

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:** May 9, 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=JdaxkJ2ICeE>

### 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 April 11, 2023 and April 26, 2023 Meeting Minutes**  
(For possible action)

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

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

AGENCY NAME	NUMBER OF VEHICLES	NOT TO EXCEED:
Department of Conservation and Natural Resources – Division of Environmental Protection	1	\$42,955

**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 Mary Sider to assist with the update and development of the 2022-2024 Water Quality Integrated Report 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 Sherry Valdez to assist with training new and existing staff on fiscal duties for the Office of the Secretary of State 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 Susan Harrowa to perform roadway construction inspector services for the District 2 Betterment projects through HDR Engineering, Inc.

**D. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Tony Howerton to perform roadway construction inspector services for the District 2 Betterment projects through HDR Engineering, Inc.

**E. Nevada State Athletic Commission**

Pursuant to NRS 333.705, subsection 1, the commission requests authority to contract with current employee Michael Chavez to provide inspector services at commission sanctioned weigh-ins and events.

**F. Nevada State Athletic Commission**

Pursuant to NRS 333.705, subsection 1, the commission requests authority to contract with current employee Marcela Barron Cruz to provide inspector services at commission sanctioned weigh-ins and events.

**G. Nevada State Athletic Commission**

Pursuant to NRS 333.705, subsection 1, the commission requests authority to contract with current employee Mallory Triplett to provide inspector services at commission sanctioned weigh-ins and events.

**H. Nevada State Athletic Commission**

Pursuant to NRS 333.705, subsection 1, the commission requests authority to contract with former employee ReNe'e Lightford Shivers to provide inspector services at commission sanctioned weigh-ins and events.

**6. Request for Designation of Bad Debt** *(For possible action)*

Pursuant to NRS 463.123, subsection 2, the Nevada Gaming Control Board requests that the Board of Examiners designate the following debts as bad debts, as they have been determined to be uncollectible:

Slot Machine Fees and Penalties: \$1,035

**7. Request for the Allocation and Disbursement of Funds for Salary Adjustments** (For possible action)

The 2021 Legislature, through Assembly Bill 493, Section 13, for employees of the Tahoe Regional Planning Agency, there is hereby appropriated from the State General Fund to the State Board of Examiners the sum of not more than \$18,659 for the fiscal year beginning on July 1, 2022 and ending on June 30, 2023. The amounts transferred must not be used to increase an employee's base salary unless the State of California provides the required 2-for-1 matching funds. If such matching funds are not provided by the State of California, any amounts provided to the Tahoe Regional Planning Agency by the State of Nevada must be used as a one-time salary bonus.

The following request for an allocation from the General Fund salary adjustment account to use as a one-time salary bonus is recommended by the Director of the Office of Finance:

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>
4204	Tahoe Regional Planning Agency	\$18,659
	<b>Total</b>	<b>\$18,659</b>

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

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

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

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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from March 15, 2023 through April 12, 2023.

## 12. Information Item Reports

### Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, subsection 2, the department shall certify to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This submittal reports program activities by month for the third quarter of fiscal year 2023 for the period beginning January 1, 2023 and ending March 31, 2023; and additionally, reports from the counties on money distributed by the department and the use of funds for the period beginning July 1, 2023 and ending March 31, 2023.

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

## 14. Adjournment (For possible action)

NOTE: Items may be considered out of order. The public body may combine two or more agenda items for consideration. The public body may remove an item from the agenda or delay discussion relating to an item on the agenda at any time. The public body will limit public comments to three minutes per speaker and may place other reasonable restrictions on the time, place, and manner of public comments but may not restrict comments based upon viewpoint. A person may submit comments to be attached to the minutes of the meeting in writing three business days before the meeting date, in addition to testifying or in lieu of testifying. Written comments are limited to 2 pages. Written comments may be submitted electronically by email at [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov). We are pleased to make reasonable accommodations for members of the public who have disabilities and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify Denice Castillo at (775) 684-0223 as soon as possible and at least two days in advance of the meeting. If you wish, you may e-mail her at [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov). Supporting materials for this meeting are available at 209 East Musser Street, Suite 200, Carson City, Nevada 89701 or by contacting Denice Castillo at (775) 684-0223 or by email at [dcastillo@finance.nv.gov](mailto:dcastillo@finance.nv.gov).

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

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

Governor Joe Lombardo  
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## STATE OF NEVADA BOARD OF EXAMINERS

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Phone: (775) 684-0222 / Fax: (775) 684-0260  
<http://budget.nv.gov/Meetings>

**Date and Time:** April 11, 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  
Attorney General Aaron Ford

**MEMBERS ABSENT:**

Secretary of State Francisco V. Aguilar

**STAFF PRESENT:**

Amy Stephenson, Clerk of the Board  
Rosalie Bordelove, Board Counsel

## MEETING MINUTES

### 1. Call to Order / Roll Call

**Governor:** Welcome, everybody. Let me call to order the State of Nevada Board of Examiners meeting, scheduled for April 11, 2023. I'll ask the Clerk call the roll.

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

**Governor:** Present.

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

**Attorney General:** Here.

**Clerk of the Board:** Secretary of State Aguilar is absent. 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:** We'll move on to agenda item number 2, *Public Comment*. The first public comment period is limited to comments 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. Do we have anybody in the south?

**Attorney General:** We do not.

**Governor:** Do we have anybody here in Carson City? None. Do we have any written or on the internet?

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

**Governor:** I will close public comment.

**3. Approval of the March 14, 2023 Meeting Minutes** (For possible action)

**Governor:** Agenda item number 3, *Approval of the March 14, 2023 Meeting Minutes* for possible action.

**Attorney General:** Move approval.

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

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

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

AGENCY NAME	# OF VEHICLES	NOT TO EXCEED:
Department of Conservation and Natural Resources – Division of Forestry	1	\$59,479

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

**Clerk of the Board:** Good morning, sir. The Department of Conservation and Natural Resources, Division of Forestry requests the purchase of one new vehicle for an amount not to exceed \$59,479. Are there any questions on this item?

**Governor:** Do you have any questions, Aaron?

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

**Governor:** All those in favor, say aye. The motion passes unanimously.

**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 Deborah Hassett to assist with recruitments, policies and procedures and investigations for the Department of Health and Human Services, Division of Child and Family Services 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 Natasha Koch to assist with processes related to the 2023 Legislative Session for the Department of Public Safety through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

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

Pursuant to NRS 333.705, subsection 1, the Department of Administration, Purchasing Division requests authority to contract with former employee Heidi Haartz to provide project management support for the Department of Education through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

**D. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Matthew Day, currently employed with Diversified Consulting Services, to perform engineering services for the State Route 445 Pyramid Way and I-80 Keystone to Stateline Projects.



## **E. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Scott Harrill, currently employed by Diversified Consulting Services, to perform survey technician services for the US 395 and I-580 Project.

## **F. Department of Transportation**

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Luke Rollins, currently employed by 4LEAF Consulting, LLC, to perform roadway construction engineering services for various projects.

**Governor:** Agenda item number 5, *Authorization to Contract with a Current and/or Former State Employee.*

**Clerk of the Board:** There are six requests under agenda item number 5 today. Would you like to take these together or separately, sir?

**Governor:** We'll take them together.

**Clerk of the Board:** Request A is from the Department of Administration, Purchasing Division. This item requests authority to contract with a former employee to assist with recruitment, policies and procedures and investigations for the Department of Health and Human Services, Division of Child and Family Services. The department intends to contract with the employee from April 11, 2023 through December 31, 2023 with Manpower Staffing Group, Inc. Please note, a correction to the agenda. The agenda noted Marathon Staffing Group, Inc. however, it is with HAT Limited Partnership, dba Manpower.

Request B is from the Department of Administration, Purchasing Division. This item requests authority to contract with a former employee to assist with processes related to the 2023 Legislative Session for the Department of Public Safety. The employee is currently working for the agency under an approved emergency contract.

Request C is from the Department of Administration, Purchasing Division. This item requests authority to contract with a former employee to assist with project management support for the Department of Education and will ensure all COVID-19 federal relief funds are expended timely. The department intends to contract with the employee from April 12, 2023 through June 30, 2023 on a part-time basis.

Requests D, E, and F are from the Department of Transportation. They are requesting authority to contract with former employees. The first two are through Diversified Consulting Services and the last one is through 4LEAF Consulting, LLC. The contractors will perform engineering and survey technician services for various highway projects. The department intends to contract with the employees on a full-time basis. Are there any questions on these items?

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

**Attorney General:** None here. I move for approval of agenda item number 5.

**Governor:** All those in favor, say aye. The motion passes unanimously.

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

**Governor:** Agenda item number 6, *Approval of Proposed Leases*.

**Clerk of the Board:** There are three leases under agenda item number 6 for approval by the Board today. Are there any questions on any of these items?

**Attorney General:** None here.

**Governor:** Amy, do we have a problem with the term of lease on one of them?

**Clerk of the Board:** For lease number 1, for Health and Human Services, there was a concern as to why the term was for 10 years. The term is actually 7 years as the lease was approved at the August 2022 meeting and the tenant did not move in and was not charged for December through March.

**Governor:** Thank you for the clarification. Do I have a motion for approval of all proposed leases?

**Attorney General:** So moved.

**Governor:** All those in favor, say aye. The motion passes unanimously.

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

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

**Clerk of the Board:** There are 31 contracts under agenda item number 7 for approval by the Board today. Are there any questions on any of these items?

**Attorney General:** I have no questions.

**Governor:** Just a moment, Aaron. I'm reading through my annotations. I had a question in my briefing meeting but seeing it looks like the answer I received is sufficient, good. Can I have a motion on agenda item number 7 proposed contracts?

**Attorney General:** I move for approval of agenda item number 7 of all proposed contracts.

**Governor:** All those in favor, say aye. 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 27 items under agenda item number 8 for approval by the Board today. Are there any questions on these items?

**Governor:** I have no questions.

**Attorney General:** Nor do I. I move approval of agenda item number 8 in its entirety.

**Governor:** All those in favor, say aye. The motion passes unanimously.

## **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 February 15, 2023 through March 15, 2023.

**Governor:** Agenda item number 9, *Information Item – Clerk of the Board Contracts*.

**Clerk of the Board:** There are 27 contracts under this agenda item \$10,000 or over and under the \$100,000 threshold that were approved by the Clerk of the Board between February 15, 2023 through March 15, 2023. This item is informational only. Are there any questions on these contracts?

**Governor:** Yes, and do you have any questions while I'm reviewing, Attorney General?

**Attorney General:** No, sir. I do not.

**Governor:** I don't know if we still have a representative here from the Department of Education. Contract number 12, I have concerns with this being a four-month extension.

**Clerk of the Board:** Is there anybody here from the department?

**Governor:** Are you able to answer, Mrs. Stephenson?

**Clerk of the Board:** I have the response they provided to me which is the same as it's written here that the contract extension is from June 30, 2023 through October 31, 2023 so, no, we don't have a good answer for you on continuing services after the four months.

**Governor:** That was the only question I had. This is an informational item. Are there any other questions, Attorney General?

**Attorney General:** No, sir.

**Governor:** No further questions. That will close item number 9.

## 10. Information Item Reports

### Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, IFC Unrestricted Contingency Funds, and IFC Restricted Contingency Funds as of February 28, 2023.

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

Tort Claim Fund	\$ 3,406,644.91
Statutory Contingency Account	\$ 4,599,411.47
Stale Claims Account	\$ 1,220,808.77
Emergency Account	\$ 354,763.00
Disaster Relief Account	\$ 9,557,087.43
IFC Unrestricted Contingency Fund General Fund	\$ 3,246,322.45
IFC Unrestricted Contingency Highway Fund	\$ 1,638,068.35
IFC Restricted Contingency Fund General Fund	\$ 9,291,707.00
IFC Restricted Contingency Highway Fund	\$ 334,796.00

**Governor:** Agenda item number 10, *Information Item Reports*.

**Clerk of the Board:** There is one informational report under agenda item number 10 today. Pursuant to NRS Chapter 353, the Governor's Finance Office, Budget Division presents a reconciled fund balance report. The available balance of accounts prior to any projected outstanding claims is as follows: Tort Claim Fund is \$3.4 million; Statutory Contingency Account is approximately \$4.6 million; Stale Claims Account is \$1.2 million; Emergency Account is around \$355,000; Disaster Relief Account is \$9.6 million; IFC Unrestricted Contingency Fund General Fund is around \$3.2 million; IFC Unrestricted Contingency Highway Fund is \$1.6 million; IFC Restricted Contingency Fund General Fund \$9.2 million; and IFC Restricted Contingency Highway Fund is around \$335,000. Are there any questions on this item?

**Governor:** Thank you for putting that on the record for transparency purposes. Do you have any questions, Attorney General?

**Attorney General:** I do. I don't know if this can be answered just yet. Obviously, these amounts don't account for the recent statute that passed that replenishes the tort fund for the remainder of the fiscal year because that bill, as I understand it, passed March 16, 2023. Do we know the status of that bill? Has it gone through both chambers yet? I understand it is actually an effective statute already. The Governor has signed it. It was signed March 16. I just wanted to be clear on that, that even though we are meeting after the signing of that particular bill, these numbers don't reflect what was in the bill from a tort reform perspective.

**Clerk of the Board:** We'll provide you with an updated fund balance associated with that particular item. We can do that outside of the public meeting, correct?

**Board Counsel:** Yes, we can do it outside of the public meeting.

**Governor:** Any other questions, Aaron?

**Attorney General:** No, sir. That's it.

**Governor:** That will close agenda item number 10.

**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:** Agenda item number 11, our second opportunity for Public Comment. Please restrict your comments to three minutes. Do we have anybody there to the south?

**Attorney General:** We do not.

**Governor:** Do we have anybody here today in person or written or on the telephone? None. We will close agenda item number 11.

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

**Governor:** Item number 12, *Adjournment*. Do I have a motion?

**Attorney General:** I move to adjourn.

**Governor:** All those in favor, say aye. We are adjourned. Thanks, everybody. I appreciate your time.

Governor Joe Lombardo  
*Chairman*

Amy Stephenson  
*Clerk of the Board*



Attorney General Aaron D. Ford  
*Member*

Secretary of State Francisco V. Aguilar  
*Member*

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Phone: (775) 684-0222 / Fax: (775) 684-0260  
<http://budget.nv.gov/Meetings>

**Date and Time:** April 26, 2023, 8:30 AM

**Location:** Old Assembly Chambers of the Capitol Building  
101 North Carson Street  
Carson City, Nevada 89701

**Video Conference Location:** Grant Sawyer Building  
555 East Washington Avenue, Suite 5100  
Las Vegas, Nevada 89101

**MEMBERS PRESENT:**

Governor Joe Lombardo  
Secretary of State Francisco V. Aguilar

**MEMBERS ABSENT:**

Attorney General Aaron Ford

**STAFF PRESENT:**

Amy Stephenson, Clerk of the Board  
Rosalie Bordelove, Board Counsel

## MEETING MINUTES

### 1. Call to Order / Roll Call

**Governor:** Good morning. I'll call to order the State of Nevada Board of Examiners special meeting, scheduled for April 26, 2023. Can I have the Clerk call the roll, please?

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

**Governor:** Present.

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

**Secretary of State:** Present.

**Clerk of the Board:** Attorney General Ford is absent. 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:** Agenda item number 2, *Public Comment*. This is the first public comment period. Do we have anybody there in the south?

**Board Counsel:** No. No public here.

**Governor:** Do we have anybody here in Carson City? Hearing none. I will close the public comment.

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

Pursuant to NRS 353.264, the Office of the Attorney General requests the Board of Examiners to approve a payment from the Statutory Contingency Account in the amount of \$2,650,000 to Nevada Wellness Center, LLC as part of a settlement with the State of Nevada regarding a consolidated lawsuit pending in the District Court, Clark County, Nevada, Case No. A-19-787004-B.

**Governor:** Agenda Item 3, *Request to Pay a Cash Settlement*.

**Clerk of the Board:** Thank you, sir. Pursuant to NRS 353.264, the Office of the Attorney General requests the Board of Examiners to approve a payment from the Statutory Contingency Account in the amount of \$2,650,000 to Nevada Wellness Center, LLC as part of a settlement with the State of Nevada regarding a consolidated lawsuit pending in the District Court, Clark County, Nevada, Case No. A-19-787004-B. Are there any questions on this item?

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

**Governor:** I'll second the motion. All those in favor, say aye. Aye.

**Secretary of State:** Aye.

**Governor:** 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*. Do we have any public comment in the south?

**Board Counsel:** We do not.

**Governor:** Do we have anyone here for public comment? Seeing and hearing none. We will close public comment.

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

**Governor:** Item 5, *Adjournment*. Move to adjourn.

**Secretary of State:** Second.

**Governor:** We are adjourned. Thank you everyone for your participation.



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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 5, 2023

To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office

From: Richard Jacobs, Executive Branch Budget Officer   
Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF CONSERVATION & NATURAL RESOURCES –  
DIVISION OF ENVIRONMENTAL PROTECTION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the Division of Environmental Protection requests approval to purchase one replacement vehicle for a total amount not to exceed \$42,954.25.

Additional Information:

The Division of Environmental Protection is requesting the purchase of one vehicle to replace a 20104 Toyota FJ with a 2023 Toyota Tacoma 4X4 to conduct inspections of mine sites and exploration projects. The replacement vehicle is requested in accordance with the state's vehicle replacement schedule with respect to mileage and age. The replacement of this vehicle was authorized during the 2021 Legislative session with decision unit E712 within budget account 3188. The approved amount is \$46,413.00 and the cost of the vehicle is \$42,954.25, a reduction of \$3,458.75.

Statutory Authority:

NRS 334.010

REVIEWED: YH

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



## Bureau of Mining Regulation & Reclamation

901 S. Stewart Street, Suite 4001  
Carson City, NV 89701

### MEMORANDUM

DATE: April 3, 2023

TO: Richard Jacobs, Executive Branch Budget Officer I <via email: rdjacobs@finance.nv.gov>

THROUGH: Jennifer Carr, Administrator *Jennifer Carr Deputy Adm for Jennifer Carr*

THROUGH: Rob Kuczynski, P.E., Chief *RK 4/4/2023*

*4/4/2023*

FROM: Sherrie Cairo, Management Analyst I

RE: Replacement Vehicle Request for Budget Account 3188, NEBS E712

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Attached for your review and approval is a Board of Examiners Request for Approval to Purchase a State Vehicle Form.

The vehicle that is budgeted for replacement is a 2014 Toyota FJ with current mileage of 123,000.


The Bureau would like to replace that vehicle with a 2023 Toyota Tacoma 4x4. The purpose of this vehicle is to allow employees to travel statewide to conduct mining inspection and ensure compliance with applicable laws. Employees conducting these inspections must travel to rural, remote areas over a variety of terrain.

Therefore, this program request expenditure of \$42,95<sup>4</sup>25, coming in under the NEBS E712 approved expenditure of \$46,413.00.

Respectfully Submitted,

Sherrie Cairo, Management Analyst I  
775-687-9399

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

<b>Agency Name:</b> DCNR/NDEP/BMRR	<b>Budget Account #:</b> 3188	
<b>Contact Name:</b> SHERRIE CAIRO	<b>Telephone Number:</b> 775-687-9399	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information:		
<b>Number of vehicles requested:</b> <u>1 (ONE)</u> <b>Amount of the request:</b> <u>\$42,955.25</u> <b>Is the requested vehicle(s) new or used:</b> <u>NEW</u> <b>Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:</b> <u>2023 TOYOTA TACOMA TRD OFF ROAD 4X4, 4-DOOR</u> <b>Mission of the requested vehicle(s):</b> <small>STATEWIDE TRAVEL TO CONDUCT INSPECTIONS OF MINE SITES AND EXPLORATION PROJECTS. A VEHICLE WITH 4X4 IS MANDATORY FOR THE MINING BUREAU STAFF TO TRAVEL TO REMOTE AREAS, TO INSPECT MINE SITES AND EXPLORATION PROJECTS.</small>		
<b>Were funds legislatively approved for the request?</b>  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please provide the decision unit number:</b> <u>E712 EQUIPMENT PRELACEMENT</u> <b>If no, please explain how the vehicles will be funded?</b>	
<b>Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s):</b>  <input type="checkbox"/> Addition(s) <input checked="" type="checkbox"/> ONE Replacement(s)		
<b>Does the requested vehicle(s) comply with "Smart Way" or "Smart Way Elite" requirements pursuant to SAM 1308? If not, please explain.</b> YES		
<b>Please Complete for Replacement Vehicles Only:</b> (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.)  <b>Current Vehicle Information:</b> Vehicle #1 Model Year: <u>2014 TOYOTA FJ CRUSIER</u> Odometer Reading: <u>123,000 AS OF 3/31/2023</u> Type of Vehicle: <u>4WD 6-PASSENGER 4-DOOR TRUCK</u>  Vehicle #2 Model Year: <u>N/A</u> Odometer Reading: Type of Vehicle:	<b>Does this request meet the replacement schedule criteria pursuant to SAM 1309? If no, explain why the vehicle is being replaced.</b>  <u>YES, THE VEHICLE WILL HAVE AT LEAST 125,000 MILES BY THE END OF MAY 2023 AND WILL BE 10 YEARS OLD IN 2024.</u>  <b>If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.</b>	
<i>Please attach an additional sheet if necessary</i>		
<b>APPOINTING AUTHORITY APPROVAL:</b>		
 _____ Agency Appointing Authority	Administrator _____ Title	4/19/23 _____ Date
<b>BOARD OF EXAMINERS' APPROVAL:</b>		
<input type="checkbox"/> Approved for Purchase <input type="checkbox"/> Not Approved for Purchase		
_____ Board of Examiners	_____ Date	

### Vehicle Order Information Form

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

Please print out this page and complete all fields.

<b>Vehicle Item No., Make, Model &amp; No.:</b>	2023 Toyota Tacoma TRD Off Road 3.5 L V6 4x4		
<b>Dealer Name:</b>	Fallon Ford-Toyota Auto Mall		
<b>Delivery Location:</b>	901 S. Stewart Street, Ste 3001		
<b>Vehicle Colors:</b>	Exterior:	Interior:	<input checked="" type="checkbox"/> Cloth
	White	Black	<input type="checkbox"/> Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 38,905.00	\$38,905.00
SPECIFY OPTIONS: (description)			
Factory Installed Packages & Accessories		\$1,135.00	
Port Installed Packages & Accessories		\$1,551.00	
Delivery Processing/Handling		\$1,335.00	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$4,021.00	\$38,905.00
Total purchase price with options		<del>29.25</del> <i>29.25</i> <i>TH</i>	\$42,926.00
DMV Title and DRS Fee's		<del>\$29.25</del>	\$29.25
GRAND TOTAL:			\$42,955.25

*42,954.25 TH*

<b>Registered Owner:</b>	Agency Name & Address: State of Nevada Department of Conservation & Natural Resources Division of Environmental Protection Bureau of Mining Regulation & Reclamation 901 S. Stewart Street, Ste 4001 Carson City, NV 89701-5249
<b>Legal Owner:</b>	Agency Name & Address: State of Nevada Department of Conservation & Natural Resources Division of Environmental Protection Bureau of Mining Regulation & Reclamation 901 S. Stewart Street, Ste 4001 Carson City, NV 89701-5249
<b>County Vehicle Based In:</b>	Carson City
<b>Name &amp; Phone of Person to contact when vehicle is ready for delivery:</b>	Sherrie Cairo 775-687-9399 Or Shawn Gooch 775-687-8325



**TOYOTA**

**Fallon Ford Toyota**

1351 W. Williams Avenue  
Fallon NV 89406  
775-423-2171

# 2023 Tacoma TRD Off-Road

Tacoma TRD Off-Road 3.5L V6 engine AT 4x4  
5-ft. bed Double Cab



Model: 7544C

VIN: 3TMCZ5AN2PM581082

Engine: 3.5L V6 Engine

Transmission: 6-Speed Automatic Transmission

EXTERIOR  
Ice Cap

INTERIOR  
Cement/Black Fabric

### PRICE

Vehicle base model (MSRP *)	\$38,905.00
Factory Installed Packages & Accessories	\$1,135.00
Port Installed Packages & Accessories	\$1,551.00
Delivery processing / handling	\$1,335.00
<b>Total Price</b>	<b>\$42,926.00</b>

### Fuel Economy



### TOTAL INSTALLED PACKAGES & ACCESSORIES

50 State Emissions	FIO	\$0.00
Power Color Turn Mirror	FIO	\$0.00
Entune Audio Plus Audio—includes 8-in. touchscreen, six speakers, Android Auto™ & Apple CarPlay® & Amazon Alexa compatible, hands-free phone capability and music streaming via Bluetooth® wireless technology, SiriusXM® with 3-month All Access trial subscription. See <a href="http://toyota.com/audio-multimedia">toyota.com/audio-multimedia</a> for details. Connected Services —Safety Connect® with 1-year trial, Wi-Fi Connect with up to 2 GB within 3-month trial.	FIO	\$0.00
LED Headlights and Fog Lights LED headlights and fog lights—includes LED headlights with LED DRL and black-bezel LED fog lights.	FIO	\$485.00
TRD Off-Road Package	FIO	\$0.00
Tonneau Cover Tonneau cover.	FIO	\$650.00
All-Weather Floor Liners and Door Sill Protectors All-Weather Floor Liners and Door Sill Protectors includes: All-Weather Floor LinersDoor Sill Protectors.	FIO	\$258.00

<b>Blackout Package</b>		<b>\$430.00</b>
Blackout Package includes: Tailgate Insert (Black)Exhaust Tip (Black Chrome)Blackout Emblem Overlays.		
	<b>PIO</b>	
<b>Owner's Portfolio</b>		<b>\$0.00</b>
	<b>PIO</b>	
<b>Mudguards</b>		<b>\$129.00</b>
Help protect your paint finish from road debris and the damage it causes. Designed to integrate with Sienna exterior styling . Set includes four mudguards.		
	<b>PIO</b>	
<b>Predator Tube Steps</b>		<b>\$679.00</b>
A highly functional and stylish upgrade for your truck, the predator tube step complements the Tacoma's rugged design and improves access to the cab. Black powder-coat finish. Drop steps for easy access. Durable, 6061 aluminum construction is chip- and rust-resistant.		
	<b>PIO</b>	
<b>Truck Bed D-Rings</b>		<b>\$55.00</b>
Secure your cargo with confidence, thanks to these loop and bolt D-rings. Can be used with ratchet-type tie-downs or heavy-gauge rope. Constructed from durable steel and painted black for an integrated look.		
	<b>PIO</b>	
<b>Total Optional Equipment</b>		<b>\$2,686.00</b>
<b>Vehicle base model (MSRP *)</b>		<b>\$38,905.00</b>
<b>Delivery processing / handling</b>		<b>\$1,335.00</b>

## Features

### Mechanical & Performance

- Engine: 3.5-liter V6 direct-injection Atkinson-cycle engine with 278 hp @ 6000 rpm/265 lb.-ft. @ 4600 rpm
- Emission Rating: Low Emission Vehicle III (LEV-III)
- Drivetrain: 4WDemand part-time 4WD with electronically controlled transfer case and Automatic Limited-Slip Differential (Auto LSD)
- Off-road: Electronically controlled locking rear differential
- Suspension: Coil-spring double-wishbone front suspension and stabilizer bar; leaf spring rear suspension with staggered outboard-mounted gas shock absorbers and stabilizer bar
- Steering: Variable-assist power rack-and-pinion steering
- Off-Highway Tech: Crawl Control (CRAWL) with Multi-Terrain Select (MTS)
- 4WDemand part-time 4WD (4WD)
- 6-Speed Automatic Transmission
- Engine: 3.5-liter V6 DOHC 24-valve direct-injection Atkinson-cycle engine with VVT-iW (Variable Valve Timing-intelligent Wider Intake) and VVT-i (Variable Valve Timing-intelligent Exhaust), with 278 hp @ 6000 rpm/265 lb.-ft. @ 4600 rpm (bore x stroke: 94.0 x 83.0 mm.; compression ratio: 11.8)
- Transmission: 6-speed Electronically Controlled automatic Transmission with intelligence (ECT-i)
- Off-road: Hill Start Assist Control (HAC)
- Body Construction: One-piece frame rails with eight cross members and fully boxed front sub-frame
- Suspension: TRD Off-Road tuned suspension with Bilstein® shocks
- Brakes: Power-assisted ventilated front disc brakes; rear drum brakes with tandem booster and Star Safety System™
- Turning circle diameter, curb-to-curb (ft.) 40.6
- Engine 3.5L V6 Engine
- Weight Rating 5600 lbs

### Exterior

- 5-ft. Short Bed
- Gray grille with smoked finish, color-keyed heated power outside mirrors with turn signal indicators, color-keyed door handles, black overfenders and chrome rear bumper
- Deck rail system with four adjustable tie-down cleats and four fixed cargo bed tie-down points
- 16-in. machined-contrast alloy wheels with P265/70R16 tires
- Skid plate(s): on engine/front suspension
- Projector-beam headlights with LED Daytime Running Lights (DRL) and integrated wide-angle fog lights
- Fiber-reinforced Sheet-Molded Composite (SMC) inner bed with steel outer panels, storage compartments and rail caps, with easy lower, lockable and removable tailgate
- 120V/400W deck-mounted AC power outlet
- Variable intermittent windshield wipers with mist cycle
- Integrated color-keyed tailgate spoiler

### Exterior Dimensions

- Overall height 70.6
- Overall length 212.3
- Bed length 60.5
- Overall width 75.2
- Wheelbase 127.4
- Bed height 19.1



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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 4, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Heather Field, 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 Mary Sider to assist with the update and development of the 2022-2024 Water Quality Integrated Report for the Division of Environmental Protection, through Master Service Agreement #23927 with Marathon Staffing Group, Inc.

Additional Information:

Ms. Sider retired from the Division of Environmental Protection on August 5, 2022, and is receiving pension benefits. Her skills and experience are needed to assist with the preparation of the Water Quality Integrated Report and train new staff in the responsibilities of this report. The department intends to contract with Ms. Sider from May 9, 2023, through December 23, 2023, on a part-time basis, approximately 12 to 16 hours per week.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____



STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION

*Purchasing Division*

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

March 31, 2023

**MEMORANDUM**

To: Heather Field

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 Mary Siders who Marathon wants to hire. Mary recently left state service and is collecting PERS. Marathon Staffing is aware they will not be able to hire Mary until May BOE approval.

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



**MEMORANDUM**

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**DATE:** March 31, 2023

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

**THROUGH:** Jennifer L. Carr, Administrator *JL Carr*  
Nevada Division of Environmental Protection

**FROM:** Jason Kuchnicki, Chief, Bureau of Water Quality Planning *JK*  
Nevada Division of Environmental Protection

**SUBJECT:** **Authorization to Contract with Former Employee – Mary Siders**

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The Bureau of Water Quality Planning (BWQP) is requesting to contract with a former employee, Ms. Mary Siders, PhD., through Marathon Staffing. This request is being made in accordance with the State Administrative Manual Chapter 0323. Attached is the required form, Authorization to Contract with a Former Employee. If approved at the May 9<sup>th</sup> Board of Examiners, the employment contract would span through December 23, 2023. Dave Simpson, Standards, Assessment, and Monitoring (SAM) Branch Supervisor would like her to work up to 4 hours per day, three days per week.

The contract is necessary because the SAM Branch is currently down two (of five) full-time staff members. One staff member is out several months on paternity leave. Another position is currently in the hiring process; however, a starting date has not yet been set, and the new hire will require months of training to come up to speed.

Through this contract, Ms. Siders will primarily be assisting with preparation of the 2022-2024 Water Quality Integrated Report (WQIR), which due to staffing shortages and workload is already approximately one month behind schedule. This was one of her main duties while with BWQP, so employing her would help to bring WQIR preparation back on schedule for delivery to the US Environmental Protection Agency. To assist with WQIR preparation, she would need to access BWQP's water quality database, which would require her to work in the office.

Additionally, Ms. Siders duties would also include training the new-hire for WQIR preparation; occasionally assisting with nearby water quality field sampling runs; and, if a waiver to Executive Order (EO) 2023-003 is gained, assisting in the review and potential revision of proposed antidegradation policy. Ms. Siders was instrumental in developing the antidegradation policy that was put on hold for consideration of State Environmental Commission adoption due to EO 2023-003 freezing issuance of new regulations.

Thank you for considering this request. Please contact me at 775-687-9450 with any questions.



**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**

<b>Employee Information</b>			
<b>Former Employee Name:</b>	Mary Siders		
<b>Former Employee ID Number:</b>	36214		
<b>Former Job Title:</b>	Technical Scientific Expert – Environmental Scientist		
<b>Former Employee Agency:</b>	Nevada Division of Environmental Protection		
<b>Former Class and Grade:</b>	<b>Class:</b>	Environmental Scientist IV	<b>Grade:</b> 38
<b>Former Employment Dates:</b>	<b>From:</b>	July 15, 2019	<b>To:</b> August 5, 2022
<b>Requesting Agency:</b>	Department of Conservation and Natural Resources – Division of Environmental Protection		
<b>Vendor:</b>	Marathon Staffing		

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

<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	<b>Summarize scope of contract work.</b>
<b>A</b>	To provide technical scientific support services to assist agency staff during formal rule-making process for adoption of surface water quality antidegradation policy by the State Environmental Commission and approval by the U.S. Environmental Protection Agency. Also, to assist with preparation of the Integrated Water Quality Assessment [Clean Water Act §305(b) and §303(d)] report.
	<b>Document former job description.</b>
<b>B</b>	Served as the technical scientific expert for the Bureau of Water Quality Planning within the Department of Conservation and Natural Resources in planning long-range programmatic efforts to address complex water-quality problems; identifying when programmatic adjustments must be made to meet new or amended federal rule-making decisions involving surface water quality standards to control pollutants discharged into the environment, and developing policy guidance and procedures for adoption and implementation of the surface water quality standards.
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency’s operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b>
	Yes, former employee is being hired because of her specialized knowledge related to the agency’s programmatic operations. Through the contract, the former employee will transfer knowledge about State and Federal rules and

	regulations governing the Clean Water Act. Specifically, preparation of required Water Quality Integrated Report, the adoption of approval of surface water quality standards, water quality antidegradation policy, and water quality field sampling protocols.
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>
	The former employee was the technical lead in preparing proposed antidegradation policy that, prior to Executive Order 2023-003 freezing issuance of new regulations, was to be put forward for adoption by the State Environmental Commission. Also, the Bureau of Water Quality Planning Standards, Assessment and Monitoring staff is currently down two full- time staff members: one position is in the hiring process (and the new hire will need to come up to speed) while another is on paternity leave for six weeks.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	Not Applicable
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$42.24/hour
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	Environmental Scientist IV - Hourly Rate 38-01 to 38-10: \$28.24 to \$42.24
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	Not applicable
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Contract will be with temporary employment agency and not directly with former State employee or an entity.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes.
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Start Date: May 9, 2023 End Date: December 23, 2023
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Part Time: 12-16 hours per week
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No

**Comments – Provide any additional comments:**

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

  
Signature of Agency Head Authorizing Request

3/31/23  
Date



03/31/2023

Purchasing Administrator Signature (if a Statewide Contract)

Date

  
Budget Analyst Signature

4/4/23  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 4, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Heather Field, 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 Sherry Valdez to assist with training new and existing staff on fiscal duties for the Office of the Secretary of State, through Master Service Agreement #23928 with HAT Limited Partnership, dba Manpower.

Additional Information:

Ms. Valdez retired from the Office of the Secretary of State on September 6, 2022, and is receiving pension benefits. Ms. Valdez's former experience as a Management Analyst III qualifies her to train new and existing staff on accounts receivable task and make recommendations for procedure efficiencies. The office intends to contract with Ms. Valdez from May 23, 2023, to November 10, 2023, on a part time basis.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____
ACTION ITEM: _____



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

April 3, 2023

**MEMORANDUM**

To: Heather Field

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 Sherry Valdez who Manpower wants to hire. Sherry recently left state service and will be collecting PERS.

Manpower is aware that this request will need BOE approval.

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



**FRANCISCO V. AGUILAR**  
*Secretary of State*

**MAGGIE SALAS CRESPO**  
*Deputy Secretary for Southern Nevada*

**DEBBIE I. BOWMAN**  
*Deputy Secretary for Operations*

STATE OF NEVADA



**OFFICE OF THE  
SECRETARY OF STATE**

**GABRIEL DI CHIARA**  
*Chief Deputy Secretary of State*

**ERIN M. HOUSTON**  
*Deputy Secretary for Securities*

**MARK A. WLASCHIN**  
*Deputy Secretary for Elections*

Date: March 30, 2023  
To: Gideon Davis, Interim Administrator  
From: Debbie Bowman, Deputy Secretary for Operations  
Subject: Authorization to Contract with a Former Employee

The Secretary of State's Office is requesting authorization to contract with a former state employee, Sherry Valdez, 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 of up to five months, beginning on May 23, 2023, and ending on or before November 10, 2023.

In her previous position, Ms. Valdez served as the Management Analyst 3. She was responsible for the oversight of the Accounts Payable and Accounts Receivable teams and was a subject matter expert during and after the development of the Commercial Recordings Cenuity system.

Through this contract, Ms. Valdez will assist in training new and existing staff on all accounts receivable duties, provide recommendations for streamlining job duties, and review procedure manuals as they are revised. Additionally, her experience is critical in the training of new staff in order to bridge the knowledge gap in accounting.

Please contact me if any additional information or clarification is needed at 775-684-5656 or you may email me at [debbiebowman@sos.nv.gov](mailto:debbiebowman@sos.nv.gov).

Thank you,

A handwritten signature in blue ink that reads "Debbie Bowman".

Debbie Bowman

NEVADA STATE CAPITOL  
101 N. Carson Street, Suite 3  
Carson City, Nevada 89701-3714

MEYERS ANNEX  
COMMERCIAL RECORDINGS  
202 N. Carson Street  
Carson City, Nevada 89701-4201

LAS VEGAS OFFICE  
2250 Las Vegas Blvd North, Suite 400  
North Las Vegas, Nevada 89030-5873

[nvsos.gov](http://nvsos.gov)



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

***Purchasing Division***

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

**Authorization to Contract with a Former Employee**

Employee Information				
<b>Former Employee Name:</b>	Sherry Valdez			
<b>Former Employee ID Number:</b>	00051			
<b>Former Job Title:</b>	Management Analyst III			
<b>Former Employee Agency:</b>	Secretary of State			
<b>Former Class and Grade:</b>	<b>Class:</b>	07.624	<b>Grade:</b>	37-10
<b>Former Employment Dates:</b>	<b>From:</b>	July 2, 2018	<b>To:</b>	September 6, 2022
<b>Requesting Agency:</b>	Secretary of State			
<b>Vendor:</b>	Manpower Temporary Services			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all the contracted services.
	<b>Summarize scope of contract work.</b>
<b>A</b>	The scope will be to train new and existing staff on all accounts receivable duties, provide recommendations for streamlining job duties, and review/approve procedure manuals as they are revised.
	<b>Document former job description.</b>
	The incumbent was responsible for the oversight of the day-to-day operations of the Accounts Payable and Accounts Receivable teams and was a subject matter expert during and after the development of the new Cenuity system. Job duties were as follows:
<b>B</b>	Develop and monitor agency budget: <ol style="list-style-type: none"> <li>1. Assist with biennial legislative budget process, inclusive of planning, developing and preparing the agency request budget.</li> <li>2. Assist with Statistical analysis including data collection, evaluation analysis and financial statements.</li> <li>3. Assist with revenue and expenditure forecasts by using statistical and historical data.</li> <li>4. Assist with PowerPoint Presentation and Testimony for Legislative Budget proposal.</li> <li>5. Collaborate with division heads to develop budget needs, narratives, justifications.</li> <li>6. Enter complete and accurate schedules, decision units, narratives, justifications, work programs and other necessary information into Nevada Executive Budget System (NEBS).</li> <li>7. Assist with final budget documents.</li> </ol>

	<p><b>Financial Administration:</b></p> <ol style="list-style-type: none"> <li>1. Monitor agency budget accounts to ensure proper coding, spending levels and budget authority.</li> <li>2. Compile and analyze data for future expenditures.</li> <li>3. Work collaboratively with representatives of other State agencies, federal and local jurisdictions, regulatory agencies, vendors, contractors, and others in the community to coordinate activities, provide and obtain information, resolve problems, and represent the interests of management.</li> <li>4. Assist with fiscal notes as requested for any proposed legislation with a potential impact to the agency.</li> <li>5. Review and apply Level 4 approval to journal vouchers, billing claims, payment vouchers and purchase requisitions.</li> <li>6. Assist with agency Payroll Projections</li> <li>7. Delegate authority, responsibilities, and tasks to subordinate staff in a manner that ensures that the employee understands what needs to be done and/or what are the accepted boundaries of authority.</li> <li>8. Assist with preparation of year end closing documents inclusive of reserve and balance forward calculations.</li> <li>9. Manage reconciliation and maintenance of internal encumbrance (inclusive of payroll and expenditure projections) and Securities settlement tracking systems to the state data warehouse; provide summary and detail reporting.</li> </ol> <p>Provide supervision and management for subordinate staff:</p> <ol style="list-style-type: none"> <li>1. Review and approve timesheets in a timely manner.</li> <li>2. Schedule, review, and approve work schedules and leave requests. Ensure continuous coverage of services is provided as necessary when de-conflicting schedules and leave requests.</li> <li>3. Maintain Work Performance Standards (WPS) for each direct report and ensure an annual review is conducted.</li> <li>4. All performance evaluations, including those written by subordinate supervisors on other employees in your section, must be completed per the required schedule. All supervisor performance evaluations must be reviewed by the Deputy unless specifically stated. Prior to evaluations, employees must be counseled as appropriate to ensure there are no surprises in the formal evaluation. Any discipline issues, unprofessional conduct, or substandard performance must be addressed verbally and in writing immediately.</li> <li>5. Maintain currency with all State required Annual training and Supervisor courses. Ensure all employees and subordinate supervisors maintain currency with all State required Annual training and Supervisor courses.</li> <li>6. Develop, maintain, and administer minimum standards for certification that must be held and training courses that must be completed for all employees and subordinate supervisors.</li> <li>7. Managing and coordinating employee development, training, coaching, mentoring and team building.</li> </ol> <p><b>Contract Administration:</b></p> <ol style="list-style-type: none"> <li>1. Prepare contracts and agreements (inclusive of attachments, summaries, and other required documents) with outside vendors and other government entities for review and approval.</li> <li>2. Analyze and resolve operating and fiscal management problems; prepare, review, and evaluate a variety of materials including financial reports, budget status reports, contracts, leases and other documents in order to identify problems and trends, develop solutions, and advise management on alternative courses of action; research and interpret documentation related to assigned functions to determine applicable precedents, regulations and/or administrative guidelines.</li> </ol> <p>Perform related duties as assigned.</p>
<b>C</b>	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>The former employee has served as the Management Analyst III for the Secretary of State's office since 2018. She has worked for the Secretary of State in various roles since 2004. During her tenure, she gained invaluable knowledge of the workings of Commercial Recordings and accounting, which she used in her final role as MA3 to provide expert knowledge for the development of the new Cenuity system. During this contract, the accounting staff will ensure all procedure manuals are revised to include pertinent information provided by this former employee.</p>
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>The existing State employees are not trained in all the complex duties in accounts receivable. Three of the four staff in accounts receivable have taken new positions at different State agencies, leaving one staff member to carry out all the duties, however, that staff member was not fully trained. We are preparing to hire two new staff members, but do not have sufficient expertise in order to train them.</p>

<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	n/a
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$40.34, plus administrative markup fee
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	Management Analyst III, Grade 37 Step 10, which is \$40.34 per hour.
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	n/a
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Accounts Receivable recently experienced a severe staffing shortage when 75% of its staff accepted positions in other State agencies. The remaining staff members do not have the training or expertise to sufficiently train incoming staff. To bridge the knowledge gap in accounting, we hired this contractor for up to 4 months to train new and existing staff. The contractor has trained the Accountant Technician II on the proper processes for various duties including handling of the Trust accounts, dealing with customer refund requests, handling the daily exception report and many daily issues that have arisen. However, many duties have not been addressed due to system issues and continuous staffing shortages. Therefore, the agency must extend this contract for another 6 months
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	May 23, 2023 – November 10, 2023
<b>L</b>	<b>Will the former employee be working full-time or part time? If part time, how many hours?</b>
	Part time. The former employee will work up to 30 hours per week.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No.

**Comments – Provide any additional comments:**

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

  
Signature of Agency Head Authorizing Request

  
Date

  
Purchasing Administrator Signature (if a Statewide Contract)

4/3/2023  
Date

  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 10, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kirk Hawkins, 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 Susan Harrowa, to perform as a Roadway Construction Inspector to assure compliance with the plans, specifications, and safety requirements for the District II betterment projects through HDR Engineering, Inc.

Additional Information:

Ms. Harrowa retired from the department May 1, 2023 and is receiving pension benefits. Her specialized knowledge and expertise with the department's construction documentation and policy brings tremendous value related to betterment inspection services. The department intends to contract with Ms. Harrowa from May 16, 2023, through May 10, 2025 on a full-time basis with seasonal layoffs.

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

March 28, 2023

**To:** State of Nevada Board of Examiners  
**From:** Tracy Larkin Thomason, PE, Director  
**Subject:** Authorization to Contract with a Former Employee – Susan Harrowa

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### SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with a retired state employee, Ms. Susan Harrowa. Ms. Harrowa retired from state service on May 5, 2023. HDR Engineering, Inc. has hired Ms. Harrowa to work as one of HDR's Roadway Construction Inspectors on NDOT Agreement P539-19-040, NDOT Betterments District 2.

### BACKGROUND

NDOT District Betterment projects allow for small projects to be designed and constructed to repair small maintenance problems that do not require a full NDOT Design squad to design but can be designed and constructed in a short period of time using state funds. These projects typically range in cost around \$1,000,000 and can be completed in 20 (+/-) working days. NDOT consults out the construction management of these projects to Service Providers since our own construction crews do not have the staff or time to administer these projects. Typically, each District has about 7 to 10 Betterment projects annually.

The goal of this agreement is to assist the Department in administering the construction of these Betterment contracts per State of Nevada Transportation Standards. Through a Request for Proposal (RFP) process, HDR Engineering, Inc. was selected to perform the required services for the Betterment Projects in District 2. Ms. Harrowa began her employment with HDR Engineering on May 8, 2023. Upon her start, HDR Engineering, Inc. requested to use Ms. Harrowa's inspection expertise to assist their services since HDR has been given six Betterment projects for 2023 to complete. Ms. Harrowa spent 31 years working for the District 2 Construction Crews and Construction Office and brings tremendous value and expertise related to Betterment inspection services that HDR would supply.

At no time during Ms. Harrow's State Service was she involved in the RFP procurement and selection of the HDR Engineering, Inc. for the required design services for the Betterments project.

### RECOMMENDATION

We respectfully request your consideration for approval for NDOT to allow the addition of Ms. Harrowa to the HDR Engineering, Inc. team to inspect the District 2 Betterment projects associated with Agreement P539-19-040.

DocuSigned by:  
  
Tracy Larkin Thomason, P.E., Director



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

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

RECEIVED

APR 04 2023

GOVERNOR'S PURCHASE OFFICE  
 PURCHASING DIVISION

### Authorization to Contract with a Former Employee

Employee Information			
<b>Former Employee Name:</b>	Susan Harrowa		
<b>Former Employee ID Number:</b>	10456		
<b>Former Job Title:</b>	Staff 2, Associate Engineer		
<b>Former Employee Agency:</b>	Nevada Department of Transportation		
<b>Former Class and Grade:</b>	<b>Class:</b>	Engineering 6.211	<b>Grade:</b> 37
<b>Former Employment Dates:</b>	<b>From:</b>	January 14, 1992	<b>To:</b> May 1, 2023
<b>Requesting Agency:</b>	Nevada Department of Transportation		
<b>Vendor:</b>	HDR Engineering, 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.
<b>X</b>	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>Nevada DOT Highway Construction Crew Project Inspector monitoring NDOT's contractors to assure compliance with the project plans, specifications, and safety requirements.</p>
<b>B</b>	<p><b>Document former job description.</b></p> <p>Supervisor 2, Associate Engineer supporting NDOT's construction crews with AASHTO Ware Project Documentation while working in NDOT's Construction Office.</p>
<b>C</b>	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>Yes, Ms. Harrowa is familiar with NDOT Construction Documentation and policy. No, there is no clause in the contract for transfer of specialized knowledge of contracting agency.</p>
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>Manpower shortage due to the increasing size of the NDOT work program and shortage of inspectors statewide.</p>



<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	N/A – no relationship exists.
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$53/hour
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	\$27.07 to \$40.34 (Grade 37)
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	The contract rate exceeds the maximum rate for Ms. Harrowa's previous rate. The contract employee is seasonal with layoffs during the winter when project work is suspended, and work locations vary throughout the state with temporary assignments. Benefits like sick leave and retirement in the private sector are also different.
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Limited quality staff available.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	Start Date: May 16, 2023 End Date: May 10, 2025
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Full-time with seasonal layoffs
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No

**Comments – Provide any additional comments:**

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

DocuSigned by:  
Tracy Larkin Thomason 04/02/2023  
Signature of Agency Head Authorizing Request Date

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

ML 4/10/23  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 10, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Kirk Hawkins, Executive Branch Budget Officer  
Governor's Finance Office  
Subject: BOARD OF EXAMINERS **ACTION** ITEM

A handwritten signature in blue ink, appearing to be "K.A.", located to the right of the "From:" field.

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 Tony Howerton, to perform as a Roadway Construction Inspector to assure compliance with the plans, specifications, and safety requirements for the District II betterment projects through HDR Engineering, Inc.

Additional Information:

Mr. Howerton retired from the department April 16, 2023 and is receiving pension benefits. His specialized knowledge and expertise with the department's Construction Documentation and policy brings tremendous value related to betterment inspection services. The department intends to contract with Mr. Howerton from May 9, 2023, through April 15, 2024 on a full-time basis with seasonal layoffs.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: _____ ACTION ITEM: _____
---------------------------------------

A handwritten signature in blue ink is written over the "REVIEWED:" line of the form.



