation and unlicensed activity in establishments.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The licensees may know Board staff making undercover operations difficult. Additionally, in solicitation situations, male clients are solicited more often than female clients.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has been providing this type of service and is familiar with the complexity of the reporting process to ensure that the Office of the Attorney General has the documentation necessary to prosecute these cases.

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?

Yes If "Yes", please explain

I understand that The Advantage Group works for other Boards providing similar services as well as providing personal service of Complaint Notice of Hearing documents.

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Chiropractic Physicians Board of Nevada
Board of Oriental Medicine

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Sandy Anderson , Executive Director Ph: 775.687.9951

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	anders7	12/21/2022 10:19:17 AM
Division Approval	anders7	12/21/2022 10:19:19 AM
Department Approval	anders7	12/21/2022 10:19:21 AM
Contract Manager Approval	anders7	12/21/2022 10:19:24 AM
Budget Analyst Approval	jpeat	01/06/2023 08:14:35 AM

Joe Lombardo
Governor



Amy Stephenson
Director

Robin Hager
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: January 6, 2023

To: Amy Stephenson, Clerk of the Board
Governor's Finance Office

From: Kelli Lay, 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 MOTOR VEHICLES – COMPLETE STREETS PROGRAM

Agenda Item Write-up:

Pursuant to NRS 482.1825, subsection 2, the Department of Motor Vehicles (DMV) shall certify monthly 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 for the month of December for fiscal year 2023.

Additional Information:

Complete Streets is a federal initiative designed to encourage varying approaches to planning, designing, and operating roadways and rights of way to make the transportation network safer and more efficient. Complete Street policies are set at the state, regional, and local levels and vary based on community context. The authority for Nevada counties to adopt a Complete Streets Program was approved via Assembly Bill 145 of the 2013 legislative session.

Nevada's Complete Streets program is supported through a voluntary \$2 contribution included with vehicle registrations. Voluntary contributions collected under the program, minus 1% to DMV to cover the cost of collecting and distributing the contributions, is distributed monthly to each county based on the county of registration of the vehicle for

which the contribution was made. NRS 482.1825 requires the Department to certify monthly to the State Board of Examiners the amount of the voluntary contributions collected and how those contributions were distributed.

Statutory Authority:

NRS 482.1825

REVIEWED: <u> MH </u>
INFO ITEM: _____

Joe Lombardo
Governor



Julie Butler
Director

Tonya Laney
Deputy Director

555 Wright Way
Carson City, Nevada 89711
Telephone (775) 684-4368
dmv.nv.com

January 6, 2023

Board of Examiners

Re: Complete Streets

Attached, as required by subsection 2 of NRS 482.1825, please find the monthly report for the voluntary Complete Streets contributions collected pursuant to subsection 11 of NRS 482.480 for each participating county by the Department for the period beginning July 1, 2022, and ending December 31, 2022.

Sincerely,

Angela Smith-Lamb

Administrator
Department of Motor Vehicles
asmith@dmv.nv.gov
775-684-4627

Department of Motor Vehicles
Complete Streets: Monthly Report FY23
Report Date: 1/6/2022
Reporting Period: December 2022

Contributions				
County	December		Year to Date	
	Amount	% of Total	Amount	% of Total
Carson City	\$ 1,030.00	3.26%	\$6,562.00	3.25%
Clark	\$ 25,038.00	79.30%	\$157,630.00	77.99%
Douglas	\$ 1,162.00	3.68%	\$6,706.00	3.32%
Washoe	\$ 4,342.00	13.75%	\$31,224.00	15.45%
Total	\$31,572.00	100.00%	\$ 202,122.00	100%

DMV Commission (1%)				
County	December		Year to Date	
	Amount	% of Total	Amount	% of Total
Carson City	\$10.30	3.26%	\$65.62	3.25%
Clark	\$250.38	79.30%	\$1,576.30	77.99%
Douglas	\$11.62	3.68%	\$67.06	3.32%
Washoe	\$43.42	13.75%	\$312.24	15.45%
Total	\$315.72	100.00%	\$2,021.22	100%

Distributions				
County	December		Year to Date	
	Amount	% of Total	Amount	% of Total
Carson City	\$ 1,019.70	3.26%	\$6,496.38	3.25%
Clark	\$ 24,787.62	79.30%	\$156,053.70	77.99%
Douglas	\$ 1,150.38	3.68%	\$6,638.94	3.32%
Washoe	\$ 4,298.58	13.75%	\$30,911.76	15.45%
Total	\$31,256.28	100.00%	\$200,100.78	100.00%

Note:

1. DMV began accepting contributions on 12/15/14.
2. DMV began accepting Douglas County contributions on 5/9/16.

**Department of Motor Vehicles
Complete Streets Report: Donations
2023**

County		December	Year To Date
Carson City			
	Donations	515	3,281
	Registrations	3,792	24,197
	Percent that Donated	13.58%	13.56%
Clark			
	Donations	12,519	78,815
	Registrations	74,092	462,642
	Percent that Donated	16.90%	17.04%
Douglas			
	Donations	581	3,353
	Registrations	4,104	28,022
	Percent that Donated	14.16%	11.97%
Washoe			
	Donations	2,171	15,612
	Registrations	19,041	127,838
	Percent that Donated	11.40%	12.21%

Notes

1. Registration transaction counts come from: G:\Crystal Report\VR\Registrations\New and Renewal Registrations
2. Registration transactions include new registrations and registration renewals completed on the Kiosk, Web and MyDMV Portal only.
3. DMV began accepting Douglas County contributions on 5/9/16.

Joe Lombardo
Governor



Amy Stephenson
Director

Robin Hager
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: February 3, 2023
To: Amy Stephenson, Clerk of the Board
Governor's Finance Office
From: Jim Rodriguez, Budget Administrator
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.

GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds and IFC Restricted Contingency Funds as of January 31, 2023.

Additional Information:

The Tort Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, State 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	\$ 3,157,669.60
Statutory Contingency Account	\$ 4,616,045.51
State Claims Account	\$ 1,309,325.35
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 9,512,461.67
IFC Unrestricted Contingency General Fund	\$ 3,246,322.45
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency General Fund	\$ 9,291,707.00
IFC Restricted Contingency Highway Fund	\$ 334,796.00

Statutory Authority:

NRS 353.033, NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735

REVIEWED: <u>AS</u>
ACTION ITEM: _____

BA 1348 TORT Claim Fund
NRS 331.187
FY 2023 (as of January 21, 2023)

Beginning Cash	2,713,619.00	
Insurance Premiums - A	43,323.37	
Insurance Premiums	3,597,359.60	
AG Loan Repayment	5,000.00	
Trans from CRF	-	
	6,359,301.97	
Total Revenue		\$ 6,359,301.97

Paid Claims:

Attorney General's Office (Operating)	(114,791.07)	
Tort Claims	(2,591,827.95)	
Reserve for Reversion	-	
	(2,706,619.02)	
Total Payments		\$ 3,652,682.95
Account Balance		\$ 3,652,682.95

Claims Submitted for Payment:

BOE Pending Claims	(366,375.87)	
Tort Claims	(128,637.48)	
	(495,013.35)	
Submitted for Payment	\$ (495,013.35)	
Account Balance		\$ 3,157,669.60

Projected Outstanding Claims:

Attorney General's Office (projection)	-	
	-	
Total Pending Claims		\$ -
Account Balance		\$ 3,157,669.60

BA 4892 Statutory Contingency Account
NRS 353.264
FY 2023 (as of January 21, 2023)

Beginning Cash	11,412,166.00	
Transfer from Interim Finance	5,000,000.00	
Total Revenue	16,412,166.00	\$ 16,412,166.00

Paid Claims:

Extradition Costs	(941,917.00)	
NDOC Settlement	(10,000,000.00)	
Attorney General Special Counsel	(262,922.84)	
Post Conviction Claims NRS 212.070	(210,318.51)	
Juveniles Compact NRS 621.050	(11,540.10)	
Wrongful Conviction Mason	(4,805.92)	
Wrongful Conviction Luqris	(351,390.40)	
Total Payments	(11,782,894.77)	
Account Balance		\$ 4,629,271.23

Claims Submitted for Payment:

Post Conviction Claims NRS 212.070	6,820.00	
Attorney General Outside Counsel		
Wrongful Conviction Mason	6,405.72	
	\$ 13,225.72	
Submitted for Payment		
Account Balance		\$ 4,616,045.51

Projected Outstanding Claims:

	-	
Total Pending Claims	\$ -	
Account Balance		\$ 4,616,045.51

**BA 4888 State Claims Account
NRS 353.097
FY 2023 (as of January 21, 2023)**

Beginning Cash	2,027,745.00	
Transfer from Interim Finance	-	
Appropriations	-	
Total Revenue	\$ 2,027,745.00	

Paid Claims:

Post Conviction Claims	(51,696.95)	
Governor's Office	(311.00)	
Secretary of State	(3,030.22)	
Supreme Court	(908.97)	
Taxation	(18,367.10)	
Veterans Affairs	(1,729.12)	
Nevada State Library	(248.95)	
Health Care Financing and Policy	(18,481.00)	
DHHS - Aging Services	(16,504.01)	
DHHS - Health Division	(54,065.23)	
DHHS - Mental Health Inst	(12,229.72)	
DHHS LV Mental Health	(918.73)	
DHHS - SO Nev Adult Mental Health	(18,207.89)	
DHHS - Mental Health and Dev Services	(298.25)	
DHHS - NO Nev Mental Health	(1,056.59)	
DHHS - SO Nev Mental Health	(34,390.19)	
DHHS - LV Children's Behavioral Services	(9,606.70)	
Public Safety - Parole & Probation	(198.00)	
DCNR - Forestry	(713.56)	
Dept. of Corrections	(467,395.50)	
Public Safety - Parole & Probation	(4,918.22)	
DHHS-Youth Service Division	(1,143.75)	
DHHS-Child and Family Services	(2,000.00)	
Admin Director		
Total Payments	(718,419.65)	
Account Balance	\$ 1,309,325.35	

**BA 4889 Emergency Fund
NRS 353.263
FY 2023 (as of January 21, 2023)**

Beginning Cash 354,763.00

Total Revenue **\$ 354,763.00**

Paid Claims:

-

Payments \$ -
Account Balance **\$ 354,763.00**

Claims Submitted for Payment:

-

Total Submitted Payments \$ -
Account Balance **\$ 354,763.00**

Projected Outstanding Claims

-

Total Pending Claims \$ -
Estimated Account Balance - Including all Claims **\$ 354,763.00**

**BA 1335 Disaster Relief Account
NRS 353.2735
FY 2023 (as of January 21, 2023)**

Beginning Cash	8,488,359.00	
Treasurer's Interest	24,102.67	
1st - 2nd Qtr Transfers Per NRS 353.288(4)	1,000,000.00	
3rd Qtr and 4th Transfers Per NRS 353.288(4)	-	
Total Revenue		\$ 9,512,461.67
<u>Paid Claims:</u>		
Transfer to DEM	-	
	-	
	-	
Payments	-	
Account Balance		\$ 9,512,461.67
<u>Projected Outstanding Claims :</u>		
<u>Reserve for Reversion to GF</u>	0.00	
Total Pending Claims	0.00	
Estimated Account Balance - Including all Claims		\$ 9,512,461.67

**IFC Contingency Fund Unrestricted
NRS 353.266
FY 2023 (as of January 21, 2023)**

Unrestricted General Fund

Beginning Balance 7/1/22	10,318,520.07	
FY 2023 Appropriations	0.00	
Reversion to IFC	236,742.59	
Total Revenue		<u>10,555,262.66</u>

Paid Claims:

Meeting Costs	(39,228.21)	
DPS - Dignitary Protection	(373,051.00)	Approved @ May 2022 IFC
DCNR - Water Resources	(102,029.00)	Approved @ June 2022 IFC
Office of the Military	(305,195.00)	Approved @ October 2022 IFC
DCNR - Water Resources	(105,293.00)	Approved @ August 2022 IFC
Office of the State Public Defender	(109,375.00)	Approved @ August 2022 IFC
DCNR - Water Resources	(250,000.00)	Approved @ October 2022 IFC
Statutory Contingency (Attorney General)	(5,000,000.00)	Approved @ December 2022 IFC
DPS - Dignitary Protection	(132,721.00)	Approved @ December 2022 IFC
Education - Special Education Contingency	(758,590.00)	Approved @ December 2022 IFC
Total Payments	(7,175,482.21)	
Account Balance		<u>3,379,780.45</u>

Pending Reimbursement:

Lieutenant Governor	(31,960.00)	January IFC
Department of Indigent Defense Services	(62,582.00)	January IFC
Department of Indigent Defense Services	(38,916.00)	January IFC
Total Pending	(133,458.00)	
Account Balance-GF		<u>3,246,322.45</u>

Unrestricted Highway Fund

Beginning Cash	1,638,068.35	
Reversion to IFC	0.00	
Total Revenue		<u>1,638,068.35</u>

Paid Claims:

Total Payments	0.00	
Account Balance-HWY		<u>1,638,068.35</u>

IFC Contingency Fund Restricted
NRS 353.266
FY 2023 (as of January 21, 2023)

Restricted General Fund

Beginning Balance July 1, 2022	1,411,555.00	
Appropriations	8,882,827.00	
Total Revenue	10,294,382.00	

Paid Claims:

Department of Employment Training and Rehabilitation - Blind Services	(35,620.00)	
Department of Employment Training and Rehabilitation - Vocational Rehab	(888,874.00)	
TRANS TO TAXATION	(78,181.00)	
Payments	(1,002,675.00)	
Account Balance	9,291,707.00	

Pending:

	0.00	
Account Balance	9,291,707.00	

Restricted Highway Fund

Beginning Balance July 1, 2022	334,796.00	
Total Revenue	334,796.00	

Paid Claims:

Payments	0.00	
Account Balance	334,796.00	

		9,626,503.00
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