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

## MEMORANDUM

April 3, 2023

**To:** Governor's Finance Office  
**From:** Tracy Larkin Thomason, Director  
**Subject:** Authorization to Contract with a Former Employee – Tony Howerton

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### SUMMARY

Pursuant to the Administrative Manual Section 0323, the Nevada Department of Transportation (NDOT) requests the authority to contract with a retired state employee, Mr. Tony Howerton. Mr. Howerton retired from state service on April 16, 2023. HDR Engineering, Inc. will be hiring Mr. Howerton to work as one of HDR's Roadway Construction Inspectors on NDOT Agreement P539-19-040 for NDOT Betterments in District II.

### BACKGROUND

NDOT District Betterment projects allow for small projects to be designed and constructed to repair small maintenance problems that do not require a full NDOT Design team to design but can be designed and constructed in a short period of time using state funds. These projects typically range in cost around \$1,000,000 and can be completed in 20 (+/-) working days. NDOT consults out the construction management of these projects to Service Providers since our own construction crews do not have the staff or time to administer these projects. Typically, each District has about seven to ten Betterment projects annually.

The goal of this agreement is to assist the Department in administering the construction of these Betterment contracts per State of Nevada Transportation Standards. Through a Request for Proposal (RFP) process, HDR Engineering, Inc. was selected to perform the required services for the Betterment Projects in District II. Mr. Howerton will begin his employment with HDR Engineering on May 9, 2023. HDR Engineering requests to use Mr. Howerton's expertise to assist with their services because HDR has been given six Betterment projects for 2023 to complete. Mr. Howerton spent eighteen months working for the District II Maintenance Facilities Crews and brings tremendous value and expertise related to Betterment inspection services that HDR would supply.

At no time during Mr. Howerton's State Service was he involved in the RFP procurement and selection of HDR Engineering, Inc. for the required design services for the Betterments project.

### RECOMMENDATION

We respectfully request your consideration for approval for NDOT to allow the addition of Mr. Howerton to the HDR Engineering, Inc. team to inspect the District II Betterment projects associated with Agreement P539-19-040.

DocuSigned by:

*Tracy Larkin Thomason*

Tracy Larkin Thomason, P.E., Director



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

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

RECEIVED

APR 04 2023

GOVERNOR'S FINANCE OFFICE  
 SUPPORT DIVISION

### Authorization to Contract with a Former Employee

Employee Information				
<b>Former Employee Name:</b>	Tony Howerton			
<b>Former Employee ID Number:</b>	8906			
<b>Former Job Title:</b>	Facility Manager – District 2 Maintenance			
<b>Former Employee Agency:</b>	Nevada Department of Transportation			
<b>Former Class and Grade:</b>	<b>Class:</b>	6.211	<b>Grade:</b>	37
<b>Former Employment Dates:</b>	<b>From:</b>	9/20/2021	<b>To:</b>	4/16/2023
<b>Requesting Agency:</b>	Department of Transportation			
<b>Vendor:</b>	HDR Engineering, 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.
<b>X</b>	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<p><b>Summarize scope of contract work.</b></p> <p>Nevada DOT Highway Construction Crew Project Inspector monitoring NDOT's contractors to assure compliance with the project plans, specifications, and safety requirements.</p>
<b>B</b>	<p><b>Document former job description.</b></p> <p>Worked for the District 2 Maintenance Office performing building maintenance throughout the Northern Nevada performing such tasks as overseeing concrete repairs, installation of utilities and overseeing purchases.</p>
<b>C</b>	<p><b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b></p> <p>Yes, Mr. Howerton is familiar with NDOT Construction Documentation and policy. No, there is no clause in the contract for transfer of specialized knowledge of contracting agency.</p>
<b>D</b>	<p><b>Explain why existing State employees within your agency cannot perform this function.</b></p> <p>Manpower shortage due to the increasing size of the NDOT work program and shortage of inspectors statewide.</p>

<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b>
	N/A – no relationship exists.
<b>F</b>	<b>List contractors' hourly rate.</b>
	\$37/hour
<b>G</b>	<b>List the range of comparable State employee rates.</b>
	\$23.56 to \$35.12 per hour (Grade 37)
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b>
	N/A
<b>I</b>	<b>Document justification for hiring contractor.</b>
	Limited quality staff available.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b>
	Yes
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b>
	May 9, 2023 through April 15, 2024
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b>
	Full-time with seasonal layoffs
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b>
	No

<b>Comments – Provide any additional comments:</b>

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

DocuSigned by:  
Tracy Larkin Thomason 04/04/2023  
Signature of Agency Head Authorizing Request Date

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

ML 4/10/23  
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**

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Phone: (775) 684-0222 | [www.budget.nv.gov](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 10, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Jenny Helton, 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.

**NEVADA STATE ATHLETIC COMMISSION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada State Athletic Commission (NSAC) requests authority to contract with Michael Chavez, a current Correctional Officer with the Department of Corrections, to provide inspector services at NSAC sanctioned weigh-ins and events.

Additional Information:

NRS 467.050 allows NSAC to utilize and employ inspectors as independent contractors. NSAC does not have the staff with sufficient knowledge to support the regulatory oversight and duties required during NSAC sanctioned weigh-ins and events. Mr. Chavez has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. NSAC intends to contract with Mr. Chavez part time from July 2023 through June 2027.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: dt 4-18-23  
ACTION ITEM: \_\_\_\_\_





Joe Lombardo  
*Governor*

STATE OF NEVADA  
ATHLETIC COMMISSION

Jeff Mullen  
*Executive Director*

**Chairman:** Anthony A. Marnell III

**Members:** Christopher Ault, Gregory Bortolin, Alexander G. Chen, James Murren

## **MEMORANDUM**

**To:** State of Nevada Board of Examiners

**From:** Jeff Mullen, Executive Director

**Date:** April 7, 2023

**Subject:** Authorization to Contract with a Current Employee – Michael Chavez

### **SUMMARY**

Pursuant to the Administrative Manual Section 0323, the Nevada State Athletic Commission (NSAC) requests the authority to contract with current state employee, Michael Chavez.

### **BACKGROUND**

It is not cost effective for the state to maintain full or part-time staff with sufficient knowledge to support the regulatory oversight and duties required during events. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. Utilizing Independent Contractors allows us to assign the correct coverage required for male/female combatants, as well as utilizing specific skills sets for these individuals such as language skills. Combatants come from all over the world to compete in Nevada, the contracted Inspectors assist in ensuring that rules and regulations are understood by non-English speakers and their fight camps. Currently, within our pool of Inspectors, we have individuals who assist with Mandarin, Spanish, Russian, Japanese, Tagalog, and Portuguese, speaking combatants and camps.

The agency would accrue additional overtime trying to fulfill these obligations.

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

This vendor has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory. Due to the inherently dangerous nature of the sport, it is imperative that the entire NSAC team (including Inspectors), are well versed in the regulations/statutes/rules and catastrophic injury protocol. Mr. Chavez has proven himself to be an asset in this area.

**RECOMMENDATION**

We respectfully request your consideration for approval for NSAC to engage Mr. Michael Chavez as an Independent Contractor to provide Inspector Services at NSAC sanctioned weigh-ins and events, in all counties in the State of Nevada.



Jeff Mullen, Executive Director



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Current Employee**

Employee Information				
<b>Employee Name:</b>	<b>Michael Chavez</b>			
<b>Employee ID Number:</b>	<b>28376</b>			
<b>Job Title:</b>	<b>Corrections Officer</b>			
<b>Current Employee Agency:</b>	<b>NV Department of Corrections</b>			
<b>Current Class and Grade:</b>	<b>Class:</b>	<b>34</b>	<b>Grade:</b>	<b>10</b>
<b>Employment Dates:</b>	<b>From:</b>	<b>6/16/2003</b>	<b>To:</b>	<b>Present</b>
<b>Requesting Agency:</b>	<b>Athletic Commission</b>			
<b>Vendor:</b>	<b>Michael Chavez</b>			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
<b>A</b>	Summarize scope of contract work. Scope of work includes supporting the Athletic Commission staff during unarmed combat sport weigh-ins and events. High level summary of duties include - Pre-Inspection of Premises; Dressing Rooms; Gloves Review; Corner Inspectors; Dressing Rooms; Post-Fight Support; Other Duties as required.
<b>B</b>	Document the employee's current job description. Corrections officer – Maintain and supervise inmates in State correctional facilities in a controlled (humane) environment
<b>C</b>	Explain how this differs from current State duties. Contract role helps support the regulatory oversight of unarmed combat
<b>D</b>	Explain why existing State employees within your agency cannot perform these duties.

	Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b> There is no relationship between any Athletic Commission staff member and the contractor/s, including the individuals who oversee, monitor, or establish the contract.
<b>F</b>	<b>List contractors' hourly rate.</b> Contractors are paid per weigh-in or event. There is a sliding scale based on the size of the event. The average time at an event is 10 hours, therefore the hourly range falls between \$17.50 and \$20.00 per hour.
<b>G</b>	<b>List the range of comparable State employee rates.</b> Based off the type of skills that are sought for contractors their comparable State employee rates on average would fall between \$23.78 - \$55.67 per hour.
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).</b> N/A
<b>I</b>	<b>Document justification for hiring contractor.</b> This vendor has knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b> NO
<b>K</b>	<b>What is the duration of the contract with the current employee? (Include start and end date)</b> Inspector Contracts are for a four (4) year period. If approved the contract period would be from 7/1/2023 to 6/30/2027.
<b>L</b>	<b>Will the current employee be working full time or part time? If part time, how many hours?</b> Less than part time. Assignments are based on contractor availability and at times assignments are considered by skill level, I.E, language skills as our combatants are international. This individual worked approximately 55 hours over the course of Fiscal Year 2022
<b>M</b>	<b>Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b> NO

**Comments – Provide any additional comments:**

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.  
Inspectors are an integral part of the Nevada State Athletic Commission team.

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



Signature of Agency Head Authorizing Request

4/4/2023

Date

Purchasing Administrator Signature (if a Statewide Contract)

Date



Budget Analyst Signature

4.17.23

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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 11, 2023

To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office

From: Jenny Helton, 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.

**NEVADA STATE ATHLETIC COMMISSION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada State Athletic Commission (NSAC) requests authority to contract with Marcela Barron Cruz, a current Dental Assistant at the UNLV School of Dental Medicine, to provide inspector services at NSAC sanctioned weigh-ins and events.

Additional Information:

NRS 467.050 allows NSAC to utilize and employ inspectors as independent contractors. NSAC does not have the staff with sufficient knowledge to support the regulatory oversight and duties required during NSAC sanctioned weigh-ins and events. Ms. Barron Cruz has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. NSAC intends to contract with Ms. Barron Cruz part time from July 2023 through June 2027.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: At 4-18-23  
ACTION ITEM: \_\_\_\_\_



Joe Lombardo  
*Governor*

STATE OF NEVADA  
ATHLETIC COMMISSION

Jeff Mullen  
*Executive Director*

**Chairman:** Anthony A. Marnell III

**Members:** Christopher Ault, Gregory Bortolin, Alexander G. Chen, James Murren

## **MEMORANDUM**

**To:** State of Nevada Board of Examiners

**From:** Jeff Mullen, Executive Director

**Date:** April 7, 2023

**Subject:** Authorization to Contract with a Current Employee – Marcela Barron Cruz

### **SUMMARY**

Pursuant to the Administrative Manual Section 0323, the Nevada State Athletic Commission (NSAC) requests the authority to contract with current state employee, Marcela Barron Cruz.

### **BACKGROUND**

It is not cost effective for the state to maintain full or part-time staff with sufficient knowledge to support the regulatory oversight and duties required during events. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. Utilizing Independent Contractors allows us to assign the correct coverage required for male/female combatants, as well as utilizing specific skills sets for these individuals such as language skills. Combatants come from all over the world to compete in Nevada, the contracted Inspectors assist in ensuring that rules and regulations are understood by non-English speakers and their fight camps. Currently, within our pool of Inspectors, we have individuals who assist with Mandarin, Spanish, Russian, Japanese, Tagalog, and Portuguese, speaking combatants and camps.

The agency would accrue additional overtime trying to fulfill these obligations.

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

This vendor has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory. Due to the inherently dangerous nature of the sport, it is imperative that the entire NSAC team (including Inspectors), are well versed in the regulations/statutes/rules and catastrophic injury protocol. Ms. Barron Cruz has proven herself to be an asset in this area.

**RECOMMENDATION**

We respectfully request your consideration for approval for NSAC to engage Ms. Marcela Barron Cruz as an Independent Contractor to provide Inspector Services at NSAC sanctioned weigh-ins and events, in all counties in the State of Nevada.

A handwritten signature in blue ink, appearing to read "J. Mullen", is written over a horizontal line. The signature is fluid and cursive.

Jeff Mullen, Executive Director





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Current Employee**

Employee Information				
<b>Employee Name:</b>	<b>Marcela Barron Cruz</b>			
<b>Employee ID Number:</b>	157937			
<b>Job Title:</b>	Dental Assistant 2			
<b>Current Employee Agency:</b>	NSHE – UNLV Dental Medicine - Clinical			
<b>Current Class and Grade:</b>	<b>Class:</b>	25	<b>Grade:</b>	10
<b>Employment Dates:</b>	<b>From:</b>	9/20/2010	<b>To:</b>	Present
<b>Requesting Agency:</b>	Athletic Commission			
<b>Vendor:</b>	Marcela Barron Cruz			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
	<b>Summarize scope of contract work.</b>
<b>A</b>	Scope of work includes supporting the Athletic Commission staff during unarmed combat sport weigh-ins and events. High level summary of duties include - Pre-Inspection of Premises; Dressing Rooms; Gloves Review; Corner Inspectors; Dressing Rooms; Post-Fight Support; Other Duties as required.
	<b>Document the employee's current job description.</b>
<b>B</b>	Dental Assistant 2 - position provide assistance to dentists in the general or specialized treatment of patients in both routine and emergency procedures in the areas of diagnostic, preventive, orthodontic, oral surgery, and prosthodontic dental care.
	<b>Explain how this differs from current State duties.</b>
<b>C</b>	Contractor role helps support the regulatory oversight of unarmed combat
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform these duties.</b>

	Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b> There is no relationship between any Athletic Commission staff member and the contractor/s, including the individuals who oversee, monitor, or establish the contract.
<b>F</b>	<b>List contractors' hourly rate.</b> Contractors are paid per weigh-in or event. There is a sliding scale based on the size of the event. The average time at an event is 10 hours, therefore the hourly range falls between \$17.50 and \$20.00 per hour.
<b>G</b>	<b>List the range of comparable State employee rates.</b> Based off the type of skills that are sought for contractors their comparable State employee rates on average would fall between \$23.78 - \$55.67 per hour.
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).</b> N/A
<b>I</b>	<b>Document justification for hiring contractor.</b> This vendor has knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b> NO
<b>K</b>	<b>What is the duration of the contract with the current employee? (Include start and end date)</b> Inspector Contracts are for a four (4) year period. If approved the contract period would be from 7/1/2023 to 6/30/2027.
<b>L</b>	<b>Will the current employee be working full time or part time? If part time, how many hours?</b> Less than part time. Assignments are based on contractor availability and at times assignments are considered by skill level, I.E, language skills as our combatants are international. This individual worked approximately 180 hours over the course of Fiscal Year 2022. Expect future fiscal year estimates to be similar.
<b>M</b>	<b>Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b> NO

**Comments – Provide any additional comments:**

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

Inspectors are an integral part of the Nevada State Athletic Commission team.

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

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

4/4/2023  
\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

4-17-23  
\_\_\_\_\_  
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: April 10, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Jenny Helton, 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.

**NEVADA STATE ATHLETIC COMMISSION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada State Athletic Commission (NSAC) requests authority to contract with Mallory Triplett, a current Lieutenant with the Department of Public Safety, to provide inspector services at NSAC sanctioned weigh-ins and events.

Additional Information:

NRS 467.050 allows NSAC to utilize and employ inspectors as independent contractors. NSAC does not have the staff with sufficient knowledge to support the regulatory oversight and duties required during NSAC sanctioned weigh-ins and events. Ms. Triplett has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. NSAC intends to contract with Ms. Triplett part time from July 2023 through June 2027.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: AT 4-18-23  
ACTION ITEM: \_\_\_\_\_



Joe Lombardo  
*Governor*

STATE OF NEVADA  
ATHLETIC COMMISSION

Jeff Mullen  
*Executive Director*

**Chairman:** Anthony A. Marnell III

**Members:** Christopher Ault, Gregory Bortolin, Alexander G. Chen, James Murren

## **MEMORANDUM**

**To:** State of Nevada Board of Examiners

**From:** Jeff Mullen, Executive Director

**Date:** April 7, 2023

**Subject:** Authorization to Contract with a Current Employee – Mallory Triplett

### **SUMMARY**

Pursuant to the Administrative Manual Section 0323, the Nevada State Athletic Commission (NSAC) requests the authority to contract with current state employee, Mallory Triplett.

### **BACKGROUND**

It is not cost effective for the state to maintain full or part-time staff with sufficient knowledge to support the regulatory oversight and duties required during events. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. Utilizing Independent Contractors allows us to assign the correct coverage required for male/female combatants, as well as utilizing specific skills sets for these individuals such as language skills. Combatants come from all over the world to compete in Nevada, the contracted Inspectors assist in ensuring that rules and regulations are understood by non-English speakers and their fight camps. Currently, within our pool of Inspectors, we have individuals who assist with Mandarin, Spanish, Russian, Japanese, Tagalog, and Portuguese, speaking combatants and camps.

The agency would accrue additional overtime trying to fulfill these obligations.

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

This vendor has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory. Due to the inherently dangerous nature of the sport, it is imperative that the entire NSAC team (including Inspectors), are well versed in the regulations/statutes/rules and catastrophic injury protocol. Ms. Triplett has proven herself to be an asset in this area.

**RECOMMENDATION**

We respectfully request your consideration for approval for NSAC to engage Ms. Mallory Triplett as an Independent Contractor to provide Inspector Services at NSAC sanctioned weigh-ins and events, in all counties in the State of Nevada.



Jeff Mullen, Executive Director



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Current Employee**

Employee Information				
<b>Employee Name:</b>	<b>Mallory Triplett</b>			
<b>Employee ID Number:</b>	42325			
<b>Job Title:</b>	Lieutenant			
<b>Current Employee Agency:</b>	Department of Public Safety			
<b>Current Class and Grade:</b>	<b>Class:</b>	44	<b>Grade:</b>	8
<b>Employment Dates:</b>	<b>From:</b>	02/06/2012	<b>To:</b>	Present
<b>Requesting Agency:</b>	Athletic Commission			
<b>Vendor:</b>	Mallory Triplett			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
<b>A</b>	Summarize scope of contract work. Scope of work includes supporting the Athletic Commission staff during unarmed combat sport weigh-ins and events. High level summary of duties include - Pre-Inspection of Premises; Dressing Rooms; Gloves Review; Corner Inspectors; Dressing Rooms; Post-Fight Support; Other Duties as required.
<b>B</b>	Document the employee's current job description. Criminal Investigator -
<b>C</b>	Explain how this differs from current State duties. Contractor role helps support the regulatory oversight of unarmed combat
<b>D</b>	Explain why existing State employees within your agency cannot perform these duties.

	<p>Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks.</p>
E	<p><b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b></p>
	<p>There is no relationship between any Athletic Commission staff member and the contractor/s, including the individuals who oversee, monitor, or establish the contract.</p>
F	<p><b>List contractors' hourly rate.</b></p>
	<p>Contractors are paid per weigh-in or event. There is a sliding scale based on the size of the event. The average time at an event is 10 hours, therefore the hourly range falls between \$17.50 and \$20.00 per hour.</p>
G	<p><b>List the range of comparable State employee rates.</b></p>
	<p>Based off the type of skills that are sought for contractors their comparable State employee rates on average would fall between \$23.78 - \$55.67 per hour.</p>
H	<p><b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%).</b></p>
	<p>N/A</p>
I	<p><b>Document justification for hiring contractor.</b></p>
	<p>This vendor has knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.</p>
J	<p><b>Will the employee be collecting PERS at any time during the contract?</b></p>
	<p>NO</p>
K	<p><b>What is the duration of the contract with the current employee? (Include start and end date)</b></p>
	<p>Inspector Contracts are for a four (4) year period. If approved the contract period would be from 7/1/2023 to 6/30/2027.</p>
L	<p><b>Will the current employee be working full time or part time? If part time, how many hours?</b></p>
	<p>Less than part time. Assignments are based on contractor availability and at times assignments are considered by skill level, I.E, language skills as our combatants are international. This individual worked approximately 208 hours over the course of Fiscal Year 2022. Expect future fiscal year estimates to be similar.</p>
M	<p><b>Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b></p>
	<p>NO</p>

**Comments – Provide any additional comments:**

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

Inspectors are an integral part of the Nevada State Athletic Commission team.





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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 10, 2023

To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**NEVADA STATE ATHLETIC COMMISSION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the Nevada State Athletic Commission (NSAC) requests authority to contract with ReNe'e Lightford Shivers, a former Criminal Investigator with the Secretary of State, to provide inspector services at NSAC sanctioned weigh-ins and events.

Additional Information:

NRS 467.050 allows NSAC to utilize and employ inspectors as independent contractors. NSAC does not have the staff with sufficient knowledge to support the regulatory oversight and duties required during NSAC sanctioned weigh-ins and events. Ms. Lightford Shivers retired from the Office of the Secretary of State on February 3, 2023, and is receiving pension benefits. She has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. NSAC intends to contract with Ms. Lightford Shivers part-time from July 2023 through June 2027.

Statutory Authority:

NRS 333.705 (1)

REVIEWED: At 4-18-23  
ACTION ITEM: \_\_\_\_\_



Joe Lombardo  
*Governor*

STATE OF NEVADA  
ATHLETIC COMMISSION

Jeff Mullen  
*Executive Director*

*Chairman:* Anthony A. Marnell III

*Members:* Christopher Ault, Gregory Bortolin, Alexander G. Chen, James Murren

## **MEMORANDUM**

**To:** State of Nevada Board of Examiners

**From:** Jeff Mullen, Executive Director

**Date:** April 7, 2023

**Subject:** Authorization to Contract with a Former Employee – ReNe'e Lightford Shivers

### **SUMMARY**

Pursuant to the Administrative Manual Section 0323, the Nevada State Athletic Commission (NSAC) requests the authority to contract with former state employee, ReNe'e Lightford Shivers.

### **BACKGROUND**

It is not cost effective for the state to maintain full or part-time staff with sufficient knowledge to support the regulatory oversight and duties required during events. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. Utilizing Independent Contractors allows us to assign the correct coverage required for male/female combatants, as well as utilizing specific skills sets for these individuals such as language skills. Combatants come from all over the world to compete in Nevada, the contracted Inspectors assist in ensuring that rules and regulations are understood by non-English speakers and their fight camps. Currently, within our pool of Inspectors, we have individuals who assist with Mandarin, Spanish, Russian, Japanese, Tagalog, and Portuguese, speaking combatants and camps.

The agency would accrue additional overtime trying to fulfill these obligations.

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

This vendor has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory. Due to the inherently dangerous nature of the sport, it is imperative that the entire NSAC team (including Inspectors), are well versed in the regulations/statutes/rules and catastrophic injury protocol. Ms. Lightford Shivers has proven herself to be an asset in this area.

**RECOMMENDATION**

We respectfully request your consideration for approval for NSAC to engage Ms. Lightford Shivers as an Independent Contractor to provide Inspector Services at NSAC sanctioned weigh-ins and events, in all counties in the State of Nevada.



Jeff Mullen, Executive Director



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

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

**Authorization to Contract with a Former Employee**


Employee Information				
Former Employee Name:	ReNe'e A. Lightford			
Former Employee ID Number:	10467			
Former Job Title:	Criminal Investigator III			
Former Employee Agency:	Nevada Secretary of State			
Former Class and Grade:	Class:	40	Grade:	10
Former Employment Dates:	From:	8/2016	To:	2/2/2023
Requesting Agency:	Nevada State Athletic Commission			
Vendor:	ReNe'e Lightford Shivers			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
<b>X</b>	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
<b>A</b>	<b>Summarize scope of contract work.</b> Scope of work includes supporting the Athletic Commission staff during unarmed combat sport weigh-ins and events. High level summary of duties include - Pre-Inspection of Premises; Dressing Rooms; Gloves Review; Corner Inspectors; Dressing Rooms; Post-Fight Support; Other Duties as required.
<b>B</b>	<b>Document former job description.</b> Criminal Investigator III – Incumbents are assigned responsibility for investigative assignments or functions within an enforcement area (e.g., task force, general investigations unit).
<b>C</b>	<b>Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?</b> NO
<b>D</b>	<b>Explain why existing State employees within your agency cannot perform this function.</b>

	Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks.
<b>E</b>	<b>Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.</b> There is no relationship between any Athletic Commission staff member and the contractor/s, including the individuals who oversee, monitor, or establish the contract.
<b>F</b>	<b>List contractors' hourly rate.</b> Contractors are paid per weigh-in or event. There is a sliding scale based on the size of the event. The average time at an event is 10 hours, therefore the hourly range falls between \$17.50 and \$20.00 per hour.
<b>G</b>	<b>List the range of comparable State employee rates.</b> Based off the type of skills that are sought for contractors their comparable State employee rates on average would fall between \$23.78 - \$55.67 per hour.
<b>H</b>	<b>Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?</b> N/A
<b>I</b>	<b>Document justification for hiring contractor.</b> This vendor has knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.
<b>J</b>	<b>Will the employee be collecting PERS at any time during the contract?</b> YES
<b>K</b>	<b>What is the duration of the contract with the former employee? (Include start and end date)</b> Inspector Contracts are for a four (4) year period. If approved the contract period would be from 7/1/2023 to 6/30/2027.
<b>L</b>	<b>Will the former employee be working full time or part time? If part time, how many hours?</b> Less than part time. Assignments are based on contractor availability and at times assignments are considered by skill level, I.E, language skills as our combatants are international. This individual worked approximately 155 hours over the course of Fiscal Year 2022. Expect future fiscal year estimates to be similar.
<b>M</b>	<b>Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).</b> NO

**Comments – Provide any additional comments:**  
NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.  
Inspectors are an integral part of the Nevada State Athletic Commission team.

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

  
\_\_\_\_\_  
Signature of Agency Head Authorizing Request      Date      4/4/2023

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

  
\_\_\_\_\_  
Budget Analyst Signature      Date      4-17-23

\_\_\_\_\_  
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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 17, 2023  
To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office  
From: Bridgette Garrison, 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.

**NEVADA GAMING CONTROL BOARD – NEVADA GAMING COMMISSION**

Agenda Item Write-up:

Pursuant to NRS 463.123, subsection 2, the Nevada Gaming Control Board requests approval to remove delinquent debt from the Nevada Gaming Commission's records.


Additional Information:

The amount requested to be deemed as bad debt is \$1,035. A listing of the debt is included in the attached schedule. The board will recall that the Nevada Gaming Commission does not use the typical process for bad debt write off initiated by the State Controller pursuant to 353C.220.

The Gaming Control Board reviewed the vendor listed on the bad debt schedule and found the vendor is in active status with the Secretary of State. Additionally, the state has not made any payments to the vendor in the last year.

Statutory Authority:

NRS 463.123(2)

REVIEWED: 
ACTION ITEM: _____





JOE LOMBARDO  
Governor

## NEVADA GAMING CONTROL BOARD

1919 College Parkway, P.O. Box 8003, Carson City, Nevada 89702  
555 E. Washington Avenue, Suite 2600, Las Vegas, Nevada 89101  
3650 S. Pointe Circle, Suite 203, P.O. Box 31109, Laughlin, Nevada 89028  
557 W. Silver Street, Suite 207, Elko, Nevada 89801  
9790 Gateway Drive, Suite 100, Reno, Nevada 89521  
750 Pilot Road, Suite I, Las Vegas, Nevada 89119

KIRK D. HENDRICK, *Chairman*  
HON. GEORGE ASSAD (RET.), *Member*  
BRITTNIE WATKINS, *Member*

March 7, 2023

RECEIVED

MAR 17 2023

Las Vegas  
(702) 486-2000  
Fax: (702) 486-2045

State Board of Examiners  
209 E Musser St, Room 200  
Carson City NV 89701

GOVERNOR'S FINANCE OFFICE  
BUDGET DIVISION

Re: Nevada Gaming Commission – Designation of Bad Debts

Dear Board Members:

The Nevada Gaming Control Board ("Board") requests that the State Board of Examiners ("BOE") notice and agenda the following matter for the purpose of designating the attached delinquent amounts as bad debts pursuant to NRS 463.123.

Once the Board exhausted its collection efforts, these amounts were transferred to the Controller's Office as required by NRS 353C.195. The total amount proposed for write-off is \$1,035, while collections for fiscal year 2022 totaled \$1,161,473,524. As a result, the collection rate for the period was over 99.999%. If approved, this amount will be removed from the Nevada Gaming Commission's financial accounting records; however, the Controller's Office may continue its collection effort.

It is respectfully suggested that BOE action be taken at the April 11, 2023 meeting.

Sincerely,

Kirk D. Hendrick  
Chairman

KH/CL:jm

cc: Brittnie Watkins, Member  
George Assad, Member  
Nicole Rupert, Executive Secretary  
Tax and License Division, Carson City  
Records & Research

Enclosure: 2022 Bad Debt Write-Off Schedule  
Additional Information Previously Requested by BOE

Nevada Gaming Commission  
2022 Bad Debt Write-Off Schedule

Location ID	Location Name	Effective Date	Total Due	Comments
17432-04	Joe Bob's Bar And Grill	4/1/2022	\$ 1,035.00	Pursuant to NRS 463.373 and NRS 463.270(5), the amount due is for quarterly slot machine fees and applicable penalties.

Total Amount: \$ 1,035.00

Nevada Gaming Control Board  
 Additional Information Previously Requested by the Board of Examiners

Location ID	Location Name	Yes	No	Comments
17432-04	JOE BOB'S BAR AND GRILL			
	1) Does the location currently have a Nevada State gaming license?		X	Deemed surrendered - nonpayment per NRS 463.270(7)
	2) Does the entity have an active business license with the State?		X	
	3) Does the entity have an active business license with the local jurisdiction?		X	
	4) Has the State made recent payments to the entity through the DAWN system?		X	

Note: The information, for the specific location noted above, is maintained in the Nevada Gaming Control Board - Tax and License Division files.

**REQUESTS FOR THE ALLOCATION AND DISBURSEMENT OF FUNDS FOR SALARY ADJUSTMENTS**

The 2021 Legislature, through Assembly Bill 493, Section 13, for employees of the Tahoe Regional Planning Agency, there is hereby appropriated from the State General Fund to the State Board of Examiners the sum of not more than \$18,659 for the fiscal year beginning on July 1, 2022, and ending on June 30, 2023. The amounts transferred must not be used to increase an employee's base salary unless the State of California provides the required 2-for-1 matching funds. If such matching funds are not provided by the State of California, any amounts provided to the Tahoe Regional Planning Agency by the State of Nevada must be used as a one-time salary bonus.

The following request for an allocation from the General Fund salary adjustment account to use as a one-time salary bonus is recommended by the Director of Finance:

<b>BA#</b>	<b>BUDGET ACCOUNT NAME</b>	<b>GENERAL FUND ADJUSTMENT</b>	<b>HWY FUND ADJUSTMENT</b>
4204	Tahoe Regional Planning Agency	18,659	
	<b>Total</b>	<b>\$18,659</b>	



**TAHOE  
REGIONAL  
PLANNING  
AGENCY**

**Mail**  
PO Box 5310  
Stateline, NV 89449-5310

**Location**  
128 Market Street  
Stateline, NV 89449

**Contact**  
Phone: 775-588-4547  
Fax: 775-588-4527  
[www.trpa.gov](http://www.trpa.gov)

March 9th, 2023

Nevada Board of Examiners  
C/O Nevada Budget Office  
209 East Musser Street, Room 200  
Carson City, Nevada 89701-4298

Dear Ms. Amy Stephenson:

The Tahoe Regional Planning Agency (TRPA) requests the release of \$18,659 from AB 493. The funds will be used for one-time performance bonuses for the current fiscal year (2022/2023) in accordance with AB 493 (see below).

TRPA staff positions and salaries are not in the NEBS budgeting system. The NV Budget Division worked with TRPA to adjust TRPA's funding when the State approves general salary increases for state employees. The process for this is laid out in AB493 section 13 (relevant extract attached). The intent is to provide salary adjustments for TRPA employees on the same basis that Nevada State employees receive them.

AB 493 limits the use of these funds for permanent salary increases unless we obtain matching funding from California. California already contributes more than their 2/3rd share under the TRPA Compact (NRS 277.190 – 277.220) so they did not fund this request.

The Nevada bill authorizes the funds to be used for salary bonuses if California does not provide matching funds for permanent increases. TRPA has an existing incentive compensation program. All employees are eligible. Payouts are based on performance against the TRPA work plan and individual goals and objectives established at the beginning of the fiscal year. Incentive payments are not guaranteed, and not all employees receive payments.

Thank you for your consideration,

Julie W. Regan  
Executive Director, Tahoe Regional Planning Agency

# LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	ATTORNEY GENERAL'S OFFICE	JAMES TERRY GUST	\$27,123
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>06/01/2023</b> – <b>05/31/2026</b>	<b>Located in Ely</b>
2.	DEPARTMENT OF WILDLIFE – GAME DIVISION	SUSAN WILLINGHAM & JOHN WILLINGHAM DBA YOUNG'S RV PARK	\$9,600
		This is an extension of an existing lease.	
	<b>Term of Lease:</b>	<b>05/01/2023</b> – <b>04/30/2024</b>	<b>Located in Caliente</b>

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

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i>
Reviewed by:	AT 4-17-23
Reviewed by:	

**STATEWIDE LEASE INFORMATION**

1. Agency: Attorney General's Office  
100 North Carson Street  
Carson City, Nevada 89701  
Crystal Novotny  
T: 775.684.1130 E: cnovotny@ag.nv.gov

Remarks: This is a renewal of an existing lease with Tenant Improvements, to include a new front door, the installation of a ring camera, bringing the latrine up to ADA compliancy and installing a lock on door between the agency and business on other side.

Exceptions/Special notes: Market Rate \$1.54 - Current Rate \$1.19 - New Rate \$1.25 with 3% increases in years 2 and 3.

2. Name of Lessor: James Terry Gust

3. Address of Lessor: 1123 Great Basin Boulevard  
Ely, Nevada 89301

4. Property contact: Terry Gust  
T: 775.289.6272 E: terrygust@sbcglobal.net or E: gustelectric@sbcglobal.net

5. Address of Lease property: 1539 Avenue F, Suite 2  
Ely, Nevada 89301

a. Square Footage:  Rentable  Usable 369 office space and 380 storage space

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
\$ 461.25	12	\$ 5,535.00	June 1, 2023 - May 31, 2024	\$0.05	\$1.20	\$1.25
3% \$ 476.01	12	\$ 5,712.12	June 1, 2024 - May 31, 2025	\$0.05	\$1.24	\$1.29
3% \$ 490.77	12	\$ 5,889.24	June 1, 2025 - May 31, 2026	\$0.05	\$1.28	\$1.33
<b>c. Total Office Consideration:</b>						
\$ 269.80	12	\$ 3,237.60	June 1, 2023 - May 31, 2024	\$0.00	\$0.00	\$0.71
3% \$ 277.40	12	\$ 3,328.80	June 1, 2024 - May 31, 2025	\$0.00	\$0.00	\$0.73
3% \$ 285.00	12	\$ 3,420.00	June 1, 2025 - May 31, 2026	\$0.00	\$0.00	\$0.75
<b>c. Total Storage Consideration:</b>						
	36	\$ 9,986.40				
<b>c. Total Lease Consideration:</b>						
	36	\$ 27,122.76				
<b>d. Total Improvement Cost:</b>						
					\$664.20	



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 4/10/23

2


For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. Is the Lessor Exempt from obtaining a Business License?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
*If Yes, explain.... _____		
c. Does the Lessor have a current Nevada State Business License?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain.... _____		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>
e. Ownership Type (Domestic, Foreign, Government, etc.):	Sole Proprietor <input type="checkbox"/> LP <input type="checkbox"/>	
f. Nevada Business ID Number: <u>NV20101518102</u>	Exp: <u>7/31/2023</u>	
g. Is the Lessor's Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain.... _____		
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
i. State of Nevada Vendor number: <u>PUR0002583</u>		
j. Is this an Arms Length Transaction (No Conflict of Interest)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
**If No, explain.... _____		

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

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

 \_\_\_\_\_  
 Authorized Signature                                      Date 4/13/23  
 Public Works Division

BM  
 For Board of Examiners     YES    NO



For Budget Division Use Only	
Reviewed by:	
Reviewed by:	

**REAL PROPERTY (FOR BOARDS AND COMMISSIONS)**  
**OR STORAGE LEASE INFORMATION**

1. Agency (Lessee): Nevada Department of Wildlife  
Game Division  
6980 Sierra Center Parkway, Suite 120  
Reno, Nevada 89511-2237

Purpose: Month to month rental of RV Spaces 15 and 16 for the Nevada Department of Wildlife to be used by technicians investigating mountain lion kill sites.

Exceptions/Special Lease Terms: Susan Willingham and John Willingham doing business as Young's RV Park.

2. Name of Landlord (Lessor): Young's RV Park

3. Address of Landlord: 1352 Front Street  
Caliente, NV 89008

4. Property Contact: Susan Willingham or John Willingham  
youngsrv@gmail.com

5. Address of Lease Property: 1352 Front Street  
Caliente, NV 89008

a. Square Footage or Unit Description

b. Cost:

Cost Per Month	# of Months in Time Frame	Cost Per Year	Time Frame	Cost/Square Foot
660.00	12	7920.00	May 1, 2023 - April 30, 2024	N/A
140.00	12	1680.00		
		9600.00		
		9600.00		

Increase %

c. Total Lease Consideration: 800.00      12      9600.00

d. Option to Renew:  Yes     No      Renewal Terms:

e. Holdover Notice: # of Days Required      Holdover Terms:

f. Term: 12 Months

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

h. Utilities:  Landlord     Tenant

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

j. Repairs: Major:  Landlord     Tenant      Minor:  Landlord     Tenant

k. Comparable Market Rate: Not available, specific area

l. Specific termination clause in lease: Breach/Default/Lack of Funding

m. Lease will be paid for by Agency Budget Account Number or BOC Number: 4464

6. BOE Threshold:

7. This lease constitutes:

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

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

**PROPERTY OR STORAGE LEASE INFORMATION**

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

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

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

\_\_\_\_\_  
*[Signature]* 11-2-22  
Authorized Agency Signature Date

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

a. Nevada Business ID Number:	<u>NV20171805132</u>	Exp: <u>12/31/2022</u>
b. The Contractor 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"/>	
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
f. 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
g. State of Nevada Vendor number:	<u>T27043881</u>	

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

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

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




STATE OF NEVADA  
**DEPARTMENT OF WILDLIFE**

6980 Sierra Center Parkway, Suite 120  
Reno, Nevada 89511  
Phone (775) 688-1500 • Fax (775) 688-1595

ALAN JENNE  
*Director*  
JORDAN GOSHERT  
*Deputy Director*  
MICHAEL SCOTT  
*Deputy Director*

**MEMORANDUM**

**DATE:** April 13, 2023  
**TO:** Amy Stephenson, Director and Clerk of the Board of Examiners, Governor's Finance Office  
**FROM:** Alan Jenne, Director, Nevada Department of Wildlife  
**RE:** Request for Retroactive Lease with Young's RV Park



---

Please allow this memorandum to serve as a request for retroactive approval to May 1, 2023, for the Young's RV Park lease in the amount of \$9,600. The Department previously sent the lease to the Governor's Finance Office (GFO) on November 9, 2022, then followed up with the GFO on January 11, 2023, and again on April 4, 2023. On April 6, 2023, it was brought to the Department's attention that the lease was never received by the GFO and a duplicate copy was requested. The current lease will expire on April 30, 2023 and the new lease will not be heard by the Board of Examiners until May 9, 2023. Instead of moving the RVs from the leased spaces for 9 days, retroactive approval to May 1, 2023, is respectfully requested.

Thank you in advance for your consideration of this request.

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	GARTNER, INC.	FEDERAL	\$703,000	
	Contract Description:	This is a new service agreement under master service agreement 99SWC-NV22-9032 which provides acquisition support services. This work plan provides independent validation and verification services for the new centralized statewide database and election management system.				
		Term of Contract:	Upon Approval - 10/03/2023	Contract # 27474		
2.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	WIRELESS CCTV, LLC	FEDERAL	\$150,283	Exempt
	Contract Description:	This is a new contract to provide three autonomously powered mobile video surveillance units with associated support services to enhance security at voter sites.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 27472		
3.	054	TREASURER'S OFFICE - UNCLAIMED PROPERTY	NATIONAL ASSOCIATION OF STATE TREASURERS, INC.	OTHER: UNCLAIMED PROPERTY FUNDS	\$328,400	Sole Source
	Contract Description:	This is a new contract to provide services for unclaimed retirement plan distributions reported to the State through the National Association of State Treasurers and the States' Unclaimed Retirement Clearing House.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 27318		
4.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	CANUCKIWI, LTD	OTHER: LODGING TAX	\$500,000	
	Contract Description:	This is a new contract to provide ongoing international representation in Canada to promote tourism for Nevada.				
		Term of Contract:	Upon Approval - 06/30/2024	Contract # 27264		
5.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	TOURISM ECONOMICS, LLC	OTHER: LODGING TAX	\$218,621	
	Contract Description:	This is a new contract to provide ongoing modeling, data research, and analysis of economic impact data specific to the travel and tourism industry.				
		Term of Contract:	07/01/2023 - 06/30/2025	Contract # 26049		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	EDU2000 AMERICA, INC.	FEDERAL	\$1,955,987	Exempt
	Contract Description:	This is the first amendment to the original contract which provides a program to transition students from pre-algebra to algebra 1. This amendment increases the maximum amount from \$1,955,986 to \$3,911,973.48. and extends the termination date from June 30, 2023, to June 30, 2024, due to the continued need for these services.				
	Term of Contract:	06/14/2022 - 06/30/2024	Contract # 25914			
7.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	GKB STRATEGIES DBA THE BLUEPRINT COLLABORATIVE	FEDERAL	\$125,000	Exempt
	Contract Description:	This is a new contract to provide project marketing management to enhance communication efforts with the goal of improving program awareness, highlighting achievements and successes, improving relationships, and increasing effectiveness through better targeting of programs and services.				
	Term of Contract:	Upon Approval - 09/30/2023	Contract # 27448			
8.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	INSIGHT PUBLIC SECTOR, INC.	FEDERAL	\$408,300	
	Contract Description:	This is a new service agreement under master service agreement 99SWC-NV18-413 which provides cloud-based services. This service agreement is to provide web design, training, and implementation for the department's website.				
	Term of Contract:	Upon Approval - 09/30/2023	Contract # 27310			
9.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - COMMUNICATION ACCESS SERVICES	HAMILTON RELAY, INC.	OTHER: SURCHARGE	\$505,000	Sole Source
	Contract Description:	This is a new contract to provide ongoing analog relay services for deaf and hard of hearing individuals.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 27266			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - INTERGOVERNMENTAL TRANSFER PROGRAM	WASHOE COUNTY	OTHER: REVENUE	(\$1,500,000)	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. This amendment decreases the maximum amount from \$3,000,000 to \$1,500,000 due to a change in the 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 # 23958			
11.	403	DEPARTMENT OF HEALTH AND HUMAN SERVICES - HEALTH CARE FINANCING AND POLICY - HEALTH CARE FINANCING AND POLICY ADMINISTRATION	MYERS AND STAUFFER, LC	FEE: CERTIFIED PUBLIC EXPENDITURE AUDIT 50% FEDERAL 50%	\$1,425,360	
	Contract Description:	This is a new contract to provide ongoing audit reviews of cost reports submitted by governmental entities that certify public expenditures, including providers of targeted case management, school health services, administrative services, senior services, adult day health services, and emergency medical transportation services.				
	Term of Contract:	10/01/2023 - 09/30/2027	Contract # 27405			
12.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	ALSCO, INC.	GENERAL	\$1,056,000	
	Contract Description:	This is a new contract to provide ongoing hygienically cleaned laundry services and supply of garments and linens.				
	Term of Contract:	Upon Approval - 06/30/2027	Contract # 27432			

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - CHRONIC DISEASE	ACCESS TO HEALTHCARE NETWORK, INC.	FEDERAL	\$10,000,000	
	Contract Description:	This is a new contract which provides ongoing management of Nevada's Breast and Cervical Cancer Early Detection Program, titled the Nevada Women's Health Connection Program.				
		Term of Contract:	06/30/2023 - 06/29/2027	Contract # 27129		
14.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - EMERGENCY MEDICAL SERVICES	IMAGETREND, INC.	GENERAL 10% FEDERAL 90%	\$1,417,268	Sole Source
	Contract Description:	This is a new contract to provide ongoing maintenance and support for the National Emergency Medical Services Information System.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 27320		
15.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	DELOITTE CONSULTING, LLP	FEDERAL	\$872,560	
	Contract Description:	This is the fifth amendment to the original contract which provides Pandemic-Electronic Benefit Transfer (P-EBT) benefits to children who qualify for the National School Lunch Program. This amendment increases the maximum amount from \$8,122,167 to \$8,994,727 due to the implementation of system data and reporting enhancement required for the issuance of FY22-23 P-EBT benefits.				
		Term of Contract:	06/08/2021 - 12/31/2023	Contract # 24393		
16.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - ADMINISTRATION	SOLIX, INC.	GENERAL 30% FEDERAL 70%	\$298,660	
	Contract Description:	This is a new contract to provide an advanced integrate Cost Allocation and Time and Effort tracking system to replace the Division's current outdated Random Moment Time Study and Time and Effort Tracking systems.				
		Term of Contract:	12/01/2022 - 11/30/2025	Contract # 27434		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	407	DEPARTMENT OF HEALTH AND HUMAN SERVICES - WELFARE AND SUPPORTIVE SERVICES - CHILD CARE ASSISTANCE AND DEVELOPMENT	THE CENTER FOR APPLIED MANAGEMENT PRACTICES	FEDERAL	\$14,145,035	
	Contract Description:	This is a new contract to provide a comprehensive case management system for use in the Child Care Development Program.				
		Term of Contract:	Upon Approval - 04/30/2028	Contract # 27374		
18.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - CHILDREN, YOUTH AND FAMILY ADMINISTRATION	ACTION FOR CHILD PROTECTION, INC.	FEDERAL	\$186,000	Sole Source
	Contract Description:	This is a new contract that continues to assess progress toward implementation and fidelity of Safety Assessment and Family Evaluation (SAFE) model, as intended based on practice standards. In addition to activities for building supervisor and specialist competency and developing internal capacity for advancing SAFE implementation by providing coaching, and education services that continue efforts for improving workforce performance related to specific intervention components.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27246		
19.	409	DEPARTMENT OF HEALTH AND HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	PACIFIC OUTDOOR LIVING	GENERAL 90% FEDERAL 10%	\$210,018	
	Contract Description:	This is a new contract to provide ongoing landscaping and snow removal services.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27436		
20.	550	DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	LET'S DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE	FEDERAL	\$3,050,496	
	Contract Description:	This is the second amendment to the original contract which provides U.S. Department of Agriculture compliant breakfast and lunch products. This amendment increases the maximum amount from \$5,670,627 to \$8,721,123 due to an increase in food costs.				
		Term of Contract:	07/08/2021 - 06/14/2025	Contract # 24290		



# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	550	DEPARTMENT OF AGRICULTURE - LIVESTOCK INSPECTION	BUREAU OF LAND MANAGEMENT	OTHER: REVENUE	\$150,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide funding for services related to brand inspection, equine infectious anemia testing, and other blood tests and cultures for equine diseases.				
		Term of Contract:	Upon Approval - 05/31/2027	Contract # 27346		
22.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	INTERMOUNTAIN TURBINE SERVICES, INC.	FEE: SPORTSMEN REVENUE	\$200,000	
	Contract Description:	This is third amendment to the original contract which provides helicopter maintenance and repair services. This amendment increases the maximum amount from \$450,000 to \$650,000 due to an increased need for these services.				
		Term of Contract:	09/12/2017 - 09/30/2023	Contract # 19084		
23.	702	DEPARTMENT OF WILDLIFE - HABITAT	COUNTY OF LANDER	FEDERAL	\$500,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide construction, road maintenance, water diversions, water crossings, cattle guards, and wildlife habitat restoration services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27340		
24.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	H2GO WATERSPORTS RENTALS	OTHER: REVENUE	\$100,000	
	Contract Description:	This is a new revenue contract to provide watersports recreation activities at South Fork State Recreation Area.				
		Term of Contract:	Upon Approval - 05/31/2027	Contract # 27455		
25.	707	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS - TAHOE BOND SALE - Non-Exec	NORTH LAKE TAHOE FIRE PROTECTION DISTRICT	OTHER: LAND MANAGEMENT FUNDS 47% FEDERAL 53%	\$155,000	Exempt
	Contract Description:	This is the second amendment to the original interlocal agreement which provides resources in the form of organized and qualified work crews for the Nevada Tahoe Resources Team. This amendment increases the maximum amount from \$95,000 to \$250,000 due to the increased pace and scale of the hazardous fuel reduction treatments within the Tahoe Basin.				
		Term of Contract:	04/10/2018 - 12/31/2024	Contract # 19790		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	INS CONSULTANTS, INC.	FEE: EXAMINATION	\$500,000	
	Contract Description:	This is a new contract to provide ongoing actuarial services.				
		Term of Contract:	Upon Approval - 03/31/2027	Contract # 27407		
27.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	LEWIS & ELLIS, INC.	FEE: EXAMINATION	\$500,000	
	Contract Description:	This is a new contract to provide ongoing actuarial services.				
		Term of Contract:	Upon Approval - 03/31/2027	Contract # 27406		
28.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - UNINSURED EMPLOYERS CLAIMS - NON-EXEC	SIERRA NEVADA ADMINISTRATORS, INC.	OTHER: WORKERS' COMPENSATION AND SAFETY FUND	\$254,660	
	Contract Description:	This is the first amendment to the original contract which provides third-party claims administration for the Uninsured Employers Claims Account. This amendment extends the termination date from June 7, 2023 to June 30, 2025 and increases the maximum amount from \$246,000 to \$500,660 due to the continued need for these services.				
		Term of Contract:	06/08/2021 - 06/30/2025	Contract # 24344		
29.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	SHI INTERNATIONAL CORPORATION	OTHER: CAREER ENHANCEMENT PROGRAM FUNDS	\$5,559,900	
	Contract Description:	This is a new service agreement under master service agreement #99SWC-NV23-12771 which provides software value-added resources. This service agreement provides software licenses for online training and career skills development courses open to job seekers looking to improve their job/career marketability, obtain for job-ready certificates and/or enter career oriented degree programs				
		Term of Contract:	Upon Approval - 04/30/2026	Contract # 27373		

# CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - UNEMPLOYMENT INSURANCE	CARAHSOFT TECHNOLOGY CORP	FEDERAL	\$440,948	
	Contract Description:	This is a new service agreement under master service agreement #99SWC-NV21-7083 which provides cloud services. This service agreement provides process and professional services support for the Unemployment Insurance (UI) Contributions software reporting solution to increase UI tax collections.				
		Term of Contract:	Upon Approval - 05/31/2024	Contract # 27336		
31.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	NTT DATA AMERICAS, INC.	FEDERAL	\$68,544	
	Contract Description:	This is the second amendment to the original service agreement under master service agreement #99SWC-NV22-10236 which provides cloud services. This amendment increases the maximum amount from \$2,311,735.80 to \$2,380,279.80 due to addition of Oracle's Digital Assistant services for the Employment Security Division.				
		Term of Contract:	03/08/2022 - 03/31/2026	Contract # 25276		

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **27474**

Agency Name: **SECRETARY OF STATE'S OFFICE**  
 Agency Code: **040**  
 Appropriation Unit: **1051-16**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**  
 Contractor Name: **GARTNER, INC.**  
 Address: **56 TOP GALLANT RD**  
 City/State/Zip: **STAMFORD, CT 06902-7700**  
 Contact/Phone: **Yvette Toledo 602-561-8599**  
 Vendor No.: **T80976121**  
 NV Business ID: **NV19941112701**

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

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

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

Agency Reference #: 040

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **10/03/2023**Contract term: **155 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **IV&V Services**

5. Purpose of contract:

**This is a new service agreement under master service agreement 99SWC-NV22-9032 which provides acquisition support services. This work plan provides independent validation and verification services for the new centralized statewide database and election management system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$703,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

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

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

**State employees do not have the tools nor the expertise required to do this work.**9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

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

PASS Agreement under NASPO contract.

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

**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	dbowma1	04/13/2023 10:51:21 AM
Division Approval	dbowma1	04/13/2023 10:51:24 AM
Department Approval	dbowma1	04/13/2023 10:51:29 AM
Contract Manager Approval	adale	04/13/2023 10:51:32 AM
EITS Approval	ljean	04/13/2023 11:34:17 AM
Budget Analyst Approval	stilley	04/14/2023 15:27:21 PM
BOE Agenda Approval	stilley	04/14/2023 15:27:24 PM
BOE Final Approval	Pending	

## Karin Paul

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

All,

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

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

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

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

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

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

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

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

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

**Sincerely,**

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

State of Nevada | Department of Administration | Enterprise IT Services

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

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27472**

Agency Name: <b>SECRETARY OF STATE'S OFFICE</b>	Legal Entity Name: <b>Wireless CCTV, LLC</b>
Agency Code: <b>040</b>	Contractor Name: <b>Wireless CCTV, LLC</b>
Appropriation Unit: <b>1051-15</b>	Address: <b>851 International Parkway</b>
Is budget authority available?: <b>Yes</b>	<b>Suite 140</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Richardson, TX 75081</b>
	Contact/Phone: <b>Demond Crawley 469-967-0517</b>
	Vendor No.:
	NV Business ID: <b>NV20232732903</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2026</b>

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 61 days**

4. Type of contract: **Sub-grant**

Contract description: **Wireless CCTV**

5. Purpose of contract:

**This is a new contract to provide three autonomously powered mobile video surveillance units with associated support services to enhance security at voter sites.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,283.38**

Payment for services will be made at the rate of \$50,094.46 per unit

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Monitoring voter locations is essential to maintaining the integrity of Nevada's polling places. The Wireless CCTV trailers allow for monitoring and maintenance which ensures Nevada's citizens are safe while casting their ballots. Federal funding has been sub granted from the Division of Emergency Management for said use.

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 equipment to monitor polling sites.

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

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

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

**Not Applicable**

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

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

This vendor is an approved GSA vendor pursuant to NRS 333.480 and is able to deliver the product timely.

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	dbowma1	04/06/2023 12:00:12 PM
Division Approval	dbowma1	04/06/2023 12:00:23 PM
Department Approval	dbowma1	04/06/2023 12:00:42 PM
Contract Manager Approval	adale	04/06/2023 12:02:16 PM
Budget Analyst Approval	stilley	04/17/2023 10:35:57 AM
BOE Agenda Approval	stilley	04/17/2023 10:35:59 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: **27318**

Agency Name: <b>TREASURER - UNCLAIMED PROPERTY</b> Agency Code: <b>054</b> Appropriation Unit: <b>3815-14</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: National Association of State Treasurers, Inc. Contractor Name: <b>National Association of State Treasurers, Inc.</b> Address: <b>1201 Pennsylvania Avenue, NW Suite 800</b> City/State/Zip: <b>Washington, DC 20004</b> Contact/Phone: Jeremy Dawson 202-630-1405 Vendor No.: NV Business ID: Exempt
---	--

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

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

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

Agency Reference #: 054

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years and 61 days**

4. Type of contract: **Contract**

Contract description: **SURCH Agreement**

5. Purpose of contract:

**This is a new contract to provide services for unclaimed retirement plan distributions reported to the State through the National Association of State Treasurers and the States' Unclaimed Retirement Clearing House.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$328,400.00**

Other basis for payment: The State shall pay 8% of the gross amount of the unclaimed retirement plan distributions reported to the State through SURCH.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To create and host a website, provide an internet-based unclaimed property reporting system and perform administrative services associated with NAST's establishment to voluntarily transfer uncashed retirement distributions.

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

State personnel do not possess the expertise necessary to perform these duties.

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

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

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

**Not Applicable**

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

**Approval #: 230102**

**Approval Date: 01/09/2023**

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

[Empty text box]

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: 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	lhoove1	04/12/2023 15:12:34 PM
Division Approval	lhoove1	04/12/2023 15:12:37 PM
Department Approval	lhoove1	04/12/2023 15:12:40 PM
Contract Manager Approval	lhoove1	04/12/2023 15:12:44 PM
Budget Analyst Approval	dlenzner	04/14/2023 13:51:38 PM
BOE Agenda Approval	dlenzner	04/14/2023 13:51:41 PM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval#:	230102 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>	State Treasurer's Office – Unclaimed Property Division	
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	Amber Law, Senior Deputy – Primary Contact	775-684-5752	alaw@nevadatreasurer.gov
	Matthew O'Brien – IT Pro III – IT Contact	775-684-5668	
	Marty Elzy – Management Analyst IV – Fiscal Contact	775-684-5779	m.elzy@nevadatreasurer.gov
	Kirsten Van Ry – Chief of Staff – Agency Director	702-486-298	klvanry@nevadatreasurer.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	National Association of State Treasurers (NAST)
	Contact Name:	Jeremy Dawson
	<b>Complete Address:</b> City, State, and Zip Code	1201 Pennsylvania Ave. NW; Suite 800; Washington, DC 20004
	Telephone Number:	202-630-1405
	Email Address:	Jeremy@statetreasurers.org

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Contract:	Start Date:	Upon Approval	End Date: 06/30/2026

<b>1f</b>	<b>Funding:</b>
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State Appropriated:	101.6150
Federal Funds:	N/A
Grant Funds:	N/A
Other (Explain):	

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

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$30,592.00

2	Provide a description of work/services to be performed or services with goods to be purchased:
	<p><i>ERISA accounts are a type of retirement account that are overseen and governed by the Federal Department of Labor. Due to federal pre-emption laws, these types of properties are not subject to unclaimed property reporting. Over the past several years, the National Association of Unclaimed Property Administrators (NAUPA), which is a subset of the National Association of State Treasurers (NAST), has held meetings and negotiations with the Federal Department of Labor to demonstrate that these types of funds, if unclaimed, should have a means to get back into the accountholder's hands. The Federal Department of Labor and Senator Warren have demonstrated that they would support these properties being turned over to State Unclaimed Property programs if there was a uniform method for the states to receive these funds. They agreed that State Unclaimed Property programs have better reach to return the funds. Negotiations lead to NAST's creation of SURCH, which is gaining state support and likely to be utilized as that sole source for states to receive the abandoned/unclaimed accounts.</i></p> <p><i>The funds will be turned over to SURCH. NAST has subcontracted Kelmar to receive and reconcile the accounts turned over to SURCH and distribute those accounts to the appropriate states. Once the accounts are received, the state will receive an invoice for a percentage of the funds turned over.</i></p>

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
	<i>The federal government does not support the allowance of these properties being reported in any other manner.</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>The federal government has agreed to turn over these otherwise unreportable properties so long as all states utilized the same sole source vendor and the process is materially consistent for all states.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		✓

#230102(w)

	<i>N/A</i>
	b. <i><b><u>If not</u></b>, why were alternatives not evaluated?</i>
	<i>No alternatives are available. See #4.</i>

Purchasing Use Only:

Approval #:

230102

	<b>Has the agency purchased these services/services with goods in the past? Check One:</b>				<b>Yes</b>	<b>No</b>
	<i>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i>					
6	a. <i>If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>must be provided along with the CETS contract number(s) associated with each:</u></i>					
	<i>Term</i>		<i>Value</i>	<i>Short Description</i>	<i>Provide Type of Procurement RFP#, RFQ#, Waiver #</i>	<i>CETS #</i>
	<i>Start Date</i>	<i>End Date</i>				
			\$			
			\$			
			\$			
			\$			
		\$				

7	<b>What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?</b>	
	<i>There is not another entity approved by the Federal government that provides this service.</i>	

8	<b>What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?</b>	
	<i>The Federal government approved this contract for State's Unclaimed Property Programs.</i>	

	<b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b>				<b>Yes</b>	<b>No</b>
	<i>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the Instructions.</i>					
9	a. <i>If yes, please provide details regarding future obligations or needs.</i>					
	<i>If this program is still operational and is successful in obtaining otherwise federally exempt retirement accounts, our intention will be to request to contract with the vendor again.</i>					

Purchasing Use Only:

Approval #:

#230102@

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.

Danielle Anthony

Signature of Agency Representative Initiating Request

Danielle Anthony

Print Name of Agency Representative Initiating Request

01/09/2023

Date

Amber Law

Signature of Agency Head Authorizing Request

Amber Law

Print Name of Agency Head Authorizing Request

1-9-23

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

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

Approved by:

Kevin D. Doty

Administrator, Purchasing Division or Designee

1/9/23

Date

Steve Sisolak  
Governor



#230102 (C)

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](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Kirsten Van Ry, Chief of Staff, Nevada Treasurer's Office  
Amber Law, Senior Deputy, Nevada Treasurer's Office  
Marty Elzy, Management Analyst IV, Nevada Treasurer's Office  
Matthew O'Brien, IT Professional III, Nevada Treasurer's Office

**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 – Nevada Treasurer – TIN 643 – *SURCH Treasurer's Office* – BA 3815

**DATE:** December 6, 2022

We have completed our review for the Nevada Treasurer's – *SURCH Treasurer's Office* – TIN 643.

The submitted TIN, for an estimated value of \$14,592.00 in the FY24/FY25 biennium and \$16,000 in FY26 (100% General Fund), is to support a contract to provide Nevada's Unclaimed Property Division access to reporting on turned over retirement plan funds.

SURCH is an internet-based unclaimed property reporting system that is used for the collection, processing and reporting of unclaimed retirement plan checks related to each State. SURCH collects funding turned over to the State of Nevada and assess an 8% report fee to be invoiced to the Nevada Unclaimed Property Division. This contract would provide Nevada's Unclaimed Property Division access to reporting on turned over retirement plan funds.

Access to this website ensures that remitted funds collected by SURCH are identified to each state aiding the return of unclaimed retirement funds to the rightful owner(s) or heir(s) in Nevada.

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: **27264**

Agency Name: <b>DTCA - DIVISION OF TOURISM</b>	Legal Entity Name: <b>CANUCKIWI, LTD</b>
Agency Code: <b>101</b>	Contractor Name: <b>CANUCKIWI, LTD</b>
Appropriation Unit: <b>1522-31</b>	Address: <b>1/5 HASTINGS ROAD</b>
Is budget authority available?: <b>Yes</b>	<b>AUCKLAND</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>NEW ZEALAND, 0630</b>
	Contact/Phone: <b>COREY MARSHALL 64 21 555463</b>
	Vendor No.: <b>F00000336</b>
	NV Business ID: <b>NV20151564947</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2024</b>

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

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

Agency Reference #: **RFP #10TCA-S2204 AM**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **1 year and 61 days**

4. Type of contract: **Contract**

Contract description: **Canada Rep Office**

5. Purpose of contract:

**This is a new contract to provide ongoing international representation in Canada to promote tourism for Nevada.**

6. NEW CONTRACT

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

Other basis for payment: Upon receipt and approval of invoices submitted from the vendor on a monthly basis.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Tourism is tasked with developing a comprehensive program of marketing and advertising for both domestic and international markets that publicizes travel and tourism to all regions of Nevada. This contract focuses on the international traveler.

The services will include market briefing; media relations; development and maintenance of a foreign website; sales missions; organizing familiarization tours; expanding tour products to tour operators; media planning and buying; developing foreign brochures; marketing and promotions; regular communication; and quarterly progress reports covering activities, media value and accomplishments.

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

The State does not have employees located in Canada to perform the necessary work as identified in the contract. In-country representatives have direct knowledge of the industry, culture, language and traveler. They also have the in-country industry contacts. Being in-country, the representatives are able to conduct sales calls, in office trainings, media visits, attend sales missions and shows more conveniently and at a reduced cost.

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):

DEVELOPMENT COUNSELLORS INTERNATIONAL  
 REACH GLOBAL MARKETING  
 CANUCKIWI LTD

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S2205, 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: 11/29/2022 Anticipated re-bid date: 01/15/2027

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?

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

Department of Tourism and Cultural Affairs, Division of Tourism - January 1, 2016 to present. The vendor has been verified as satisfactory.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amathies	02/22/2023 17:01:08 PM
Division Approval	amathies	02/22/2023 17:01:10 PM
Department Approval	amathies	02/22/2023 17:01:13 PM
Contract Manager Approval	amathies	03/29/2023 14:07:39 PM
Budget Analyst Approval	tsmorra	04/11/2023 17:05:03 PM



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26049**

Agency Name: **DTCA - DIVISION OF TOURISM**  
Agency Code: **101**  
Appropriation Unit: **1522-31**

Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **TOURISM ECONOMICS, LLC**  
Contractor Name: **TOURISM ECONOMICS, LLC**  
Address: **303 W LANCASTER AVE STE 2E**  
City/State/Zip: **WAYNE, PA 19087-3956**  
Contact/Phone: **ADAM SACKS 610/995-9600**  
Vendor No.: **T32005798**  
NV Business ID: **NV20181361674**

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

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

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

Agency Reference #: **RFP #10TCA-S1894 - AM**

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 **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Economic Impact Study**

5. Purpose of contract:

**This is a new contract to provide ongoing modeling, data research, and analysis of economic impact data specific to the travel and tourism industry.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$218,621.00**

Other basis for payment: Billing will be done on a quarterly basis. Approximately FY24 - \$107,695 with all options; FY25 - \$110,926 with all options.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 231.160 through NRS 231.300 requires the Nevada Division of Tourism promote tourism in Nevada. The agency is also responsible for collecting statewide tourism statistics. This study will allow the agency to provide counties and regions with credible tourism statistics that show the impact the tourism industry has on their community.

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

The agency requires a specialized impact model and objective expertise of a reputable research firm to collect and analyze economic impact data specific to the travel and tourism industry.

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #10TCA-S1894, 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: 02/16/2022 Anticipated re-bid date: 01/15/2027

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?

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

Division of Tourism, 2018-2022. The vendor is deemed satisfactory.

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

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

Not Applicable

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

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	amathies	04/15/2022 16:25:24 PM
Division Approval	amathies	04/15/2022 16:25:26 PM
Department Approval	amathies	03/03/2023 09:29:38 AM
Contract Manager Approval	amathies	03/03/2023 09:29:42 AM
Budget Analyst Approval	tsmorra	04/10/2023 12:40:35 PM
BOE Agenda Approval	stillely	04/17/2023 10:44:05 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>25914</b>	Amendment Number: <b>1</b>
Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>EDU2000 America, Inc.</b>
Agency Code: <b>300</b>	Contractor Name: <b>EDU2000 America, Inc.</b>
Appropriation Unit: <b>2710-20</b>	Address: <b>204 W Spear Street, 3197</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Carson City, NV 89703</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>7758873655</b>
	Vendor No.: <b>T29045084</b>
	NV Business ID: <b>NV19951091344</b>

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 17 days**

4. Type of contract: **Contract**

Contract description: **Algebra Zero Pgm**

5. Purpose of contract:

**This is the first amendment to the original contract which provides a program to transition students from pre-algebra to algebra 1. This amendment increases the maximum amount from \$1,955,986 to \$3,911,973.48. and extends the termination date from June 30, 2023, to June 30, 2024, due to the continued need for these services.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,955,986.74	\$1,955,986.74	\$1,955,986.74	Yes - Action
2. Amount of current amendment (#1):	\$1,955,986.74	\$1,955,986.74	\$1,955,986.74	Yes - Action
3. New maximum contract amount:	\$3,911,973.48			
and/or the termination date of the original contract has changed to:	06/30/2024			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

There is evidence of a learning gap between Algebra I and Algebra II with evidence of issues addressed in motivation and comprehension. Office of Standards and Instructional Support want to address the learning loss and offer solutions for preparing students for the transition.

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

Office of Standards and Instructional Support are in need of additional support due to the capacity, the learning loss evidence, and the workload on Math Education Program Professionals. Expertise along with educational field training are a critical area of need.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

NRS 333.475

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:  
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

carno1

04/04/2023 15:06:02 PM



Division Approval	carnol1	04/04/2023 15:06:05 PM
Department Approval	carnol1	04/04/2023 15:06:09 PM
Contract Manager Approval	strongc7	04/05/2023 08:38:34 AM
EITS Approval	ljean	04/05/2023 14:09:20 PM
Budget Analyst Approval	mranki1	04/06/2023 09:34:04 AM
BOE Agenda Approval	dlenzner	04/07/2023 16:46:53 PM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**MEMORANDUM**

**TO:** Dave Brancamp, Director, NDE  
Glenn Meyer, Director, Information Technology, NDE  
Cynthia Strong, Management Analyst, NDE  
Heather Crawford-Ferre, Education Program Professional, NDE

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – NDE – TIN 671 – *EDU2000 Algebra Zero* – Update A – BA 2710

**DATE:** April 4, 2023

We have completed our review for the Nevada Department of Education's (NDE) – *EDU2000 Algebra Zero* – TIN 671, Update A.

The submitted TIN update, for an estimated value of \$1,955,987.00 in the FY22/FY23 biennium and \$1,955,987.00 in the FY24/FY25 biennium (100% Federal Grant), is to update cost information for budgeted software licensing.

The *EDU200 Algebra Zero* product will enable teachers and students to engage in on-line activities to help bridge the cognitive processing gaps between pre-algebra and algebra. There will be no impact on state systems, networks, or personnel, as this cloud solution is a tool used by schools with no requirement to save or transfer data to state systems. The application, training, and support will benefit all of Nevada's public schools.

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 users will be accessing the solution from outside of SilverNet.

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

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

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

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

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27448**

Agency Name:	<b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name:	GKB Strategies dba The Blueprint Collaborative
Agency Code:	<b>300</b>	Contractor Name:	<b>GKB Strategies dba The Blueprint Collaborative</b>
Appropriation Unit:	<b>2710-09</b>	Address:	<b>692 CITADEL WAY</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Reno, NV 83503</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Gretchen Bietz 775-772-1512
		Vendor No.:	T27042273
		NV Business ID:	NV20161008393

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **152 days**

4. Type of contract: **Other (include description): Joinder**

Contract description: **Communication**

5. Purpose of contract:

**This is a new contract to provide project marketing management to enhance communication efforts with the goal of improving program awareness, highlighting achievements and successes, improving relationships, and increasing effectiveness through better targeting of programs and services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$125,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Education is seeking a vendor that will provide project marketing management to enhance the Department's communication efforts with the goal of increased awareness, highlighting achievements and successes, improving relationships, and increasing effectiveness through better targeting of its programs and services.

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 expertise to conduct a marketing plan of this magnitude.

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?

Joinder - G230302

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	carnol1	04/05/2023 08:57:56 AM
Division Approval	carnol1	04/05/2023 08:57:58 AM
Department Approval	carnol1	04/05/2023 08:58:01 AM
Contract Manager Approval	strongc7	04/05/2023 09:09:19 AM
Budget Analyst Approval	mranki1	04/06/2023 15:49:10 PM
BOE Agenda Approval	dlenzner	04/12/2023 14:39:26 PM
BOE Final Approval	Pending	



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

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

<b>Purchasing Use Only:</b>	
Approval #:	G230302-0

**REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION**

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

<b>1</b>	<b>Agency Contact Information - Note: Approval notification will be sent to <u>only</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>		Nevada Department of Education
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	Elizabeth Callahan, PIO	702-486-6602	elizabeth.callahan@doe.nv.gov
	Felicia Gonzales, NDE Consultant	702-486-4332	felicia.gonzales@doe.nv.gov

<b>2</b>	<b>Vendor Information:</b>	
	Identify Vendor:	GKB Strategies, dba The Blueprint Collaborative
	Contact Name:	Rachel Tatro
	Complete Address:	692 Citadel Way, Reno, NV 89503
	Telephone Number:	469-307-7136
	Email Address:	rachel@theblueprintcollaborative.com

<b>3</b>	<b>State/Entity that Released the Solicitation &amp; Type of Solicitation. Must be Competitively Bid.</b>	
	Type of Solicitation:	State Solicitation/RFP 40DHHS – S30
	Identify Original State/Entity:	Department of Health and Human Services
	Contact Name:	Ronda Miller
	Telephone Number:	775-684-5932
	Email Address:	rondamiller@health.nv.gov

<b>4</b>	<b>Contract Dates: Your Contract Term Date Cannot Exceed Term Date of Original Contract. Note: Agency must include a copy of the originating jurisdictions contract page indicating start and term dates.</b>				
	Original Contract:	Start Date:	January 1, 2019	End Date:	December 31, 2023
	New Contract:	Start Date:	Upon Approval	End Date:	September 30, 2023

<b>5</b>	<b>Funding for this new contract:</b>	
	State Appropriated:	
	Federal Funds:	X
	Grant Funds:	
	Other (Explain):	

Review 03/14/23

<i>Purchasing Use Only:</i>	
Approval #:	G2303020

6	Total estimated value of this service contract:	\$125,000
	If this request contains an IT component that exceeds \$50,000, a TIN/CIN approval memo from EITS <u>must</u> be included with this submission. Purchasing does not have the authority to waive the TIN/CIN process. Requests received without the required approval will be returned to the agency.	

7	Does the Scope of Work (SOW) in the originating jurisdictions contract meet/exceed agency's SOW?	Yes:	X	No:	
	To ensure such, requesting agency must request a copy of the State/entities Contract and SOW to be reviewed and approved by the agency's Deputy Attorney General (DAG). <u>A copy of the Contract and written approval from the agency's DAG must be included with the request to the Purchasing Division.</u>				

8	Did the agency receive awarded vendors permission to contract?	Yes:	X	No:	
	<u>Written approval from the awarded vendor on the vendor's letterhead, must accompany the agency's request/submission to the Purchasing Division.</u> Please review Question #9 below as information required in Questions #8 and #9 should be combined into one (1) memo.				

9	To ensure fair & reasonable pricing to the State, did the agency request a copy of the originating jurisdictions awarded vendors technical and cost proposals?	Yes:	X	No:	
	<u>Copies of such must be included with submission to the Purchasing Division.</u> Additionally, agencies are advised to have the vendor include verbiage in their memo stating they agree to offer the State of Nevada same or similar pricing to that offered to the originating jurisdiction.				

10	Did the agency address any Federal Requirements associated with the contract?	Yes:	X	No:	
----	---	------	---	-----	--


11	Is this vendor registered in <i>NevadaEPro</i> ?	Yes:	X	No:	
	Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in <i>NevadaEPro</i> .				

12	Is this vendor registered with the Nevada Secretary of State's Office?	Yes:	X	No:	
	Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License.				

13	Is a Business Associate Addendum or other agency specific form(s) required?	Yes:		No:	X
	If so, please include copies with submission to the Purchasing Division.				

<b>Purchasing Use Only:</b>	
Approval #:	G230302

By signing below, I know and understand the contents of this request and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

  
 \_\_\_\_\_  
 Signature of Agency Representative Initiating Request

Felicia Gonzales 3/3/23  
 \_\_\_\_\_  
 Print Name of Agency Representative Initiating Request Date

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


Jhone M. Ebert 3/3/23  
 \_\_\_\_\_  
 Print Name of Agency Head Authorizing Request Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NRS 333.475. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 300.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

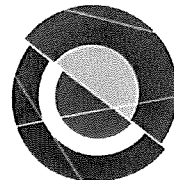
<b>NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</b>	
---	--

Approved by:

  
 \_\_\_\_\_  
 Administrator, Purchasing Division or Designee 3/23/23  
Date



G230302@



The Blueprint  
Collaborative

**TO:** Nevada Department of Education (NDE), attn: Felicia Gonzales, Superintendent Ebert  
**FROM:** Rachel Tatro, The Blueprint Collaborative (TBC)  
**DATE:** Thursday, February 23, 2023  
**SUBJECT:** Confirmation of Fair and Reasonable Pricing from The Blueprint Collaborative for the Nevada Department of Education

The Blueprint Collaborative (TBC) officially confirms our agreement to offer the State of Nevada and Nevada Department of Education (NDE) similar pricing that was offered to the originating jurisdiction for this Master Service Agreement (MSA), the Nevada Department of Health and Human Services (DHHS).

Enclosed, please find a copy of TBC's technical and cost proposals for DHHS. TBC confirms that we have offered similar pricing in our proposed scope of work to NDE as was provided to the DHHS in the MSA.

Should any reviewing parties at the Nevada Department of Education have further questions or require additional documentation on this matter, please contact Rachel Tatro at The Blueprint Collaborative: [Rachel@theblueprintcollaborative.com](mailto:Rachel@theblueprintcollaborative.com)

Sincerely,

Rachel Tatro

Chief Operating Officer/Partner

The Blueprint Collaborative

G230302@

**Cindy L. Stoeffler**

---

**From:** David M. Gardner  
**Sent:** Tuesday, March 14, 2023 2:25 PM  
**To:** Cynthia Strong  
**Cc:** NDE Contracts  
**Subject:** Re: MEMO

Hi Cynthia,

I've reviewed the Scope of Work for the original contract and the proposed contract and the Scope of Work in the originating jurisdictions contract meets or exceeds the DOE's Scope of Work. So, I think it would be OK to use this other governmental solicitation.

***David M. Gardner***

*Senior Deputy Attorney General  
Government & Natural Resources Division  
Office of the Attorney General  
555 E Washington Ave. Suite 3900  
Las Vegas, NV 89101  
Cell: 702-813-0271  
[DGardner@ag.nv.gov](mailto:DGardner@ag.nv.gov)*

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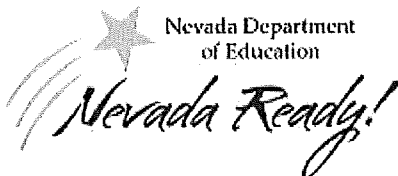
**From:** Cynthia Strong <cynthia.strong@doe.nv.gov>  
**Sent:** Wednesday, March 8, 2023 9:13 AM  
**To:** David M. Gardner <DGardner@ag.nv.gov>  
**Cc:** NDE Contracts <ndecontracts@doe.nv.gov>  
**Subject:** MEMO

Hi David,

Purchasing is asking for a Memo from you that states that our scope of work is either equal to or less than the Blueprint collaboratives Scope of work for their contract with DPPH. Can you help with that?

Thank you,

**Cynthia D. Strong** |  
**Management Analyst 2, Contract Manager, CCM**  
State of Nevada | Department of Education | Contract Unit  
700 E. Fifth St., Carson City, NV 89701  
T: (775) 687-9209 E: [Cynthia.strong@doe.nv.gov](mailto:Cynthia.strong@doe.nv.gov)



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27310**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>INSIGHT PUBLIC SECTOR, INC.</b>
Agency Code: <b>300</b>	Contractor Name: <b>INSIGHT PUBLIC SECTOR, INC.</b>
Appropriation Unit: <b>2710-09</b>	Address: <b>PO BOX 713096</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>COLUMBUS, OH 43271-3096</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>800/467-4448</b>
	Vendor No.: <b>PUR0004545</b>
	NV Business ID: <b>NV20021477454</b>

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date: 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **152 days**

4. Type of contract: **Other (include description): MSA /Work Plan**

Contract description: **Web Development**

5. Purpose of contract:

**This is a new service agreement under master service agreement 99SWC-NV18-413 which provides cloud-based services. This service agreement is to provide web design, training, and implementation for the department's website.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$408,300.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is the Nevada Department of Education's second and final phase of the project to integrate and increase the accessibility of the web and public resources. Phase 2 will be a comprehensive re-design of the state's website. The vendor will create a new website that will enhance the department's long-term communications efforts with the goal of enabling NDE to provide information more effectively through its website.

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

this is a specialized training program that will enable The Department's staff to be able to update and maintain their own website in a timely manner.

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?

Statewide contract 99-SWC-NV18-413

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

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

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

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	03/07/2023 16:16:35 PM
Division Approval	carnol1	03/07/2023 16:16:37 PM
Department Approval	carnol1	03/07/2023 16:16:40 PM
Contract Manager Approval	strongc7	04/10/2023 11:09:23 AM
EITS Approval	ljean	04/13/2023 08:51:42 AM
Budget Analyst Approval	mranki1	04/13/2023 10:39:01 AM
BOE Agenda Approval	dlenzner	04/14/2023 14:00:40 PM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Celeste Arnold, Director, NDE  
Craig Statucki, Deputy Superintendent, NDE  
Glenn Meyer, Chief, Information Technology, NDE  
Felicia Gonzales, Contract Staff, NDE

**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 – NDE – TIN 673 – *Website Redesign* – Update A – BA 2710

**DATE:** March 2, 2023

We have completed our review for the Nevada Department of Education’s (NDE) – *Website Redesign* – TIN 673, Update A.

The submitted TIN, for an estimated value of \$595,900.00 in the FY22/FY23 biennium (100% Federal Grant funding), is to add funding to complete phase two of the website redesign project.

Phase two will execute the recommendations to re-design and improve the site as identified in phase one for an additional \$408,300.00.

Phase one included an analysis by Insight of website content to understand current processes, identification of user pain points, critical business requirements, and key performance indicators. Implementing Insight’s recommendations will enhance NDE’s communications and provide information to their audiences more effectively through the website.

This project does not include any technology components but will guide the NDE’s website redesign,

updates, and architecture.

NDE intends to use the new EITS web platform for any future redesign or technology changes; however, the funds have a limited time of availability that may require NDE to pursue its own short-term solution.

Any short-term solutions should be vetted with the EITS Compute team to ensure there are no compatibility issues when the time comes to move the solution to the State's platform.

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, as no personal identification information will be transported, stored, and/or processed using the website.

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: **27266**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	Hamilton Relay, Inc.
Agency Code:	<b>402</b>	Contractor Name:	<b>Hamilton Relay, Inc.</b>
Appropriation Unit:	<b>3206-15</b>	Address:	<b>1006 12th Street</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Aurora , NE 68818</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Beth Slough 402-694-5101
		Vendor No.:	T29046357
		NV Business ID:	NV20222643082

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Analog Relay Service**

5. Purpose of contract:

**This is a new contract to provide ongoing analog relay services for deaf and hard of hearing individuals.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$505,000.00**

Other basis for payment: As Invoiced by the Contractor and Approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Relay services are required by statute for deaf/hard of hearing individuals.

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

This is a specialized service the State employees cannot 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 230201**

**Approval Date: 02/06/2023**

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

d. Last bid date: 01/01/2023 Anticipated re-bid date: 07/01/2026

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes, this vendor provided services for ADSD from 07/01/2014 - 06/30/2019 with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gjorgens	02/27/2023 12:44:26 PM
Division Approval	tric1	02/27/2023 15:39:03 PM
Department Approval	dschmid5	03/17/2023 09:58:23 AM
Contract Manager Approval	maceved1	03/23/2023 08:37:42 AM
Budget Analyst Approval	khal5	04/12/2023 13:02:15 PM
BOE Agenda Approval	nhovden	04/12/2023 16:56:38 PM
BOE Final Approval	Pending	



<b>Purchasing Use Only:</b>	
Approval#:	230201 @



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

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

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>	DHHS – Aging and Disability Services Division	
	<b>Contact Name and Title</b>	<b>Phone Number</b>	<b>Email Address</b>
	Adrienne Navarro, Social Services Chief I	(775) 546-5099	amnavarro@adsd.nv.gov
	Jennifer Montoya, Social Services Program Specialist II	(775) 434-0237	jmontoya@adsd.nv.gov
	Mariana Acevedo, Management Analyst II, Certified Contract Manager	(775) 291-5044	macevedo@adsd.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Hamilton Relay
	Contact Name:	Dixie Ziegler
	<b>Complete Address:</b> City, State, and Zip Code	1006 12th Street Aurora, NE 68818
	Telephone Number:	1-800-618-4781
	Email Address:	dixie.ziegler@hamiltonrelay.com

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:
	Contract:	Start Date:	July 1, 2023	End Date: June 30, 2027

Resubmission - Redd 02/02/23 - 2:21 PM

<i>Purchasing Use Only:</i>	
Approval #:	230201 (2)

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	Telecommunication Devices for the Deaf (TDD) Surcharge in accordance with NRS 427A.797

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$505,000.00

<b>2</b>	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	<p>Captioned Telephone Services (CTS) is used by persons with hearing loss who have some residual hearing. CTS involves the use of a captioned telephone which has a built-in screen that displays real-time text captions of the non-CTS user's side of the conversation. The CTS user, on one line, can speak to the called party and simultaneously listen to the other party and read captions of what the other party says. A specially trained communication assistant re-voices the information conveyed by the non-CTS user and automated speech recognition technology automatically transcribes the CA's voice into captions displayed on the captioned telephone. The captioned telephone is connected to a telephone line.</p> <p>See attached <b>Scope of Work (SOW)</b> for full-service provision for the State.</p>

<b>3</b>	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<p>All analog Captioned Telephone Service (CTS) providers must be certified with the Federal Communications Commission (FCC) to provide these services under federal statute, 47 CFR § 64 Subpart F. Hamilton Relay and T-Mobile Accessibility are the only two current providers for CTS. However, T-Mobile Accessibility, our current provider, has provided notice that at the end of the State's current contract (June 30, 2023), T-Mobile Accessibility will no longer provide this service.</p>

<b>4</b>	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<p>All analog Captioned Telephone Service (CTS) providers must be certified with the Federal Communications Commission (FCC) to provide these services under federal statute, 47 CFR § 64 Subpart F. At present, there are only two providers, Hamilton Relay and T-Mobile Accessibility. T-Mobile Accessibility, our current provider, has provided notice that at the end of the State's current contract (June 30, 2023), T-Mobile Accessibility will no longer provide this service which leaves to only Hamilton Relay.</p>

<b>Purchasing Use Only:</b>	
Approval #:	230201 (2)

<b>5</b>	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
			<b>X</b>
	<p>a. <b><i>If yes</i></b>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</p>		
<p>b. <b><i>If not</i></b>, why were alternatives not evaluated?</p>			
<p>Hamilton Relay is the only FCC certified vendor to provide analog Captioned Telephone Services after June 30, 2023.</p>			

<b>6</b>	<b>Has the agency purchased these services/services with goods in the past? Check One:</b>				Yes	No	
	<p><b><i>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</i></b></p>				<b>X</b>		
	<p>a. <b><i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</i></b></p>						
	<b>Term</b>		<b>Value</b>	<b>Short Description</b>	<b>Provide Type of Procurement RFP#, RFQ#, Waiver #</b>	<b>CETS #</b>	
	<b>Start Date</b>	<b>End Date</b>					
	7/1/2019	6/30/2023	\$1,706,352	TTY relay, CTS relay and Speech-to-Speech relay	RFP#40DHHS-S366 awarded to Sprint Accessibility (dba. T-Mobile Accessibility)	21810	
	7/1/2014	6/30/2019	\$6,150,000	TTY relay, CTS relay and Speech-to-Speech relay	RFP#3087 awarded to Hamilton Relay	15368	
	7/1/2013	6/30/2014	\$700,000	TTY relay, CTS relay and Speech-to-Speech relay	RFP#1693 extended for another year.	14901	
6/9/2009	6/30/2013	\$3,297,625	TTY relay, CTS relay and Speech-to-Speech relay	RFP#1693 awarded to Sprint	12185		
9/1/2006	6/30/2009	\$?	?	We think this may be an extension of RFP#1467 which was awarded to Sprint	N/A		
9/1/2005	8/31/2006	\$233,386	CTS relay only	RFP#1467 awarded to Sprint	N/A		

<b>7</b>	<b>What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?</b>
	<p>As part of the services provided by Relay Nevada, analog Captioned Telephone Services (CTS) is vital for individuals who are deaf or hard of hearing to access the public telephone system via landline phones. In FY22, more than 53,000 CTS minutes were handled throughout the State. Should this waiver not be granted, deaf and hard of hearing individuals who use CTS will not have equal access to the public telephone communication system.</p>

<b>Purchasing Use Only:</b>	
Approval #:	230201 @

8	<b>What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?</b>
	The agency conducted a thorough review of the Federal Communication Commission's (FCC) CTS certified vendors and found only Hamilton Relay and T-Mobile Accessibility. With official notice that T-Mobile Accessibility will be terminating their services on June 30, 2023, the agency only has one vendor for these services. Additionally, on June 30, 2022, the FCC approved the Telecommunications Relay Services (TRS) Fund administrator, Rolka Loube's, proposed rate for internet-protocol (IP) CTS services at \$2.3419 per minute for FY23.

9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b>	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>		

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.



\_\_\_\_\_  
Signature of Agency Representative Initiating Request

Jeffrey S. Duncan

\_\_\_\_\_  
Print Name of Agency Representative Initiating Request

10/19/2022

\_\_\_\_\_  
Date



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

Dena Schmidt

\_\_\_\_\_  
Print Name of Agency Head Authorizing Request

10/19/2022

\_\_\_\_\_  
Date

230201 @

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

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

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

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

\_\_\_\_\_  
Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

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

Approved by:

*Kevin O. Doty*

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

*2/6/23*

\_\_\_\_\_  
Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>23958</b>	Amendment Number: <b>1</b>
Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Washoe County</b>
Agency Code: <b>403</b>	Contractor Name: <b>Washoe County</b>
Appropriation Unit: <b>3157-00</b>	Address: <b>350 S. Center Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89501</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Steve McBride 775-785-5641</b>
	Vendor No.:
	NV Business ID: <b>Governmental Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2022-2023</b>

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2021**

Anticipated BOE meeting date: **05/2023**

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**

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. This amendment decreases the maximum amount from \$3,000,000 to \$1,500,000 due to a change 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:	\$3,000,000.00	\$3,000,000.00	\$3,000,000.00	Yes - Action
2. Amount of current amendment (#1):	-\$1,500,000.00	-\$1,500,000.00	-\$1,500,000.00	Yes - Action
3. New maximum contract amount:	\$1,500,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Medicaid State Plan allows for payment of 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 process and calculate the DSH program. This program is federally mandated per Section 1923 of the Social Security Act requiring a state to have a DSH program.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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 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	laaron	03/30/2023 13:28:55 PM
Division Approval	aprasa1	03/30/2023 13:33:43 PM
Department Approval	staciew4	03/31/2023 09:24:46 AM
Contract Manager Approval	trya4	03/31/2023 09:25:53 AM
Budget Analyst Approval	khal5	04/03/2023 17:25:26 PM
BOE Agenda Approval	nhovden	04/20/2023 08:59:41 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: **27405**

Agency Name: <b>DHHS - HEALTH CARE FINANCING &amp; POLICY</b>	Legal Entity Name: <b>Myers and Stauffer LC</b>
Agency Code: <b>403</b>	Contractor Name: <b>Myers and Stauffer LC</b>
Appropriation Unit: <b>3158-04</b>	Address: <b>100 Eastshore Drive, Ste. 200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Glen Allen, VA 23509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Johanna Linkenhoker 888-832-0856</b>
	Vendor No.: <b>T81098965</b>
	NV Business ID: <b>NV20001070243</b>

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

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

General Funds	0.00 %	<b>X</b>	Fees	<b>50.00 %</b>	<b>Certified Public Expenditure Audit</b>
<b>X</b> Federal Funds	<b>50.00 %</b>		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **RFP #40DHHS-S2211 (RV)**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2027**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **CPE Audit**

5. Purpose of contract:

**This is a new contract to provide ongoing audit reviews of cost reports submitted by governmental entities that certify public expenditures, including providers of targeted case management, school health services, administrative services, senior services, adult day health services, and emergency medical transportation services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,425,360.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Necessity to ensure accuracy in certified public expenditure reimbursement to the governmental entities for targeted case management, school health services, administrative services, senior services, adult day health services, and emergency medical transportation services.**

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

**DHCFP does not have the resources to conduct these reviews annually.**

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):



Myers and Stauffer LC  
Postlethwaite and Nettercille, APAC  
Comagine Health

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2211, 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: 11/22/2022 Anticipated re-bid date: 01/01/2027

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Multiple State Agency Divisions. 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:

Veronica Sheldon, MA3 Ph: null

Trish O'Flinn, MA3 Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	aroma2	03/28/2023 13:06:53 PM
Division Approval	laaron	03/29/2023 13:16:56 PM
Department Approval	staciew4	03/30/2023 12:46:01 PM
Contract Manager Approval	trya4	03/30/2023 13:21:33 PM
Budget Analyst Approval	jrodrig9	04/19/2023 13:12:52 PM
BOE Agenda Approval	jrodrig9	04/19/2023 13:12:59 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27432**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>ALSCO, INC.</b>
Agency Code: <b>406</b>	Contractor Name: <b>ALSCO, INC.</b>
Appropriation Unit: <b>3161-04</b>	Address: <b>2300 N COMMERCE STREET</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89030</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Barett Gamble 702/639-1233</b>
	Vendor No.: <b>T60153013D</b>
	NV Business ID: <b>NV19591000546</b>

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

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

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

Agency Reference #: **C 18175**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years and 61 days**

4. Type of contract: **Contract**

Contract description: **Laundry Services**

5. Purpose of contract:

**This is a new contract to provide ongoing hygienically cleaned laundry services and supply of garments and linens.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,056,000.00**

Other basis for payment: **As invoiced by the contractor**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Potentially contaminated linen should be handled with appropriate measures to prevent and control infection transmission.**

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 type of facility to handle 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):

**AlSCO**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2234, and in accordance with NRS 333, the selected vendor was the only vendor that submitted a proposal. An internal review was performed by the using Agency.

d. Last bid date: 01/04/2023 Anticipated re-bid date: 01/04/2027

- 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:

7/2022 - current; satisfactory service

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

- 19. Agency Field Contract Monitor:

Matthew Laruccia, Supply Supervisor Ph: 7024860770

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	03/29/2023 11:02:34 AM
Division Approval	rmille8	03/29/2023 11:22:00 AM
Department Approval	rmille8	03/29/2023 11:22:02 AM
Contract Manager Approval	rmille8	03/29/2023 11:22:05 AM
Budget Analyst Approval	khal5	04/12/2023 11:27:23 AM
BOE Agenda Approval	nhovden	04/12/2023 17:04:58 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: **27129**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	ACCESS TO HEALTHCARE NETWORK, INC.
Agency Code:	<b>406</b>	Contractor Name:	<b>ACCESS TO HEALTHCARE NETWORK, INC.</b>
Appropriation Unit:	<b>3220-21</b>	Address:	<b>4001 S. VIRGINIA STREET STE F</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>RENO, NV 89502</b>
If "No" please explain:	Not Applicable	Contact/Phone:	SHERRI RICE 775/284-9079
		Vendor No.:	T29014671
		NV Business ID:	NV20061133335

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

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	C 18107		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **06/29/2027**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Women's Health**

5. Purpose of contract:

**This is a new contract which provides ongoing management of Nevada's Breast and Cervical Cancer Early Detection Program, titled the Nevada Women's Health Connection Program.**

6. NEW CONTRACT

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

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

**II. JUSTIFICATION**

7. What conditions require that this work be done?

To improve access to screening, Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354, and the Centers for Disease Control and Prevention (CDC) created the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). The NBCCEDP funds all 50 states, the District of Columbia, 6 U.S. territories, and 13 tribes or tribal organizations to provide screening services for breast and cervical cancer. This contract will help DPBH implement this Act.

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

State employees do not possess the skills or expertise to perform these services.

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

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

Comagine Health  
High Sierra AHEC  
Nevada Health Foundation, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2149, and in accordance with NRS 333, the selected vendor was the only vendor that submitted a proposal. An internal review was performed by the using Agency.

d. Last bid date: 10/25/2022 Anticipated re-bid date: 07/01/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Current vendor with DPBH 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:

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	rmille8	01/17/2023 09:15:39 AM
Division Approval	rmille8	01/17/2023 09:16:42 AM
Department Approval	rmille8	01/17/2023 09:16:45 AM
Contract Manager Approval	rmille8	04/06/2023 11:10:51 AM
Budget Analyst Approval	nrezaie	04/11/2023 11:19:27 AM
BOE Agenda Approval	nhovden	04/13/2023 17:33:38 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: **27320**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: <b>ImageTrend, Inc.</b>
Agency Code: <b>406</b>	Contractor Name: <b>ImageTrend, Inc.</b>
Appropriation Unit: <b>3235-19</b>	Address: <b>20855 Kensington Blvd</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Lakeville, MN 55044</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sherri L. Leflay 952-469-6451</b>
	Vendor No.: <b>T32005910</b>
	NV Business ID: <b>NV20181134339</b>

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

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

<input checked="" type="checkbox"/> General Funds	<b>10.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>90.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**  
Anticipated BOE meeting date **05/2023**

Retroactive? **Yes**

If "Yes", please explain

**The Nevada EMS Program and ImageTrend were both unaware the contract ended on June 30, 2022. The Nevada EMS Program was contacted by ImageTrend in late September to begin contract negotiations. The negotiations took longer than anticipated which resulted in further delay of the contract.**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Software**

5. Purpose of contract:

**This is a new contract to provide ongoing maintenance and support for the National Emergency Medical Services Information System.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,417,268.48**

Other basis for payment: Per Attachment AA: Scope of Work and Deliverables

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Regulatory requirements for EMS certifications, licensing, for provider, ambulance, trauma centers and 911 dispatch ePCR reporting require that this work be done.

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 do this work.

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

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

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

Not Applicable

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

**Approval #: 230202**

**Approval Date: 02/14/2023**

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

This vendor is currently providing ongoing services for the existing EMS Management system and owns the proprietary software system being used.

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:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	03/07/2023 12:48:42 PM
Division Approval	rmille8	04/04/2023 08:33:36 AM
Department Approval	rmille8	04/04/2023 08:33:40 AM
Contract Manager Approval	rmille8	04/04/2023 08:33:43 AM
EITS Approval	ljean	04/04/2023 09:15:56 AM
Budget Analyst Approval	hfield	04/17/2023 16:04:14 PM
BOE Agenda Approval	hfield	04/17/2023 16:04:17 PM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Cody Phinney, Deputy Administrator, DPBH, DHHS  
Robert Dean, EMS Program Admin. Services Officer, DPBH, DHHS  
Bobbie Sullivan, EMS Program Manager, DPBH, DHHS  
DPBH IT, Division IT, DPBH, DHHS  
Michael Bologlu, EMS Representative II, 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 677 – *EMS Program-Image Trend* – BA 3235

**DATE:** February 9, 2023

We have completed our review for the Department of Health and Human Services (DHHS), Division of Public and Behavior Health's (DPBH) – *EMS Program-Image Trend* – TIN 677.

The submitted TIN, for an estimated value of \$334,960.63 in the FY22/FY23 biennium, \$710,823.68 in the FY24/FY25 biennium and \$371,484.17 in FY26 (100% Federal Funding), is for procurement of ongoing SaaS cloud services through ImageTrend.

ImageTrend currently provides the cloud-hosted, SaaS solution for Nevada's Emergency Medical Services (EMS). The ImageTrend License Management system tracks Nevada's emergency medical service provider information, including first responder certifications and licenses, EMS and Fire service permit information, and hospital trauma center designation certificates. ImageTrend Elite tracks data for every 911 call in Nevada when an ambulance or fire department is dispatched to emergency calls, including crew information and electronic patient care reports.



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 it is subject to federal and/or other security requirements.

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

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

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

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

CI8171  
BA 3235



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

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

<b>Purchasing Use Only:</b>	
<b>Approval#:</b>	230202 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>	Division of Public and Behavioral Health Emergency Medical Services Program	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Michael Bologlu – EMS Representative II	775-687-7574	mbologlu@health.nv.gov
	Bobbie Sullivan – Manager Emergency Med. Svc.	775-753-1128	bsullivan@health.nv.gov
	Ronda Miller – Management Analyst III	775-684-5932	rondamiller@health.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	ImageTrend
	Contact Name:	Sherri Leflay
	<b>Complete Address:</b>	20855 Kensington Blvd
	City, State, and Zip Code	Lakeville, MN 55044
	Telephone Number:	952-469-6451
	Email Address:	sleflay@imagetrend.com

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No: X
	Contract:	Start Date:	7/1/2022	End Date: 6/30/2026

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	3235
	Federal Funds:	
	Grant Funds:	

Purchasing Use Only:

Approval #:

230202(2)

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$1,417,268.48

2	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	<p><i>This procurement is for continued, ongoing services including Hosting, Maintenance, Support and Licensing for:</i></p> <p><i>1) ImageTrend License Management System The license management system tracks all of Nevada's emergency medical responder information. This includes first responder certifications and licenses. EMS and Fire service permit information and hospital trauma center</i></p> <p><i>2) ImageTrend Elite System tracks data for every 911 call in Nevada when an ambulance or fire department is dispatched to emergency calls. This includes patient information. This system collects and stores data from each module and produces required electronic patient care reports (ePCR).</i></p> <p><i>The EMS ImageTrend system is currently in use by the Nevada Emergency Medical Services program.</i></p>

3	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<i>As a result of RFP 3492, ImageTrend created the EMS ImageTrend SaaS system to track and report upon federal and state EMS services including responder certification, training, ambulance and facility inspections, service permitting and ePCR reporting in a single cloud hosted system.</i>

4	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>ImageTrend has created a customized, proprietary software system providing cloud hosting which is not available from other vendors.</i>

5	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
	a. <i><b>If yes</b>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		X
		<i>ImageTrend has created a customized, proprietary software system providing cloud hosting which is not available from other vendors.</i>	
b. <i><b>If not</b>, why were alternatives not evaluated?</i>			

Purchasing Use Only:

Approval #:

230202 (2)

	Has the agency purchased these services/services with goods in the past? Check One:				Yes	No
	<p><b>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></b></p>				X	
6	a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u>					
	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
	Start Date	End Date				
	6/2018	6/2022	\$1,714,200	This contract provides implementation, hosting and maintenance of the statewide web-based EMS data reporting system.	RFP 3492; Internal contract C16513	19982
			\$			
			\$			
			\$			
		\$				

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<i>If this contract is not approved the Nevada EMS program will lose the ability to track patient care data and provider information electronically, forcing manual operations using paper applications and spreadsheet tracking until the program could contract with a vendor that offers patient care data tracking in compliance with the National EMS Information System (NEMESIS).</i>

8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?
	<i>ImageTrend has created a customized, proprietary software system for Nevada EMS NEMESIS requirements as well as providing cloud hosting which is not available from other vendors.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<p><b>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b></p>	X	
a. <i>If yes, please provide details regarding future obligations or needs.</i>			
<b><i>This procurement is for continued, ongoing services including Hosting, Maintenance, Support and Licensing for ImageTrend through 6/30/2026.</i></b>			

Approval #: 230202@

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

2/10/23  
Date

*Kelli Quintero*

Signature of Agency Head Authorizing Request

Kelli Quintero

Print Name of Agency Head Authorizing Request

2/10/23  
Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

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

Approved by:

*Kevin A. Doty*

Administrator, Purchasing Division or Designee

2/14/23  
Date

Joe Lombardo  
Governor



#230202 @

Jack Robb  
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](http://www.it.nv.gov) | Fax: (775) 687-9097

MEMORANDUM

**TO:** Cody Phinney, Deputy Administrator, DPBH, DHHS  
Robert Dean, EMS Program Admin. Services Officer, DPBH, DHHS  
Bobbie Sullivan, EMS Program Manager, DPBH, DHHS  
DPBH IT, Division IT, DPBH, DHHS  
Michael Bologlu, EMS Representative II, 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 677 – *EMS Program-Image Trend* – BA 3235

**DATE:** February 9, 2023

We have completed our review for the Department of Health and Human Services (DHHS), Division of Public and Behavior Health's (DPBH) – *EMS Program-Image Trend* – TIN 677.

The submitted TIN, for an estimated value of \$334,960.63 in the FY22/FY23 biennium, \$710,823.68 in the FY24/FY25 biennium and \$371,484.17 in FY26 (100% Federal Funding), is for procurement of ongoing SaaS cloud services through ImageTrend.

ImageTrend currently provides the cloud-hosted, SaaS solution for Nevada's Emergency Medical Services (EMS). The ImageTrend License Management system tracks Nevada's emergency medical service provider information, including first responder certifications and licenses, EMS and Fire service permit information, and hospital trauma center designation certificates. ImageTrend Elite tracks data for every 911 call in Nevada when an ambulance or fire department is dispatched to emergency calls, including crew information and electronic patient care reports.

\*230202@

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 it is subject to federal and/or other security requirements.

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

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

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

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

#230202 @

Steve Sisolak  
Governor



**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

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

Richard Whitley, MS  
Director

**MEMORANDUM**

DATE: 11/22/2022

**TO:** Kitty DeSocio, ASO IV  
Division of Public and Behavioral Health

**THROUGH:** Kelli Quintero, Administrative Services Officer III  
Division of Public and Behavioral Health

**FROM:** Bobbie Sullivan, Emergency Medical Services Program Manager  
Division of Public and Behavioral Health

**SUBJECT:** REQUEST FOR RETROACTIVE APPROVAL - ImageTrend

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: ImageTrend
- Services to be provided: ImageTrend's online system tracks providers certification, training, ambulance inspections, service permitting and ePCR data tracking and storage in one system.
- Funding source and expenditure category: BA# 3235
- Requested start date of work: July 1, 2022
- Expected execution date of agreement: 1/1/2023
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - The Nevada EMS Program and ImageTrend were both unaware the contract ended on June 30, 2022. The Nevada EMS Program was contacted by ImageTrend in late September to begin contract negotiations.
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: If this contract is not approved the Nevada EMS program will not have a way to track patient care data and provider information. We would go back to paper applications and will have to find another vendor that offers patient care data tracking in compliance with the National EMS Information System (NEMSIS).
  - Explain how the program/bureau will prevent future retroactive requests: The EMS Program is developing a policy and procedure to ensure all contract dates are on a central calendar and a reminder appointment will be created 90-days before any contract expires allowing enough time to renew any contracts if necessary.

If you have any questions, please contact Bobbie Sullivan at (775) 753-1128 or bsullivan@health.nv.gov.

cc: Contract Unit  
Division of Public and Behavioral Health



Steve Sisolak  
Governor



Richard Whitley, MS  
Director

**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

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

---

## MEMORANDUM

DATE: 11/22/2022

TO: Kitty DeSocio, ASO IV  
Division of Public and Behavioral Health

THROUGH: Kelli Quintero, Administrative Services Officer III  
Division of Public and Behavioral Health

FROM: Bobbie Sullivan, Emergency Medical Services Program Manager *Bobbie Sullivan*  
Division of Public and Behavioral Health

SUBJECT: REQUEST FOR RETROACTIVE APPROVAL - ImageTrend

---

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- Name of Contractor: ImageTrend
- Services to be provided: ImageTrend's online system tracks providers certification, training, ambulance inspections, service permitting and ePCR data tracking and storage in one system.
- Funding source and expenditure category: BA# 3235
- Requested start date of work: July 1, 2022
- Expected execution date of agreement: 5/9/2023
- Detailed explanation as to why a retroactive agreement is necessary, including:
  - Reason(s) why the agreement was not submitted timely:
    - The Nevada EMS Program and ImageTrend were both unaware the contract ended on June 30, 2022. The Nevada EMS Program was contacted by ImageTrend in late September to begin contract negotiations. The negotiations took longer than anticipated which resulted in further delay of the contract.
  - Describe the impact to the program/services if this work is not started prior to the execution of the agreement: If this contract is not approved the Nevada EMS program will not have a way to track patient care data and provider information. We would go back to paper applications and will have to find another vendor that offers patient care data tracking in compliance with the National EMS Information System (NEMSIS).
  - Explain how the program/bureau will prevent future retroactive requests: The EMS Program is developing a policy and procedure to ensure all contract dates are on a central calendar and a reminder appointment will be created 90-days before any contract expires allowing enough time to renew any contracts if necessary.

If you have any questions, please contact Bobbie Sullivan at (775) 753-1128 or bsullivan@health.nv.gov.

cc: Contract Unit  
Division of Public and Behavioral Health

### CONTRACT SUMMARY

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: <b>24393</b>	Amendment Number: <b>5</b>
Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>DELOITTE CONSULTING, LLP</b>
Agency Code: <b>407</b>	Contractor Name: <b>DELOITTE CONSULTING, LLP</b>
Appropriation Unit: <b>3228-47</b>	Address: <b>980 9th Street, STE 1800</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sacramento, CA 95814</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rakesh Duttgupta 916/288-3100</b>
	Vendor No.: <b>T27024237C</b>
	NV Business ID: <b>NV20081436471</b>

To what State Fiscal Year(s) will the contract be charged? **2021-2024**

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

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

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/08/2021**  
 Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **2 years and 206 days**

4. Type of contract: **Contract**

Contract description: **P-EBT Benefits**

5. Purpose of contract:

**This is the fifth amendment to the original contract which provides Pandemic-Electronic Benefit Transfer (P-EBT) benefits to children who qualify for the National School Lunch Program. This amendment increases the maximum amount from \$8,122,167 to \$8,994,727 due to the implementation of system data and reporting enhancement required for the issuance of FY22-23 P-EBT benefits.**

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	
1. The max amount of the original contract:	\$3,300,568.00	\$3,300,568.00	\$3,300,568.00	Yes - Action
a. Amendment 1:	\$1,556,399.00	\$1,556,399.00	\$1,556,399.00	Yes - Action
b. Amendment 2:	\$277,200.00	\$277,200.00	\$277,200.00	Yes - Action
c. Amendment 3:	\$2,988,000.00	\$2,988,000.00	\$2,988,000.00	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#5):	\$872,560.00	\$872,560.00	\$872,560.00	Yes - Action
3. New maximum contract amount:	\$8,994,727.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The Consolidated Appropriations Act provides states with the opportunity to provide P-EBT benefits to children who qualify for the National School Lunch Program.

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

State Staff does not possess the expertise required to perform this modification to the TANF 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):

MIS 2000  
Computer Systems West, Inc.  
Deloitte Consulting LLP

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1537, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/26/2021 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:

Vendor under contract with multiple agencies. Currently under contract with DWSS 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	03/30/2023 07:24:53 AM
Division Approval	cbuscay	03/30/2023 08:01:28 AM
Department Approval	rthomps1	03/30/2023 09:24:28 AM
Contract Manager Approval	mpomerle	03/30/2023 12:15:29 PM
EITS Approval	ljean	03/30/2023 15:11:44 PM
Budget Analyst Approval	nrezaie	04/06/2023 07:30:26 AM
BOE Agenda Approval	nhovden	04/14/2023 11:06:17 AM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**MEMORANDUM**

**TO:** Robert Thompson, Administrator, DWSS, DHHS  
Crystal Buscay, Chief Financial Officer, DWSS, DHHS  
Bart London, Chief IT Manager, DWSS, DHHS  
Sheri Gallucci, Program Specialist III, DWSS, DHHS

**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 223 – *PEBT 2021-2023* – Update E  
– BA 3228

**DATE:** March 30, 2023

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services (DWSS) – *PEBT 2021-2023* – TIN 223, Update E.

The submitted TIN, for an estimated value of \$4,137,760.00 in the FY22/FY23 biennium (100% USDA funding), is to change the scope of work for the P-EBT project for school year 22-23.

This TIN supports adjusting the P-EBT project scope of work to include the following:

1. Implementing system enhancements for issuing SY22-23 P-EBT benefits to childcare aged children and summer P-EBT benefits to students as follows:

- a) Modify the system to accept the new NDE file format.
- b) Extract base data and enrollment data for SY22-23 provided by NDA and NDE into P-EBT database tables.

- c) Implement AMPS modifications to display new address data elements.
- d) Implement Access Nevada modifications to update labels and instructions for SY22-23 P-EBT and redesign result screens to remove data elements and features not applicable to SY22-23 P-EBT.
- e) Modify logic in case creation batch to align with SY22-23 P-EBT eligibility rules for students and childcare aged children.
- f) Modify the benefit issuance process to increase the frequency of benefit issuance and issue benefits in smaller batches over a longer period to accommodate the processing capacity of the card issuer and post offices.

2. Generating ad-hoc reports to support E&P SNAP specialists' state and federal reporting needs.

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 follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

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

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

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27434**

Agency Name: <b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name: <b>SOLIX, INC.</b>
Agency Code: <b>407</b>	Contractor Name: <b>SOLIX, INC.</b>
Appropriation Unit: <b>3228-04</b>	Address: <b>10 LANIDEX PLAZA W, Suite 300</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>PARSIPPANY, NJ 07054</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Alishea Hawkins 973-581-6700</b>
	Vendor No.: <b>T32011740</b>
	NV Business ID: <b>NV20051804228</b>

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

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

<input checked="" type="checkbox"/> General Funds	<b>30.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>70.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2022**

Anticipated BOE meeting date 05/2023

Retroactive? **Yes**

If "Yes", please explain

**DWSS is the last DHHS agency to start transitioning to the new system. Solix implemented bi-weekly meetings to start mapping the system needs. If DWSS were to hold off on these discussions until a service agreement was in place, it would place us at risk of not implementing the system in time to to run concurrent with our current systems to ensure federal and state expenditures are allocated properly. This would place DWSS at risk of loss of federal funds and possible sanctions.**

3. Termination Date: **11/30/2025**

Contract term: **3 years**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **Cost Allocation**

5. Purpose of contract:

**This is a new contract to provide an advanced integrate Cost Allocation and Time and Effort tracking system to replace the Division's current outdated Random Moment Time Study and Time and Effort Tracking systems.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$298,660.00**

Other basis for payment: Upon receipt of invoice and approval of services by the State.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To maximize federal revenues while complying with all federal regulations.

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

Staff does not have the level of expertise required.

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

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

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

Fuselogix LLC  
Interactive Voice Applications  
Public Consulting Group

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S1568, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/27/2021 Anticipated re-bid date: 01/12/2025

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:

The Department of Health and Human Services and is performing 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:

Shannon Jones, Administrative Services Officer II Ph: (775) 684-0676

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	apereira	03/31/2023 12:49:09 PM
Division Approval	cbusgay	04/03/2023 13:01:12 PM
Department Approval	rthomps1	04/03/2023 13:52:32 PM
Contract Manager Approval	mpomerle	04/04/2023 09:45:25 AM
EITS Approval	ljean	04/04/2023 10:55:43 AM
Budget Analyst Approval	nrezaie	04/11/2023 10:52:24 AM
BOE Agenda Approval	hfield	04/18/2023 15:02:59 PM





## Monique Pomerleau

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**From:** Michael D. Smith  
**Sent:** Thursday, December 9, 2021 7:15 AM  
**To:** Christina K. Hadwick  
**Subject:** RE: TIN Completion Memo - DHHS – 314 – Cost Allocation - 3150

Hi Christina,


Apologies for the delayed response.

Yes, the one TIN can cover all aspects of the project so long as each agency and their deliverables were included.

### Michael Smith, MSITM, CAPM, MCE, NISP

Enterprise Architect | Office of the CIO | EA Group

State of Nevada | Department of Administration | Enterprise IT Services

T: (775) 684-7330 | F: (775) 687-9097 | E: [mdsmithjr@admin.nv.gov](mailto:mdsmithjr@admin.nv.gov) |  [Chat with me on Teams](#)



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Any review, dissemination or copying of this communication by anyone other than the intended recipient is strictly prohibited.

If you are not the intended recipient, please contact the sender by reply e-mail and delete all copies of the original message.

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**From:** Christina K. Hadwick <[christinahadwick@dhhs.nv.gov](mailto:christinahadwick@dhhs.nv.gov)>  
**Sent:** Friday, December 3, 2021 4:35 PM  
**To:** Michael D. Smith <[mdsmithjr@admin.nv.gov](mailto:mdsmithjr@admin.nv.gov)>  
**Subject:** RE: TIN Completion Memo - DHHS – 314 – Cost Allocation - 3150

Hi Michael,

Can the TIN for the master contract also be used for the agencies' individual service agreements? The SA's require BOE approval as well, so I'm trying to be proactive. I asked GFO, but they referred me to EITS.

Thank you,

### Christina Hadwick

Chief Financial Officer

Nevada Department of Health and Human Services

Director's Office

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

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

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

**Michael Smith, MSITM, CAPM, MCE, NISP**

Enterprise Architect | Office of the CIO | EA Group

State of Nevada | Department of Administration | Enterprise IT Services

T: (775) 684-7330 | F: (775) 687-9097 | E: [mdsmithjr@admin.nv.gov](mailto:mdsmithjr@admin.nv.gov) |  [Chat with me on Teams](#)



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### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27374**

Agency Name:	<b>DHHS - WELFARE AND SUPPORTIVE SERVICES</b>	Legal Entity Name:	The Center for Applied Management Practices
Agency Code:	<b>407</b>	Contractor Name:	<b>The Center for Applied Management Practices</b>
Appropriation Unit:	<b>3267-04</b>	Address:	<b>320 Lamp Post Ln</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Camp Hill, PA 17011</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Frederick Richmond 7177303705
		Vendor No.:	T27043669
		NV Business ID:	NV20181329349

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2028**

Contract term: **5 years and 1 day**

4. Type of contract: **Contract**

Contract description: **CAMP**

5. Purpose of contract:

**This is a new contract to provide a comprehensive case management system for use in the Child Care Development Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,145,035.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DWSS, Child Care Development Program is in need of a case management software system.

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

This is a specialized system that Child Care Development Program will use to enhance case management 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?

REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION  
Nevada Revised Statute (NRS) 333.475 permits an agency to enter into a contract with a vendor pursuant to a solicitation conducted by another governmental entity.

d. Last bid date: Anticipated re-bid date: 01/03/2028

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:

Brian Cullen, MA IV Ph: 775 684-0722

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bcallaha	03/30/2023 08:18:51 AM
Division Approval	cbusgay	03/30/2023 09:42:26 AM
Department Approval	rthomps1	03/30/2023 10:28:48 AM
Contract Manager Approval	mpomerle	03/30/2023 12:12:50 PM
EITS Approval	ljean	03/30/2023 12:32:12 PM
Budget Analyst Approval	nrezaie	04/17/2023 14:02:11 PM
BOE Agenda Approval	hfield	04/17/2023 14:40:16 PM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**MEMORANDUM**

**TO:** Steve Fisher, Administrator, DWSS, DHHS  
Brenda Berry, Chief Financial Officer, DWSS, DHHS  
Bart London, Chief IT Manager, DWSS, DHHS  
Cynthia Leech, Child Care Unit Chief, DWSS, DHHS

**CC:** Tim Galluzi, 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 27 – *Child Care System Replacement* – BA 3267 – Update B

**DATE:** June 17, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services' (DWSS) – *Child Care System Replacement* – TIN 27, Update B.

The submitted TIN, for an estimated value of \$6,520,000 in the FY22/FY23 biennium and \$7,270,070 in the FY24/FY25 biennium for an increase of \$1,230,070 from Update A, (100% Federal Funding), is to replace the existing Child Care System with a modern solution.

DWSS has received funding from the federal government to ensure quick replacement of their antiquated Child Care System in response to the COVID-19 pandemic. The existing Child Care application was developed fifteen years ago therefore it has many technical limitations, in addition to being hard to maintain and update. Lastly, the agency works with multiple vendors who use several different systems to capture information. The proposed solution will consolidate these systems into one overarching system thereby freeing up funds for more effective use and reducing duplicated efforts.

The proposed solution will be a robust, HIPAA compliant, cloud-based case management and data collection system designed to be user-friendly with a featured Help component and expansive reporting capabilities. The solution's intake and assessment functions will mirror Community Services Block Grant (CSBG) and Family Resource Center (FRC) agencies to align with their data handling and reporting. Harmonization of this sort will enable DHHS agencies to demonstrate the collective impact of publicly and privately funded human service agencies, statewide. This network will be the early childhood hub for Nevada and meet consumer education requirements for the state, connecting directly to the case management system to reduce administrative burden on agencies.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as personal identification information will be transported, stored, and/or processed with this system. The vendor has assured the State that the proper security measures are in place for stored data and DWSS is working closely with EITS to plan this investment; however, EITS recommends an Office of Information Security (OIS) security assessment. OIS is available, at the agency's request, to conduct a security review of this solution. If there are any questions regarding support from OIS please reach out to the office directly.

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.



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

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

<b>Purchasing Use Only:</b>	
<b>Approval #:</b>	G230102 @

**REQUEST TO USE ANOTHER GOVERNMENTAL SOLICITATION**

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

<b>1</b>	<b>Agency Contact Information - Note: Approval notification will be sent to <u>only</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>		<i>Division of Welfare and Social Services</i>
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Brian Cullen, MAIV</i>	<i>(775) 684 - 0722</i>	<i>bcullen@dwss.nv.gov</i>
	<i>Andy Jin MAIII</i>	<i>(775) 684 - 0672</i>	<i>axjin@dwss.nv.gov</i>

<b>2</b>	<b>Vendor Information:</b>	
	Identify Vendor:	<i>The Center for Applied Management Practices, Inc.</i>
	Contact Name:	<i>Frederick Richmond</i>
	Complete Address:	<i>320 Lamp Post Lane, Camp Hill, Pennsylvania 17011</i>
	Telephone Number:	<i>(717) 730 - 3705</i>
	Email Address:	<i>fritchmond@appliedmgt.com</i>

<b>3</b>	<b>State/Entity that Released the Solicitation &amp; Type of Solicitation. Must be Competitively Bid.</b>	
	Type of Solicitation:	<i>Competitive Bid</i>
	Identify Original State/Entity:	<i>Nevada / Department of Health and Human Services</i>
	Contact Name:	<i>DHHS Directors Office   Erika Pond</i>
	Telephone Number:	<i>(775) 684-3494   (775) 684-4001</i>
	Email Address:	<i>dhhsdfiscal@dhhs.nv.gov   epond@dhhs.nv.gov</i>

<b>4</b>	<b>Contract Dates: Your Contract Term Date Cannot Exceed Term Date of Original Contract. Note: Agency must include a copy of the originating jurisdictions contract page indicating start and term dates.</b>				
	Original Contract:	Start Date:	<i>04/14/2020</i>	End Date:	<i>03/31/2025</i>
	New Contract:	Start Date:	<i>Upon Board Approval</i>	End Date:	<i>03/31/2025</i>

<b>5</b>	<b>Funding for this new contract:</b>	
	State Appropriated:	
	Federal Funds:	<i>100% Child Care and Development Block Grant</i>
	Grant Funds:	
	Other (Explain):	



<i>Purchasing Use Only:</i>	
Approval #:	G230102

6	Total estimated value of this service contract:	\$13,790,070.00
	If this request contains an IT component that exceeds \$50,000, a TIN/CIN approval memo from EITS <u>must</u> be included with this submission. Purchasing does not have the authority to waive the TIN/CIN process. Requests received without the required approval will be returned to the agency.	

7	Does the Scope of Work (SOW) in the originating jurisdictions contract meet/exceed agency's SOW?	Yes:	X	No:	
	To ensure such, requesting agency must request a copy of the State/entities Contract and SOW to be reviewed and approved by the agency's Deputy Attorney General (DAG). <u>A copy of the Contract and written approval from the agency's DAG must be included with the request to the Purchasing Division.</u>				

8	Did the agency receive awarded vendors permission to contract?	Yes:	X	No:	
	<u>Written approval from the awarded vendor on the vendor's letterhead, must accompany the agency's request/submission to the Purchasing Division.</u> Please review Question #9 below as information required in Questions #8 and #9 should be combined into one (1) memo.				

9	To ensure fair & reasonable pricing to the State, did the agency request a copy of the originating jurisdictions awarded vendors technical and cost proposals?	Yes:	X	No:	
	<u>Copies of such must be included with submission to the Purchasing Division.</u> Additionally, agencies are advised to have the vendor include verbiage in their memo stating they agree to offer the State of Nevada same or similar pricing to that offered to the originating jurisdiction.				

10	Did the agency address any Federal Requirements associated with the contract?	Yes:	X	No:	
----	---	------	---	-----	--

11	Is this vendor registered in NevadaEPro?	Yes:	X	No:	
	Per Executive Order 2019-2, prior to entering into a contract with a vendor they must be registered in NevadaEPro.				

12	Is this vendor registered with the Nevada Secretary of State's Office?	Yes:	X	No:	
	Pursuant to NRS 76, prior to entering into a contract with a vendor they must obtain a Nevada Business License.				

13	Is a Business Associate Addendum or other agency specific form(s) required?	Yes:		No:	X
	If so, please include copies with submission to the Purchasing Division.				

**Purchasing Use Only:**

**Approval #:** G2301020

By signing below, I know and understand the contents of this request and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

*Karissa Loper*

Signature of Agency Representative Initiating Request

Karissa Loper

Print Name of Agency Representative Initiating Request

01/06/2023

Date

*Robert H. Thompson*

Signature of Agency Head Authorizing Request

Robert H. Thompson

Print Name of Agency Head Authorizing Request

01/10/2023

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NRS 333.475. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 300.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

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

X

Approved by:

*Kevin D. Doty*

Administrator, Purchasing Division or Designee

1/24/23

Date

Steve Sisolak  
Governor



G-230102 (10)

Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Timothy Galluzi  
Administrator

STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
*Enterprise IT Services Division*  
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Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

MEMORANDUM

**TO:** Steve Fisher, Administrator, DWSS, DHHS  
Brenda Berry, Chief Financial Officer, DWSS, DHHS  
Bart London, Chief IT Manager, DWSS, DHHS  
Cynthia Leech, Child Care Unit Chief, DWSS, DHHS

**CC:** Tim Galluzi, 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 27 – *Child Care System Replacement* – BA 3267 – Update B

**DATE:** June 17, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services' (DWSS) – *Child Care System Replacement* – TIN 27, Update B.

The submitted TIN, for an estimated value of \$6,520,000 in the FY22/FY23 biennium and \$7,270,070 in the FY24/FY25 biennium for an increase of \$1,230,070 from Update A, (100% Federal Funding), is to replace the existing Child Care System with a modern solution.

DWSS has received funding from the federal government to ensure quick replacement of their antiquated Child Care System in response to the COVID-19 pandemic. The existing Child Care application was developed fifteen years ago therefore it has many technical limitations, in addition to being hard to maintain and update. Lastly, the agency works with multiple vendors who use several different systems to capture information. The proposed solution will consolidate these systems into one overarching system thereby freeing up funds for more effective use and reducing duplicated efforts.

The proposed solution will be a robust, HIPAA compliant, cloud-based case management and data collection system designed to be user-friendly with a featured Help component and expansive reporting capabilities. The solution's intake and assessment functions will mirror Community Services Block Grant (CSBG) and Family Resource Center (FRC) agencies to align with their data handling and reporting. Harmonization of this sort will enable DHHS agencies to demonstrate the collective impact of publicly and privately funded human service agencies, statewide. This network will be the early childhood hub for Nevada and meet consumer education requirements for the state, connecting directly to the case management system to reduce administrative burden on agencies.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as personal identification information will be transported, stored, and/or processed with this system. The vendor has assured the State that the proper security measures are in place for stored data and DWSS is working closely with EITS to plan this investment; however, EITS recommends an Office of Information Security (OIS) security assessment. OIS is available, at the agency's request, to conduct a security review of this solution. If there are any questions regarding support from OIS please reach out to the office directly.

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: **27246**

Agency Name:	<b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name:	<b>ACTION FOR CHILD PROTECTION, Inc.</b>
Agency Code:	<b>409</b>	Contractor Name:	<b>ACTION FOR CHILD PROTECTION, Inc.</b>
Appropriation Unit:	<b>3145-13</b>	Address:	<b>8920 Lawyers Road #691210</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CHARLOTTE, NC 28227</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Kay Thomas 704/845-2121
		Vendor No.:	T29038059
		NV Business ID:	NV20181184852

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

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **SAFE@Home**

5. Purpose of contract:

**This is a new contract that continues to assess progress toward implementation and fidelity of Safety Assessment and Family Evaluation (SAFE) model, as intended based on practice standards. In addition to activities for building supervisor and specialist competency and developing internal capacity for advancing SAFE implementation by providing coaching, and education services that continue efforts for improving workforce performance related to specific intervention components.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$186,000.00**

Payment for services will be made at the rate of \$1,800.00 per Onsite days

Other basis for payment: \$1,800 per Offsite days, \$500 per day for travel: \$1,800x20=\$36,000; \$500x21=\$10,500; \$46,500x4years=\$186,000

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Since the implementation of SAFE Child Welfare Practice Model in Nevada, the Division Rural Region continues to build its fidelity. Contracting with the safety model developers, the vendor allows staff to achieve full implementation of the safe practice model: to assess practice and decision-making from a quantitative and qualitative perspective; to assess deliver of SAFE@HOME to support least intrusive safety management in each region; to consider the impact of SAFE practice model and SAFE@Home on practice outcomes; and to assess progress toward addressing implementation drivers.

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

New Division employees are not yet experts in the SAFE Child Welfare Practice Model.

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

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

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**  
**Approval #: 230203**  
**Approval Date: 02/21/2023**

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

The selected vendor is the developer of the model being utilized.

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

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Vendor has been under contract with the Division since May 2018. Services have been satisfactory.

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

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

Not Applicable

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

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

**Yes**

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

**Yes**

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

**Yes**

19. Agency Field Contract Monitor:

Maria Hickey, Social Services Prgm. Spec. 3 Ph: 775-684-1975

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	creeve1	02/15/2023 08:42:03 AM
Division Approval	hbugg	03/24/2023 13:51:39 PM
Department Approval	cpitlock	03/27/2023 08:07:26 AM
Contract Manager Approval	sknigge	03/27/2023 11:41:06 AM
Budget Analyst Approval	twollan1	04/11/2023 15:52:52 PM





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

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

<b>Purchasing Use Only:</b>	
Approval#:	230203 (C)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

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

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<b>STATE AGENCY NAME REQUIRED:</b>	Division of Child and Family Services	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Maria Hickey	775-684-1975	<a href="mailto:mhickey@dcfs.nv.gov">mhickey@dcfs.nv.gov</a>
	Betsy Crumrine	775-684-1979	<a href="mailto:bcrumrine@dcfs.nv.gov">bcrumrine@dcfs.nv.gov</a>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Action for Child Protection
	Contact Name:	Kay Thomas
	<b>Complete Address:</b> City, State, and Zip Code	8920 Lawyers Road #691210 Charlotte, NC 28227
	Telephone Number:	704-845-2121
	Email Address:	<a href="mailto:kay.thomas@action4cp.org">kay.thomas@action4cp.org</a>

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

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

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:	No:	
	Contract:	Start Date:	End Date:	
		<input checked="" type="checkbox"/>		
		07/01/2023	06/30/2027	

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	3145-13 Children's Justice Act (CJA)
	Other (Explain):	

Rec'd 02/14/23 - Resub -cs



Purchasing Use Only:

Approval #:

230203 (4)

1g

Total Estimated Value of this Service Contract, Amendment or Purchase:

\$186,000 (\$46,500 annually over 4 year term of the contract)

2

Provide a description of work/services to be performed or services with goods to be purchased:

*Action for Child Protection (Action) proposes assisting Nevada Division of Child and Family Services (DCFS) in increasing SAFE intervention competence and fidelity in all Rural Region child welfare offices. This proposal includes goal oriented onsite and offsite implementation supports that primarily target supervisor and specialist implementation drivers. In addition to activities for building supervisor and specialist competency, Action will engage the statewide training partnership to assist DCFS with aligning key external system drivers (i.e., ten (10) District courts and community-based treatment providers). ACTION will develop internal capacity for advancing SAFE implementation and worker competence by providing training, case consultation, coaching, and education services that continue efforts for improving workforce performance related to specific intervention components.*

3

What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?

*Action for Child Protection's foundational work is the Safety Assessment Family Evaluation (SAFE) Model. SAFE is largely considered the first comprehensive safety decision-making model and intervention framework. This is the Safety model the State of Nevada has chosen and that all jurisdictions are implementing for their Child Welfare Practice. This strengths-based, family-centered, and trauma-informed model informs child welfare agency decision-making at milestones throughout the life of each case. Child safety is the primary focus of the SAFE model, and attention is provided to children who may be unsafe based on the presence of uncontrolled danger threats. SAFE uses standardized tools and decision-making criteria to assess family behaviors, conditions, and circumstances, including individual child vulnerabilities and caregiver protective capacities, to make well-founded child safety decisions. The practice model's approach to safety assessment and management recognizes that issues concerned with child safety change as the child protective services intervention proceeds.*

4

Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:

*This is the Safety model the State of Nevada has chosen and that all three jurisdictions are implementing for their Child Welfare Practice. Action for Child Protection's foundational work is the Safety Assessment Family Evaluation (SAFE) Model. SAFE is largely considered the first comprehensive safety decision-making model and intervention framework.*

<b>Purchasing Use Only:</b>	
Approval #:	230203 (CD)

<b>5</b>	<b>Check One:</b>
	Yes      No
	<input type="checkbox"/> <input checked="" type="checkbox"/>
	<input type="checkbox"/> <input checked="" type="checkbox"/>
<p>Were alternative services or commodities evaluated?</p>	
<p>a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</p>	
<p>b. <u>If not</u>, why were alternatives not evaluated?</p>	
<p><i>Alternative Safety Models were evaluated in 2005/6 and Action for Protection's Safety Assessment Family Evaluation (SAFE) Model was selected by the Division's Family Program Office, State Oversight for Child Welfare in Nevada, in collaboration with Washoe County Human Services Agency, Clark County Department of Family Services, and Division of Child and Family Services Child Welfare serving the 15 rural counties.</i></p>	

<b>6</b>	<p>Has the agency purchased these services/services with goods in the past? Check One:</p>				Yes	No	
	<p><b>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></b></p>				X		
	<p>a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u></p>						
	<b>Term</b>		<b>Value</b>	<b>Short Description</b>	<b>Provide Type of Procurement RFP#, RFQ#, Waiver #</b>	<b>CETS #</b>	
	<b>Start Date</b>	<b>End Date</b>					
	12/13/21	06/30/23	\$75,300	SAFE@Home Assessment	Informal Bid	25144	
11/13/18	09/30/19	\$49,500	SAFE Training	Informal Bid	21262		
05/09/18	12/30/18	\$24,300	Training/Coaching	Informal Bid	19804		
		\$					
		\$					

<b>7</b>	<p>What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?</p>
	<p><i>This is the safety model used statewide in Nevada, it was developed by Action for Protection and as such they are the only entity that can properly assist with training, change focus coaching, fidelity to implementation and the model etc. The price for each contract is negotiated and we believe fair and reasonable.</i></p>

Purchasing Use Only:

Approval #:

23020308

8	<b>What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?</b>
	<i>This proprietary safety model was selected in 2006 and used statewide in Nevada, it was developed by Action for Protection and as such they are the only entity that can properly assist with training, change focus coaching, fidelity to implementation and the model etc. The price for each contract is negotiated and we believe fair and reasonable.</i>

		Yes	No
9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b>		
	<u><i>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></u>	X	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>		
	<i>Action for Protection's Safety Assessment Family Evaluation (SAFE) Model was selected by the State of Nevada as the safety model to be used for Child Welfare cases in all seventeen (17) counties in the state. We will continue to use Action for Protection to ensure fidelity to the model, assure quality assurance, and provide training as necessary.</i>		

Purchasing Use Only:

Approval #:

230203 (2)

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

*Heather Bugg*

Signature of Agency Representative Initiating Request

Heather Bugg, Admin Services Officer IV

2/10/2023

Print Name of Agency Representative Initiating Request

Date

*[Signature]*

Signature of Agency Head Authorizing Request

Dr. Cindy Pitlock, Administrator, DCFS

2/10/2023

Print Name of Agency Head Authorizing Request

Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

*Kevin A. Doty*

Administrator, Purchasing Division or Designee

2/21/23

Date

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27436**

Agency Name: <b>DHHS - DIVISION OF CHILD AND FAMILY SERVICES</b>	Legal Entity Name: Pacific Outdoor Living
Agency Code: <b>409</b>	Contractor Name: <b>Pacific Outdoor Living</b>
Appropriation Unit: <b>3281-07</b>	Address: <b>8309 Tujunga Ave., Ste. 201</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sun Valley, CA 91352</b>
If "No" please explain: Not Applicable	Contact/Phone: Victor Paniagua 818-621-6981
	Vendor No.: T29046841
	NV Business ID: NV20232726153

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

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

<input checked="" type="checkbox"/> General Funds	<b>90.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>10.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Landscaping/Snow Rem**

5. Purpose of contract:

**This is a new contract to provide ongoing landscaping and snow removal services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$210,017.50**

Other basis for payment: As invoiced by the Contractor and approved by the State based on pricing in Attachment DD-Vendor Proposal

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The campus of Northern Nevada Child and Adolescent Services is very large. The Division does not staff the grounds maintenance. Pursuant to NRS Chapter 433, through the use of landscaping services and ground maintenance service including lawn care, tree trimming, pruning, irrigation service as well as snow removal.

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

No state agency offers 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):

BrightView Landscaping  
T&T Lawns Plus  
American Lawn and Landscaping

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S2282, and in accordance with NRS 333, the selected vendor was the only vendor that submitted a proposal. An internal review was performed by the using Agency.

d. Last bid date: 02/03/2023 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**NT7**

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Imran Hyman, Admin Services Officer II Ph: 775-688-1636

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ihyman	03/31/2023 14:09:21 PM
Division Approval	hbugg	03/31/2023 15:17:23 PM
Department Approval	cpitlock	04/03/2023 08:06:11 AM
Contract Manager Approval	sknigge	04/03/2023 10:05:02 AM
Budget Analyst Approval	twollan1	04/11/2023 17:36:39 PM
BOE Agenda Approval	dlenzner	04/17/2023 15:45:05 PM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **24290** Amendment Number: **2**

Agency Name: **DEPARTMENT OF AGRICULTURE** Legal Entity Name: **LET'S DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE**

Agency Code: **550** Contractor Name: **LET'S DO LUNCH, INC. DBA INTEGRATED FOOD SERVICE**

Appropriation Unit: **1362-21** Address: **310 W ALONDRA BLVD**

Is budget authority available?: **Yes** City/State/Zip: **GARDENA, CA 90248-2423**

If "No" please explain: **Not Applicable** Contact/Phone: **Jon Sugimoto 310/523-3664**

Vendor No.: **PUR0003797**

NV Business ID: **NV20111272488**

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

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

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

Agency Reference #: **55AGR-S1377 tb**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2021**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/14/2025**

Contract term: **3 years and 342 days**

4. Type of contract: **Contract**

Contract description: **USDA Food Processor**

5. Purpose of contract:

**This is the second amendment to the original contract which provides U.S. Department of Agriculture compliant breakfast and lunch products. This amendment increases the maximum amount from \$5,670,627 to \$8,721,123 due to an increase in food costs.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,670,627.00	\$5,670,627.00	\$5,670,627.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$3,050,496.00	\$3,050,496.00	\$3,050,496.00	Yes - Action
3. New maximum contract amount:	\$8,721,123.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

School districts and other agencies use process food products in their lunch program which creates this necessity.

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

State agencies and employees do not have the ability to process USDA food. Only USDA approved manufacturers may do so.

9. Were quotes or proposals solicited? Yes

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

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

Asian Food Solutions  
Integrated Food Service  
Bongards Creameries

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #55AGR-S1377, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/08/2021 Anticipated re-bid date: 01/08/2025

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:

Integrated Food Service provided service to the Nevada Department of Agriculture in 2020 and services received were satisfactory.

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

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

Not Applicable

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

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	mmarkovi	03/23/2023 11:34:11 AM
Division Approval	mmarkovi	03/23/2023 11:34:17 AM
Department Approval	avigi1	03/23/2023 11:41:02 AM



Contract Manager Approval	cprasa1	03/23/2023 13:50:07 PM
Budget Analyst Approval	dspeed1	04/05/2023 16:19:16 PM
BOE Agenda Approval	nhovden	04/06/2023 13:07:37 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: **27346**

Agency Name: <b>DEPARTMENT OF AGRICULTURE</b>	Legal Entity Name: Bureau of Land Management
Agency Code: <b>550</b>	Contractor Name: <b>Bureau of Land Management</b>
Appropriation Unit: <b>4546-00</b>	Address: <b>1340 Financial Boulevard</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89502</b>
If "No" please explain: Not Applicable	Contact/Phone: Tyrone Montgomery 775-861-6742
	Vendor No.: T80964941
	NV Business ID: GOVERNMENTAL ENTITY
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2027</b>

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

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

Agency Reference #: 23R-01

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2027**

Contract term: **4 years and 31 days**

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

Contract description: **Brands & EIA Testing**

5. Purpose of contract:

**This is a new interlocal agreement to provide funding for services related to brand inspection, equine infectious anemia testing, and other blood tests and cultures for equine diseases.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$150,000.00**

Other basis for payment: As invoiced by NDA and approved by the vendor.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Bureau of Land Management has agreed to provide the Nevada Department of Agriculture with this funding to achieve their goals of performing brand inspections and equine infectious anemia (EIA) testing for equine diseases as requested. Without their funding, it would be impossible for the agency to perform these inspections and testing.

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

N/A

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

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

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

**Not Applicable**

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

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

NRS 277.180

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

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Bureau of Land Management provided service to the Nevada Department of Agriculture in 2022 and services received were satisfactory.

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

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

Not Applicable

15. The contractor is 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:

Doug Farris, Animal Industry Administrator Ph: 775-353-3709

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rgiffor1	03/23/2023 09:52:58 AM
Division Approval	mmarkovi	03/24/2023 08:19:41 AM
Department Approval	avigi1	03/27/2023 10:02:02 AM
Contract Manager Approval	cprasa1	03/30/2023 15:27:23 PM
Budget Analyst Approval	dspeed1	04/11/2023 11:49:45 AM
BOE Agenda Approval	hfield	04/11/2023 13:08:43 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **19084** Amendment Number: **3**

Agency Name: **DEPARTMENT OF WILDLIFE** Legal Entity Name: **INTERMOUNTAIN TURBINE SERVICES, INC.**

Agency Code: **702** Contractor Name: **INTERMOUNTAIN TURBINE SERVICES, INC.**

Appropriation Unit: **4464-23** Address: **270 SOUTH 1060 WEST**

Is budget authority available?: **Yes** City/State/Zip: **LINDON, UT 84042-1600**

If "No" please explain: **Not Applicable** Contact/Phone: **Mike Mathews 801/785-9898**

Vendor No.: **T27039270**

NV Business ID: **NV20171472807**

To what State Fiscal Year(s) will the contract be charged? **2018-2024**

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

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

Agency Reference #: **18-02 RFP #3458TB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2017**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **09/30/2023**

Contract term: **6 years and 19 days**

4. Type of contract: **Contract**

Contract description: **Heli Engine Maint**

5. Purpose of contract:  
**This is third amendment to the original contract which provides maintenance and repair services for the Honeywell HTS900 helicopter engine. This amendment increases the maximum amount from \$450,000 to \$650,000 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:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
2. Amount of current amendment (#3):	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$650,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency cannot perform all the necessary maintenance on the engine.

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 necessary certifications to perform the work.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #3458, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/22/2017 Anticipated re-bid date: 06/22/2021

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	nrob1	03/10/2023 16:52:56 PM
Division Approval	nrob1	03/10/2023 16:52:59 PM
Department Approval	jneubau2	03/28/2023 10:20:09 AM
Contract Manager Approval	abarredo	03/28/2023 10:21:34 AM
Budget Analyst Approval	dspeed1	04/10/2023 10:05:26 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: **27340**

Agency Name: **DEPARTMENT OF WILDLIFE**  
Agency Code: **702**  
Appropriation Unit: **4467-13**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **COUNTY OF LANDER**  
Contractor Name: **COUNTY OF LANDER**  
Address: **LANDER COUNTY TREASURER  
50 STATE ROUTE 305  
BATTLE MOUNTAIN, NV 89820-4300**  
City/State/Zip: **BATTLE MOUNTAIN, NV 89820-4300**  
Contact/Phone: **775/635-5127**  
Vendor No.: **T40262000F**  
NV Business ID: **GOVERNMENT ENTITY**

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

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

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

Agency Reference #: 23-60

2. Contract start date:

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

Anticipated BOE meeting date 06/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

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

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

Contract description: **Habitat Restoration**

5. Purpose of contract:

**This is a new interlocal agreement to provide construction, road maintenance, water diversions, water crossings, cattle guards, and wildlife habitat restoration 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?

Resource and human safety concerns. The NDOW does not have the ability to quickly respond to potential human and resource safety issues if they may arise. This inter local agreement will help accommodate these concerns by being able to address them quickly with trained and professional employees from the county and the use of their equipment.

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 expertise to run heavy equipment such as road graders, bull dozer's and dump trucks nor do we possess the man power or equipment if or when needed.

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

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

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

**Not Applicable**

b. Solicitation Waiver: **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:

2020-2022 - Parole and Probation and Child and Family Division - 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:

Jeremy Lutz, Habitat Biologist Ph: (775) 635-5070

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	03/23/2023 16:27:29 PM
Division Approval	nroble1	03/23/2023 16:27:32 PM
Department Approval	jneubau2	04/03/2023 14:41:23 PM
Contract Manager Approval	jwilkin3	04/03/2023 14:51:10 PM
Budget Analyst Approval	dspeed1	04/06/2023 16:32:44 PM
BOE Agenda Approval	nhovden	04/07/2023 10:55:35 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27455**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-00**

Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **H2GO Watersports Rentals**  
Contractor Name: **H2GO Watersports Rentals**  
Address: **830 Oak Creek Place**  
City/State/Zip: **Spring Creek , NV 89815**  
Contact/Phone: **Floyd Preston Chacon 775.934.3697**  
Vendor No.:  
NV Business ID: **NV20201708491**

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

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2027**

Contract term: **4 years and 31 days**

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

Contract description: **Watersports Rental**

5. Purpose of contract:

**This is a new revenue contract to provide watersports recreation activities at South Fork State Recreation Area.**

6. NEW CONTRACT

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

Other basis for payment: \$10,000 up front or 10% of all gross sales at the end of the year.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This is a revenue contract, therefore it will be bringing in funds for the Park.**

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

**Nevada State Park employees do not have the time or expertise to provide this type of event.**

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):

**Day Go Adventures  
Golden Paradise  
H2GO Watersports Rentals**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S2322, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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:

Robert Misiti, Park Supervisor Ph: 775.744.4346

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	04/04/2023 07:44:59 AM
Division Approval	ethick1	04/04/2023 07:45:02 AM
Department Approval	ethick1	04/04/2023 07:45:05 AM
Contract Manager Approval	ethick1	04/04/2023 09:57:56 AM
Budget Analyst Approval	rjacob3	04/06/2023 08:45:22 AM
BOE Agenda Approval	nhovden	04/06/2023 12:17:35 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: <b>19790</b>	Amendment Number: <b>2</b>
Agency Name: <b>DCNR - STATE LANDS</b>	Legal Entity Name: <b>NORTH LAKE TAHOE FIRE PROTECTION DISTRICT</b>
Agency Code: <b>707</b>	Contractor Name: <b>NORTH LAKE TAHOE FIRE PROTECTION DISTRICT</b>
Appropriation Unit: <b>4197-14</b>	Address: <b>DISTRICT PO BOX 919</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ZEPHYR COVE, NV 89448-0919</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>7755861817</b>
	Vendor No.: <b>PUR0000998</b>
	NV Business ID: <b>Governmental Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2018-2025**

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

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>53.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>47.00 % Land Management Funds</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2018**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2024**

Contract term: **6 years and 267 days**

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

Contract description: **Fuels Reduction**

5. Purpose of contract:

**This is the second amendment to the original interlocal agreement which provides resources in the form of organized and qualified work crews for the Nevada Tahoe Resources Team. This amendment increases the maximum amount from \$95,000 to \$250,000 due to the increased pace and scale of the hazardous fuel reduction treatments within the Tahoe Basin.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$85,000.00	\$85,000.00	\$85,000.00	Yes - Action
a. Amendment 1:	\$10,000.00	\$10,000.00	\$10,000.00	Yes - Info
2. Amount of current amendment (#2):	\$155,000.00	\$155,000.00	\$165,000.00	Yes - Action
3. New maximum contract amount:	\$250,000.00			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

The focus of the work will be fuels reduction and forest restoration activities by hand crews on urban lots within the Lake Tahoe Basin. Enhancement of public safety and protection of infrastructure through reduced wildland fire intensity are the main goals of the work. The Division is responsible for the management of these urban parcels and is the lead agency for the implementation of the Environmental Improvement Program (EIP).

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

The contractor is the local fire agency that has trained hand crews with the skills and physical abilities to perform the work required. The crews are also qualified to perform prescribed pile and understory burning. The agency does not have the resources to do this work.

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

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

Not Applicable

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

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

The contractor has hand crews with the experience, physical ability, ad resources to complete the required tasks. The agency has had a relationship with contractor since 1996.

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

The contractor is a fire protection district within the State of Nevada.

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

**Yes** If "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 agency has had an ongoing relationship with the contractor since 1996. All work has been satisfactory.

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

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

Not Applicable

15. The contractor is 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	avance	03/23/2023 10:32:05 AM
Division Approval	avance	03/27/2023 12:23:16 PM
Department Approval	kwilliam	03/27/2023 12:24:03 PM

Contract Manager Approval	avance	03/27/2023 13:59:25 PM
Budget Analyst Approval	rjacob3	03/30/2023 11:14:44 AM
BOE Agenda Approval	nhovden	03/30/2023 12:57:24 PM

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **27407**

Agency Name: **B&I - INSURANCE DIVISION**  
 Agency Code: **741**  
 Appropriation Unit: **3813-10**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **INS Consultants, Inc.**  
 Contractor Name: **INS Consultants, Inc.**  
 Address: **419 S. 2nd Street, New Market Suite 206**  
 City/State/Zip: **Philadelphia, PA 19147**  
 Contact/Phone: **Alan E. Shaw 215-625-9877**  
 Vendor No.: **T29046686**  
 NV Business ID: **NV20111025243**

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

Agency Reference #: **RFQ # 74BAI-S2220**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2023**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/31/2027**Contract term: **3 years and 335 days**4. Type of contract: **Contract**Contract description: **Actuarial Services**

5. Purpose of contract:

**This is a new contract to provide ongoing actuarial services.**

6. NEW CONTRACT

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

Other basis for payment: Invoiced for services performed.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Actuarial Services are required by the Division of Insurance.**

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

**This is a specialized service**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

**Annuity Risk Inc.**  
**Taylor-Walker Consulting**  
**Oliver-Wyman Actuarial Consulting**
b. Solicitation Waiver: **Not Applicable**

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

Why was this vendor chosen in preference to others? Pursuant to RFQ #74BAI-S2220, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 12/28/2022 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?

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

09/2014-09/2018  
Division of Insurance  
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:

Tippy Smokey, Mgmt Analyst 2 Ph: 775-687-0782  
Stephanie Kerry, Mgmt Analyst 2 Ph: 775-687-0719  
Stephanie McGee, Chief Deputy Commissioner Ph: 775-687-0758

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhanse4	03/31/2023 09:35:15 AM
Division Approval	jhanse4	03/31/2023 09:35:20 AM
Department Approval	jhanse4	03/31/2023 09:36:27 AM
Contract Manager Approval	jhanse4	03/31/2023 09:40:56 AM
Budget Analyst Approval	jhelto1	04/06/2023 15:09:38 PM
BOE Agenda Approval	stilley	04/18/2023 11:53:06 AM
BOE Final Approval	Pending	

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**1. Contract Number: **27406**

Agency Name: **B&I - INSURANCE DIVISION**  
 Agency Code: **741**  
 Appropriation Unit: **3813-10**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **Lewis & Ellis, Inc.**  
 Contractor Name: **Lewis & Ellis, Inc.**  
 Address: **11225 College Blvd.  
 Suite 320**  
 City/State/Zip: **Overland Park, KS 66210**  
 Contact/Phone: **Kimberly Shores 913-491-3388**  
 Vendor No.: **T27034630**  
 NV Business ID: **NV20121509105**

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

Agency Reference #: **RFQ # 74BAI-S2220**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **05/2023**Retroactive? **No**

If "Yes", please explain

**Not Applicable**3. Termination Date: **03/31/2027**Contract term: **3 years and 335 days**4. Type of contract: **Contract**Contract description: **Actuarial Services**

5. Purpose of contract:

**This is a new contract to provide ongoing actuarial services.**

6. NEW CONTRACT

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

Other basis for payment: Invoices for services performed.

**II. JUSTIFICATION**

7. What conditions require that this work be done?

**Actuarial Services are required by the Division of Insurance.**

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

**This is a specialized service.**9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

**Oliver-Wyman Actuarial Consulting  
 Annuity Risk Inc.  
 Taylor-Walker Consulting**
b. Solicitation Waiver: **Not Applicable**



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

Pursuant to RFQ # 74BAI-S2220, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposers as determined by an independently appointed evaluation committee.

d. Last bid date: 12/28/2022 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:

2015 to Present  
Division of Insurance  
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:

Stephanie Kerry, Management Analyst 2 Ph: 775-687-0719  
Stephanie McGee, Chief Deputy Commissioner Ph: 775-687-0758  
null, null Ph: null  
Tippy Smokey, Management Analyst 2 Ph: 775-687-0782

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhanse4	03/31/2023 09:43:16 AM
Division Approval	jhanse4	03/31/2023 09:43:19 AM
Department Approval	jhanse4	03/31/2023 09:43:22 AM
Contract Manager Approval	jhanse4	03/31/2023 09:43:24 AM
Budget Analyst Approval	jhelto1	04/06/2023 14:11:15 PM
BOE Agenda Approval	stilley	04/18/2023 11:51:56 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **24344** Amendment Number: **1**

Agency Name: **B&I - INDUSTRIAL RELATIONS DIV** Legal Entity Name: **Sierra Nevada Administrators, Inc.**

Agency Code: **742** Contractor Name: **Sierra Nevada Administrators, Inc.**

Appropriation Unit: **4690-10** Address: **2720 North Tenaya Way**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89128**

If "No" please explain: **Not Applicable** Contact/Phone: **Adriana Doctolero 702-838-8285**

To what State Fiscal Year(s) will the contract be charged? **2021-2025** Vendor No.:

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV19901024930**

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Workers' Compensation and Safety Fund</b>

Agency Reference #: **RFP # 74BAI-S1476**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/08/2021**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/07/2023**

Contract term: **4 years and 23 days**

4. Type of contract: **Contract**

Contract description: **WC Uninsured Claims**

5. Purpose of contract:

**This is the first amendment to the original contract which provides third-party claims administration for the Uninsured Employers Claims Account. This amendment extends the termination date from June 7, 2023 to June 30, 2025 and increases the maximum amount from \$246,000 to \$500,660 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:	\$246,000.00	\$246,000.00	\$246,000.00	Yes - Action
2. Amount of current amendment (#1):	\$254,660.00	\$254,660.00	\$254,660.00	Yes - Action
3. New maximum contract amount:	\$500,660.00			
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?

Required per NRS 616C.220. Injured employees shall receive accurate and timely benefits pursuant to the Chapters 616 and 617 of NRS and NAC, inclusive.

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

This process must be done by a third-party claims administrator pursuant to NRS 616C.220

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 #74BAI-S1476, and in accordance with NRS 333, the selected vendor was the only proposer as determined by an independently appointed evaluation committee

d. Last bid date: 01/07/2019 Anticipated re-bid date: 02/01/2025

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:

This vendor was under contract with the State of Nevada, Dept of Business & Industry, Division of Industrial Relations (Contract #16846) from 7/1/15 to 6/30/19. That contract was for the same services the current contract covers.

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

**No** If "Yes", please provide details of the litigation 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	ecerv1	03/31/2023 11:11:06 AM
Division Approval	ecerv1	03/31/2023 11:11:13 AM
Department Approval	jhanse4	04/05/2023 09:49:50 AM
Contract Manager Approval	jhanse4	04/05/2023 09:49:58 AM

Budget Analyst Approval  
BOE Agenda Approval

stilley  
stilley

04/20/2023 15:22:07 PM  
04/20/2023 15:22:09 PM

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27373**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>SHI INTERNATIONAL CORPORATION</b>
Agency Code: <b>902</b>	Contractor Name: <b>SHI INTERNATIONAL CORPORATION</b>
Appropriation Unit: <b>4770-12</b>	Address: <b>PO BOX 952121</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Dallas, TX 75395</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Gina Sotelo 303-723-5256</b>
	Vendor No.: <b>PUR0001595</b>
	NV Business ID: <b>NV20131129294</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2026</b>

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

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

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

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

Contract term: **3 years**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **Statewide Contract**

5. Purpose of contract:

**This is a new service agreement under master service agreement #99SWC-NV23-12771 which provides software value-added resources. This service agreement provides software licenses for online training and career skills development courses open to job seekers looking to improve their job/career marketability, obtain for job-ready certificates and/or enter career oriented degree programs**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,559,900.00**

Payment for services will be made at the rate of \$1,853,400.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

DETR requires an online platform that would allow it to bring free online training to thousands of State residents to upskill existing capabilities to better paying careers. Currently, DETR's Employment Security Division assists unemployed or underemployed individuals re-enter the workforce through its brick & mortar partnerships with local community colleges or its Eligible Training Providers (ETPL). This limits the opportunities available to Nevada residents to courses that are provided locally, and may pose a barrier for clients that have child care issues, transportation challenges, or time constraints for under-employed individuals. Through the Coursera online platform, DETR's clients would have access to more than 5,000 programs across several high-growth industries. In addition, this partnership could allow DETR to serve a larger population who were previously cut off from these training opportunities.

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? **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 software was selected in conformance with Statewide Contract 99SWC-NV23-12771.

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?

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

8% annual administrative costs

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

**No**

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

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or 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	kwoodwar	04/03/2023 13:26:10 PM
Division Approval	cedlefse	04/03/2023 13:36:32 PM
Department Approval	cedlefse	04/03/2023 13:36:35 PM
Contract Manager Approval	jwixon	04/03/2023 14:10:18 PM
EITS Approval	ljean	04/04/2023 09:19:45 AM
Budget Analyst Approval	vfajota	04/11/2023 16:50:11 PM
BOE Agenda Approval	dlenzner	04/14/2023 13:39:16 PM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Christopher Sewell, Director, DETR  
Kristine Nelson, Chief Financial Officer, DETR  
Laxmi Bokka, IT Chief Manager, DETR  
Janiese Clyne, ESD Program Chief, DETR  
Reba Sardari, ESD Specialist II, DETR  
Katie Wellman, ESD Specialist II, DETR

**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 – DETR – TIN 690 – *Coursera Online Learning Platform* – BA 4770

**DATE:** March 31, 2023

We have completed our review for the Department Employment, Training, and Rehabilitation's (DETR) – *Coursera Online Learning Platform* – TIN 690.

The submitted TIN, for an estimated value of \$1,716,000.00 in the FY22/FY23 biennium and \$3,432,000.00 in the FY24/FY25 biennium (100% Career Enhancement Program funding), is to implement a cloud-based training platform at DETR.

The Coursera training platform is a software solution that would allow DETR to bring free online training to thousands of state residents to assist them in job seeking and provide them with industry-recognized, professional certificates that will help them succeed in their careers. Coursera provides access to more than 5,000 programs across high-growth industries and helps users to hone their skills in career readiness, job preparation, and digital literacy.

DETR's Employment Security Division assists unemployed or underemployed individuals in re-entering the workforce or to upskill existing capabilities through its brick & mortar partnerships with local community colleges or its Eligible Training Providers (ETPL). The current arrangement limits DETR's offerings to courses that are provided locally and may pose a barrier for clients who are under-employed and have childcare issues, transportation challenges, or time constraints.

The Coursera online platform will provide DETR's clients access to its programs across several high-growth industries and enables DETR to accommodate previously under-served clients.

The agency considers the investment and final implementation to have an ongoing low security risk, as Coursera is cloud-based and does not touch state systems.

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

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

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

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



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27336**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>CARASOFT TECHNOLOGY CORP</b>
Agency Code: <b>902</b>	Contractor Name: <b>CARASOFT TECHNOLOGY CORP</b>
Appropriation Unit: <b>4772-20</b>	Address: <b>1890 PRESTON WHITE DR STE 201</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RESTON, VA 20191</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>703/871-8500</b>
	Vendor No.: <b>PUR0004357</b>
	NV Business ID: <b>NV20151127305</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2024</b>

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

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

Agency Reference #: **3719-24-ESD**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2024**

Contract term: **1 year and 31 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **DETR UIContributions**

5. Purpose of contract:

**This is a new service agreement under master service agreement #99SWC-NV21-7083 which provides cloud services. This service agreement provides process and professional services support for the Unemployment Insurance (UI) Contributions software reporting solution to increase UI tax collections.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$440,947.84**

Other basis for payment: payment remitted after invoice received and approved by Workforce staff.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Contributions requires the software to be more effective in their tax collection actions.

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

State employees do not have the expertise to perform these tasks.

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 is a part of the NASPO agreement and is a good of the state vendor.

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cedlefse	04/04/2023 10:50:07 AM
Division Approval	cedlefse	04/04/2023 10:50:10 AM
Department Approval	cedlefse	04/04/2023 10:50:13 AM
Contract Manager Approval	jwixon	04/04/2023 14:17:39 PM
EITS Approval	ljean	04/04/2023 16:04:06 PM
Budget Analyst Approval	vfajota	04/11/2023 17:20:41 PM
BOE Agenda Approval	dlenzner	04/14/2023 13:27:28 PM
BOE Final Approval	Pending	



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
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**MEMORANDUM**

**TO:** Chris Sewell, Director, DETR  
Amanda Thompson, Management Analyst III, DETR  
Lindsay Thompson, Management Analyst III, DETR  
Colleen Kiechler, Management Analyst II, 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  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DETR – TIN 686 – *Change of Innovation* – BA 4772

**DATE:** March 3, 2023

We have completed our review for the Department of Employment, Training and Rehabilitation's (DETR) – *Change of Innovation* – TIN 686.

The submitted TIN, for an estimated value of \$751,431.86 in the FY22/FY23 biennium (100% Federal Grant funding), is to provide Current™ licenses for one hundred users.

The Current™ tool is a cloud-hosted solution that provides task and workflow management capabilities to improve staff utilization and effectiveness. There are three components of the work:

1. Providing 100 licensed users of Current™ within the Contributions Section
2. Configuration development for Current™ to match the newly defined business process
3. Process and Professional Services Support.

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

however, this cloud-based solution involves state system interfaces and custom developed software that will be used to transport, store, and/or process personal identification information.

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

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

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

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

**CONTRACT SUMMARY**

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

**I. DESCRIPTION OF CONTRACT**

1. Contract Number: **25276** Amendment Number: **2**  
 Agency Name: **DETR - ADMINISTRATIVE SERVICES** Legal Entity Name: **NTT Data Americas, Inc.**  
 Agency Code: **908** Contractor Name: **NTT Data Americas, Inc.**  
 Appropriation Unit: **3274-10** Address: **7950 Legacy Drive Suite 900**  
 Is budget authority available?: **Yes** City/State/Zip: **Plano, TX 75024**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Kevin McCracken 949-939-9191**  
 Vendor No.: **T27042679**  
 NV Business ID: **NV20161181555**

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

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

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

Agency Reference #: **3595-26-IDP**

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 **03/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **03/31/2026**

Contract term: **4 years and 23 days**

4. Type of contract: **Other (include description): MSA Work Plan**

Contract description: **NTT Data Cloud**

5. Purpose of contract:

**This is the second amendment to the original service agreement under master service agreement #99SWC-NV22-10236 which provides cloud services. This amendment increases the maximum amount from \$2,311,735.80 to \$2,380,279.80 due to addition of Oracle's Digital Assistant services for the Employment Security Division.**

**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,254,577.40	\$2,254,577.40	\$2,254,577.40	Yes - Action
a. Amendment 1:	\$57,158.40	\$57,158.40	\$57,158.40	Yes - Info
2. Amount of current amendment (#2):	\$68,544.00	\$68,544.00	\$125,702.40	Yes - Action
3. New maximum contract amount:	\$2,380,279.80			

**II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada Department of Employment, Training, and Rehabilitation (DETR) has a UInv core application and supporting systems (Oracle Environment) that are primarily deployed on Oracle technology and on hardware that needs modernization. To address these issues, DETR seeks assistance in migrating its Oracle Environment to the Oracle Cloud and engaging a Third Party to provide ongoing managed support services.

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

The State is lacking skillsets and manpower.

9. Were quotes or proposals solicited? 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?

NTT Data, Inc., has a current NASPO master agreement with 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?

**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	cedlefse	03/20/2023 10:37:26 AM
Division Approval	cedlefse	03/20/2023 10:37:44 AM

Department Approval	cedlefse	03/20/2023 10:37:50 AM
Contract Manager Approval	jwixon	03/22/2023 10:00:24 AM
EITS Approval	ljean	03/23/2023 08:03:41 AM
Budget Analyst Approval	vfajota	03/31/2023 09:28:23 AM
BOE Agenda Approval	dlenzner	04/07/2023 11:25:12 AM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Chris Sewell, Director, DETR  
Lindsay Thompson, Contract Manager, DETR  
Laxmi Bokka, IT Chief, DETR  
Colleen Kiechler, Management Analyst II, DETR

**CC:** Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
Cameron Carey, IT Chief, Communication, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DETR – TIN 200 – *DETR Cloud Modernization Plan* – Update D – BA 3274

**DATE:** February 1, 2023

We have completed our review for the Department of Employment, Training and Rehabilitation’s (DETR) – *DETR Cloud Modernization Plan* – TIN 200, Update D.

The submitted TIN, for an estimated value of \$2,718,802.48 in the FY22/FY23 biennium, \$1,815,926.10 in the FY24/FY25 biennium, and \$320,224.80 in FY26 (100% cost allocation table funding), is to update cost information for moving DETR’s systems to a managed cloud solution using Oracle prebuilt systems that are regularly patched and updated.

This TIN includes Oracle PaaS and IaaS Universal Credits that are renewed on a yearly basis. DETR relies on Oracle Software for mission critical applications including software for security, applications, and databases, in addition to hardware. Upgrading to cloud services will result in considerable cost savings over time.

This investment includes connectivity through Switch to Megaport and then on to Oracle Cloud



Infrastructure (OCI). Existing WAN equipment is expected to be upgraded or replaced, including the existing IPSEC LAN-to-LAN VPN tunnels. The agency should work closely with the EITS Network team for approval to use the existing Switch contract and to coordinate installation activities.

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 by the solution and it is subject to federal security 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.

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	A2Z BEHAVIORAL INTERVENTIONS & SERVICES	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment, disability support, and behavioral support services.				
		Term of Contract:	Upon Approval - 03/30/2027	Contract # 27268		
2.		VARIOUS STATE AGENCIES	ALLIANCE MENTAL HEALTH SPECIALISTS (SUBA PARK CHENG), PLLC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychiatry services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27347		
3.		VARIOUS STATE AGENCIES	AUTISM PRIDE CENTER, LLC	OTHER: VARIOUS AGENCIES	\$5,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, educational tutoring and education support services.				
		Term of Contract:	Upon Approval - 03/30/2027	Contract # 27315		
4.		VARIOUS STATE AGENCIES	BEACON HEALTH OPTIONS, INC.	OTHER: VARIOUS AGENCIES	\$5,400,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance, behavior support, foster care, marriage and family therapy, and mental health services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27348		
5.		VARIOUS STATE AGENCIES	BEHAVIOR AND EDUCATION, INC.	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27408		
6.		VARIOUS STATE AGENCIES	BLACK SWAN CONSULTING, INC.	OTHER: VARIOUS AGENCIES	\$5,500,000	
	Contract Description:	This is a new contract to provide ongoing educational tutoring, education support, job development, and pre-employment services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27350		
7.		VARIOUS STATE AGENCIES	CLUSIV, INC	OTHER: VARIOUS AGENCIES	\$5,000,000	
	Contract Description:	This is a new contract to provide ongoing employment and pre-employment services.				
		Term of Contract:	Upon Approval - 03/30/2027	Contract # 27269		

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	DISCOVERY ABA NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$4,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance, and behavioral support services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27351		
9.		VARIOUS STATE AGENCIES	FREEDOM HOME HEALTH, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27352		
10.		VARIOUS STATE AGENCIES	FRIENDLY HOMES OF VEGAS VALLEY, LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing community based living arrangement services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27353		
11.		VARIOUS STATE AGENCIES	HEALTH AND HUMAN SERVICES FOUNDATION	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, behavioral support, and counseling services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27354		
12.		VARIOUS STATE AGENCIES	J. ADAMS CORPORATION	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing community based living arrangement services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27356		
13.		VARIOUS STATE AGENCIES	JADE HAVEN THERAPY, LLC	OTHER: VARIOUS AGENCIES	\$1,600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and counseling services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27359		
14.		VARIOUS STATE AGENCIES	JESSICA FOERCH, LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27360		
15.		VARIOUS STATE AGENCIES	LOVING HANDS OF NEVADA HOME HEALTH CARE, LLC	OTHER: VARIOUS AGENCIES	\$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and respite services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27362		

# MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.		VARIOUS STATE AGENCIES	MAXIMUS US SERVICES, INC.	OTHER: VARIOUS AGENCIES	\$8,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, community based living arrangements, and community work experience programs.				
		Term of Contract:	Upon Approval - 03/30/2027	Contract # 27323		
17.		VARIOUS STATE AGENCIES	NOTE-ABLE MUSIC THERAPY SERVICES	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing early intervention, mental health, speech pathology, therapy and counseling services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27363		
18.		VARIOUS STATE AGENCIES	PRIME CARE FACILITY	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27364		
19.		VARIOUS STATE AGENCIES	SC OPTICAL, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing optometry services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27365		
20.		VARIOUS STATE AGENCIES	ST. JUDE'S RANCH FOR CHILDREN-NEVADA REGION	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing foster care services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27372		
21.		VARIOUS STATE AGENCIES	WORLD SERVICES FOR THE BLIND	OTHER: VARIOUS AGENCIES	\$4,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, job development, rehabilitation, and supportive services for the blind and visually impaired.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27411		
22.		VARIOUS STATE AGENCIES	YEE ADVANCED ORTHOPEDICS AND SPORTS MEDICINE	OTHER: VARIOUS AGENCIES	\$800,000	
	Contract Description:	This is a new contract to provide ongoing general medicine, medical and radiology services.				
		Term of Contract:	Upon Approval - 04/30/2027	Contract # 27369		

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27268**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>A2Z Behavioral Interventions &amp; Services</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>A2Z Behavioral Interventions &amp; Services</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>304 S Jones Blvd #2441</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89107</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Arlene Bagjajian 702-551-4740</b>
	Vendor No.: <b>T29046397</b>
	NV Business ID: <b>NV20191055760</b>

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

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

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

Agency Reference #: **S1737-RV VQ13411**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/30/2027**

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

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing applied behavioral analysis, autism treatment, disability support, and behavioral support services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	03/01/2023 12:38:48 PM
Division Approval	gdavi6	03/01/2023 12:38:50 PM
Department Approval	ldeloach	03/01/2023 16:07:48 PM
Contract Manager Approval	ascaffid	03/15/2023 08:43:10 AM
Budget Analyst Approval	hfield	03/24/2023 11:02:54 AM
BOE Agenda Approval	hfield	03/24/2023 11:02:56 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27347**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Alliance Mental Health Specialists (Suba Park Cheng), PLLC
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Alliance Mental Health Specialists (Suba Park Cheng), PLLC</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>4270 South Decatur Boulevard Suite B6</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89103</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Brienna Potter 775-485-2100
		Vendor No.:	T27041655
		NV Business ID:	NV20161218835

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

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

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

Agency Reference #: S1737-RV 99SWC-VQ12579

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing mental health and psychiatry services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Multiple Agencies, Agencies are satisfied.

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/17/2023 14:12:59 PM
Division Approval	ldeloach	03/17/2023 14:13:06 PM
Department Approval	ldeloach	03/17/2023 14:13:10 PM
Contract Manager Approval	ascaffid	03/20/2023 09:08:22 AM
Budget Analyst Approval	hfield	03/24/2023 10:50:38 AM
BOE Agenda Approval	hfield	03/24/2023 10:50:41 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27315**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Autism Pride Center, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Autism Pride Center, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>5891 Rockway Glen Ave.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89141</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Louie Tandiono-Cellona 702-882-4975</b>
	Vendor No.: <b>T32013647</b>
	NV Business ID: <b>NV20222629642</b>

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

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

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

Agency Reference #: **S1737-RV VQ13531**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/30/2027**

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, educational tutoring and education support services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/17/2023 14:16:27 PM
Division Approval	ldeloach	03/17/2023 14:16:33 PM
Department Approval	ldeloach	03/17/2023 14:16:36 PM
Contract Manager Approval	ascaffid	03/20/2023 09:06:43 AM
Budget Analyst Approval	hfield	03/24/2023 11:00:35 AM
BOE Agenda Approval	hfield	03/24/2023 11:00:38 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: **27348**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Beacon Health Options, Inc.
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Beacon Health Options, Inc.</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>200 State Street Suite 302</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Boston, MA 02109</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Aaron Henry 617-981-1608
		Vendor No.:	PENDING
		NV Business ID:	NV19991249801

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

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

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

Agency Reference #: S1737-RV VQ11834

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance, behavior support, foster care, marriage and family therapy, and mental health services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,400,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	ldeloach	03/17/2023 14:26:07 PM
Division Approval	ldeloach	03/17/2023 14:26:13 PM
Department Approval	ldeloach	03/17/2023 14:26:16 PM
Contract Manager Approval	ascaffid	03/20/2023 09:09:43 AM
Budget Analyst Approval	hfield	03/24/2023 10:48:22 AM
BOE Agenda Approval	hfield	03/24/2023 10:48:25 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27408**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Behavior and Education, Inc.
Agency Code: <b>MSA</b>	Contractor Name: <b>Behavior and Education, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>6330 McLeod Drive Suite 4</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89120</b>
If "No" please explain: Not Applicable	Contact/Phone: Rosie Rodriquez 310-406-1500
	Vendor No.: T32011122
	NV Business ID: NV20191567280

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

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

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

Agency Reference #: S1737-RV VQ12464

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing applied behavioral analysis services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing 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	ldeloach	04/03/2023 15:01:14 PM
Division Approval	ldeloach	04/03/2023 15:01:17 PM
Department Approval	ldeloach	04/03/2023 15:01:20 PM
Contract Manager Approval	ascaffid	04/03/2023 15:07:48 PM
Budget Analyst Approval	hfield	04/05/2023 10:42:30 AM
BOE Agenda Approval	hfield	04/05/2023 10:42:33 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27350**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Black Swan Consulting, Inc.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Black Swan Consulting, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>200 S. Virginia Street</b>
Is budget authority available?: <b>Yes</b>	<b>Floor 8</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>Reno, NV 89501</b>
	Contact/Phone: <b>Sydonie Neysmith 775-446-4323</b>
	Vendor No.: <b>T29045683</b>
	NV Business ID: <b>NV20211985300</b>

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

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

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

Agency Reference #: **S1737-RV VQ12200**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing educational tutoring, education support, job development, and pre-employment services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,500,000.00**

#### 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:  
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	ldeloach	03/17/2023 14:36:48 PM
Division Approval	ldeloach	03/17/2023 14:36:51 PM
Department Approval	ldeloach	03/17/2023 14:36:53 PM
Contract Manager Approval	ascaffid	03/20/2023 09:11:04 AM
Budget Analyst Approval	hfield	03/24/2023 10:44:32 AM
BOE Agenda Approval	hfield	03/24/2023 10:44:34 AM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27269**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Clusiv, Inc</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Clusiv, Inc</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>8911 N Capital of Texas Hwy Ste 4200-018</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Austin, TX 78759</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Tom Jackson 512-969-8512</b>
	Vendor No.: <b>T29046138</b>
	NV Business ID: <b>NV20232668341</b>

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

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

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

Agency Reference #: **S1737-RV VQ13438**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/30/2027**

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

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing employment and pre-employment services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

Was the solicitation (RFP) done by the Purchasing 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	03/01/2023 12:39:53 PM
Division Approval	gdavi6	03/01/2023 12:39:56 PM
Department Approval	ldeloch	03/01/2023 16:34:16 PM
Contract Manager Approval	ascaffid	03/15/2023 08:44:13 AM
Budget Analyst Approval	hfield	03/23/2023 12:47:50 PM
BOE Agenda Approval	hfield	03/23/2023 12:47:53 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: **27351**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Discovery ABA NEVADA, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Discovery ABA NEVADA, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>8126 Crushed Velvet Place</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89166</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Chaya Blum 845-458-8755</b>
	Vendor No.: <b>PENDING</b>
	NV Business ID: <b>NV20222402853</b>

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

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

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

Agency Reference #: **S1737-RV VQ13010**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance, and behavioral support services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,500,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

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

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

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/17/2023 14:39:50 PM
Division Approval	ldeloach	03/17/2023 14:39:52 PM
Department Approval	ldeloach	03/17/2023 14:39:55 PM
Contract Manager Approval	ascaffid	03/20/2023 09:12:14 AM
Budget Analyst Approval	hfield	03/23/2023 12:43:47 PM
BOE Agenda Approval	hfield	03/23/2023 12:43:50 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: **27352**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Freedom Home Health, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Freedom Home Health, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>3680 Grant Drive Suite L</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89509</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Michele Lybrook 775-348-0827</b>
	Vendor No.: <b>T29035077</b>
	NV Business ID: <b>NV20111147512</b>

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

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

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

Agency Reference #: **S1737-RV VQ12403**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing 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	ldeloach	03/17/2023 14:41:37 PM
Division Approval	ldeloach	03/17/2023 14:41:39 PM
Department Approval	ldeloach	03/17/2023 14:41:42 PM
Contract Manager Approval	ascaffid	03/20/2023 09:13:04 AM
Budget Analyst Approval	nhovden	03/22/2023 17:02:41 PM
BOE Agenda Approval	nhovden	03/22/2023 17:02:43 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27353**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Friendly Homes of Vegas Valley, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Friendly Homes of Vegas Valley, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>1125 Casper Tree Court</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89123</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Cleveta Staffney 702-980-3395</b>
	Vendor No.: <b>T32012641</b>
	NV Business ID: <b>NV20222421008</b>

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

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

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

Agency Reference #: **S1737-RV VQ13342**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing community based living arrangement services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/17/2023 14:43:17 PM
Division Approval	ldeloach	03/17/2023 14:43:20 PM
Department Approval	ldeloach	03/17/2023 14:43:23 PM
Contract Manager Approval	ascaffid	03/20/2023 09:13:49 AM
Budget Analyst Approval	nhovden	03/22/2023 16:27:32 PM
BOE Agenda Approval	nhovden	03/22/2023 16:27:34 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: **27354**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: Health and Human Services Foundation
Agency Code: <b>MSA</b>	Contractor Name: <b>Health and Human Services Foundation</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>P.O. Box 1200</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Sparks, NV 89432</b>
If "No" please explain: Not Applicable	Contact/Phone: Vicki McVeigh 775-762-6048
	Vendor No.: T32013254
	NV Business ID: NV20101136719

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

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

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

Agency Reference #: S1737-RV VQ12198

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing assisted living, behavioral support, and counseling services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing 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: 12/01/2021

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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	ldeloach	03/17/2023 14:45:23 PM
Division Approval	ldeloach	03/17/2023 14:45:26 PM
Department Approval	ldeloach	03/17/2023 14:45:29 PM
Contract Manager Approval	ascaffid	03/20/2023 09:14:29 AM
Budget Analyst Approval	hfield	03/22/2023 15:59:49 PM
BOE Agenda Approval	hfield	03/22/2023 15:59:52 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: **27356**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>J. Adams Corporation</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>J. Adams Corporation</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>232 Kane Ave</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89110</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Josefina Adams 702-203-2381</b>
	Vendor No.: <b>T29034135</b>
	NV Business ID: <b>NV20081079112</b>

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

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

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

Agency Reference #: **S1737-RV VQ12522**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing community based living arrangement services.**

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

Yes If "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	ldeloach	03/17/2023 14:47:06 PM
Division Approval	ldeloach	03/17/2023 14:47:09 PM
Department Approval	ldeloach	03/17/2023 14:47:12 PM
Contract Manager Approval	ascaffid	03/20/2023 09:15:49 AM
Budget Analyst Approval	hfield	03/22/2023 15:40:30 PM
BOE Agenda Approval	hfield	03/22/2023 15:40:32 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: **27359**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Jade Haven Therapy, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Jade Haven Therapy, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>2540 S. Maryland Pkwy Unit #5014</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89109</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ashley Blake 702-721-9913</b>
	Vendor No.: <b>PENDING</b>
	NV Business ID: <b>NV20222455539</b>

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

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

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

Agency Reference #: **S1737-RV VQ12623**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing mental health and counseling services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,600,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	04/03/2023 14:53:57 PM
Division Approval	ldeloach	04/03/2023 14:54:00 PM
Department Approval	ldeloach	04/03/2023 14:54:03 PM
Contract Manager Approval	ascaffid	04/03/2023 15:08:31 PM
Budget Analyst Approval	hfield	04/05/2023 10:36:57 AM
BOE Agenda Approval	hfield	04/05/2023 10:37:00 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: **27360**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Jessica Foerch, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Jessica Foerch, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>8083 Torremolinos Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89178</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jessica Foerch 303-817-0608</b>
	Vendor No.: <b>T32012051</b>
	NV Business ID: <b>NV20191314982</b>

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

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

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

Agency Reference #: **S1737-RV VQ12369**

2. Contract start date:

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

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

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

6. NEW CONTRACT

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

#### II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

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

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

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

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

Not Applicable

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

**No**

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

**No**

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

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

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/17/2023 14:50:35 PM
Division Approval	ldeloach	03/17/2023 14:50:39 PM
Department Approval	ldeloach	03/17/2023 14:50:44 PM
Contract Manager Approval	ascaffid	03/20/2023 09:16:39 AM
Budget Analyst Approval	hfield	03/22/2023 15:37:24 PM
BOE Agenda Approval	hfield	03/22/2023 15:37:26 PM
BOE Final Approval	Pending	



### CONTRACT SUMMARY

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

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27362**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Loving Hands of Nevada Home Health Care, LLC
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Loving Hands of Nevada Home Health Care, LLC</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>153 W Lake Mead Parkway #1220</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Henderson , NV 89015</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Cora Tracy 702-566-2433
		Vendor No.:	T27041310
		NV Business ID:	NV20161058473

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

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

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

Agency Reference #: S1737-RV VQ12489

2. Contract start date:

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

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing personal care and respite services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,500,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? 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	ldeloach	03/17/2023 14:52:15 PM
Division Approval	ldeloach	03/17/2023 14:52:18 PM
Department Approval	ldeloach	03/17/2023 14:52:22 PM
Contract Manager Approval	ascaffid	03/20/2023 09:17:26 AM
Budget Analyst Approval	hfield	03/22/2023 15:34:40 PM
BOE Agenda Approval	hfield	03/22/2023 15:34:43 PM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27323**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Maximus US Services, Inc.</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Maximus US Services, Inc.</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>1600 Tysons Blvd Suite 1400</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>McLean, VA 21022</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Peter Kelly 916-798-5825</b>
	Vendor No.: <b>T27043917</b>
	NV Business ID: <b>NV20081088905</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: **S1737-RV 99SWC-VQ13580**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/30/2027**

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, case management, community based living arrangements, and community work experience programs.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,000,000.00**

#### 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: 06/01/2026

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/17/2023 14:58:43 PM
Division Approval	ldeloach	03/17/2023 14:58:45 PM
Department Approval	ldeloach	03/17/2023 14:58:48 PM
Contract Manager Approval	ascaffid	03/20/2023 09:20:47 AM
Budget Analyst Approval	hfield	03/24/2023 10:58:27 AM
BOE Agenda Approval	hfield	03/24/2023 10:58:30 AM
BOE Final Approval	Pending	

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27363**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>Note-Able Music Therapy Services</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>Note-Able Music Therapy Services</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>2590 Orovada Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89512</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Manal Toppozada 775-234-5521</b>
	Vendor No.: <b>T27004592</b>
	NV Business ID: <b>NV20031300094</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **S1737-RV VQ12586**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing early intervention, mental health, speech pathology, therapy and counseling services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a specialized service that requires specially trained individuals to provide these services.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provide various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "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	ldeloach	03/17/2023 14:54:25 PM
Division Approval	ldeloach	03/17/2023 14:54:28 PM
Department Approval	ldeloach	03/17/2023 14:54:31 PM
Contract Manager Approval	ascaffid	03/20/2023 09:22:25 AM
Budget Analyst Approval	nhovden	03/22/2023 16:01:12 PM
BOE Agenda Approval	nhovden	03/22/2023 16:01:15 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: **27364**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Jonathan C. Adams & Josefina R. Adams
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Prime Care Facility</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>4920 Ronan Drive</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89110</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Josefina Adams 702-203-2381
		Vendor No.:	T80994889
		NV Business ID:	NV20171247710

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: S1737-RV VQ11673

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing group home 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Sole Proprietor

- 16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

**Vendor business license is under Jonathan C. Adams & Josefina R. Adams while Vendor is registered with Controller as Prime Care**

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. Not Applicable

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/17/2023 14:56:44 PM
Division Approval	ldeloach	03/17/2023 14:56:46 PM
Department Approval	ldeloach	03/17/2023 14:56:49 PM
Contract Manager Approval	ascaffid	03/20/2023 09:23:08 AM
Budget Analyst Approval	nhovden	03/22/2023 15:37:35 PM
BOE Agenda Approval	nhovden	03/22/2023 15:37:38 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: **27365**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>SC Optical, LLC</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>SC Optical, LLC</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>DBA Speedy Specs 1657 Mountain City Highway</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elko, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sean Fericks 775-738-6727</b>
	Vendor No.: <b>T27043697</b>
	NV Business ID: <b>NV20041072141</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: **S1737 VQ12807**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing optometry services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The agency does not have the personnel to perform these services.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This is a specialized service that requires specially trained individuals to provide these services.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing 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 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	ldeloach	03/17/2023 15:01:10 PM
Division Approval	ldeloach	03/17/2023 15:01:13 PM
Department Approval	ldeloach	03/17/2023 15:01:17 PM
Contract Manager Approval	ascaffid	03/20/2023 09:24:13 AM
Budget Analyst Approval	nhovden	03/22/2023 15:30:05 PM
BOE Agenda Approval	nhovden	03/22/2023 15:30:07 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: **27372**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	St. Jude's Ranch for Children-Nevada Region
Agency Code:	<b>MSA</b>	Contractor Name:	<b>St. Jude's Ranch for Children-Nevada Region</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>200 Wilson Circle</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Boulder City, NV 89005</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Jed Blake 702-294-7109
		Vendor No.:	T27014856
		NV Business ID:	NV19941032326

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: S1737-RV VQ11469

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing foster care 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?

Yes If "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	ldeloach	03/17/2023 15:02:45 PM
Division Approval	ldeloach	03/17/2023 15:02:47 PM
Department Approval	ldeloach	03/17/2023 15:02:50 PM
Contract Manager Approval	ascaffid	03/20/2023 09:25:50 AM
Budget Analyst Approval	nhovden	03/22/2023 13:05:58 PM
BOE Agenda Approval	nhovden	03/22/2023 13:06:01 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: **27411**

Agency Name: <b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name: <b>World Services for the Blind</b>
Agency Code: <b>MSA</b>	Contractor Name: <b>World Services for the Blind</b>
Appropriation Unit: <b>9999 - All Categories</b>	Address: <b>2811 Fair Park Boulevard</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Little Rock, AR 72204</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Julia Brainerd 501-664-7100</b>
	Vendor No.: <b>T32006537</b>
	NV Business ID: <b>NV20181621177</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Various Agencies</b>

Agency Reference #: **S1737-RV 99SWC-VQ12769**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing assisted living, job development, rehabilitation, and supportive services for the blind and visually impaired.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00**

#### 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:  
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	ldeloach	04/03/2023 15:05:49 PM
Division Approval	ldeloach	04/03/2023 15:05:52 PM
Department Approval	ldeloach	04/03/2023 15:05:55 PM
Contract Manager Approval	ascaffid	04/03/2023 15:09:04 PM
Budget Analyst Approval	hfield	04/05/2023 10:32:37 AM
BOE Agenda Approval	hfield	04/05/2023 10:32:40 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: **27369**

Agency Name:	<b>MSA MASTER SERVICE AGREEMENTS</b>	Legal Entity Name:	Yee Advanced Orthopedics and Sports Medicine
Agency Code:	<b>MSA</b>	Contractor Name:	<b>Yee Advanced Orthopedics and Sports Medicine</b>
Appropriation Unit:	<b>9999 - All Categories</b>	Address:	<b>7195 Advanced Way</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89113</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Derrick Reed 702-777-7017
		Vendor No.:	T27018898
		NV Business ID:	NV20051281372

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Various Agencies</b>

Agency Reference #: S1737-RV VQ13326

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

**This is a new contract to provide ongoing general medicine, medical and radiology services.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$800,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? 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: 12/01/2025 Anticipated re-bid date: 06/01/2025

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/17/2023 15:05:34 PM
Division Approval	ldeloach	03/17/2023 15:05:38 PM
Department Approval	ldeloach	03/17/2023 15:05:40 PM
Contract Manager Approval	ascaffid	03/20/2023 09:26:49 AM
Budget Analyst Approval	nhovden	03/22/2023 15:24:51 PM
BOE Agenda Approval	nhovden	03/22/2023 15:24:53 PM
BOE Final Approval	Pending	



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	ATHLETIC COMMISSION	ALEJANDRO YBARRA	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE 10%	\$20,000	
	Contract Description:	This is a new contract to provide ongoing inspector services during Athletic Commission sanctioned weigh-ins and events.				
		Term of Contract:	04/11/2023 - 04/30/2027	Contract # 27306		
2.	010	ATHLETIC COMMISSION	DAMIR MOUZDYBAEV	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE 10%	\$20,000	
	Contract Description:	This is a new contract to provide ongoing inspector services during Athletic Commission sanctioned weigh-ins and events.				
		Term of Contract:	04/11/2023 - 04/30/2027	Contract # 27304		
3.	010	ATHLETIC COMMISSION	HENRY J. JOHNSON	FEE: ATHLETIC COMMISSION GATE 90% OTHER: TICKET SURCHARGE 10%	\$20,000	
	Contract Description:	This is a new contract to provide ongoing inspector services during Athletic Commission sanctioned weigh-ins and events.				
		Term of Contract:	04/11/2023 - 04/30/2027	Contract # 27395		
4.	015	GOVERNOR'S OFFICE OF FINANCE - BUDGET DIVISION	GRANTANALYST.COM, LLC	FEDERAL	\$23,800	
	Contract Description:	This is a new contract to provide a data system to assist with the tracking and reporting of allocated American Rescue Plan Act funds.				
		Term of Contract:	03/27/2023 - 01/31/2027	Contract # 27297		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	A & R GROUP, LLC DBA SCOPE CONTACTING COMPANY	OTHER: AGENCY COST RECOVERY	\$36,878	
	Contract Description:	This is a new contract to provide privacy walls and a door to separate the public lobby from the pre-sentence investigations area and reduce noise in the Parole and Probation building in Las Vegas.				
		Term of Contract:	03/23/2023 - 06/30/2023	Contract # 27330		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	AAA AIR FILTER CO., INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$82,688	
	Contract Description:	This is a new contract to provide ongoing air filter services for state-owned buildings in southern Nevada.				
		Term of Contract:	03/21/2023 - 04/14/2027	Contract # 27243		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BOMBARD ELECTRIC, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$47,158	
	Contract Description:	This is a new contract to provide electrical uninterruptible power sources repair, replacement, modification, and installation services for state-owned buildings in southern Nevada.				
		Term of Contract:	04/05/2023 - 03/01/2027	Contract # 27295		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BOMBARD ELECTRIC, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$33,303	
	Contract Description:	This is a new contract to provide ongoing electrical maintenance and repairs services for state-owned buildings in southern Nevada.				
		Term of Contract:	03/31/2023 - 04/13/2027	Contract # 27241		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DAVIS GLASS & MIRROR, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$20,696	
	Contract Description:	This is a new contract to provide ongoing glass and mirror repair services for state-owned buildings in southern Nevada.				
		Term of Contract:	04/03/2023 - 03/31/2027	Contract # 27401		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	DESERT BOILERS & CONTROLS, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$87,845	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation, and air conditioning controls and equipment maintenance and repair services for the Grant Sawyer Building, Campos Building, and the Las Vegas Department of Motor Vehicles (DMV) locations on Flamingo, Sahara, Decatur, and the Henderson DMV building.				
		Term of Contract:	03/17/2023 - 02/14/2027	Contract # 27242		
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	GRAYMAR ENVIROMENTAL SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$26,166	
	Contract Description:	This is a new contract to provide ongoing hazardous waste pickup, disposal, and waste cleanup services for state-owned buildings in northern Nevada.				
		Term of Contract:	04/12/2023 - 04/30/2027	Contract # 27460		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JAB CONSTRUCTION, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$51,146	
	Contract Description:	This is a new contract to provide ongoing excavation services for state-owned buildings in southern Nevada.				
		Term of Contract:	04/03/2023 - 03/31/2027	Contract # 27296		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	JMA CONSTRUCTION CO., INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$7,750	
	Contract Description:	This is the third amendment to the original contract which provides water damage repairs/restoration services for the Carson City Attorney General's Office Building Complex – Basement Restoration project. This amendment increases the maximum amount from \$27,500 to \$35,250 due to the increased need for these services.				
		Term of Contract:	10/10/2022 - 10/01/2023	Contract # 26864		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	MESA ENERGY SYSTEMS, INC. DBA EMCOR SERVICES MESA ENERGY, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$45,238	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation, and air conditioning equipment repair, replacement, modification, and installation services for state-owned buildings in northern Nevada.				
		Term of Contract:	04/12/2023 - 04/03/2027	Contract # 27463		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NEVADA CHILLER AND BOILER, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$75,927	
	Contract Description:	This is a new contract to provide routine preventative heating, ventilation, and air conditioning services for the Nevada Early Intervention Services building in Reno.				
		Term of Contract:	03/22/2023 - 02/17/2027	Contract # 27252		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BRET ALLEN	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$30,000	
	Contract Description:	This is a new contract to provide ongoing concrete repair, removal, and maintenance to sidewalks, driveways, and walkways for state-owned buildings in northern Nevada.				
		Term of Contract:	03/31/2023 - 04/30/2027	Contract # 27317		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	OH-OH INCORPORATED DBA CARSON VALLEY LOCKSMITH	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$15,000	
	Contract Description:	This is a new contract to provide ongoing locksmith services for state-owned buildings and vehicles in northern Nevada.				
		Term of Contract:	03/29/2023 - 03/02/2027	Contract # 27302		
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	PATRIOT ENVIRONMENTAL SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$28,901	
	Contract Description:	This is a new contract to provide hazardous waste pickup, cleanup, and disposal services for state-owned buildings in southern Nevada.				
		Term of Contract:	04/04/2023 - 03/31/2027	Contract # 27301		
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	VALLEY CONCRETE CO., INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$30,000	
	Contract Description:	This is a new contract to provide ongoing concrete pumping, finishing and repair services for state-owned buildings in northern Nevada.				
		Term of Contract:	04/03/2023 - 04/01/2027	Contract # 27300		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	Q&D CONSTRUCTION, LLC	BONDS	(\$47,787)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides Construction Manager at Risk pre-construction services for the Heroes Memorial Building and Annex Advance Planning - Renovation and Seismic Retrofit CIP Project: CIP Project No. 21-P02; SPWD Contract No. 114452. This amendment decreases the maximum amount from \$101,675.00 to \$53,887.75 due to the closing out of the remaining contract.				
		Term of Contract:	11/09/2021 - 06/30/2025	Contract # 25015		
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK	BONDS	\$46,470	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Heroes Memorial and Annex Advance Planning - Seismic Retrofit and Renovation CIP Project: CIP Project No. 21-P02; SPWD Contract No. 114434. This amendment increases the maximum amount from \$1,196,610 to \$1,243,080 due to additional hydraulic conductivity testing and analysis.				
		Term of Contract:	11/09/2021 - 06/30/2025	Contract # 25013		
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	PETTY & ASSOCIATES, INC.	BONDS 85% FEDERAL 15%	\$70,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Purchase of Stead Navy Operational Support Center CIP Project to include removal, renovation, and construction of a new boiler room and boiler system for the existing building and storage/boiler room: CIP Project No. 21-C08; SPWD contract No. 115376.				
		Term of Contract:	03/28/2023 - 06/30/2025	Contract # 27385		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PAUL CAVIN ARCHITECT, LLC	BONDS	\$33,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the State Capitol & Annex Building Exterior Renovation CIP Project: CIP Project No. 21-M46; SPWD Contract No. 114297. This amendment increases the maximum amount from \$167,700 to \$200,700 due to the need for additional services to complete the new heat trace system.				
		Term of Contract:	11/09/2021 - 06/30/2025	Contract # 24985		
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	NV5, INC.	OTHER: AGENCY FUNDED CIP	\$70,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the United States Property and Fiscal Office - Air Handling Unit Replacement Agency CIP Project to include design, electrical, plumbing, mechanical, and structural engineering and construction administration services for the replacement of the air handling unit: CIP Project No. 23-A017; SPWD Contract No. 15338.				
		Term of Contract:	03/30/2023 - 09/30/2026	Contract # 27326		
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	KLEINFELDER, INC.	OTHER: AGENCY FUNDED CIP	\$87,064	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Las Vegas Readiness Field Maintenance Service Building- Site Drainage Improvements Agency CIP Project to include design development, construction design, bid documents, and construction administration services for the new site drainage improvements: CIP Project No. 23-A006; SPWD Contract No. 115239.				
		Term of Contract:	03/16/2023 - 06/30/2025	Contract # 27234		
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	KNIT	FEDERAL	\$38,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Las Vegas Detention Center - Forensics Facility Renovation Agency CIP Project: CIP Project No. 23-A018; SPWD Contract No. 115222. This amendment increases the maximum amount from \$738,000 to \$776,000 due to the need for additional programming services to complete the renovation.				
		Term of Contract:	02/14/2023 - 12/31/2026	Contract # 27055		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	LGA ARCHITECTURE	OTHER: AGENCY FUNDED CIP	\$30,900	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada State Museum - Boulder City Railroad Museum Visitor Center Advance Planning Agency CIP Project: CIP Project No. 22-A007-01; SPWD Contract No. 114678. This amendment increases the maximum amount from \$1,128,715 to \$1,159,615 due to a design change to add shade canopies.				
	Term of Contract:	04/12/2022 - 06/30/2025	Contract # 25740			
28.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	LGA ARCHITECTURE	OTHER: AGENCY FUNDED CIP	(\$40,380)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Carson City Adventure Center Advance Planning Agency CIP Project: CIP Project No. 22-A022; SPWD Contract No. 114825. This amendment decreases the maximum amount from \$59,050 to \$18,670 due to completion of the project.				
	Term of Contract:	07/15/2022 - 06/30/2025	Contract # 26470			
29.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	LGA ARCHITECTURE	OTHER: AGENCY FUNDED CIP	(\$40,390)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Boulder City Adventure Center Advance Planning Agency CIP Project: CIP Project No. 22-A021; SPWD Contract No. 114821. This amendment decreases the maximum amount from \$56,550 to \$16,160 due to completion of the project.				
	Term of Contract:	07/15/2022 - 06/30/2025	Contract # 26464			
30.	102	GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT - NEVADA MAIN STREET PROGRAM	NATIONAL MAIN STREET CENTER, INC.	GENERAL	\$70,134	Sole Source
	Contract Description:	This is a new contract to provide ongoing training, technical assistance, and program facilitation for the Nevada Main Street Program.				
	Term of Contract:	04/10/2023 - 09/15/2024	Contract # 27194			
31.	240	DEPARTMENT OF VETERANS SERVICES - SOUTHERN NEVADA VETERANS HOME ACCOUNT	R.F. MACDONALD, CO.	OTHER: PRIVATE/COUNTY REIMBURSEMENTS 35% FEDERAL 65%	\$22,154	
	Contract Description:	This is a new contract to provide ongoing boiler cleaning, inspection, and preventative maintenance services for the Southern Nevada State Veterans Home.				
	Term of Contract:	03/29/2023 - 02/28/2027	Contract # 27333			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	NEVADA PUBLIC HEALTH FOUNDATION, INC.	FEDERAL	\$60,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide one-time conference planning and facilitation services for the 2023 School Safety Conference.				
		Term of Contract:	03/30/2023 - 09/30/2024	Contract # 27325		
33.	300	DEPARTMENT OF EDUCATION - COVID-19 FUNDING	I3 DIGITAL PD, LLC	FEDERAL	\$60,000	Sole Source
	Contract Description:	This is a new contract to provide 12 Blended Learning Mindset webinars to K-12 educators statewide.				
		Term of Contract:	04/06/2023 - 06/30/2024	Contract # 27313		
34.	300	DEPARTMENT OF EDUCATION - INDIVIDUALS WITH DISABILITIES ACT	WESTED	GENERAL	\$86,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide a one-time Special Education Funding Review and action plan to improve the transparency and efficiency of Nevada state special education funding.				
		Term of Contract:	03/31/2023 - 09/30/2023	Contract # 27212		
35.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	ADAM ABERMAN	FEE: SPONSORSHIP	\$23,976	
	Contract Description:	This is a new contract to provide external reviews of charter school applications and amendments.				
		Term of Contract:	04/10/2023 - 02/15/2027	Contract # 27456		
36.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	BRITTANY MONDA	FEE: SPONSORSHIP	\$23,976	
	Contract Description:	This is a new contract to provide external reviews of charter school applications and amendments.				
		Term of Contract:	03/17/2023 - 02/25/2027	Contract # 27344		
37.	315	STATE PUBLIC CHARTER SCHOOL AUTHORITY	VASHAUNTA HARRIS	FEE: SPONSORSHIP	\$23,976	
	Contract Description:	This is a new contract to provide external reviews of charter school applications and amendments.				
		Term of Contract:	04/06/2023 - 12/15/2026	Contract # 27453		
38.	331	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - MUSEUMS AND HISTORY	FAIRBANKS MORSE, LLC	OTHER: COMMEMERATIVE LICENSE PLATE FUND	\$49,625	
	Contract Description:	This is a new contract to provide a replacement blower for Locomotive 1855.				
		Term of Contract:	03/22/2023 - 06/30/2023	Contract # 27332		



# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - SENIOR RX AND DISABILITY RX	ELIXIR INSURANCE COMPANY	OTHER: HEALTHY NEVADA FUNDS	\$43,472	Exempt
	Contract Description:	This is a new contract to provide ongoing state pharmaceutical assistance for eligible members enrolled in Medicare Part D prescription drug and Medicare Advantage plans with prescription drug benefits.				
		Term of Contract:	03/10/2023 - 03/09/2027	Contract # 27225		
40.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - EARLY INTERVENTION SERVICES	E3 DIAGNOSTICS, INC.	GENERAL 18% OTHER: PART C INTERAGENCY TRANSFER 82%	\$10,604	Sole Source
	Contract Description:	This is a new contract to provide ongoing calibration and maintenance services and the replacement of old audiometry equipment used to complete diagnostic audiologic evaluations, and screenings, on the early intervention population statewide.				
		Term of Contract:	03/20/2023 - 06/30/2023	Contract # 27254		
41.	402	DEPARTMENT OF HEALTH AND HUMAN SERVICES - AGING AND DISABILITY SERVICES - DESERT REGIONAL CENTER	SUMMIT FIRE & SECURITY, LLC	GENERAL	\$44,175	
	Contract Description:	This is a new contract to provide fire sprinkler replacement services.				
		Term of Contract:	03/20/2023 - 06/30/2023	Contract # 27251		
42.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	SILVER REEF BIOMEDICAL SERVICES, INC.	GENERAL	\$21,780	
	Contract Description:	This is a new contract to provide ongoing medical equipment calibration, repair, and annual safety inspection services.				
		Term of Contract:	08/01/2023 - 07/31/2025	Contract # 27249		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES	APEX GRADING & PAVING, INC.	GENERAL	\$49,950	
		Contract Description: This is a new contract to provide parking lot asphalt repair and maintenance services. Term of Contract: 07/01/2023 - 06/30/2026 Contract # 27342				
44.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	EMPYRA.COM, INC.	FEDERAL	\$10,000	
		Contract Description: This is a new contract which provides cloud-based user management software to allow applicants, attorneys, staff, and sponsoring employees to complete the J1 Visa Waiver application process online. Term of Contract: 03/31/2023 - 03/31/2024 Contract # 27391				
45.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BIOSTATISTICS AND EPIDEMIOLOGY	NETSMART TECHNOLOGIES, INC.	FEDERAL	\$78,203	Sole Source
		Contract Description: This is the first amendment to the original contract which provides modernization of the National Vital Statistics System. This amendment increases the maximum amount from \$2,608,302.37 to \$2,686,505.47 due to the development of congenital heart disease data capture, maintenance and hosting services for the Early Hearing Detection group. Term of Contract: 07/12/2022 - 06/30/2026 Contract # 26383				
46.	431	OFFICE OF THE MILITARY	CONSTRUCTION DESIGN SERVICES, INC.	FEDERAL	\$40,295	Professional Service
		Contract Description: This is a new contract to provide construction design documents with specifications for the installation of electric vehicle charging stations at the United States Fiscal and Property Office in Reno. Term of Contract: 04/07/2023 - 05/09/2025 Contract # 27414				
47.	431	OFFICE OF THE MILITARY	METRO AWNINGS & IRON, INC.	GENERAL 50% FEDERAL 50%	\$37,780	
		Contract Description: This is a new contract to provide a waterproof replacement shade cover to cover training trailers at the Clark County Armory. Term of Contract: 04/07/2023 - 05/09/2025 Contract # 27415				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	431	OFFICE OF THE MILITARY	NCH CORPORATION	GENERAL 50% FEDERAL 50%	\$81,812	
	Contract Description:	This is a new contract to provide ongoing industrial water closed loop system treatment for the Nevada National Guard facilities in Carson City, Reno, Fallon, and Las Vegas. Term of Contract: 03/19/2023 - 02/28/2027 Contract # 27259				
49.	431	OFFICE OF THE MILITARY	RUBY ROSE LANDSCAPE & TREE SERVICE, LLC	GENERAL 50% FEDERAL 50%	\$84,528	
	Contract Description:	This is a new contract to provide ongoing landscaping maintenance services for the Nevada National Guard facility in Carlin. Term of Contract: 03/22/2023 - 02/28/2027 Contract # 27334				
50.	431	OFFICE OF THE MILITARY	T&T LAWNS PLUS, LLC	GENERAL 50% FEDERAL 50%	\$83,940	
	Contract Description:	This is a new contract to provide ongoing landscaping maintenance services for the Nevada National Guard facilities in Carson City, Reno, and Fallon. Term of Contract: 03/19/2023 - 12/31/2026 Contract # 27233				
51.	440	DEPARTMENT OF CORRECTIONS	WATERS SEPTIC TANK SERVICE	GENERAL	\$74,170	Sole Source
	Contract Description:	This is a new contract to provide ongoing septic and grease pumping services for facilities throughout the state. Term of Contract: 07/01/2022 - 06/30/2023 Contract # 27121				
52.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	VOGUE LAUNDRY AND CLEANERS, INC. DBA VOGUE LINEN & UNIFORM RENTAL	HIGHWAY 51% FEDERAL 49%	\$32,000	
	Contract Description:	This is a new contract to provide ongoing uniform service to include rentals of shirts, pants, shop coats, coveralls and floor mats for the northern command patrol's vehicle maintenance and repair shops. Term of Contract: 04/01/2023 - 03/31/2027 Contract # 27379				
53.	655	DEPARTMENT OF PUBLIC SAFETY - CRIMINAL HISTORY REPOSITORY	DATAWORKS PLUS, LLC	FEE: BRADY, CIVIL APPLICANT, AND CIVIL NAME CHECK	\$35,605	
	Contract Description:	This is the third amendment to the original contract which provides ongoing software and hardware maintenance support services for the General Services National Institute of Standards and Technology System. This amendment extends the termination date from March 31, 2023 to March 31, 2024 and increases the maximum amount from \$395,410.95 to \$431,016.37 due to the continued need for these services. Term of Contract: 04/14/2015 - 03/31/2024 Contract # 16368				

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	659	DEPARTMENT OF PUBLIC SAFETY - JUSTICE GRANT	THE COUNSELING TEAM INTERNATIONAL	FEDERAL	\$23,000	
	Contract Description:	This is a new contract to provide onsite public safety specific Behavioral Health and Wellness training.				
		Term of Contract:	04/04/2023 - 09/30/2023	Contract # 27428		
55.	659	DEPARTMENT OF PUBLIC SAFETY - JUSTICE GRANT	THE COUNSELING TEAM INTERNATIONAL	FEDERAL	\$69,305	
	Contract Description:	This is a new contract to provide online public safety specific Behavioral Health and Wellness training.				
		Term of Contract:	03/22/2023 - 12/31/2023	Contract # 27377		
56.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	PHOENIX FIRE PROTECTION, LLC	FEE: SPORTSMEN REVENUE	\$49,998	Professional Service
	Contract Description:	This is a new contract to provide fire suppression system inspection, repair, installations, and 24-hour fire alarm monitoring services.				
		Term of Contract:	03/27/2023 - 01/31/2025	Contract # 27147		
57.	702	DEPARTMENT OF WILDLIFE - FISHERIES MANAGEMENT	GREAT BASIN NATIONAL PARK - NATIONAL PARK SERVICE	FEE: TROUT STAMP	\$50,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide a feasibility assessment study on the Snake Creek pipeline.				
		Term of Contract:	03/24/2023 - 12/31/2025	Contract # 27180		
58.	702	DEPARTMENT OF WILDLIFE - HABITAT	EASTERN NEVADA LANDSCAPE COALITION	FEE: HABITAT CONSERVATION	\$30,000	
	Contract Description:	This is a new contract to provide project management, technical assistance, and collaborative services for on-the-ground weed removal projects in designated cooperative weed management areas as well as private and public lands in Eastern and Southern Nevada.				
		Term of Contract:	03/16/2023 - 12/31/2026	Contract # 27104		
59.	702	DEPARTMENT OF WILDLIFE - HABITAT	ELKO COUNTY SCHOOL DISTRICT	FEDERAL	\$40,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide plant materials, including but not limited to grass, forb, shrub and/or tree seed and seedlings in bulk quantities, for use in habitat restorations.				
		Term of Contract:	03/23/2023 - 01/31/2027	Contract # 27218		
60.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CLEARLY TAHOE, LLC	OTHER: REVENUE	\$25,000	
	Contract Description:	This is a new revenue contract to provide guided tours at Sand Harbor, Cave Rock, Spooner Lake and Van Sickle State Parks.				
		Term of Contract:	04/06/2023 - 05/31/2024	Contract # 27458		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
61.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	LOVE HIKES, LLC	OTHER: REVENUE	\$11,500	
	Contract Description:	This is a new revenue contract to provide commercial sightseeing and hiking tours at Valley of Fire State Park.				
		Term of Contract:	03/29/2023 - 08/31/2024	Contract # 27420		
62.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TAHOE JACK'S ADVENTURE AUTHORITY, LLC	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide guided non-motorized water and land tours at Sand Harbor, Cave Rock, Van Sickle and Spooner Lake State Parks.				
		Term of Contract:	04/05/2023 - 04/30/2024	Contract # 27418		
63.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS INTERPRETIVE AND EDUCATION PROGRAM	TRAILHEAD LABS, INC.	OTHER: GIFT SHOP	\$15,000	
	Contract Description:	This is the first amendment to the original contract which provides services for a mobile application for park visitors use across Nevada State Parks. This amendment increases the maximum amount from \$125,000 to \$140,000 due to an additional feature and support to the existing contract.				
		Term of Contract:	06/14/2022 - 06/12/2025	Contract # 26225		
64.	704	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	VALLEY UNDERGROUND, INC.	OTHER: UTILITY SURCHARGE	\$95,000	
	Contract Description:	This is a new contract to provide on-call underground utilities maintenance and repair services for Nevada State Parks.				
		Term of Contract:	03/29/2023 - 04/01/2027	Contract # 27404		
65.	705	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	UNITED STATES DEPARTMENT OF THE INTERIOR	GENERAL 65% FEDERAL 35%	\$81,300	Exempt
	Contract Description:	This is a new joint funding agreement to provide ongoing monitoring of the South Fork Humboldt River's two streamflow gauges and data collection platforms.				
		Term of Contract:	07/01/2023 - 06/30/2025	Contract # 27397		

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
66.	709	DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - WATER QUALITY PLANNING	SGS SILVER STATE ANALYTICAL LABORATORIES, INC.	FEDERAL	\$97,000	
	Contract Description:	This is the first amendment to the original contract which provides water analysis, sediment and biota samples to characterize the chemical, physical and biological conditions of surface waters in support of the statewide surface water quality program. This amendment increases the maximum amount from \$630,000 to \$727,000 due to the need for additional water analyses.				
	Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25891			
67.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - DIVISION OF INDUSTRIAL RELATIONS	TAYLOR-WALKER CONSULTING, LLC	OTHER: WORKERS' COMPENSATION AND SAFETY FUND	\$12,000	
	Contract Description:	This is a new contract to provide ongoing actuarial services related to the required annual adjustment and update to the actuarial annuity table for calculating the present value of lump sum payments for disability awards for injured workers.				
	Term of Contract:	04/05/2023 - 06/30/2026	Contract # 27303			
68.	756	DEPARTMENT OF BUSINESS AND INDUSTRY - DIVISION OF MORTGAGE LENDING	INFOJINI, INC.	FEE: LICENSING AND ADMINISTRATIVE	\$99,840	
	Contract Description:	This is a new contract to provide information technology project management services to help manage the implementation of the division's new licensing system.				
	Term of Contract:	04/12/2023 - 12/31/2023	Contract # 27247			
69.	810	DEPARTMENT OF MOTOR VEHICLES - CENTRAL SERVICES	HIGH SIERRA BUSINESS SYSTEMS, INC.	HIGHWAY	\$24,750	
	Contract Description:	This is the fourth amendment to the original contract which provides ongoing scanner maintenance services. This amendment extends the termination date from June 30, 2023 to June 30, 2025 and increases the maximum amount from \$24,750 to \$74,250 due to the continued need for these services.				
	Term of Contract:	12/05/2019 - 06/30/2025	Contract # 22633			

# INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
70.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ANDERSON PEST CONTROL, LLC	OTHER: BUSINESS ENTERPRISE SET-ASIDE	\$15,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing rodent control and rodent damage repair services at the Business Enterprise of Nevada cafe and gift shop located at the Hoover Dam. This amendment increases the maximum amount from \$20,000 to \$35,000 due to the additional service sites in southern Nevada.				
		Term of Contract:	03/01/2021 - 02/28/2025	Contract # 23834		
71.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	WOW CLEANING CORPORATION	GENERAL 1.9% OTHER: BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM 29.1% FEDERAL 69%	\$31,015	
	Contract Description:	This is a new contract to provide ongoing janitorial services for the Galetti Way location in Sparks.				
		Term of Contract:	03/21/2023 - 01/31/2025	Contract # 27171		
72.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	T&M CONTROLS, INC.	FEDERAL	\$7,640	
	Contract Description:	This is the first amendment to the original contract which provides electrical services associated with the installation of new cubicles in the St. Louis office location in Las Vegas. This amendment increases the maximum amount from \$3,052.96 to \$10,693.17 due to additional work required after the vendor conducted a site survey.				
		Term of Contract:	11/08/2022 - 10/31/2023	Contract # 26883		
73.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	KMJ 2.0, LLC	FEE: LICENSURE	\$83,600	
	Contract Description:	This is a new contract to provide web services to update and replace the Contractors Board website and mobile application.				
		Term of Contract:	03/27/2023 - 02/01/2024	Contract # 27240		

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27306**

Agency Name: **GOVERNOR'S OFFICE**  
Agency Code: **010**  
Appropriation Unit: **3952-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **ALEJANDRO C. YBARRA**  
Contractor Name: **ALEJANDRO C. YBARRA**  
Address: **6387 BOLD REGATTA CT**  
City/State/Zip: **LAS VEGAS, NV 89139**  
Contact/Phone: **Alex Ybarra 702-903-0018**  
Vendor No.: **T81023618**  
NV Business ID: **NV20151158439**  
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 %	<b>X</b>	Fees	<b>90.00 % ATHLETIC COMMISSION (GATE FEE)</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2023**  
Anticipated BOE meeting date **04/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**  
Contract term: **4 years and 20 days**

4. Type of contract: **Contract**  
Contract description: **Specialty Services**

5. Purpose of contract:  
**This is a new contract to provide ongoing inspector services during Athletic Commission sanctioned weigh-ins and events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**  
Other basis for payment: \$150-\$250 per event and \$75-\$150 peer weigh-in, and \$75 per assignment of USA Boxing Gym Inspections. Not to exceed over \$20,000 over contract term.

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**NRS 467.050 allows the Commission to utilize and employ inspectors as Independent Contractors.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**Weigh-in's and events occur in the evenings, weekends and on holidays. The Commission has a limited staff and would not be able to cover all of the oversite/duties required. Additionally, the would accrue additional overtime for the full-time staff.**

9. Were quotes or proposals solicited? **No**  
Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):  
**Not Applicable**

b. Solicitation Waiver: **Not Applicable**



c. Why was this contractor chosen in preference to other?

The vendor has extensive knowledge of the rules and regulations of unarmed combat sports, specifically the regulatory requirements of Nevada. The vendor has successfully completed previous inspector and Chief Inspector contract with the State and performance was satisfactory.

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:

Previously under contract by the Nevada State Athletic Commission for Chief Inspector services. Service provided 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:  
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:

Aldo Galvan, Chief Inspector Ph: 702-327-3947

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	03/08/2023 15:17:21 PM
Division Approval	ssands	03/15/2023 11:49:42 AM
Department Approval	ssands	03/15/2023 11:49:45 AM
Contract Manager Approval	wpfaffp	03/15/2023 11:55:28 AM
Budget Analyst Approval	jhelto1	04/10/2023 16:12:47 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27304**

Agency Name: **GOVERNOR'S OFFICE**  
Agency Code: **010**  
Appropriation Unit: **3952-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **DAMIR MOUZDYBAEV**  
Contractor Name: **DAMIR MOUZDYBAEV**  
Address: **750 RISE CANYON DRIVE**  
City/State/Zip: **HENDERSON, NV 89052**  
Contact/Phone: **Damir Mouzdybaev 914-882-6513**  
Vendor No.: **T29046638**  
NV Business ID: **NV20232705740**  
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 %	<b>X</b>	Fees	<b>90.00 % ATHLETIC COMMISSION GATE FEES</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2023**  
Anticipated BOE meeting date **04/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

**This is a new contract to provide ongoing inspector services during Athletic Commission sanctioned weigh-ins and events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$150-\$250 per event and \$75-\$150 per weigh-in and \$75 per assignment of USA Boxing gym Inspections, not to exceed \$20,000 over contract term.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 467.050 allows the Commission to utilize and employ Inspectors as Independent Contractors.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Weigh-ins and events occur in the evenings, on weekends and holidays. The Commission has a limited staff and do not have the capacity to cover all duties during events. It would incur additional overtime in trying to meet these obligations. Neither do we have the staff ratio to cover the number of male/female locker room oversight required.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has knowledge of the rules and regulations of unarmed combat sports; and has successfully completed a shadow/training program with the Athletic Commission. Additionally, the individual is bi-lingual in Russian and English and can assist in communicating regulatory instructions during events.

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:

Aldo Galvan, Chief Inspector Ph: (702) 3275947

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	03/08/2023 15:18:29 PM
Division Approval	ssands	03/15/2023 11:49:20 AM
Department Approval	ssands	03/15/2023 11:49:24 AM
Contract Manager Approval	ssands	03/15/2023 11:56:52 AM
Budget Analyst Approval	jhelto1	04/10/2023 16:12:31 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27395**

Agency Name: **GOVERNOR'S OFFICE**  
Agency Code: **010**  
Appropriation Unit: **3952-04**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **HENRY JEROME JOHNSON**  
Contractor Name: **HENRY JEROME JOHNSON**  
Address: **5855 VALLEY DRIVE  
UNIT # 2092**  
City/State/Zip: **NORTH LAS VEGAS, NV 89031**  
Contact/Phone: Jerome Johnson 702-682-4806  
Vendor No.: T29046716  
NV Business ID: NV20232721757

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 %	<b>X</b>	Fees	<b>90.00 % ATHLETIC COMMISSION GATE FEES</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b>	Other funding	<b>10.00 % TICKET SURCHARGE (AMATEUR PROGRAM)</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/11/2023**  
Anticipated BOE meeting date 04/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years and 20 days**

4. Type of contract: **Contract**

Contract description: **Specialty Services**

5. Purpose of contract:

**This is a new contract to provide ongoing inspector services during Athletic Commission sanctioned weigh-ins and events.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000.00**

Other basis for payment: \$150 - \$250 per event, \$75-\$150 per weigh-in and \$75 per assignment of USA Boxing gym inspections; not to exceed \$20,000 over term of contract.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**NRS 467.050 allows the Commission to utilize and employ inspector as independent contractors.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Weigh-ins and events occur during evening hours, weekends and on holidays. The Commission has a very small staff and would not be able to cover all of the oversight and duties required. It would also create additional overtime for the full-time staff members.**

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 knowledge of the rules and regulations of unarmed combat sports; and has successfully completed a shadow/training program with the Athletic Commission.

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:

Aldo Galvan, Chief Inspector Ph: 702-327-5947

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	javictor	03/21/2023 14:22:36 PM
Division Approval	jkidd	03/21/2023 15:16:47 PM
Department Approval	ssands	03/21/2023 15:44:47 PM
Contract Manager Approval	wpfaffp	03/21/2023 16:00:54 PM
Budget Analyst Approval	jhelto1	04/10/2023 11:43:19 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: **27297**

Agency Name: **GOVERNOR'S FINANCE OFFICE**  
 Agency Code: **015**  
 Appropriation Unit: **1340-15**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **GRANTANALYST.COM, LLC**  
 Contractor Name: **GRANTANALYST.COM, LLC**  
 Address: **DBA ZOOMGRANTS  
44 COOK ST STE 100**  
 City/State/Zip: **DENVER, CO 80206-5823**  
 Contact/Phone: **866-323-5404**  
 Vendor No.: **T29036965**  
 NV Business ID: **NV20191617343**

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2023**

Anticipated BOE meeting date **04/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2027**

Contract term: **3 years and 311 days**

4. Type of contract: **Contract**

Contract description: **Grant Management**

5. Purpose of contract:

**This is a new contract to provide a data system to assist with the tracking of allocated American Rescue Plan Act funds approved for various qualifying entities and projects.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,800.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Governor's Finance Offices need a data system to track ARPA SLFRF grant sub awards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Zoomgrants  
Apply-Survey Monkey  
Submittable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best price

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? 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	mgassawa	03/21/2023 15:31:42 PM
Division Approval	jkidd	03/21/2023 15:57:03 PM
Department Approval	ssands	03/21/2023 15:59:10 PM
Contract Manager Approval	ssands	03/21/2023 15:59:23 PM
EITS Approval	ljean	03/22/2023 08:32:54 AM
Budget Analyst Approval	jrodrig9	03/27/2023 15:41:32 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27330**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>SCOPE Contracting Company</b>
Agency Code: <b>082</b>	Contractor Name: <b>A &amp; R GROUP, LLC dba</b>
Appropriation Unit: <b>1349-13</b>	Address: <b>177 Cassia Way, Suite B112</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89014</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>SHAWN ROBLES 702-483-5341</b>
	Vendor No.: <b>T32011769</b>
	NV Business ID: <b>NV20131322595</b>

To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % CAT13-Bill back to using agency</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/23/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **99 days**

4. Type of contract: **Contract**

Contract description: **Partition Paneling**

5. Purpose of contract:

**This is a new contract to provide privacy walls to the Pre-Sentence Interview (PSI) area window in the public lobby, also adding a door to separate the public lobby from the PSI area to reduce noise in the Parole and Probation building in Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$36,878.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to replace four partition panels for larger ones approximately 39" X 108" and to add an ADA operated door at the opening. The need to add privacy walls to PSI window in public lobby. Additionally, adding a door to separate public lobby from PSI area to reduce noise.

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? **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?

Lowest bid received.

d. Last bid date: 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Satisfactory completion of required work for Buildings and Grounds from March 18, 2022, to June 30, 2022.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

doing business as 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:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	03/10/2023 09:40:17 AM
Division Approval	jkidd	03/10/2023 11:36:09 AM
Department Approval	ssands	03/17/2023 08:10:51 AM
Contract Manager Approval	ssands	03/17/2023 08:10:53 AM
Budget Analyst Approval	vmilazz1	03/23/2023 16:29:53 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27243**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>AAA AIR FILTER COMPANY, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>AAA AIR FILTER COMPANY, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>3873 E CRAIG RD STE 1</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>NORTH LAS VEGAS, NV 89030-7537</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>AARON HOBBS 702/399-4402</b>
	Vendor No.: <b>T80618280</b>
	NV Business ID: <b>NV19851003457</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % BUILDING AND GROUNDS RENT INCOME REVENUE</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/21/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/14/2027**

Contract term: **4 years and 25 days**

4. Type of contract: **Contract**

Contract description: **AIR FILTERS**

5. Purpose of contract:

**This is a new contract to provide ongoing air filter services for state-owned buildings in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$82,688.00**

Payment for services will be made at the rate of \$19,422.00 per YEAR

Other basis for payment: \$77,688.00 for the maintenance plus \$5,000 for extra services as needed for the life of the contract.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Vendor will oversee procuring and changing filters on an annual basis, bi-annual basis, or quarterly basis as specified per the filter schedule at various locations. This service will provide clean air and keep out contaminants entering the buildings and helps the HVAC system perform efficiently.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of resources and manpower.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

AAA AIR FILTER COMPANY  
AC CAPTAIN  
BOMBARD MECHANICAL

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The only bid received.

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:

04/09/2019 - 04/15/2023 - Building and grounds - works has been satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Terra Cooke-Gatzmer, HVACR Specialist III Ph: 702-481-4286

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/14/2023 11:25:06 AM
Division Approval	jkidd	02/15/2023 10:30:34 AM
Department Approval	ssands	02/16/2023 08:57:43 AM
Contract Manager Approval	wpfaffp	03/21/2023 08:47:35 AM
Budget Analyst Approval	klay0	03/21/2023 10:47:14 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: **27295**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>BOMBARD ELECTRIC, LLC</b>
Agency Code: <b>082</b>	Contractor Name: <b>BOMBARD ELECTRIC, LLC</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>4380 W POST RD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-3866</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>JESS PRISBREY 702/263-3570</b>
	Vendor No.: <b>T27020126</b>
	NV Business ID: <b>NV20051306419</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/01/2027**

Contract term: **3 years and 331 days**

4. Type of contract: **Contract**

Contract description: **Electrical**

5. Purpose of contract:

**This is a new contract to provide the repair, replacement, modification, and installation of various new electrical Uninterruptible Power Sources (UPS) in state-owned buildings in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$47,157.75**

Payment for services will be made at the rate of \$124.00 per Hour

Other basis for payment: M-F, 6:00 AM to 2:30 PM. Everything after the hours stated above including holidays and weekends are double time. Please see complete rate sheet with the contract, Attachment CC.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Uninterruptible power supply provides back up power during a power failure.

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 or 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):

Mojave Electric  
Bombard Electric  
Elesco

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date: 03/01/2027

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 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?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	03/02/2023 14:17:51 PM
Division Approval	jkidd	03/02/2023 15:45:00 PM
Department Approval	ssands	03/06/2023 13:41:19 PM
Contract Manager Approval	ssands	03/06/2023 13:41:29 PM
Budget Analyst Approval	klay0	04/05/2023 14:54:03 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27241**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Bombard Electric</b>
Agency Code: <b>082</b>	Contractor Name: <b>Bombard Electric</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>4380 West Post Road</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Jess Prisbrey 7022633570</b>
	Vendor No.: <b>T27020126</b>
	NV Business ID: <b>NV20051306419</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Building Rental Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/13/2027**

Contract term: **4 years and 14 days**

4. Type of contract: **Contract**

Contract description: **Electrical**

5. Purpose of contract:

**This is a new contract to provide ongoing electrical services, maintenance, and repairs as needed in state-owned buildings in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$33,302.55**

Other basis for payment: M-F, 6:00 A.M to 2:30 P.M. Everything after the hours stated above including Holidays and weekends are double time. Please see complete rate sheet with the contract.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Maintain proper operation of electrical systems in 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 does 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):

Fowler Electric  
Cordan Electric  
Pacific Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of many contractors 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

B&G from 01/01/2019 to 12/31/2022

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/14/2023 11:23:52 AM
Division Approval	jkidd	02/14/2023 12:05:20 PM
Department Approval	ssands	03/10/2023 13:21:40 PM
Contract Manager Approval	ssands	03/15/2023 15:26:12 PM
Budget Analyst Approval	klay0	03/31/2023 16:13:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27401**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DAVIS GLASS &amp; MIRROR, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>DAVIS GLASS &amp; MIRROR, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>5135 S VALLEY VIEW BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118-1726</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JOHN BEAL 702/368-7722</b>
	Vendor No.: <b>T29036647</b>
	NV Business ID: <b>NV19961120126</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % BUILDINGS AND GROUNDS RENT INCOME</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2027**

Contract term: **3 years and 363 days**

4. Type of contract: **Contract**

Contract description: **Glass Repair**

5. Purpose of contract:

**This is a new contract to provide ongoing glass and mirror repair services for state-owned buildings in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,696.27**

Other basis for payment: Regular Time Hours - \$100.00 per man hour; Overtime and Emergency Services - \$150.00 per man hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Glass service is needed to recommend and properly install glass/windows for state-owned buildings throughout southern Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the manpower and expertise for this service.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



Boss Glass and door  
Andrade Glass  
Rapid Glass  
Dan Bradley Glass Shop  
Anthony's Glass  
Davis Glass & Mirror

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided the proposed scope of work with the lowest bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

05/2015 - present - Buildings and Grounds-work 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:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	03/24/2023 12:01:42 PM
Division Approval	jkidd	03/27/2023 11:49:28 AM
Department Approval	ssands	03/27/2023 12:01:02 PM
Contract Manager Approval	wpfaffp	03/27/2023 12:05:24 PM
Budget Analyst Approval	klay0	04/03/2023 15:42:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27242**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>DESERT BOILERS &amp; CONTROLS, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>DESERT BOILERS &amp; CONTROLS, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>305 W SAINT LOUIS</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89102</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>RICK MENDOZA 702/631-7780</b>
	Vendor No.: <b>PUR0001437</b>
	NV Business ID: <b>NV19971189711</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % BUILDING AND GROUNDS BUILDING RENT INCOME REVENUE</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/17/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/14/2027**

Contract term: **3 years and 335 days**

4. Type of contract: **Contract**

Contract description: **HVAC SERVICE**

5. Purpose of contract:

**This is a new contract to provide ongoing and emergency maintenance and repairs of heating ventilation and air conditioning controls and equipment as needed for the Grant Sawyer Building, the Campos Building, and the Flamingo, Sahara, Decatur, and Henderson DMV buildings.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$87,844.78**

Payment for services will be made at the rate of \$21,961.20 per year

Other basis for payment: \$145/per straight time; \$185.00 overtime; \$220.00 double time.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Boiler maintenance is to improve efficiency of the equipment, reduces the risks of breakdowns, safety checks, and keeps the buildings in a functional and comfortable environment for employees and public.**

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):

CWF Clark Welding & Fabrication  
Desert Boilers  
Patriot Boiler

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Patriot Boiler was not interested and CWF Clark quote was more.

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:

09/30/2019 - present - Buildings and Grounds with satisfactory work performance

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Terra Cooke-Gatzmer, HVACR Ph: 702-486-4300

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/14/2023 11:24:37 AM
Division Approval	jkidd	02/14/2023 13:20:39 PM
Department Approval	ssands	02/16/2023 08:46:57 AM
Contract Manager Approval	wpfaffp	03/16/2023 16:04:57 PM
Budget Analyst Approval	klay0	03/17/2023 10:47:51 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27460**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>GRAYMAR ENVIROMENTAL SERVICES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>GRAYMAR ENVIROMENTAL SERVICES, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>100 SPRINGDALE RD STE A3 # 302</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CHERRY HILL, NJ 08003</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KEVIN ANDERSON 609/932-4938</b>
	Vendor No.: <b>T29042669</b>
	NV Business ID: <b>NV20191139731</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % BUILDINGS AND GROUNDS RENT INCOME</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years and 19 days**

4. Type of contract: **Contract**

Contract description: **Hazardous Waste P/U**

5. Purpose of contract:

**This is a new contract to provide ongoing services for hazardous waste pickup and disposal, as well as hazardous waste cleanup for state-owned buildings in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,165.73**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This contract is needed to safely discard environmental and hazardous waste items.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**We do not have the manpower or expertise for this service.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Graymar Environmental Services  
Hero Environmental Services  
JM Environmental  
Hazardous Disposal Specialists  
Cleans Management Environmental**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The requested amount per only bid received.

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:

2019 - Present with Building & Grounds - 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:

David Van Ornum, Facility Supervisor III Ph: 775-684-1808

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmcDani	04/05/2023 16:36:58 PM
Division Approval	jkidd	04/07/2023 13:33:00 PM
Department Approval	ssands	04/10/2023 08:30:44 AM
Contract Manager Approval	wpfaffp	04/10/2023 08:35:45 AM
Budget Analyst Approval	klay0	04/12/2023 09:12:01 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27296**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>JAB CONSTRUCTION, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>JAB CONSTRUCTION, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>4621 N. Lamb Blvd.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89115</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JUSTIN ESQUIVAL 702/644-3090</b>
	Vendor No.: <b>T29041654</b>
	NV Business ID: <b>NV20091296708</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % BUILDING &amp; GROUNDS RENT INCOME REVENUE</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2027**

Contract term: **3 years and 363 days**

4. Type of contract: **Contract**

Contract description: **Excavation**

5. Purpose of contract:

**This is a new contract to provide ongoing excavation services for state-owned buildings in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,145.71**

Other basis for payment: FY23 \$12,786.42; FY23 \$12,786.43; FY23 \$12,786.43; FY23 \$12,786.43

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This contract will cover repairs and emergency work when needed.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**Buildings and Grounds does not have the manpower or expertise for this service.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Jab Construction  
Logistical Solutions  
Flippins Trenching**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor provided the best cost for the work proposed.

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:

Excavation - Building and Grounds - 05/20/2013 - 02/28/2023

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	03/02/2023 15:22:54 PM
Division Approval	jkidd	03/10/2023 11:41:57 AM
Department Approval	ssands	03/10/2023 14:26:43 PM
Contract Manager Approval	wpfaffp	04/03/2023 11:45:08 AM
Budget Analyst Approval	klay0	04/03/2023 11:47:44 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: **26864** Amendment Number: **3**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **JMA CONSTRUCTION COMPANY, INC.**

Agency Code: **082** Contractor Name: **JMA CONSTRUCTION COMPANY, INC.**

Appropriation Unit: **1349-14** Address: **1361 E. APPION WAY**

Is budget authority available?: **Yes** City/State/Zip: **CARSON CITY, NV 89721-2312**

If "No" please explain: **Not Applicable** Contact/Phone: **Joseph Alotta 7758826347**

Vendor No.: **T29045978**

NV Business ID: **NV20031254722**

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/10/2022**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **10/01/2023**

Termination Date:

Contract term: **356 days**

4. Type of contract: **Contract**

Contract description: **Basement Repair**

5. Purpose of contract:

**This is the third amendment to the original contract which provides water damage repairs/restoration to the basement of the Attorney General's Office building complex in Carson City. This amendment increases the maximum amount from \$27,500 to \$35,250 due to the increased need for these services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,300.00	\$20,300.00	\$20,300.00	Yes - Info
a. Amendment 1:	\$4,700.00	\$4,700.00	\$25,000.00	No
b. Amendment 2:	\$2,500.00	\$7,200.00	\$27,500.00	No
2. Amount of current amendment (#3):	\$7,750.00	\$14,950.00	\$35,250.00	Yes - Info
3. New maximum contract amount:	\$35,250.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Remediation is complete. Reconstruction needs to be completed for tenants to move back into office area.

8. Explain why State employees in your agency or other State agencies are not able to do this work:



Buildings and Grounds does not have the tools, materials and manpower needed to complete this project.

- 9. Were quotes or proposals solicited? No
- Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 338

d. Last bid date: 09/26/2022 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:

Currently contracted (September 2022) with Buildings and Grounds with satisfactory performance.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	04/05/2023 09:54:19 AM
Division Approval	jkidd	04/05/2023 10:03:07 AM
Department Approval	ssands	04/05/2023 10:25:07 AM
Contract Manager Approval	vhnarr	04/05/2023 10:25:55 AM
Budget Analyst Approval	klay0	04/06/2023 11:22:51 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27463**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b> Agency Code: <b>082</b> Appropriation Unit: <b>1349-12</b> Is budget authority available?: <b>Yes</b> If "No" please explain: Not Applicable	Legal Entity Name: <b>MESA ENERGY SYSTEMS, INC. DBA</b> Contractor Name: <b>MESA ENERGY SYSTEMS, INC. DBA</b> Address: <b>EMCOR SERVICES MESA ENERGY INC 4098 S MCCARRAN BLVD RENO, NV 89502</b> Contact/Phone: <b>Scott Cooper 702/597-0314</b> Vendor No.: <b>T27027115A</b> NV Business ID: <b>NV20071267110</b>
--	--

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Buildings and Grounds Rent Income</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/03/2027**

Contract term: **3 years and 357 days**

4. Type of contract: **Contract**

Contract description: **HVAC**

5. Purpose of contract:

**This is a new contract to provide ongoing repair, replacement, modification, and installation of new HVAC equipment to state-owned buildings in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,238.18**

Payment for services will be made at the rate of \$125.00 per hour

Other basis for payment: Overtime \$187.50 per hour, Double Time \$250. per hour, \$35 Truck Charge Per Day, Per Service Call.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC systems controls the overall climate in a building, maintain good air quality, adequate ventilation with filtration that provides occupants a comfortable environment. HVAC services is important for the safety, health and working conditions for all state employees and public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds do not have the manpower to service this need.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Chiller & Boiler  
Building Controls Service  
Ray Heating Products  
Mesa Energy DBA Emcor

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several vendors of the same service, per SAM 0338.D each contractor will be contacted to submit bids on projects.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

There are two current open contracts between this vendor and the state of Nevada. The agency is satisfied with the performs of the vendor.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

Kevin Knigge, HVAC Specialist IV Ph: 775-684-1800

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mgassawa	04/04/2023 14:22:02 PM
Division Approval	jkidd	04/05/2023 11:41:22 AM
Department Approval	ssands	04/10/2023 08:51:49 AM
Contract Manager Approval	vhnarr	04/10/2023 08:53:41 AM
Budget Analyst Approval	klay0	04/12/2023 08:30:46 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: **27252**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>NEVADA CHILLER AND BOILER, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>NEVADA CHILLER AND BOILER, INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>10 HARDY DR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431-6307</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Rodney Leavitt 775/432-1331</b>
	Vendor No.: <b>T32006651</b>
	NV Business ID: <b>NV20151141050</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Building and Grounds Building Income Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/17/2027**

Contract term: **3 years and 333 days**

4. Type of contract: **Contract**

Contract description: **HVAC Maintenance**

5. Purpose of contract:

**This is a new contract to provide routine preventative HVAC services at the Nevada Early Intervention Services building in Reno.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,927.00**

Other basis for payment: Upon approved invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC systems controls the overall climate in a building, maintain good indoor air quality, adequate ventilation with filtration that provides occupants a comfortable environment. HVAC services is important for the safety, health and working condition for all state employees and public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Nevada Chiller & Boiler  
RHP Mechanical  
Building Control Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only bid received

d. Last bid date: 01/24/2023 Anticipated re-bid date: 01/24/2027

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?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Kevin Knigge, HVACR Specialist IV Ph: 775-684-1810

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	02/17/2023 14:48:04 PM
Division Approval	jkidd	02/21/2023 16:00:41 PM
Department Approval	ssands	03/01/2023 10:58:58 AM
Contract Manager Approval	ssands	03/01/2023 11:18:54 AM
Budget Analyst Approval	klay0	03/22/2023 15:12:41 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27317**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>Brett Allen</b>
Agency Code: <b>082</b>	Contractor Name: <b>Newt Concrete Construction</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>NEWT CONCRETE CONSTRUCTION PO BOX 20104</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CARSON CITY, NV 89721-0104</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>BRET ALLEN 775/851-2466</b>
	Vendor No.: <b>T29035167</b>
	NV Business ID: <b>NV20101212689</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % BUILDING AND GROUNDS RENT REVENUE INCOME</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2027**

Contract term: **4 years and 31 days**

4. Type of contract: **Contract**

Contract description: **Concrete**

5. Purpose of contract:

**This is a new contract to provide ongoing concrete repair, removal, and maintenance to sidewalks, driveways, and walkways for state-owned buildings in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: FY23 \$1,000.00 FY24 \$11,000.00 FY25 \$10,000.00 FY26 \$8,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Aging state-owned properties in northern Nevada are in need of concrete repairs and/or replacement for safety concerns. Harsh winter has exacerbated these issues.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the 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):

Valley Construction Inc.  
Madole Construction  
Newt Concrete

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Proposal terms and the existing contract expires soon.

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:

07/02/2014 - 04/30/2023 - Buildings and Grounds - work 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 not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

**No** b. If "No", please explain:

**Doing business as Newt Concrete Construction.**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

David Van Ornum, Facility Supervisor III Ph: 775-690-4526

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	03/06/2023 14:58:36 PM
Division Approval	jkidd	03/09/2023 17:00:32 PM
Department Approval	ssands	03/10/2023 14:27:23 PM
Contract Manager Approval	wpfaffp	03/15/2023 14:27:48 PM
Budget Analyst Approval	klay0	03/31/2023 16:17:29 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: **27302**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>OH OH INCORPORATED DBA</b>
Agency Code: <b>082</b>	Contractor Name: <b>OH OH INCORPORATED DBA</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>CARSON VALLEY LOCKSMITH 1516 US HWY 395 N SUITE E</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>GARDNERVILLE, NV 89410-0686</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Scott Hemsath 775/782-7000</b>
	Vendor No.: <b>T27033218A</b>
	NV Business ID: <b>NV19921043227</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Buildings and Grounds Building Rent Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/29/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/02/2027**

Contract term: **3 years and 339 days**

4. Type of contract: **Contract**

Contract description: **Locksmith**

5. Purpose of contract:

**This is a new contract to provide ongoing locksmith services in state-owned buildings and the occasional vehicle in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00**

Other basis for payment: View rate on attachment CC

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is a new contract to re-key, make duplicate keys, and lock repairs of various doors is an ongoing situation in state-owned buildings and the occasional vehicle in Northern Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the tools, materials, expertise or manpower needed to facilitate these needs.

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):



OH OH Incorporated Carson Valley Locksmith  
Accurate Mobile Inc  
Alpine Locks

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is one of several vendors contracted for this service.

d. Last bid date: Anticipated re-bid date: 03/02/2027

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:

since 2019 and service 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:  
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:

David Van Ornum, Facility Supervisor III Ph: 775-690-4526

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	03/03/2023 14:36:00 PM
Division Approval	jkidd	03/07/2023 08:21:52 AM
Department Approval	ssands	03/10/2023 10:37:31 AM
Contract Manager Approval	ssands	03/10/2023 10:41:55 AM
Budget Analyst Approval	klay0	03/29/2023 14:03:42 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: **27301**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PATRIOT ENVIRONMENTAL SERVICES</b>
Agency Code: <b>082</b>	Contractor Name: <b>PATRIOT ENVIRONMENTAL SERVICES</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>1250 E. 23rd Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LONG BEACH, CA 90755</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>VANESSA BENITEZ 562/436-2614</b>
	Vendor No.: <b>T32011182</b>
	NV Business ID: <b>NV20121113271</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % BUILDINGS AND GROUNDS RENT INCOME</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/04/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2027**

Contract term: **3 years and 362 days**

4. Type of contract: **Contract**

Contract description: **Waste Management**

5. Purpose of contract:

**This is a new contract to provide hazardous waste pickup, cleanup, and disposal services as needed to state-owned buildings in southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,901.24**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**This contract is needed to safely discard environmental and hazardous waste items.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**We do not have the manpower or expertise for this service.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Logistics Solutions  
Patriot Environmental  
Clean Harbor**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided the requested terms at an acceptable bid.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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:

Martin Fisher, Facility Manager Ph: 702-486-4099

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	03/02/2023 15:22:28 PM
Division Approval	jkidd	03/06/2023 10:05:06 AM
Department Approval	ssands	03/08/2023 16:15:34 PM
Contract Manager Approval	wpfaffp	04/04/2023 10:06:55 AM
Budget Analyst Approval	klay0	04/04/2023 14:15:18 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: **27300**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>VALLEY CONCRETE CO., INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>VALLEY CONCRETE CO., INC.</b>
Appropriation Unit: <b>1349-12</b>	Address: <b>601 S 15TH ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431-5606</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>TONY BAUER 775/329-0656</b>
	Vendor No.: <b>T29046775</b>
	NV Business ID: <b>NV19761001714</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % BUILDINGS AND GROUNDS RENT INCOME</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/03/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/01/2027**

Contract term: **3 years and 364 days**

4. Type of contract: **Contract**

Contract description: **Concrete**

5. Purpose of contract:

**This is a new contract to provide ongoing concrete pumping, finishing and repair services for state-owned buildings in northern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Other basis for payment: FY23 \$4,000.00 FY24 \$8,000.00 FY25 \$9,000.00 FY26 \$9,000.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Aging state-owned properties are in need of concrete repairs and/or replacement for safety concerns. Harsh winter has made these issues worse.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds does not have the 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):

Valley Construction Inc.  
Madole Construction  
Newt Concrete Construction

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was the lowest bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

04/01/2019 - 03/31/2023 - Building and Grounds - 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:

David Van Ornum, Facility Supervisor III Ph: 775-690-4526

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpierro1	03/02/2023 15:18:32 PM
Division Approval	jkidd	03/02/2023 15:40:26 PM
Department Approval	ssands	03/10/2023 14:27:38 PM
Contract Manager Approval	wpfaffp	03/27/2023 12:36:53 PM
Budget Analyst Approval	klay0	04/03/2023 15:43:18 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: **25015** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Q&D CONSTRUCTION, INC.**

Agency Code: **082** Contractor Name: **Q&D CONSTRUCTION, INC.**

Appropriation Unit: **1558-11** Address: **1050 S. 21ST ST.**

Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431**

If "No" please explain: **Not Applicable** Contact/Phone: **775-786-2677**

To what State Fiscal Year(s) will the contract be charged? **2022-2025** Vendor No.: **T81009604**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources. NV Business ID: **NV19671000639**

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114452

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 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 233 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR PRE**

5. Purpose of contract:

**This is the first amendment to the original contract which provides Owner - Construction Manager at Risk (CMAR) Pre-Construction services for the Heroes Memorial Building and Annex Advance Planning - Renovation and Seismic Retrofit CIP Project: CIP Project No. 21-P02; SPWD Contract No. 114452. This amendment decreases the maximum amount from \$101,675.00 to \$53,887.75 due to the closing out of the remaining contract.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$101,675.00	\$101,675.00	\$101,675.00	Yes - Action
2. Amount of current amendment (#1):	-\$47,787.25	-\$47,787.25	-\$47,787.25	Yes - Info
3. New maximum contract amount:	\$53,887.75			

#### 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:

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	nmann	02/24/2023 15:35:04 PM
Division Approval	nmann	02/24/2023 15:35:12 PM
Department Approval	nmann	02/24/2023 15:35:20 PM
Contract Manager Approval	lwildes	03/01/2023 10:27:27 AM
Budget Analyst Approval	klay0	03/27/2023 15:25:34 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **25013** Amendment Number: **3**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK**

Agency Code: **082** Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD DBA TSK**

Appropriation Unit: **1558-11** Address: **314 S. WATER ST.**

Is budget authority available?: **Yes** City/State/Zip: **HENDERSON, NV 89015-7311**

If "No" please explain: **Not Applicable** Contact/Phone: **775-857-2949**

Vendor No.: **T80883470**

NV Business ID: **NV20212004081**

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114434

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 233 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the third amendment to the original contract which provides professional architectural/engineering services for the Heroes Memorial and Annex Advance Planning: Seismic Retrofit and Renovation CIP Project: CIP Project No. 21-P02; SPWD Contract No. 114434. This amendment increases the maximum amount from \$1,196,610.00 to \$1,243,080.00 due to additional hydraulic conductivity testing and analysis.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,087,750.00	\$1,087,750.00	\$1,087,750.00	Yes - Action
a. Amendment 1:	\$18,860.00	\$18,860.00	\$18,860.00	Yes - Info
b. Amendment 2:	\$90,000.00	\$90,000.00	\$108,860.00	Yes - Action
2. Amount of current amendment (#3):	\$46,470.00	\$46,470.00	\$46,470.00	Yes - Info
3. New maximum contract amount:	\$1,243,080.00			

#### 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	04/04/2023 12:03:18 PM
Division Approval	nmann	04/04/2023 12:03:33 PM
Department Approval	nmann	04/04/2023 12:04:07 PM
Contract Manager Approval	lwildes	04/04/2023 15:06:04 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27385**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>PETTY &amp; ASSOCIATES, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>PETTY &amp; ASSOCIATES, INC.</b>
Appropriation Unit: <b>1577-48</b>	Address: <b>760 MARGRAVE DR., STE 100</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>775-359-5777</b>
	Vendor No.: <b>T80580350</b>
	NV Business ID: <b>NV19841014622</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>15.00 %</b>	<b>X</b> Bonds	<b>85.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 115376

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/28/2023**  
Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **2 years and 95 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 Purchase of Navy Operational Support Center (Stead) CIP Project to include removal, renovation, and construction of a completely new boiler room and boiler system with new high efficiency hot water piping and HVAC equipment for the current building and existing storage/boiler room: CIP Project No. 21-C08; SPWD contract No. 115376.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,000.00**

Other basis for payment: Monthly progress payments based on services provided.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg Approved CIP

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (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:

Burgass, Marc, Project Manager Ph: 775-684-9010

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/28/2023 08:41:03 AM
Division Approval	nmann	03/28/2023 08:41:06 AM
Department Approval	nmann	03/28/2023 08:41:09 AM
Contract Manager Approval	lwildes	03/28/2023 08:43:39 AM
Budget Analyst Approval	klay0	03/28/2023 15:28:39 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: **24985** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **PAUL CAVIN ARCHITECT, LLC**

Agency Code: **082** Contractor Name: **PAUL CAVIN ARCHITECT, LLC**

Appropriation Unit: **1594-23** Address: **1575 DELUCCHI LN., STE. 120**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-6581**

If "No" please explain: **Not Applicable** Contact/Phone: **775-284-7083**

Vendor No.: **T29033842**

NV Business ID: **NV20131182382**

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	<b>X</b> Bonds	<b>100.00 %</b>
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 114297

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 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 233 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the first amendment to the original contract which provides professional architectural/engineering services for the State Capitol & Annex Building Exterior Renovation CIP Project: CIP Project No. 21-M46; SPWD Contract No. 114297. This amendment increases the maximum amount from \$167,700.00 to \$200,700.00 due to additional professional services needed to complete the new heat trace system.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$167,700.00	\$167,700.00	\$167,700.00	Yes - Action
2. Amount of current amendment (#1):	\$33,000.00	\$33,000.00	\$33,000.00	Yes - Info
3. New maximum contract amount:	\$200,700.00			

#### 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:

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	nmann	03/09/2023 16:42:07 PM
Division Approval	nmann	03/09/2023 16:42:14 PM
Department Approval	nmann	03/09/2023 16:42:22 PM
Contract Manager Approval	lwildes	03/13/2023 07:58:24 AM
Budget Analyst Approval	klay0	03/30/2023 15:21:56 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27326**

Agency Name:	<b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name:	JBA CONSULTING ENGINEERS, INC.
Agency Code:	<b>082</b>	Contractor Name:	<b>JBA CONSULTING ENGINEERS, INC.</b>
Appropriation Unit:	<b>All Appropriations</b>	Address:	<b>DBA NV5 CONSULTANTS 5155 W PATRICK LN STE 100</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>LAS VEGAS, NV 89118-2828</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities		Contact/Phone:	702/362-9200
		Vendor No.:	T80928382A
		NV Business ID:	NV20151389633

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Agency Funded CIP</b>

Agency Reference #: 115338

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/30/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2026**

Contract term: **3 years and 185 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 Air Handling Unit Replacement, United States Property and Fiscal Office CIP Project, to include electrical, plumbing, mechanical, and structural engineering, along with design and construction administration services for the Air Handling Unit Replacement: CIP Project No. 23-A017; SPWD Contract No. 15338.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,000.00**

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 - Nevada Army National Guard

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No  
 Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Bassi, Brian, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/09/2023 12:41:11 PM
Division Approval	nmann	03/09/2023 12:41:13 PM
Department Approval	nmann	03/09/2023 12:41:15 PM
Contract Manager Approval	lwildes	03/09/2023 12:57:34 PM
Budget Analyst Approval	klay0	03/30/2023 14:20:42 PM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27234**

Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>KLEINFELDER, INC.</b>
Agency Code: <b>082</b>	Contractor Name: <b>KLEINFELDER, INC.</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>6960 SMOKE RANCH ROAD, STE 110</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89128</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 10, Army Facilities.	Contact/Phone: <b>7022558100</b>
	Vendor No.: <b>T29046160B</b>
	NV Business ID: <b>NV19801004246</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Agency funded CIP</b>

Agency Reference #: 115239

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/16/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **2 years and 107 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 Site Drainage Improvements (FMS7) CIP Project to include design development, construction and bid documents, and construction administration: CIP Project No. 23-A006; SPWD Contract No. 115239.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$87,064.00**

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 - Nevada Army National Guard

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Crosby, Jason, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/15/2023 15:26:21 PM
Division Approval	nmann	02/15/2023 15:26:24 PM
Department Approval	nmann	02/15/2023 15:26:27 PM
Contract Manager Approval	lwildes	02/15/2023 15:28:02 PM
Budget Analyst Approval	klay0	03/16/2023 13:41:57 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27055** Amendment Number: **1**

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**

Contact/Phone: **702-363-2222**

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.

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 %
<b>X</b> Federal Funds	<b>100.00 %</b>	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? **No** or b. other effective date **02/14/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **12/31/2026**

Contract term: **3 years and 321 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 Las Vegas Detention Center - Forensics Facility Renovation CIP Project: CIP Project No. 23-A018; SPWD Contract No. 115222. This amendment increases the maximum amount from \$738,000.00 to \$776,000.00 due to the additional programming services needed to complete the renovation.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$738,000.00	\$738,000.00	\$738,000.00	Yes - Action
2. Amount of current amendment (#1):	\$38,000.00	\$38,000.00	\$38,000.00	Yes - Info
3. New maximum contract amount:	\$776,000.00			

#### 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/10/2023 15:13:28 PM
Division Approval	nmann	03/10/2023 15:13:35 PM

Department Approval	nmann	03/10/2023 15:13:42 PM
Contract Manager Approval	lwildes	03/13/2023 07:30:10 AM
Budget Analyst Approval	klay0	03/30/2023 14:35:40 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>25740</b>	Amendment Number: <b>2</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LG ARCHITECTS, INC. DBA LGA</b>
Agency Code: <b>082</b>	Contractor Name: <b>LG ARCHITECTS, INC. DBA LGA</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>241 W.CHARLESTON BLVD. STE 107</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-2592</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 2941, expenditure category 15, Construction Planning & Admin.	Contact/Phone: <b>702-263-7111</b>
	Vendor No.: <b>T27041309</b>
	NV Business ID: <b>NV19861005290</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Agency Funded CIP</b>

Agency Reference #: **114678**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2022**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **3 years and 80 days**

4. Type of contract: **Contract**

Contract description: **Arch/Eng**

5. Purpose of contract:

**This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada State Museum - Boulder City Railroad Museum Visitor Center Advance Planning CIP Project: CIP Project No. 22-A007-01; SPWD Contract No. 114678. This amendment increases the maximum amount from \$1,128,715.00 to \$1,159,615.00 due to the added structural design needed to add shade canopies.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,106,965.00	\$1,106,965.00	\$1,106,965.00	Yes - Action
a. Amendment 1:	\$21,750.00	\$21,750.00	\$21,750.00	Yes - Info
2. Amount of current amendment (#2):	\$30,900.00	\$30,900.00	\$52,650.00	Yes - Info
3. New maximum contract amount:	\$1,159,615.00			

## 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

02/24/2023 14:56:33 PM

Division Approval	nmann	02/24/2023 14:56:44 PM
Department Approval	nmann	02/24/2023 14:56:55 PM
Contract Manager Approval	lwildes	03/01/2023 10:34:12 AM
Budget Analyst Approval	klay0	03/27/2023 16:05:23 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: <b>26470</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LG ARCHITECTS, INC. DBA LGA</b>
Agency Code: <b>082</b>	Contractor Name: <b>LG ARCHITECTS, INC. DBA LGA</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>241 W. CHARLESTON BLVD STE 107</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-2592</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 1522, expenditure category 25, EDA - ARPA Grant.	Contact/Phone: <b>702-263-7111</b>
	Vendor No.: <b>T27041309</b>
	NV Business ID: <b>NV19861005290</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Agency funded CIP</b>

Agency Reference #: **114825**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2022**  
 Anticipated BOE meeting date **05/2023**

Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**  
 Contract term: **2 years and 351 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 Carson City Adventure Center Advance Planning Agency CIP Project: CIP Project No. 22-A022; SPWD Contract No. 114825. This amendment decreases the maximum amount from \$59,050.00 to \$18,670.00 due to the reduction in the scope for civil engineering and NEPA consultations.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$59,050.00	\$59,050.00	\$59,050.00	Yes - Info
2. Amount of current amendment (#1):	-\$40,380.00	-\$40,380.00	\$18,670.00	Yes - Info
3. New maximum contract amount:	\$18,670.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Agency submitted application - 22-A022

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:

Consultant has multiple contracts with SPWD in the past. Performance has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	03/28/2023 14:24:22 PM
Division Approval	nmann	03/28/2023 14:24:33 PM

Department Approval	nmann	03/28/2023 14:24:55 PM
Contract Manager Approval	lwildes	03/28/2023 14:41:33 PM
Budget Analyst Approval	klay0	04/03/2023 16:59:47 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>26464</b>	Amendment Number: <b>1</b>
Agency Name: <b>ADMIN - STATE PUBLIC WORKS DIVISION</b>	Legal Entity Name: <b>LG ARCHITECTS, INC. DBA LGA</b>
Agency Code: <b>082</b>	Contractor Name: <b>LG ARCHITECTS, INC. DBA LGA</b>
Appropriation Unit: <b>All Appropriations</b>	Address: <b>241 W CHARLESTON BLVD. STE 107</b>
Is budget authority available?: <b>No</b>	City/State/Zip: <b>LAS VEGAS, NV 89102-2592</b>
If "No" please explain: This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 1522, expenditure category 25, EDA - ARPA Grant	Contact/Phone: <b>702-263-7111</b>
	Vendor No.: <b>T27041309</b>
	NV Business ID: <b>NV19861005290</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Agency funded CIP</b>

Agency Reference #: **114821**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2022**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2025**

Contract term: **2 years and 351 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 Boulder City Adventure Center Advance Planning Agency CIP Project: CIP Project No. 22-A021; SPWD Contract No. 114821. This amendment decreases the maximum amount from \$56,550.00 to \$16,160.00 due to the reduction in the scope of work for civil engineering and NEPA consultation.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$56,550.00	\$56,550.00	\$56,550.00	Yes - Info
2. Amount of current amendment (#1):	-\$40,390.00	-\$40,390.00	\$16,160.00	Yes - Info
3. New maximum contract amount:	\$16,160.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application - 22-A021

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:

Consultant has multiple contracts with SPWD in the past. Performance has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	03/29/2023 11:37:01 AM
Division Approval	nmann	03/29/2023 11:37:10 AM

Department Approval	nmann	03/29/2023 11:37:20 AM
Contract Manager Approval	lwildes	03/29/2023 11:44:07 AM
Budget Analyst Approval	klay0	04/03/2023 17:01:23 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: **27194**

Agency Name:	<b>GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT</b>	Legal Entity Name:	<b>NATIONAL MAIN STREET CENTER, INC.</b>
Agency Code:	<b>102</b>	Contractor Name:	<b>NATIONAL MAIN STREET CENTER, INC.</b>
Appropriation Unit:	<b>1532-11</b>	Address:	<b>53 W JACKSON BLVD., STE. 350</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>CHICAGO, IL 60604-3684</b>
If "No" please explain:	Not Applicable	Contact/Phone:	312/610-5617
		Vendor No.:	T32005766
		NV Business ID:	NV20161444620

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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2023**

Anticipated BOE meeting date 04/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/15/2024**

Contract term: **1 year and 159 days**

4. Type of contract: **Contract**

Contract description: **Program Facilitation**

5. Purpose of contract:

**This is a new contract to provide ongoing training, technical assistance and program facilitation for the Nevada Main Street Program.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$70,134.00**

Other basis for payment: Payments will be made upon completion of agreed upon deliverables and receipt of corresponding invoice(s).

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Main Street Program's mission is to foster economic development in the state by supporting local Main Street revitalization organizations. This contract will service those memberships to provide the needed resources, training, education and preservation efforts to those participating communities. This program will continue as established and requires the assistance that is being provided to the participating states through the Department of Housing and Urban Development and the National Trust for Historic Preservation.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no state employees with the expertise and knowledge to provide the training, education and resources needed.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 230103**

**Approval Date: 01/24/2023**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Agency has been in contract with vendor and quality of service provided has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mlynn	01/26/2023 08:47:07 AM
Division Approval	mlynn	01/26/2023 08:47:10 AM
Department Approval	mlynn	01/30/2023 19:01:14 PM
Contract Manager Approval	mlynn	03/17/2023 16:59:18 PM
Budget Analyst Approval	tsmorra	04/10/2023 09:54:51 AM





**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION**

*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	230103 @

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

**ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY**

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	<b>STATE AGENCY NAME REQUIRED:</b>	<i>Governor's Office of Economic Development (GOED)</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Michele Lynn, Director of Administration</i>	<i>775-687-9910</i>	<i>mlynn@goed.nv.gov</i>

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	<i>National Main Street Center (Center)</i>
	Contact Name:	<i>Lisa Thompson</i>
	<b>Complete Address:</b> City, State, and Zip Code	<i>53 W. Jackson Blvd., Suite 350, Chicago, IL 60604</i>
	Telephone Number:	<i>872-264-5484</i>
Email Address:	<i>lthompson@savingplaces.org</i>	

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	<input checked="" type="checkbox"/>
	Professional Service Exemption:	<input type="checkbox"/>

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	<b>If 'No' Enter Amendment Number:</b>			
	<b>Enter CETS Number:</b>	<i>TBD</i>		

<b>1e</b>	<b>Term: 4 years</b>			
	One (1) Time Purchase? Check One:	Yes:	<input type="checkbox"/>	No:
	Contract:	Start Date:	<i>Upon Approval</i>	End Date:
			<i>9/15/2027</i>	

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	<i>BA 1532</i>

Purchasing Use Only:	
Approval #:	230103 (C)

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$ 280,536

2	Provide a description of work/services to be performed or services with goods to be purchased:
	<i>The Center will provide orientations, trainings, application workshops, inaugural visits, and other assistance related to the Nevada Main Street Program, created by the 2017 Legislature (per AB417) and in connection with the National Trust for Historic Preservation.</i>

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
	<i>The Center is the only provider for this program and is part of the National Main Street Center, Inc., a subsidiary of the National Trust for Historic Preservation. The National Trust for Historic Preservation is a nonprofit that came out of the National Park Service. The National Park Service administers the National Register of Historic Places, grant programs, and the federal rehabilitation tax incentives. It is a bureau within the Department of the Interior. The National Main Street Center was established as a program of the National Trust for Historic Preservation in 1980 as a way to address the myriad issues facing older and historic downtowns during that time. An exciting new chapter for the organization began on July 1, 2013, when the National Main Street Center launched as an independent subsidiary of the National Trust. AB417 (2017) references that this entity will be utilized to carry out the Nevada Main Street Program.</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>See Above</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			X
	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
	b. <i>If not, why were alternatives not evaluated?</i>	<i>The National Main Street Center is the only provider of comprehensive technical assistance through integral support to Coordinating Programs at the city, county, and state level, and leadership and direction from the National Main Street Center (NMSC).</i>	

Purchasing Use Only:	
Approval #:	2301030

6	Has the agency purchased these services/services with goods in the past? Check One:					Yes	No
	<p><b>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></b></p> <p>a. <i>If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>must be provided along with the CETS contract number(s) associated with each:</u></i></p>					X	
		<b>Term</b>		<b>Value</b>	<b>Short Description</b>	<b>Provide Type of Procurement RFP#, RFQ#, Waiver #</b>	<b>CETS #</b>
		<b>Start Date</b>	<b>End Date</b>				
		8/25/2017	6/30/2021	\$160,498	Program Facilitation	Waver #170801	19080
		8/10/2021	9/15/2022	\$50,200	Program Facilitation	Waiver #210603	24587
				\$			
				\$			
				\$			

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<i>If this waiver is denied, the Nevada Main Street program would be unable to provide services to 24 communities currently active in the state coordinating program.</i>

8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?
	<i>GOED has reviewed the budget and pricing and determined that the costs are fair and reasonable.</i>

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<p><b>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b></p> <p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p> <p><i>GOED plans to extend this contract thru a four year term.</i></p>	X	

<i>Purchasing Use Only:</i>	
Approval #:	230103②

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.

*Shari Davis*

Signature of Agency Representative Initiating Request

Shari Davis, Director, Rural Economic & Community Development

Jan 9, 2023

Print Name of Agency Representative Initiating Request

Date

*Michele Lynn*

Signature of Agency Head Authorizing Request

Michele Lynn, Director of Administration-GOED

1.9.2023

Print Name of Agency Head Authorizing Request

Date

**FOR PURCHASING USE ONLY – PLEASE NOTE:** *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.**

Approved by:

*Kevin D. Darty*

Administrator, Purchasing Division or Designee

1/24/23

Date

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27333**

Agency Name: <b>DEPARTMENT OF VETERANS SERVICES</b>	Legal Entity Name: <b>RF MACDONALD CO</b>
Agency Code: <b>240</b>	Contractor Name: <b>RF MACDONALD CO</b>
Appropriation Unit: <b>2561-07</b>	Address: <b>6611 SCHUSTER ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS , NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>5107840110</b>
	Vendor No.: <b>PUR0000813</b>
	NV Business ID: <b>NV19961176045</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>65.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>35.00 % Private/County</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/29/2023**  
 Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2027**  
 Contract term: **3 years and 337 days**

4. Type of contract: **Contract**  
 Contract description: **Boiler Maintenance**

5. Purpose of contract:  
**This is a new contract to provide ongoing boiler cleaning, inspection, periodic preventative maintenance and fine tuning services at the Southern Nevada State Veterans Home.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$22,154.00**  
 Payment for services will be made at the rate of \$1,769.00 per Half Year  
 Other basis for payment: Upon submission of approved invoice based on labor and materials.

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Boilers need regular maintenance to maintain top performance and to meet their useful life expectancy. The SNSVH must demonstrate compliance with inspection/maintenance requirements related to licensing.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**The State does not have employees with the expertise to perform these services.**

9. Were quotes or proposals solicited? **Yes**  
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Desert Boilers  
Pyro Combustion & Controls Inc  
R.F. MacDonald Co.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor submitted the best proposal with the best cost.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jtheil1	03/08/2023 14:00:23 PM
Division Approval	jtheil1	03/08/2023 14:00:28 PM
Department Approval	jtheil1	03/08/2023 14:00:34 PM
Contract Manager Approval	mhenr6	03/09/2023 10:58:58 AM
Budget Analyst Approval	klay0	03/29/2023 14:36:49 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: **27325**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>NEVADA PUBLIC HEALTH</b>
Agency Code: <b>300</b>	Contractor Name: <b>NEVADA PUBLIC HEALTH</b>
Appropriation Unit: <b>2710-21</b>	Address: <b>FOUNDATION</b>
Is budget authority available?: <b>Yes</b>	<b>3476 EXECUTIVE POINT WAY</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>CARSON CITY, NV 89706</b>
	Contact/Phone: <b>775-884-0274</b>
	Vendor No.: <b>T81018059</b>
	NV Business ID: <b>NV19961104052</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/30/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2024**

Contract term: **1 year and 185 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Conference Planning**

5. Purpose of contract:

**This is a new Interlocal Agreement to provide one-time conference planning services and facilitation for the 2023 School Safety Conference.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

in order to comply with federal and state requirements. We request to enter into an interlocal contract with Nevada Public Health Foundation (NPHF) to serve as an event planner for the 2023 School Safety Conference. The 2023 conference will be offered in Las Vegas in September 2023.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 388.265 requires the Department of Education to at least once a year coordinate with emergency management agencies/school staff to conduct a conference regarding safety in public schools. This conference is becoming an event which has previously occurred over more than one day and is more than can be balanced with normal work expectations of the small staff at OSRLE. Professional outside planning support is requested. ESSER III funds have been secured for this conference for FY 2022, FY 2023, and FY 2024 and a portion of the funds will be used in this manner.

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	carnol1	03/27/2023 14:24:16 PM
Division Approval	carnol1	03/27/2023 14:24:19 PM
Department Approval	carnol1	03/27/2023 14:24:22 PM
Contract Manager Approval	strongc7	03/27/2023 14:32:47 PM
Budget Analyst Approval	mranki1	03/30/2023 09:14:00 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: **27313**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>i3DigitaPD</b>
Agency Code: <b>300</b>	Contractor Name: <b>i3DigitaPD</b>
Appropriation Unit: <b>2710-21</b>	Address: <b>2232 Tedesca Dr</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Henderson, NV 89502</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Kim loomis 702-279-4910</b>
	Vendor No.: <b>T32010003</b>
	NV Business ID: <b>NV20151034636</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2023**

Anticipated BOE meeting date **04/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2024**

Contract term: **1 year and 86 days**

4. Type of contract: **Contract**

Contract description: **Professional Learning**

5. Purpose of contract:

**This is a new contract to provide twelve Blended Learning Mindset webinars to k-12 educators statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,000.00**

Payment for services will be made at the rate of \$5,000.00 per webinar

Other basis for payment: upon approval of invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**As NDE Shifts from COVID-19 response to recovery and renewal, there is an ongoing need for professional learning targeting a balanced approach to digital learning within classroom instruction.**

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 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: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 210606**

**Approval Date: 06/29/2021**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: \_\_\_\_\_ Anticipated re-bid date: \_\_\_\_\_

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	03/27/2023 14:23:08 PM
Division Approval	carnol1	03/27/2023 14:23:11 PM
Department Approval	carnol1	03/27/2023 14:23:15 PM
Contract Manager Approval	strongc7	03/27/2023 14:28:08 PM
Budget Analyst Approval	mranki1	04/06/2023 13:32:49 PM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Purchasing Division*

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
 Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	230303(1)

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:			
	<b>STATE AGENCY NAME REQUIRED:</b>	Department of Education		
	<b>Contact Name and Title</b>		<b>Phone Number</b>	<b>Email Address</b>
	Jaynie Malorni		702-473-0140	jmalorni@doe.nv.gov
	Dave Brancamp		775-687-5930	dbrancamp@doe.nv.gov
	Cynthia Strong, CCM	775-687-9209	cynthia.strong@doe.nv.gov	

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	I3DigitalPD
	Contact Name:	Kim Loomis
	<b>Complete Address:</b> City, State, and Zip Code	2232 Tedesca Drive Henderson, NV 89052
	Telephone Number:	702-279-4910
	Email Address:	Loomisk702@gmail.com

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	
	Professional Service Exemption:	x

<b>1d</b>	<b>Contact Information:</b>			
	Is this a new Contract? Check One:	Yes:	x	No:
	<b>If 'No' Enter Amendment Number:</b>	#		
	<b>Enter CETS Number:</b>	#		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	Upon Approval	End Date: June 30 <sup>th</sup> 2024

Re-submission  
 Rec'd 03/08/23

<b>Purchasing Use Only:</b>	
Approval #:	230303@

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	
	Federal Funds:	100%
	Grant Funds:	
	Other (Explain):	

<b>1g</b>	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$60,000

<b>2</b>	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	<i>I3digital previously contracted with the Department of Education to develop professional learning material utilizing the NDE Canvas to build online professional learning courses and workshops to assist educators with virtual learning across the state. This contract is for twelve Blended Learning Mindset (BLM) webinars/workshops that were divided into two series: blended learning (BL series) and student-centered (SC series) with six topics in each series. Twelve (12) facilitated webinars/online courses at \$5,000 per deployment, approximately one per month: April-June 2023, and August 2023-June 2024. This contract will update those materials and include marketing materials for NDE to distribute, along with social media posts. I3Digital will handle registration, enrollment, and provide completion certificates for attendees.</i>

<b>3</b>	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<i>I3digital developed professional learning material utilizing the NDE Canvas to build online professional learning courses. This training was developed directly in line with the department's professional learning objectives. The Department would benefit greatly by being able to use this training for the 23-24 school years.</i>

<b>4</b>	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>I3digital has developed training materials directly in line with the Department of Education's professional learning objectives. By not requiring duplication of effort in developing this program and the state would save a substantial amount of money and benefit greatly by granting this waiver.</i>

<b>5</b>	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
			<b>x</b>
	a. <i><b>If yes</b>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
b. <i><b>If not</b>, why were alternatives not evaluated?</i>			
<i><b>This training material is the intellectual property of I3Digital. The Department of Education would substantially benefit from the use of these webinars for the professional development of educators throughout the state. These webinars meet our requirements and would satisfy NDE's professional learning requirements for virtual learning.</b></i>			

<b>Purchasing Use Only:</b>	
Approval #:	230303 @

<p><b>Has the agency purchased these services/services with goods in the past? Check One:</b></p> <p><i>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></i></p>	Yes	No
	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:***

6	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
	Start Date	End Date				
	7/1/21	9/30/22	\$108,000	Digital Learning	Waiver 210606	24756
			\$			
			\$			
			\$			
			\$			

7	<p><b>What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?</b></p>
	<p><i>The state would have to incur the cost of developing training programs for virtual learning that align with our objectives and waste countless man-hours and substantial effort to re-create the training.</i></p>

8	<p><b>What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?</b></p>
	<p><i>We searched for a digital training program that was in line with NDE's professional learning requirements and found that other off-the-shelf services did not meet the needs of the Department of Education in reaching goals for professional development. I3Digital custom-made a training program specifically tailored to the needs of the Department.</i></p>

9	<p><b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b></p>	Yes	No
	<p><i>NOTE: Before selecting your answer, please review the information included on Page 2, Section 9 of the instructions.</i></p>		
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>		

<i>Purchasing Use Only:</i>	
Approval #:	230303 (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. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

*David J. Brancamp*

Signature of Agency Representative Initiating Request

David J. Brancamp

03/03/2023

Print Name of Agency Representative Initiating Request

Date

*Megan Peterson*

Signature of Agency Head Authorizing Request

MEGAN PETERSON, DEPUTY SUPERINTENDENT

3/4/2023

Print Name of Agency Head Authorizing Request

Date

**FOR PURCHASING USE ONLY – PLEASE NOTE:** *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, **State Purchasing** may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

**NOTE:** *If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.*

Approved by:

*Kevin O. Ostry*

Administrator, Purchasing Division or Designee

3/14/23

Date

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27212**

Agency Name: <b>NDE - DEPARTMENT OF EDUCATION</b>	Legal Entity Name: <b>WESTED</b>
Agency Code: <b>300</b>	Contractor Name: <b>WESTED</b>
Appropriation Unit: <b>2715-17</b>	Address: <b>730 Harrison St.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>San Francisco, CA 94107/1271</b>
If "No" please explain: Not Applicable	Contact/Phone: 415-565-300
	Vendor No.: T81012500
	NV Business ID: NV20111743662

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.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2023**

Anticipated BOE meeting date 03/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **183 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Spec ED fund review**

5. Purpose of contract:

**This is a new interlocal agreement to provide a one-time Special Education Funding Review and action plan to improve the transparency and efficiency of Nevada state special education funding.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$86,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

As required by the Individuals with Disabilities Education Act (IDEA), Nevada provides a free appropriate public education for all students identified as having disabilities. IDEA funding is not sufficient to provide a free appropriate public education to students with disabilities; recent accounts estimate that federal funds cover approximately 13 percent of the cost of special education. States and local educational agencies (LEAs) would be expected to contribute approximately 90 percent of the excess costs of special education. Each state has mechanisms for providing state funds to meet special education needs. Due to the high and increasing costs of special education (Griffith, 2018; National Council on Disability, 2017) as well as research efforts to better understand the cost of special education and how resources are used, many states have studies and and reconsidered their special education funding formulas in recent years (Doutre et al., 2021; Atchison et al., 2020; Kolbe et al., 2019; Willis et al., 2019). These studies have highlighted the need for simpler, more accessible funding methodologies that are responsive to local context and student needs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

an outside agency must conduct this review.

9. Were quotes or proposals solicited? **No**



Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	03/30/2023 14:44:42 PM
Division Approval	carnol1	03/30/2023 14:44:44 PM
Department Approval	carnol1	03/30/2023 14:44:47 PM
Contract Manager Approval	strongc7	03/31/2023 10:45:12 AM
Budget Analyst Approval	mranki1	03/31/2023 14:15:37 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: **27456**

Agency Name: <b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name: Adam Aberman
Agency Code: <b>315</b>	Contractor Name: <b>Adam Aberman</b>
Appropriation Unit: <b>2711-04</b>	Address: <b>2515 13th Avenue</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Los Angeles, CA 90018</b>
If "No" please explain: Not Applicable	Contact/Phone: Adam Aberman 323-806-9378
	Vendor No.: TBD
	NV Business ID: NV20232728824

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 %	<b>X</b>	Fees	<b>100.00 % Sponsorship fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/10/2023**

Anticipated BOE meeting date 06/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/15/2027**

Contract term: **3 years and 312 days**

4. Type of contract: **Contract**

Contract description: **External Reviewer**

5. Purpose of contract:

**This is a new contract to provide for external reviews of charter school applications and amendments.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,976.00**

Payment for services will be made at the rate of \$999.00 per application or other charter

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency regularly maintains a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In reviewing charter school applications and amendments, It is important that an independent, third party perform a review in addition to SPCSA staff.

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):

Earl Simms  
Brittany Monda  
Michelle Doane

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 02/23/2023 Anticipated re-bid date: 01/15/2027

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

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:  
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

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	jbauer	04/07/2023 11:27:40 AM
Division Approval	jbauer	04/07/2023 11:27:42 AM
Department Approval	jbauer	04/07/2023 11:27:45 AM
Contract Manager Approval	jbauer	04/07/2023 11:27:48 AM
Budget Analyst Approval	vfajota	04/10/2023 15:16:06 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27344**

Agency Name:	<b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name:	Brittany Monda
Agency Code:	<b>315</b>	Contractor Name:	<b>Brittany Monda</b>
Appropriation Unit:	<b>2711-04</b>	Address:	<b>421 Alexander St</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Memphis, TN 38111</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Brittany Monda 703-795-5997
		Vendor No.:	
		NV Business ID:	NV20232713794

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 %	<b>X</b>	Fees	<b>100.00 % Sponsorship fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/17/2023**  
Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/25/2027**

Contract term: **3 years and 346 days**

4. Type of contract: **Contract**

Contract description: **External reviewer**

5. Purpose of contract:

**This is a new contract to provide for external reviews of charter school applications and amendments.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,976.00**

Payment for services will be made at the rate of \$999.00 per application or other charter document

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency regularly maintains a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In reviewing charter school applications and amendments, it is important that an independent, third party perform a review in addition to SPCSA staff.

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):

Michelle Doane  
Brittany Monda  
Earl Simms

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: 02/23/2023 Anticipated re-bid date: 01/02/2027

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 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	jbauer	03/14/2023 10:21:15 AM
Division Approval	jbauer	03/14/2023 10:21:21 AM
Department Approval	jbauer	03/14/2023 10:21:24 AM
Contract Manager Approval	jbauer	03/14/2023 10:21:27 AM
Budget Analyst Approval	vfajota	03/17/2023 10:48:32 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: **27453**

Agency Name: <b>STATE PUBLIC CHARTER SCHOOL AUTHORITY</b>	Legal Entity Name: <b>Vashaunta Harris</b>
Agency Code: <b>315</b>	Contractor Name: <b>Vashaunta Harris</b>
Appropriation Unit: <b>2711-04</b>	Address: <b>110 Ashborne LN</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Simpsonville, SC 29681</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>443-802-3449</b>
	Vendor No.: <b></b>
	NV Business ID: <b>NV20232713507</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % sponsorship fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/15/2026**

Contract term: **3 years and 254 days**

4. Type of contract: **Contract**

Contract description: **External reviewer**

5. Purpose of contract:

**This is a new contract to provide for external reviews of charter school applications and amendments.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,976.00**

Payment for services will be made at the rate of \$999.00 per application or other charter

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The agency regularly maintains a pool of qualified peer reviewers to read and evaluate charter school applications and other documents related to the operation and/or authorizing of charter schools.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

In reviewing charter school applications and amendments, it is important that an independent, third party perform a review in addition to SPCSA staff.

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):

Michelle Doane  
Earl Simms  
Brittany Monda

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	jbauer	03/31/2023 15:14:42 PM
Division Approval	jbauer	03/31/2023 15:14:45 PM
Department Approval	jbauer	03/31/2023 15:14:47 PM
Contract Manager Approval	jbauer	03/31/2023 15:14:50 PM
Budget Analyst Approval	vfajota	04/06/2023 13:54:38 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: **27332**

Agency Name: <b>DTCA - MUSEUMS AND HISTORY DIVISION</b>	Legal Entity Name: <b>FAIRBANKS MORSE, LLC</b>
Agency Code: <b>331</b>	Contractor Name: <b>FAIRBANKS MORSE DEFENSE</b>
Appropriation Unit: <b>2941-20</b>	Address: <b>12253 FM 529</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>HOUSTON, TX 77041</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>BRYCE GRAGG 713-814-4959</b>
	Vendor No.: <b>T29046642</b>
	NV Business ID: <b>NV20212171841</b>

To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % COMMEMERATIVE LICENSE PLATE FUND</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2023**

Anticipated BOE meeting date **04/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **100 days**

4. Type of contract: **Contract**

Contract description: **Train Rebuilt Blower**

5. Purpose of contract:

**This is a new contract to provide a rebuilt blower for Locomotive 1855.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,625.08**

Other basis for payment: The project will be paid upon completion as evidenced by receipt and approval of invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Locomotive 1855 is a museum artifact built in 1953. This Fairbank Morse locomotive was in service at the Hawthorne Army Depot and is used as the Nevada State Railroad Museum, Boulder City's primary mode of power for museum operations. It is in need on having it's blower repaired/rebuilt.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Their are no state employees with the skills and/or equipment to repair/rebuild the locomotive's blower.

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):



Fairbanks Morse Defense  
SherPower

Diesel-Motive

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only vendor to respond to the RFP and submit a cost proposal.

d. Last bid date: 01/15/2023 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

**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	amathies	03/08/2023 09:21:02 AM
Division Approval	amathies	03/08/2023 09:21:06 AM
Department Approval	amathies	03/08/2023 09:21:10 AM
Contract Manager Approval	amathies	03/08/2023 09:21:14 AM
Budget Analyst Approval	tsmorra	03/22/2023 09:42:18 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: **27225**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: Elixir Insurance Company
Agency Code: <b>402</b>	Contractor Name: <b>Elixir Insurance Company</b>
Appropriation Unit: <b>3156-16</b>	Address: <b>7835 Freedom Avenue NW</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>North Canton, OH 44720</b>
If "No" please explain: Not Applicable	Contact/Phone: David Goodson 720-252-9000
	Vendor No.: T27018653
	NV Business ID: NV20181718037

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Healthy Nevada Funds</b>

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 04/2023

Retroactive? **Yes**

If "Yes", please explain

**Current contract expired 3/9/22, and BOE meeting date was after the expiration**

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: **\$43,472.00**

Other basis for payment: As Invoiced 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

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

ADSD 2014 - current. Satisfactory.  
Under their previous name Envision Insurance Company.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**Non-Title 7 Business Entity**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gjorgens	02/10/2023 13:17:18 PM
Division Approval	tric1	02/15/2023 13:23:52 PM
Department Approval	dschmid5	02/15/2023 14:52:57 PM
Contract Manager Approval	macedved1	02/15/2023 15:27:22 PM
Budget Analyst Approval	khal5	03/20/2023 17:08:25 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: **27254**

Agency Name: <b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name: <b>E3 DIAGNOSTICS, INC.</b>
Agency Code: <b>402</b>	Contractor Name: <b>E3 DIAGNOSTICS, INC.</b>
Appropriation Unit: <b>3208-04</b>	Address: <b>3333 N KENNICOTT AVE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ARLINGTON HEIGHTS, IL 60004-1429</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KAYLA SARISUK-JAUREGUI 209-662-2673</b>
	Vendor No.: <b>PUR0005474</b>
	NV Business ID: <b>NV20131185224</b>

To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>18.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>82.00 % Part C interagency transfer</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/20/2023**

Anticipated BOE meeting date 04/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **102 days**

4. Type of contract: **Contract**

Contract description: **Audiology Reno**

5. Purpose of contract:

**This is a new contract to provide ongoing calibration and maintenance services and the replacement of old audiometry equipment used to complete diagnostic audiologic evaluations, and screenings, on the early intervention population statewide.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,603.83**

Other basis for payment: As Invoiced by the Vendor and approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Audiologic evaluations are a Part C service required to be provided by early interventions programs across the state. Contract audiologists are employed by NEIS agencies to perform these services. The highly specialized equipment used when performing these services is owned by the agencies and requires annual maintenance and occasional replacement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Diagnostic and screening audiology equipment is highly specialized and requires calibration and ongoing maintenance, or installation, be completed by specifically trained individuals who do not exist in state service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

Approval from State Purchasing as a sole source pursuant to NRS 333.400(1). Please see email from Purchasing attached.

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:

ADSD has purchased equipment from this vendor and used their calibration services since 2014 per DAWN with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gjorgens	02/17/2023 12:51:22 PM
Division Approval	tric1	02/17/2023 13:36:42 PM
Department Approval	ecreceli	02/27/2023 08:37:54 AM
Contract Manager Approval	maceved1	02/27/2023 09:48:56 AM
Budget Analyst Approval	khal5	03/20/2023 17:04:22 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27251**

Agency Name:	<b>DHHS - AGING AND DISABILITY SERVICES DIVISION</b>	Legal Entity Name:	<b>SUMMIT FIRE &amp; SECURITY LLC</b>
Agency Code:	<b>402</b>	Contractor Name:	<b>SUMMIT FIRE &amp; SECURITY LLC</b>
Appropriation Unit:	<b>3279-07</b>	Address:	<b>5277 Cameron St. Suite 100</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89118</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Jonathan Smith 702-320-3473
		Vendor No.:	T32009654
		NV Business ID:	NV20181550433

To what State Fiscal Year(s) will the contract be charged? **2023**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/20/2023**

Anticipated BOE meeting date 04/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2023**

Contract term: **102 days**

4. Type of contract: **Contract**

Contract description: **Fire Sprinkler Repla**

5. Purpose of contract:

**This is a new contract to provide fire sprinkler replacement services for the Desert Regional Center.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,175.00**

Other basis for payment: As Invoiced by the Vendor and Approved by the State

#### II. JUSTIFICATION

7. What conditions require that this work be done?

NAC 449.6851(1) A facility must be designed, constructed, equipped, and maintained in a manner that protects the health and safety of the patients and personnel of the facility and members of the general public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise, materials or tools to do this work.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Best price for the same services.

d. Last bid date: 01/16/2023 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Since 2020 with ADSD with satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gjorgens	02/17/2023 07:38:45 AM
Division Approval	tric1	02/17/2023 13:37:09 PM
Department Approval	dschmid5	02/22/2023 13:42:30 PM
Contract Manager Approval	maceved1	02/23/2023 10:52:28 AM
Budget Analyst Approval	khal5	03/20/2023 17:05:55 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: **27249**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	<b>SILVER REEF BIOMEDICAL SVCS</b>
Agency Code:	<b>406</b>	Contractor Name:	<b>SILVER REEF BIOMEDICAL SVCS</b>
Appropriation Unit:	<b>3161-04</b>	Address:	<b>6285 Mojave Road, Ste E</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Las Vegas, NV 89120</b>
If "No" please explain:	Not Applicable		
		Contact/Phone:	Scott D. Wyatt 888/780-9179
		Vendor No.:	T27043084
		NV Business ID:	NV20121355756

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 18174

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **07/31/2025**

Contract term: **2 years**

4. Type of contract: **Contract**

Contract description: **Medical Calibration**

5. Purpose of contract:

**This is a new contract to provide ongoing services to calibrate, repair, and perform annual safety inspections on medical equipment.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,780.00**

Payment for services will be made at the rate of \$9,900.00 per Year

Other basis for payment: Contingency cost of \$990 per year; payment upon receipt of invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Southern Nevada Adult Mental Health Services has four hundred fifty-six biomedical equipment items that needs to be calibrated and inspected annually for safety.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees at the agency do not have the knowledge to perform these tasks.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):



Silver Reef  
Everything Medical  
Vegas Medical Repair

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: 01/23/2023 Anticipated re-bid date: 01/20/2025

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:

July 2021 - present. Quality of 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 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:

Calvin Peterson, Facilities Manager Ph: 702-486-5135

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	02/16/2023 07:46:57 AM
Division Approval	rmille8	02/24/2023 10:03:55 AM
Department Approval	rmille8	02/24/2023 10:03:57 AM
Contract Manager Approval	rmille8	02/24/2023 10:03:59 AM
Budget Analyst Approval	khal5	03/20/2023 17:09:01 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27342**

Agency Name: <b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name: Apex Grading and Paving, Inc.
Agency Code: <b>406</b>	Contractor Name: <b>Apex Grading and Paving, Inc.</b>
Appropriation Unit: <b>3162-07</b>	Address: <b>P.O. BOX 19045</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89511</b>
If "No" please explain: Not Applicable	Contact/Phone: Rob Ayers 775-852-9701
	Vendor No.: T29046687
	NV Business ID: NV20011207548

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b>	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 18176

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 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **3 years**

4. Type of contract: **Contract**

Contract description: **Parking Lot Repair**

5. Purpose of contract:

**This is a new contract to provide asphalt repair and maintenance as needed.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,950.00**

Other basis for payment: Attachment A: Scope of Work and Deliverables

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Asphalt repairs and maintenance as needed due to damaged roads and parking lots

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, equipment, and tools to perform this type of work

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

West Coast Paving  
Ace Grading and Paving  
Apex Grading and Paving

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: 02/15/2023 Anticipated re-bid date: 01/01/2026

- 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?

**Yes** If "Yes", please explain

Current vendor with NNAMHS, satisfactory services.

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:

Ty Liddicoat, Maint. Repair Worker II Ph: 775-688-2001

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	03/22/2023 10:00:35 AM
Division Approval	rmille8	03/22/2023 12:08:43 PM
Department Approval	rmille8	03/22/2023 12:08:45 PM
Contract Manager Approval	rmille8	03/22/2023 12:08:47 PM
Budget Analyst Approval	khal5	04/12/2023 17:20:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27391**

Agency Name:	<b>DHHS - PUBLIC AND BEHAVIORAL HEALTH</b>	Legal Entity Name:	Empyra.Com, Inc
Agency Code:	<b>406</b>	Contractor Name:	<b>Empyra.Com, Inc</b>
Appropriation Unit:	<b>3218-09</b>	Address:	<b>7510 Market Street, Ste 8</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>Boarman, OH 44512</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Trevor Aulick 330-744-5570
		Vendor No.:	T29046567
		NV Business ID:	NV20232721870
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2024</b>		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	C 18184		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/31/2023**  
 Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **03/31/2024**

Contract term: **1 year and 1 day**

4. Type of contract: **Contract**

Contract description: **Software**

5. Purpose of contract:

**This is a new contract which provides cloud-based user management software to allow applicants, attorneys, staff, and sponsoring employees to complete the J1 Visa Waiver application process online.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Other basis for payment: Per Attachment A: Scope of Work and Deliverables

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Reviewing J1 Visa Waiver applications is a requirement per our grant from HRSA.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

We are currently reviewing paper applications, which significantly increases processing time. Streamlining this application process to an online format would allow the program to reduce processing time from 30-45 days to less than 14 days.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Application for Other NT7 Business License

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada 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	03/22/2023 12:25:19 PM
Division Approval	rmille8	03/22/2023 12:25:21 PM
Department Approval	rmille8	03/29/2023 12:02:04 PM
Contract Manager Approval	rmille8	03/30/2023 11:50:06 AM
EITS Approval	ljean	03/30/2023 12:30:49 PM
Budget Analyst Approval	khal5	03/31/2023 12:37:22 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **26383** Amendment Number: **1**

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH** Legal Entity Name: **Netsmart Technologies, Inc.**

Agency Code: **406** Contractor Name: **Netsmart Technologies, Inc.**

Appropriation Unit: **3219-13** Address: **11100 Nall Ave**

Is budget authority available?: **Yes** City/State/Zip: **Overland Park, KS 66211**

If "No" please explain: **Not Applicable** Contact/Phone: **Kade Harris 913-242-6176**

Vendor No.: **PUR0003686**

NV Business ID: **NV20101021052**

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 17937**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/12/2022**

Anticipated BOE meeting date **04/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **3 years and 354 days**

4. Type of contract: **Contract**

Contract description: **Vital Records**

5. Purpose of contract:  
**This is the first amendment to the original contract which modernized the National Vital Statistics System (NVSS). This amendment increases the maximum amount from \$2,608,302.37 to \$2,686,505.47 due to the development of congenital Heart Disease data capture, maintenance and hosting for the Early Hearing Detection group.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,608,302.37	\$2,608,302.37	\$2,608,302.37	Yes - Action
2. Amount of current amendment (#1):	\$78,203.47	\$78,203.47	\$78,203.47	Yes - Info
3. New maximum contract amount:	\$2,686,505.84			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Under the conditions of the received grant, this program must be updated following specific requirements to obtain a cohesive system throughout the nation. Additionally, the current system will no longer be supported in the Internet Explorer environment by the end of 2022.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The requirements of this upgrade exceed the internal capabilities and functionalities to successfully implement within the current time constraints.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

**Approval #: 211206**

**Approval Date: 12/13/2021**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DPBH vendor since 2004, satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille8	03/16/2023 12:39:10 PM
Division Approval	rmille8	03/16/2023 12:39:13 PM
Department Approval	rmille8	03/16/2023 12:39:16 PM
Contract Manager Approval	rmille8	03/16/2023 14:47:34 PM

EITS Approval  
Budget Analyst Approval

ljean  
nrezaie

03/17/2023 07:02:39 AM  
03/27/2023 08:05:11 AM





**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Cody Phinney, DA, Regulatory & Planning Services, DPBH, DHHS  
Stephanie Herrera, OVR Program Officer III, DPBH, DHHS  
Veronica Sheldon, Management Analyst III, DPBH, DHHS  
Kathleen Nojima, IT Professional II, DPBH, DHHS

**CC:** Tim Galluzi, Administrator, EITS, DOA  
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Lisa Jean, TIN Administrator, EITS, DOA

**SUBJECT:** TIN Completion Memo – DHHS – TIN 73 – *Vital Records System Modernization* – BA 3190 – Update B

**DATE:** April 30, 2022

We have completed an updated review for the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health's (DPBH) – *Vital Records System Modernization* – TIN 73, Update B.

The submitted TIN, for an estimated value of \$1,651,178.84 in the FY22/FY23 biennium and \$920,795.98 in the FY24/FY25 biennium (a decrease of \$322,792.51 for the combined biennia) (60% State Fees and 40% Federal Grant), is to update the cost and scope of the VRS system upgrade to no longer include the integration of a FHIR interface with Clark and Washoe County.

The Office of Vital Records (OVR) currently uses a cloud-based Vital Records System (VRS) to manage documents, processes and reporting requirements related to statewide births and deaths. The current VRS is outdated, difficult to use and has numerous issues that impede the efficient and accurate processing of daily tasks and mandated reporting. In an effort to modernize the VRS and significantly increase OVR staff efficiency, state and federal reporting needs and customer satisfaction, the VRS system is being upgraded to a COTS, cloud solution with a custom API.

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.



**STATE OF NEVADA  
DEPARTMENT OF ADMINISTRATION  
Purchasing Division**

515 East Musser Street, Suite 300 | Carson City, Nevada 89701  
Phone: 775-684-0170 | Fax: 775-684-0188

<b>Purchasing Use Only:</b>	
Approval#:	211206@

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

ALL FIELDS ARE REQUIRED – INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

<b>1a</b>	<b>Agency Contact Information - Note:</b> Approved copy will be sent to <u>only</u> the contact(s) listed below:		
	ENTER STATE AGENCY NAME:	Department of Health and Human Services Division of Public and Behavioral Health, Office of HIV	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Stephanie Herrera Ronda Miller, MA III	775-684-4162 775-684-5932	s.herrera@health.nv.gov rondamiller@health.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Netsmart
	Contact Name:	Kade Harris
	Complete Address: City, State, and Zip Code	4950 College Boulevard Overland Park, KS 66211
	Telephone Number:	913-242-6176
	Email Address:	kharris@ntst.com

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	X
	Professional Service Exemption:	

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	<input checked="" type="checkbox"/>	No:
	Amendment Number:	#		
	<b>Enter CETS Number:</b>	#		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No: <input checked="" type="checkbox"/>
	Contract:	Start Date:	1/1/22	End Date: 1/1/26

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	Vital Records System fees
	Federal Funds:	
	Grant Funds:	ELC DMI Funding
Other (Explain):		

*Rec'd 12/07/21*

Purchasing Use Only:

Approval #:

211206 @

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	<i>Total estimated value over 4 year is \$2,894,767.50.</i>

2	<b>Provide a description of work/services to be performed or commodity/good to be purchased:</b>
	<i>The current Netsmart BA vital records system (VRS) is old and antiquated and will need to be upgraded to NX to eliminate the complexity for installation and dependency on Internet Explorer browser.  The Program received ELC DMI Grant Funding to meet Fast Healthcare Interoperability Resources (FHIR) interoperability. To meet FHIR interoperability, the current Netsmart VRS BA system must be upgraded to Netsmart VRS NX. The upgrade will also include FHIR Integration and the development of 3 APIs.</i>

3	<b>What are the unique features/qualifications required for this service or good that are not available from any other vendor:</b>
	<i>Due to this being proprietary software upgrade that can be provided through the current vendor. The current vendor will also not allow other 3<sup>rd</sup> party APIs to meet FHIR/HL7 interoperability.</i>

4	<b>Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>The Division completed an RFI for budgetary purposes and it was determined after reviewing submitted proposals that a system upgrade was the most cost effective due to our current budget. Since it is an upgrade and not a new system it is the most economical option in order to receive ELC DMI grant funding and meet the goal date for interoperability..</i>

	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
		X	
5	a. <i>If yes, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.</i>		
	<i>We received 10 responses as a result of the RFI. As a result of the RFI it was determined a new system is very costly and DPBH does not have the funds in our budget for a new system. We narrowed down our choices to 3 vendors (Axiel, Mantech, &amp; Genesis) but their quotes were too high and the total contract cost over 5 years ranged from about \$4 million to \$6.6 million. These quotes did not include FHIR interoperability.</i>		
	<i>An NX system upgrade including the FHIR interoperability would cost approximately \$2,894,767.50 over 4 years and DPBH has received \$1.3 million in grant funding to cover the upgrade costs, MSA contractor, FHIR training, and API development.  The current system is not browser agnostic and is dependent on Internet Explorer, an upgrade is imperative since Microsoft will no longer support IE as of October 2025. The program has received</i>		

*many complaints from the end user that they are unable to use mobile devices and are limited to Microsoft OS for access. An upgrade to NX will support multiple browsers and mobile devices (iOS and Android). The NX upgrade will also simplify onboarding new users and reduce technical support issues.*

b. If not, why were alternatives not evaluated?

<b>Has the agency purchased this service or commodity in the past? Check One:</b>				Yes	No
<i>NOTE: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <b><u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u></b></i>				X	
a. <i>If yes, starting with the most recent contract and working backward, for the <b>entire</b> relationship with this vendor, or any other vendor for this service or commodity, the following information <b>must</b> be provided:</i>					
Term		Value	Short Description	Type of Procurement ENTER RFP#, RFQ#, Waiver #	
Start Date	End Date				
July 2021	June 2023	\$753,604.42	Maintenance & Support	MA 14557-6	
November 2019	Dec 2019	\$14,000	Environment Sync & VA hotfix	MA 14557-5	
July 2019	June 2020	\$180833.57(an nual fee)	Amendment for Maintenance & Support terms; and hosting terms	MA 14557-4	
Aug 2016	Dec 2016	\$0	Amendment for training for mobile app with no additional cost	MA 14557-3	
July 2014	June 2019	\$1,883,655	Amendment Maintenance Agreement License and Services; Fee Schedule for year 1-5 (total value)	MA 14557-3 (&C01),2,1 -	
June 20154	June 2019	\$0	Language update only since Netsmart excluded reference to 200 Concucurrent User.	MA 14557-1	
July 2014	June 2019	\$see update MA 14557-2	Maintenance & Support; Schedule for year 1-5	MA 14557	
				Original contract cannot be located by program or vendor	

<i>Purchasing Use Only:</i>	
<i>Approval #:</i>	211206 @

7	<b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b>
	<p><i>The current VRS system is running on a Microsoft platform and can only be used on Internet Explorer. Microsoft will no longer support IE from October 2025.</i></p> <p><i>If this request is denied we will be unable to ensure the security of death and birth data. The following are a few critical reasons to modernize:</i></p> <ul style="list-style-type: none"> <li>• <i>Current technologies used are outdated.</i></li> <li>• <i>It is creating a security risk.</i></li> <li>• <i>the System Security needs to be up-to-date to adhere to all Federal and State Information Security Regulations and Policies including those from the National Institute of Standards and Technology (NIST) and HIPAA.</i></li> <li>• <i>A secure system will reduce the risk of a breach of Personal Health Information (PHI) and subsequent Identity Theft.</i></li> </ul> <p><i>The program has received many complaints from the end user that they are unable to use mobile devices and are limited to Microsoft OS for access. An upgrade to NX will support multiple browsers and mobile devices (iOS and Android). The NX upgrade will also simplify onboarding new users and reduce technical support issues.</i></p>

8	<b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b>
	<i>We completed an RFI. We asked for very detailed cost analysis and it was determined that to purchase a new system was not an option with our current budget, and other reasons stated above in #5.</i>

9	<b>Will this purchase obligate the State to this vendor for future purchases? Check One:</b>	Yes	No
	<u><i>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</i></u>	X	
	a. <i>If yes, please provide details regarding future obligations or needs.</i>	<i>There will be ongoing annual costs for system maintenance, support and hosting.</i>	

<i>Purchasing Use Only:</i>	
Approval #:	211206 @

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

*Ronda Miller*

Agency Representative Initiating Request

Ronda Miller

12/6/21

Print Name of Agency Representative Initiating Request

Date

*[Handwritten Signature]*

Signature of Agency Head Authorizing Request

Kelli Quintero

12/6/21

Print Name of Agency Head Authorizing Request

Date

**FOR PURCHASING USE ONLY – PLEASE NOTE:** *In an effort to avoid possible conflict with any equipment, system or process already installed or in place by the State of Nevada or to assist in our due diligence, State Purchasing may solicit a review of your request from another agency or entity. The signature below indicates another agency or entity has reviewed the information you provided. This signature does not exempt your agency from any other processes that may be required.*

*\*\* Note: EITS TIN approval memo must be included as an attachment in EITS \*\**

Name of agency or entity who provided information or review:

Representative Providing Review

Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150 or NRS 333.400. This exemption may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines that the service or good sought may in fact be contracted for in a more effective manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact the Purchasing Division at 775-684-0170.

Approved by:

*[Handwritten Signature]*

Administrator, Purchasing Division or Designee

12/13/21

Date

Steve Sisolak  
Governor



Laura E. Freed  
Director

Matthew Tuma  
Deputy Director

Alan Cunningham  
State Chief Information Officer

Timothy Galluzi  
Administrator

**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**M E M O R A N D U M**

**TO:** Cody Phinney, Deputy Administrator, DPBH  
Kathleen Nojima, IT Professional 2, DPBH  
Stephanie Herrera, OVR Program Officer 3, DPBH  
Veronica Sheldon, Management Analyst III, DPBH

**CC:** Alan Cunningham, State CIO, EITS, DOA  
Tim Galluzi, Administrator, EITS, DOA  
David Axtell, State Chief Enterprise Architect, EITS, DOA

**FROM:** Michael Smith, Enterprise Architect, EITS, DOA

**SUBJECT:** TIN Completion Memo - DPBH - 73 - Vital Records System Modernization  
- 3190 – Update a

**DATE:** November 12, 2021

We have completed the review for DPBH's - Vital Records System Modernization - TIN 73 Update a.

The submitted TIN is for an estimated value of \$1,675,146.55 in the current biennium and \$1,219,620.78 next biennium (60% State Fees and 40% Federal Grant) to enhance and or upgrade an existing technology solution, software product, and/or equipment solution currently in place and in use by the agency.

The Office of Vital Records (OVR) currently uses a cloud-based Vital Records System (VRS) to manage documents, processes and reporting requirements related to statewide births and deaths. The current VRS is very outdated, difficult to use and has numerous issues that impede the efficient and accurate processing of daily tasks and mandated reporting. In an effort to modernize the VRS and significantly increase OVR staff efficiency, state and federal reporting needs and customer satisfaction, OVR intends to update the current VRS system.

Rec'd 12/09/21



**Amendment 11/4/2021:**

Program received ELC DMI Grant Funding to meet FHIR/HL7 interoperability.

To meet FHIR/HL7 interoperability, the current Netsmart VRS BA system must be upgraded to Netsmart VRS NX. Technical staff will also receive training on FHIR (Intro to FHIR 2.0 and HLS FHIR Fundamentals course)

One Project Manager IV consultants will be hired for 19 months to manage the project.

The implementation plan will be a phased approach:

- Upgrade the current Netsmart VRS BA system to Netsmart VRS NX.
- FHIR/HL7 Interoperability with NCHS, Clark County and Washoe county coroner's offices

A project plan and timeline will be developed with the goal to support FHIR-based interoperability with NCHS by July 2023. Once this is achieved, the State will also implement a plan to integrate FHIR/HL7 with two major county coroner's offices (Clark and Washoe).

A new quote for the NX upgrade (\$600,000) impacts the Cost section. Program applied and received grant funding to cover costs up to 1.35 million dollars. This will also impact the Funding and Cost section. Ongoing FHIR Subscription fees and reporting enhancements are also factored into the Cost section.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will continue to follow state security standards and policies.

A copy of this memo has also been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27414**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>CONSTRUCTION DESIGN SERVICES, INC.</b>
Agency Code: <b>431</b>	Contractor Name: <b>CONSTRUCTION DESIGN SERVICES, INC.</b>
Appropriation Unit: <b>3650-10</b>	Address: <b>PO BOX 34051</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89533-4051</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>DAVID MENDIVE 775-636-0080</b>
	Vendor No.: <b>T32009807</b>
	NV Business ID: <b>NV20021416902</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/09/2025**

Contract term: **2 years and 33 days**

4. Type of contract: **Contract**

Contract description: **Electric Charging**

5. Purpose of contract:

**This is a new contract to provide construction design documents with specs for the installation of electric vehicle charging station at the United States Fiscal and Property Office (USPFO) in Reno.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,295.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Construction design documents with specs for the installation of electric vehicle charging station at the United States Fiscal and Property Office (USPFO).

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 for design documents.

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?

Professional service of engineering expertise.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**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	03/24/2023 15:37:07 PM
Division Approval	csnido1	03/24/2023 15:37:09 PM
Department Approval	csnido1	03/24/2023 15:37:13 PM
Contract Manager Approval	csnido1	03/24/2023 15:37:15 PM
Budget Analyst Approval	vmilazz1	04/07/2023 15:33:46 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: **27415**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>METRO AWNINGS &amp; IRON, INC.</b>
Agency Code: <b>431</b>	Contractor Name: <b>METRO AWNINGS &amp; IRON, INC.</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>4525 WEST HACIENDA AVENUE #2</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>ELIZABETH@LASVEGASMETROAWNINGS.COM 702-795-7787</b>
	Vendor No.: <b>T29045882</b>
	NV Business ID: <b>NV20061311541</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/07/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/09/2025**

Contract term: **2 years and 33 days**

4. Type of contract: **Contract**

Contract description: **Shade Covers**

5. Purpose of contract:

**This is a new contract to provide replacement shade cover out of water proof material to cover training trailers at the Clark County Armory (CCA).**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,780.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Replacement shade cover out of water proof material to cover training trailers at the Clark County Armory (CCA).**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**State employees do not have the tools nor materials to complete the work.**

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Las Vegas Awning  
All Pro Awning  
Metro Awning**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Metro Awning came in with the lowest bid for the work that is needed.

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	03/24/2023 15:46:07 PM
Division Approval	csnido1	03/24/2023 15:46:09 PM
Department Approval	csnido1	03/24/2023 15:46:11 PM
Contract Manager Approval	csnido1	03/24/2023 15:46:14 PM
Budget Analyst Approval	vmilazz1	04/07/2023 14:56:55 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: **27259**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>NCH CORPORATION</b>
Agency Code: <b>431</b>	Contractor Name: <b>NCH CORPORATION</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>CHEMSEARCH DIVISION 23261 NETWORK PL</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>CHICAGO, IL 60673-1232</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KAREN SALITA 949-230-0111</b>
	Vendor No.: <b>PUR0000693</b>
	NV Business ID: <b>NV20041552810</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/19/2023**

Anticipated BOE meeting date 04/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2027**

Contract term: **3 years and 347 days**

4. Type of contract: **Contract**

Contract description: **Water Treatment**

5. Purpose of contract:

**This is a new contract to provide ongoing industrial water closed loop system treatment for the Nevada National Guard facilities in Carson City, Reno, Fallon, and Las Vegas.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,811.97**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Provide industrial water closed loop system treatment for all cooling towers, and all chilled water systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the training or the tools for the work 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):

NCH Corporation  
Global Water Technology  
Chemtrex

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected as they submitted the lowest bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	csnido1	02/22/2023 13:05:09 PM
Division Approval	csnido1	02/22/2023 13:05:14 PM
Department Approval	ctyle1	02/22/2023 14:17:18 PM
Contract Manager Approval	csnido1	03/03/2023 09:36:35 AM
Budget Analyst Approval	vmilazz1	03/19/2023 20:33:17 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: **27334**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>RUBY ROSE LANDSCAPE &amp; TREE SERVICE, LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>RUBY ROSE LANDSCAPE &amp; TREE SERVICE, LLC</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>849 DRY CREEK TRL</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>SAL URIBE 775-934-5357</b>
	Vendor No.: <b>T32003001</b>
	NV Business ID: <b>NV20141114482</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/28/2027**

Contract term: **3 years and 344 days**

4. Type of contract: **Contract**

Contract description: **Landscaping Services**

5. Purpose of contract:

**This is a new contract to provide landscaping maintenance at Nevada National Guard facility in Carlin.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$84,527.57**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

To ensure the facilities are well kept., landscaping maintenance at Nevada National Guard facility in Carlin is needed.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the necessary tools, equipment, nor expertise to maintain the landscapes.

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):

Northwest Landscape  
Ruby Rose Landscape  
Cacti Landscapes

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



Ruby Rose Landscaping submitted a bid with what is needed and at lowest cost.

d. Last bid date: Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	03/08/2023 15:02:48 PM
Division Approval	csnido1	03/08/2023 15:02:51 PM
Department Approval	ctyle1	03/15/2023 12:42:47 PM
Contract Manager Approval	csnido1	03/15/2023 14:59:46 PM
Budget Analyst Approval	vmilazz1	03/22/2023 16:57:14 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: **27233**

Agency Name: <b>ADJUTANT GENERAL &amp; NATIONAL GUARD</b>	Legal Entity Name: <b>T&amp;T LAWNS PLUS, LLC</b>
Agency Code: <b>431</b>	Contractor Name: <b>T&amp;T LAWNS PLUS, LLC</b>
Appropriation Unit: <b>3650-07</b>	Address: <b>1630 PITTMAN AVENUE</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>JUAN TISCARENO 775-424-4168</b>
	Vendor No.: <b>T29046308</b>
	NV Business ID: <b>NV20081587830</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>50.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>50.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/19/2023**

Anticipated BOE meeting date 04/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2026**

Contract term: **3 years and 288 days**

4. Type of contract: **Contract**

Contract description: **Landscaping Services**

5. Purpose of contract:

**This is a new contract to provide ongoing landscaping maintenance at Nevada National Guard facilities in Carson City, Reno, and Fallon.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$83,940.38**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Landscaping maintenance provided at Nevada National Guard facilities in Carson City, Reno, and Fallon to ensure the facilities are well kept.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees do not have the necessary tools, equipment, nor expertise to maintain the landscapes.

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):

T & T Lawns Plus LLC  
Blue Mountain Landscaping  
Team Green

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest bid for the service needed.

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	02/09/2023 16:28:28 PM
Division Approval	ctyle1	02/09/2023 16:28:31 PM
Department Approval	ctyle1	02/09/2023 16:28:34 PM
Contract Manager Approval	csnido1	02/13/2023 15:01:42 PM
Budget Analyst Approval	vmilazz1	03/19/2023 20:45:40 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27121**

Agency Name: <b>DEPARTMENT OF CORRECTIONS</b>	Legal Entity Name: <b>Waters Septic Tank Service</b>
Agency Code: <b>440</b>	Contractor Name: <b>Waters Septic Tank Service</b>
Appropriation Unit: <b>All Budget Accounts - Category 09</b>	Address: <b>DBA Waters Vacuum Truck Serv 4275 Rewana Way</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Reno, NV 89502-5197</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Justin Waters 775-825-1595</b>
	Vendor No.: <b>T80206180</b>
	NV Business ID: <b>NV19781005671</b>
To what State Fiscal Year(s) will the contract be charged? <b>2023</b>	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<b>X</b> General Funds	<b>100.00 %</b>	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date **04/2023**

Retroactive? **Yes**

If "Yes", please explain

**To provide time for the RFP process to be completed and so critical services are continued without a lapse.**

3. Termination Date: **06/30/2023**

Contract term: **364 days**

4. Type of contract: **Contract**

Contract description: **Septic/Grease Pump**

5. Purpose of contract:

**This is a new contract to provide ongoing septic and grease pumping for all Department of Corrections facilities.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$74,170.00**

Other basis for payment: FY23 ~ WCC: 3739-09 \$7,208.75 / ESP: 3751-09 \$2635.00 / PCC: 3723-09 \$4960.00 / LCC: 3759-09 \$6232.50 / TCC: 3754-09 \$8787.50 / HCC: 3741-09 \$3677.50 / CCC: 3752-09 \$8558.75 / NNTH: 3724-09 \$800.00 / NNCC: 3717-09 \$12,975.00 / SCC: 3722-09 \$6,775.00 / WSCC: 3716-09 \$10,800 / SSI: 3727-04 \$760.00

#### II. JUSTIFICATION

7. What conditions require that this work be done?

What conditions require that this work be done:  
For the health and safety of NDOC staff and inmates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The department does not have the staff, expertise and/or equipment for these services. No other State agency offers these services.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **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 #: 230101**

**Approval Date: 01/03/2023**

c. Why was this contractor chosen in preference to other?

They have provided NDOC service for years and were the current vendor in place. To allow time for an RFP to be done.

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:

7/1/2017 - 6/30/2022 with Nevada Department of Corrections. Service has been verified as satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?  
**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?  
**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?  
**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mashcra1	01/13/2023 15:22:48 PM
Division Approval	mashcra1	01/13/2023 15:22:50 PM
Department Approval	mashcra1	01/13/2023 15:22:52 PM
Contract Manager Approval	mashcra1	01/13/2023 15:22:56 PM
Budget Analyst Approval	vmilazz1	03/17/2023 16:46:38 PM



Purchasing &  
Inmate Services Divisions  
5500 Snyder Ave., Bldg. 17  
Carson City, NV 89701  
(775) 887-3252  
Fax: (775) 887-3343

Steve Sisolak  
Governor

William Gittere  
Acting Director

Lisa Lucas  
Deputy Director,  
Support Services

**State of Nevada  
Department of Corrections**

December 28, 2022

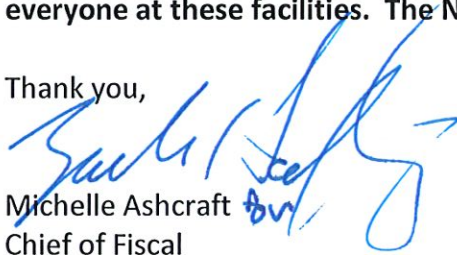
RE: Waters Septic Tank Service DBA Waters Vacuum Truck Service CETS# 20513, CETS# 18750

To: GFO

This Memo is to inform you that NDOC is asking for these Solicitation Waivers to be approved retroactively, for Waters Vacuum Truck Service. Our contracts expired 6/30/2022. We need the waiver approved from 7/1/2022 through 6/30/2023, this is due to staffing changes and vacancies, to allow the time needed for the RFP process to be completed by state purchasing which is already underway. This is a critical service for septic and grease trap pumping at: Northern Nevada Correctional Center, Stewart Conservation Camp, Warm Springs Conservation Camp (if needed), Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp, Lovelock Correctional Center, Humboldt Conservation Camp, Carlin Conservation Camp, Tonopah Conservation Camp, Wells Conservation Camp, and Northern Nevada Transitional Housing.

**This service is to provide for septic and grease trap pumping. This service is critical for the health of everyone at these facilities. The NDOC cannot have a lapse in these services.**

Thank you,

  
Michelle Ashcraft  
Chief of Fiscal  
Nevada Department of Corrections – Administration  
Office 775.977.5539



**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

<i>Purchasing Use Only:</i>	
Approval#:	2301010

**SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM**

***ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY***

<b>1a</b>	<b>Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:</b>		
	<b>STATE AGENCY NAME REQUIRED:</b>	Department of Corrections	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	Brandon Lewallen – Contracts Manager (MA2)	775-977-5673	blewallen@doc.nv.gov

<b>1b</b>	<b>Vendor Information:</b>	
	Vendor Name:	Waters Septic Tank Services DBA Waters Vacuum Truck Services
	Contact Name:	Justin Waters
	Complete Address: City, State, and Zip Code	4275 Rewana Way Reno, NV 89502-5197
	Telephone Number:	775-825-1595
	Email Address:	775-825-1692

<b>1c</b>	<b>Type of Waiver Requested – Check the appropriate type:</b>	
	Sole or Single Source:	Single Source
	Professional Service Exemption:	

<b>1d</b>	<b>Contract Information:</b>			
	Is this a new Contract? Check One:	Yes:	X	No:
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	#		

<b>1e</b>	<b>Term:</b>			
	One (1) Time Purchase? Check One:	Yes:		No: X
	Contract:	Start Date:	7/1/2022	End Date: 6/30/2023

<b>1f</b>	<b>Funding:</b>	
	State Appropriated:	X- 100%
	Federal Funds:	

Grant Funds:	
Other (Explain):	

<b>Purchasing Use Only:</b>	
Approval #:	230101 (C)

1g	<b>Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:</b>
	\$74,170

2	<b>Provide a description of work/services to be performed or services with goods to be purchased:</b>
	<i>To provide septic and grease pumping services to Northern Nevada Correctional Center, Stewart Conservation Camp, Warm Springs Correctional Center (if needed), Ely State Prison, Ely Conservation Camp, Pioche Conservation Camp, Lovelock Correctional Center, Humboldt Conservation Camp, Carlin Conservation Camp, Tonopah Conservation Camp, Wells Conservation Camp, and Northern Nevada Transitional Housing</i>

3	<b>What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?</b>
	<i>Waters Vacuum Truck has the equipment and expertise to perform these services statewide. The current contracts with them expired 6/30/2022 CETS18750 and CETS20513 this will bridge the contract and allow for the RFP process to be completed by State purchasing that is already underway.</i>

4	<b>Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:</b>
	<i>These services are currently in place and these services are critical to inmate care and NDOC cannot have a lapse in service. Approval of this waiver will allow time to complete the RFP process for which state purchasing has begun the process.</i>

5	<b>Were alternative services or commodities evaluated?</b>	<b>Check One:</b>	
		Yes	No
			X
	a. <b><i>If yes</i></b> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <b><i>If not</i></b> , why were alternatives not evaluated? <i>Vendor has agreed to continue providing services while state purchasing facilitates the new RFP.</i>		



Purchasing Use Only:

Approval #:

230101 (C)

<p>Has the agency purchased these services/services with goods in the past? Check One:</p> <p><i>NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</i></p>	Yes	No
	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:*

6	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #
	Start Date	End Date				
	8/1/2018	6/30/2022	\$119,540	Septic/Grease Trap Services Northern NV	RFP# 201803	20513
	7/1/2017	6/30/2022	\$278,330	Septic/Grease Trap Services Northern NV	RFP# 201803	18750
	7/1/2013	6/30/2017	\$115,310	Septic/Grease Trap Services Northern NV		14310
	10/09/2012	9/30/2016	\$132,377	Septic/Grease Trap Services Northern NV		13802

7	<p>What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?</p>
	<p><i>The request is to keep current services in place until a new RFP can be finished. If services stop facilities in Northern Nevada might have sewage back up and drainage problems as well as health considerations.</i></p>

8	<p>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?</p>
	<p><i>These services are currently in place. These services are critical to inmate care and NDOC cannot have a lapse in service. Approval of this waiver will allow time to complete the RFP process which is already ongoing by state purchasing. Vendor has agreed to continue providing services while state purchasing facilitates the new RFP.</i></p>

9	<p>Will this purchase obligate the State to this vendor for future purchases? Check One:</p>	Yes	No

#230101 (C)

<p><b>NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</b></p>		X
<p>a. If yes, please provide details regarding future obligations or needs.</p>		

<i>Purchasing Use Only:</i>	
Approval #:	

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. The same individual cannot provide approval signatures in both sections.

  
 \_\_\_\_\_  
 Signature of Agency Representative Initiating Request

Brandon Lewallen  
 \_\_\_\_\_  
 Print Name of Agency Representative Initiating Request

12-28-22  
 \_\_\_\_\_  
 Date

  
 \_\_\_\_\_  
 Signature of Agency Head Authorizing Request

Lisa Lucas  
 \_\_\_\_\_  
 Print Name of Agency Head Authorizing Request

12-28-22  
 \_\_\_\_\_  
 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](mailto:cstoeffler@admin.nv.gov).

#230101 (2)

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at [cstoeffler@admin.nv.gov](mailto:cstoeffler@admin.nv.gov).

<i>NOTE: If this box is checked, the agency must include the EITS TIN/CIN approval or approval update as an attachment in CETS.</i>	
---	--

Approved by:

Kevin D. Doty  
Administrator, Purchasing Division or Designee

1/3/23  
Date

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27379**

Agency Name: <b>DPS-HIGHWAY PATROL</b>	Legal Entity Name: <b>VOGUE LAUNDRY &amp; CLEANERS, INC. DBA</b>
Agency Code: <b>651</b>	Contractor Name: <b>VOGUE LAUNDRY &amp; CLEANERS, INC. DBA</b>
Appropriation Unit: <b>4713-04</b>	Address: <b>VOGUE LINEN &amp; UNIFORM RENTAL 175 5TH ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELKO, NV 89801</b>
If "No" please explain: Not Applicable	Contact/Phone: <b>Rocky Gonzales 775-738-3720</b>
	Vendor No.: <b>T60153830A</b>
	NV Business ID: <b>NV19591001005</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>49.00 %</b>	Bonds	0.00 %
<b>X</b> Highway Funds	<b>51.00 %</b>	Other funding	0.00 %

Agency Reference #: 651

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **Yes**

If "Yes", please explain

**The reason for the retroactive request is that due to staffing shortages a solicitation request was not processed timely.**

3. Termination Date: **03/31/2027**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Linen Services**

5. Purpose of contract:

**This is a new contract to provide ongoing rentals of shirts, pants, shop coats, coveralls and floor mats for the Nevada Highway Patrol's vehicle maintenance and repair shops in the Northern Command.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$32,000.00**

Other basis for payment: Payable monthly upon receipt of approved itemized receipt.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Highway Patrol mechanics need the rented items to protect clothing from grease and oils from working on Highway Patrol vehicle maintenance and repair shops in Northern Command.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees that 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):

Aramark  
Vogue Laundry and Cleaners, Inc.  
Unifirst

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only one who responded that they can provide linen service in Elko.

d. Last bid date: 03/03/2023 Anticipated re-bid date: 10/15/2026

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?

**Yes** If "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 previously provided services for DMV and the services were satisfactory. Vogue is our current linen service vendor for Elko and they are meeting our expectations.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

**Yes**

17. a. Does the contractor have a current Nevada State Business License (SBL)?

**Yes**

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

**Yes**

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kdefe1	03/20/2023 09:44:51 AM
Division Approval	cjackson	03/28/2023 09:33:53 AM
Department Approval	mcosenti	03/29/2023 15:32:56 PM
Contract Manager Approval	mcosenti	03/29/2023 15:32:59 PM
Budget Analyst Approval	vmilazz1	04/04/2023 11:30:50 AM

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: March 30, 2023  
TO: Amy Stephenson, Director, Governor's Finance Office  
THRU: Budd Milazzo, Executive Branch Budget Officer, Governor's Finance Office   
FROM: Curtis Palmer, DPS ASO IV, Senior Fiscal Officer  
SUBJECT: Retroactive Contract

---

Attached is a new contract between the Department of Public Safety, State Police, Highway Patrol and Vogue Laundry & Cleaners dba Vogue Linen & Uniform Rental for which we are requesting retroactive approval.

Due to staffing issues at the Highway Patrol more time was needed to complete a solicitation for these services. We are requesting this contract be retroactive to April 1, 2023.

Your consideration in approval of this retroactive contract is greatly appreciated. Please contact me if you have any questions or if I can be of any assistance.

Sincerely,

  
Curtis Palmer, DPS ASO IV  
Senior Fiscal Officer

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **16368** Amendment Number: **3**

Agency Name: **DPS-RECORDS & TECHNOLOGY** Legal Entity Name: **DATAWORKS PLUS, LLC**

Agency Code: **655** Contractor Name: **DATAWORKS PLUS, LLC**

Appropriation Unit: **4709-26** Address: **728 N PLEASANTBURG DR**

Is budget authority available?: **Yes** City/State/Zip: **GREENVILLE, SC 29607**

If "No" please explain: **Not Applicable** Contact/Phone: **Todd Pastorini 925/240-9010**

Vendor No.: **PUR0004245**

NV Business ID: **NV20101769693**

To what State Fiscal Year(s) will the contract be charged? **2015-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 %</b>	<b>Brady, Civil Applicant and Civil Name Check fees.</b>
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/14/2015**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **03/31/2023**

Termination Date:

Contract term: **8 years and 354 days**

4. Type of contract: **Contract**

Contract description: **Software Support**

5. Purpose of contract:

**This is the third amendment to the original contract which provides on-going software and hardware maintenance support for the General Services National Institute of Standards and Technology System. This amendment extends the termination date from March 31, 2023 to March 31, 2024 and increases the maximum amount from \$395,410.95 to \$431,016.37 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:	\$151,095.91	\$151,095.91	\$151,095.91	Yes - Action
a. Amendment 1:	\$87,650.00	\$87,650.00	\$87,650.00	Yes - Action
b. Amendment 2:	\$156,665.04	\$156,665.04	\$156,665.04	Yes - Action
2. Amount of current amendment (#3):	\$35,605.42	\$35,605.42	\$35,605.42	Yes - Info
3. New maximum contract amount:	\$431,016.37			
and/or the termination date of the original contract has changed to:	03/31/2024			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

This is ongoing maintenance and support for the NIST software program.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no qualified state employees in this area who provide this service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provides ongoing maintenance and support of a system already purchased and installed as a result of a competitive solicitation, therefore bids were not solicited for this 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:

This vendor has been under contract with the General Service Division in the past. The 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 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	jkolenut	03/29/2023 10:43:34 AM
Division Approval	cjackson	03/29/2023 11:32:51 AM



Department Approval	jdekoekk	03/29/2023 11:37:38 AM
Contract Manager Approval	jdekoekk	03/29/2023 11:37:50 AM
EITS Approval	ljean	03/29/2023 11:50:24 AM
Budget Analyst Approval	vmilazz1	03/29/2023 13:58:40 PM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**MEMORANDUM**

**TO:** Erica Souza, Administrator, RCCD, DPS  
Jason Kolenut, Administrative Services Officer III, RCCD, DPS  
Tom Dorsey, IT Manager III/Information Security Officer, DPS  
Brett Paterson, Business Process Analyst III, RCCD, DPS

**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 – DPS – TIN 696 – *Dataworks Amendment 3* – BA 4709

**DATE:** March 24, 2023

We have completed our review for the Department of Public Safety (DPS), Records, Communications, and Compliance Division's (RCCD) – *Dataworks Amendment 3* – TIN 696.

The submitted TIN, for an estimated value of \$238,745.91 in the FY22/FY23 biennium (100% ARPA funding), is for continued hardware and software support from Dataworks, through March 31, 2024.

This investment is used by Nevada's constituents to carry out daily business transactions with DPS.

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 and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27428**

Agency Name:	<b>DPS-CRIMINAL JUST ASSIST</b>	Legal Entity Name:	The Counseling Team International (TCTI)
Agency Code:	<b>659</b>	Contractor Name:	<b>The Counseling Team International (TCTI)</b>
Appropriation Unit:	<b>4736-14</b>	Address:	<b>1881 Business Center Drive Suite 11</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>San Bernadino, CA 92408</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Devin O'Day, Chief Development Officer 888-732-5731
		Vendor No.:	T32013806
		NV Business ID:	NV20232716359

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/04/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **09/30/2023**

Contract term: **179 days**

4. Type of contract: **Contract**

Contract description: **Wellness Training**

5. Purpose of contract:

**This is a new contract to provide public safety specific Behavioral Health and Wellness Training. Training will be held in Reno and Las Vegas to Department of Public Safety Law Enforcement Officers.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$23,000.00**

Other basis for payment: Upon receipt and approval of invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Public safety staff across the nation are facing an alarming crisis. More members of law enforcement die by suicide every year than in the line of duty. The numbers of divorce, addiction, and mental health issues by public safety employees are also significantly higher than the general population. DPS employees need to be able to obtain training and services from public safety mental health specialists.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not currently have the specialized public safety mental health and wellness personnel to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

TCTI has a law enforcement specific curriculum.  
TCTI has only law enforcement specific counselors and teaching staff.  
TCTI provided a quote that is within the grant budgeted amount.

d. Last bid date: 10/27/2022 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**NT7 Business License Other**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lgallow1	03/30/2023 08:38:35 AM
Division Approval	lgallow1	03/30/2023 08:38:40 AM
Department Approval	jdekoekk	03/30/2023 15:53:45 PM
Contract Manager Approval	jdekoekk	03/30/2023 15:53:48 PM
Budget Analyst Approval	vmilazz1	04/04/2023 14:23:17 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: **27377**

Agency Name:	<b>DPS-CRIMINAL JUST ASSIST</b>	Legal Entity Name:	The Counseling Team International (TCTI)
Agency Code:	<b>659</b>	Contractor Name:	<b>The Counseling Team International (TCTI)</b>
Appropriation Unit:	<b>4736-15</b>	Address:	<b>1881 Business Center Drive Suite 11</b>
Is budget authority available?:	<b>Yes</b>	City/State/Zip:	<b>San Bernadino, CA 92408</b>
If "No" please explain:	Not Applicable	Contact/Phone:	Devin O'Day, Chief Development Officer 888-732-5731
		Vendor No.:	T32013806
		NV Business ID:	NV20232716359

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/22/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **284 days**

4. Type of contract: **Contract**

Contract description: **Online Wellness Tr.**

5. Purpose of contract:

**This is a new contract to provide quarterly, online, public safety specific Behavioral Health and Wellness Training. This training will help Department of Public Safety Officers cope with the stresses associated with law enforcement, learn tools to become more resilient, and help to create de-escalation plans.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$69,304.82**

Other basis for payment: Quarterly, upon receipt and approval of invoice.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Public safety staff across the nation are facing an alarming crisis. More members of law enforcement die by suicide every year than in the line of duty. The number of divorce, addiction, and mental health issues by public safety employees are also significantly higher than the general population. DPS employees need to be able to obtain training and services from public safety specific specialists.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State does not currently have the specialized public safety mental health and wellness personnel to perform these services.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Change Group

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

TCTI has a law enforcement specific curriculum.  
TCTI has only law enforcement specific counselors and teaching staff.  
TCTI is available to provide the services by the deadline specified in the grant funding.  
TCTI can provide a variety of services that fits all the needs of NV lase enforcement.  
TCTI provided a quote that was within the grant budgeted amount.

d. Last bid date: 10/27/2022 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

**NT7 Business License Other**

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	lgallow1	03/17/2023 13:25:52 PM
Division Approval	lgallow1	03/17/2023 13:26:02 PM
Department Approval	jdekoekk	03/20/2023 08:45:59 AM
Contract Manager Approval	jdekoekk	03/20/2023 08:46:02 AM
Budget Analyst Approval	vmilazz1	03/22/2023 16:39:32 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27147**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: Phoenix Fire Protection, LLC
Agency Code: <b>702</b>	Contractor Name: <b>Phoenix Fire Protection, LLC</b>
Appropriation Unit: <b>4460-07</b>	Address: <b>6165 Harrison Drive Suite 6</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Las Vegas, NV 89120</b>
If "No" please explain: Not Applicable	Contact/Phone: Michele Cross 702-463-5709
	Vendor No.: T29044610
	NV Business ID: NV20081647854

To what State Fiscal Year(s) will the contract be charged? **2023-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Sportsmen Revenue</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: #23-35

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2025**

Contract term: **1 year and 311 days**

4. Type of contract: **Contract**

Contract description: **Building Maint.**

5. Purpose of contract:

**This is a new contract to provide fire suppression system inspections, repairs and installations, and 24-hour fire alarm monitoring.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$49,998.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Safety of staff and property protection and to meet NFPA requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specialized 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):

Johnson Controls and Intraworks  
Phoenix Fire Protection  
State Fire Aales and Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?



This vendor has the expertise, personnel and equipment to properly complete inspections and monitoring.

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:

Contract with NDOW from September 19, 2022 to December 31, 2022 and all work has been verified as satisfactory by the contract monitor.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Nick Collin, Construction Coordinator Ph: 775-688-1583

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nrob1	01/18/2023 11:36:09 AM
Division Approval	nrob1	01/18/2023 11:36:11 AM
Department Approval	jneubau2	01/27/2023 16:09:09 PM
Contract Manager Approval	abarredo	01/27/2023 16:14:29 PM
Budget Analyst Approval	hfield	03/27/2023 12:28:13 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27180**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Great Basin National Park - National Park Service</b>
Agency Code: <b>702</b>	Contractor Name: <b>Great Basin National Park - National Park Service</b>
Appropriation Unit: <b>4465-44</b>	Address: <b>100 Great Basin National Park</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Baker, NV 89311</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775-234-7563</b>
	Vendor No.:
	NV Business ID: <b>Government Entity</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % TROUT STAMP</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **#23-49**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/24/2023**

Anticipated BOE meeting date **05/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2025**

Contract term: **2 years and 283 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Feasibility Study**

5. Purpose of contract:

**This is a new interlocal agreement to provide funding for a feasibility study on the Snake Creek pipeline to determine the need and assessment of the pipeline.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**To assess the need for this pipeline.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:

**This must be completed by a hydrologist/engineer.**

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:

Nevada Department of Wildlife - all work was satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Pat Kelly, Staff Specialist Ph: 775-688-1536

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/01/2023 16:15:30 PM
Division Approval	nroble1	02/01/2023 16:15:33 PM
Department Approval	jneubau2	02/14/2023 09:32:32 AM
Contract Manager Approval	jwilkin3	02/14/2023 14:58:56 PM
Budget Analyst Approval	hfield	03/24/2023 13:31:08 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27104**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>EASTERN NEVADA LANDSCAPE COALITION</b>
Agency Code: <b>702</b>	Contractor Name: <b>EASTERN NEVADA LANDSCAPE COALITION</b>
Appropriation Unit: <b>4467-14</b>	Address: <b>PO BOX 150266</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>ELY, NV 89315</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Susi Algrim 775-289-7974</b>
	Vendor No.: <b>T27001336A</b>
	NV Business ID: <b>NV20021244679</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Habitat Conservation Fee</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **#23-45**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/16/2023**

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 291 days**

4. Type of contract: **Contract**

Contract description: **Weed Management**

5. Purpose of contract:

**This is a new contract to provide project management, technical assistance, and collaborative on-the-ground weed removal projects for cooperative weed management areas as well as private and public lands in Eastern and Southern Nevada.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Invasive/non-native weed removal and abatement projects will benefit Nevada's rangelands by improving the overall health of the ecosystem; thus, benefiting native wildlife species.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the proper supplies or resources to accomplish these goals.

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

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:

Department of Agriculture - Satisfactory  
NDOW - 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:

Madi Stout, Biologist III Ph: 775-388-1982  
Anthony Miller, Biologist III Ph: 702-280-1177

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	01/19/2023 11:46:31 AM
Division Approval	nroble1	01/19/2023 11:46:34 AM
Department Approval	jneubau2	01/19/2023 11:50:52 AM
Contract Manager Approval	jwilkin3	01/19/2023 11:52:07 AM
Budget Analyst Approval	dspeed1	03/16/2023 17:37:38 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: **27218**

Agency Name: <b>DEPARTMENT OF WILDLIFE</b>	Legal Entity Name: <b>Elko County School District</b>
Agency Code: <b>702</b>	Contractor Name: <b>Elko County School District</b>
Appropriation Unit: <b>4467-13</b>	Address: <b>850 Elm Street</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Elko, NV 898013349</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Clayton Anderson 775-738-5196</b>
	Vendor No.: <b>T40232000</b>
	NV Business ID: <b>Government Entity</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2027</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **#23-53**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/23/2023**

Anticipated BOE meeting date **03/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2027**

Contract term: **3 years and 315 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Plant Production**

5. Purpose of contract:

**This is a new interlocal agreement to provide for the purchase of plant materials, including but not limited to grass, forb, shrub and/or tree seed and seedlings in bulk quantities, from various programs within the Elko County School District for use in habitat restoration in Nevada.**

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?

Local involvement and education in habitat restoration activities and lack of any other source of locally grown plant materials for use in restoration.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Specific equipment and space is necessary for the production of plant materials that NDOW does not have.

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:

Department of Education - Satisfactory  
Public and Behavioral Health - 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:

Caleb McAdoo, Eastern Region Habitat Supervisor Ph: (775) 777-2306

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/16/2023 09:37:09 AM
Division Approval	jneubau2	03/20/2023 12:19:14 PM
Department Approval	jneubau2	03/20/2023 12:19:17 PM
Contract Manager Approval	jwilkin3	03/20/2023 13:32:43 PM
Budget Analyst Approval	rjacob3	03/23/2023 10:02:23 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27458**

Agency Name: **DCNR - PARKS DIVISION**  
Agency Code: **704**  
Appropriation Unit: **4162-00**  
Is budget authority available?: **Yes**  
If "No" please explain: Not Applicable

Legal Entity Name: **Clearly Tahoe LLC**  
Contractor Name: **Clearly Tahoe LLC**  
Address: **PO BOX 10196**  
City/State/Zip: **ZEPHYR COVE, NV 89448**  
Contact/Phone: **530-307-2275**  
Vendor No.: **T29045144**  
NV Business ID: **NV20161385283**  
To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/06/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **05/31/2024**

Contract term: **1 year and 56 days**

4. Type of contract: **Revenue Contract**

Contract description: **Guided Tours**

5. Purpose of contract:

**This is a new contract to provide guided tours at Sand Harbor, Cave Rock, Spooner Lake and Van Sickle State Parks.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**Commercial operations using State Park facilities.**

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 expertise or time to provide this type of service.**

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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	ethick1	04/03/2023 13:44:51 PM
Division Approval	ethick1	04/03/2023 13:44:54 PM
Department Approval	ethick1	04/03/2023 13:44:56 PM
Contract Manager Approval	ethick1	04/06/2023 09:17:19 AM
Budget Analyst Approval	rjacob3	04/06/2023 09:17:49 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: **27420**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>Love Hikes LLC</b>
Agency Code: <b>704</b>	Contractor Name: <b>Love Hikes LLC</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>5229 FIERY SKY RIDGE ST</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89148</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>702-285-9298</b>
	Vendor No.:
	NV Business ID: <b>NV20131057207</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2025</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % REVENUE CONTRACT</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/29/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **08/31/2024**

Contract term: **1 year and 156 days**

4. Type of contract: **Revenue Contract**

Contract description: **Tours**

5. Purpose of contract:

**This is a new contract to provide commercial sightseeing and hiking tours at Valley of Fire State Park.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,500.00**

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The vendor will be conducting commercial sightseeing and hiking tours.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the time or expertise to provide this service.

9. Were quotes or proposals solicited? **No**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

**Not Applicable**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	03/27/2023 09:42:25 AM
Division Approval	ethick1	03/27/2023 09:42:27 AM
Department Approval	ethick1	03/27/2023 09:42:29 AM
Contract Manager Approval	ethick1	03/27/2023 09:42:31 AM
Budget Analyst Approval	rjacob3	04/10/2023 10:16:24 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27418**

Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: Tahoe Jacks Adventure Authority
Agency Code: <b>704</b>	Contractor Name: <b>Tahoe Jacks Adventure Authority</b>
Appropriation Unit: <b>4162-00</b>	Address: <b>PO Box 281</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Zephyr Cove, NV 89448</b>
If "No" please explain: Not Applicable	Contact/Phone: 775-901-3307
	Vendor No.:
	NV Business ID: NV20161015163
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2024</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Revenue</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/30/2024**

Contract term: **1 year and 26 days**

4. Type of contract: **Revenue Contract**

Contract description: **Revenue Contract**

5. Purpose of contract:

**This is a new revenue contract to provide guided non-motorized water and land tours within Sand Harbor, Cave Rock, Van Sickle and Spooner Lake State Parks.**

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?

Commercial operations using state park facilities.

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 time to accomplish.

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:  
 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	ethick1	03/27/2023 08:24:12 AM
Division Approval	ethick1	03/27/2023 08:24:55 AM
Department Approval	ethick1	03/27/2023 08:25:00 AM
Contract Manager Approval	ethick1	03/27/2023 08:25:07 AM
Budget Analyst Approval	rjacob3	04/05/2023 13:41:14 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: <b>26225</b>	Amendment Number: <b>1</b>
Agency Name: <b>DCNR - PARKS DIVISION</b>	Legal Entity Name: <b>Trailhead Labs, Inc.</b>
Agency Code: <b>704</b>	Contractor Name: <b>Trailhead Labs, Inc.</b>
Appropriation Unit: <b>4165-18</b>	Address: <b>75 Broadway Suite 202-1905</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>San Francisco, CA 94114</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Ryan Branciforte 415.890.5575</b>
	Vendor No.: <b>T27044788</b>
	NV Business ID: <b>NV20222430439</b>

To what State Fiscal Year(s) will the contract be charged? **2022-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X Other funding</b>	<b>100.00 % Gift Shop Income</b>

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**  
 Anticipated BOE meeting date **05/2023**  
 Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/12/2025**  
 Contract term: **2 years and 364 days**

4. Type of contract: **Contract**  
 Contract description: **mobile app**

5. Purpose of contract:  
**This is the first amendment to the original contract to provide services for a mobile application for park visitors use across Nevada State Parks. This amendment increase the maximum amount from \$125,000 to \$140,000 due to an additional feature and support to the existing contract.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$125,000.00	\$125,000.00	\$125,000.00	Yes - Action
2. Amount of current amendment (#1):	\$15,000.00	\$15,000.00	\$15,000.00	Yes - Info
3. New maximum contract amount:	\$140,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**The mobile app would offer visitors access to up to date information while having a safe, enjoyable experience.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**Nevada State Park employees do not have the time or expertise to create a mobile app.**

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):

[Empty text box for vendor names]

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #70CNR-S1814, 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: 12/15/2021 Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	03/30/2023 15:31:12 PM
Division Approval	ethick1	03/30/2023 15:31:56 PM
Department Approval	ethick1	03/30/2023 15:32:00 PM
Contract Manager Approval	ethick1	04/06/2023 13:29:32 PM
EITS Approval	ljean	04/06/2023 14:45:01 PM
Budget Analyst Approval	rjacob3	04/10/2023 09:44:53 AM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**MEMORANDUM**

**TO:** James Settelmeyer, Director, DCNR  
Jonathan Brunjes, Deputy Administrator, PARKS, DCNR  
Jennifer Idema, Administrative Services Officer, PARKS, DCNR

**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 – PARKS – TIN 305 – *Mobile App-State Parks* –  
Update A – BA 4162, 4606

**DATE:** April 6, 2023

We have completed our review for the Department of Conservation and Natural Resources (DCNR), Parks Division's (PARKS) – *Mobile App-State Parks* – TIN 305, Update A.

The submitted TIN, for an estimated value of \$105,000.00 in the FY22/FY23 biennium and \$30,000.00 in the FY24/FY25 biennium (50% Gift Shop Grant and 50% Pine Creek funding), is to update cost information due to the addition of a digital passport feature to the mobile application to replace the current paper copies Parks has been distributing to the public. This amendment also includes adding historic preservation markers located across the state.

The application will interface with the park reservation system at some point in the future and have links to the official Nevada State Parks website ([www.parks.nv.gov](http://www.parks.nv.gov)). Visitors will benefit from the application by being able to access general park information, trail maps, interpretive nodes, and up-to-date emergency information, as posted by park staff. The solution will be platform agnostic and provide both online and offline capabilities.

The agency considers the investment and final implementation to have an ongoing low security risk; however, this cloud solution will require a standard link to the State Parks website and third-party



reservation system to be accessible to 3.1 million park visitors annually.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27404**

Agency Name: **DCNR - PARKS DIVISION**  
 Agency Code: **704**  
 Appropriation Unit: **4605-15**  
 Is budget authority available?: **Yes**  
 If "No" please explain: Not Applicable

Legal Entity Name: **VALLEY UNDERGROUND INC**  
 Contractor Name: **VALLEY UNDERGROUND INC**  
 Address: **332 JOSEPH ST**  
 City/State/Zip: **MESQUITE, NV 89027-4178**  
 Contact/Phone: **702/346-8961**  
 Vendor No.: **T27032930**  
 NV Business ID: **NV20041659213**  
 To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Utility Surcharge</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/29/2023**  
 Anticipated BOE meeting date **05/2023**

Retroactive? **No**  
 If "Yes", please explain

**Not Applicable**

3. Termination Date: **04/01/2027**  
 Contract term: **4 years and 4 days**

4. Type of contract: **Contract**  
 Contract description: **On call maintenance**

5. Purpose of contract:  
**This is a new contract to provide ongoing on-call maintenance and repair related services to Nevada State Parks.**

6. NEW CONTRACT  
 The maximum amount of the contract for the term of the contract is: **\$95,000.00**  
 Other basis for payment: within 30 days upon receipt of invoice

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
**Nevada State Parks does not consistently have the time or expertise to complete all necessary maintenance and repair.**

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
**Nevada State Parks does not consistently have the time or expertise to complete all necessary maintenance and repair.**

9. Were quotes or proposals solicited? **Yes**  
 Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):  
**Valley Underground  
 Sun City Handyman  
 CityWide Las Vegas**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Valley Underground was the only responsive vendor and they have provided satisfactory work for State Parks in the past.

d. Last bid date: 03/10/2023 Anticipated re-bid date:

- 10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

- 11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

- 12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

- 13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

- 14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Nevada Corporation

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

Rett Smith, Southern Region Facility Manager Ph: 702-486-5125

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	03/23/2023 14:01:39 PM
Division Approval	ethick1	03/23/2023 14:01:41 PM
Department Approval	ethick1	03/28/2023 14:13:54 PM
Contract Manager Approval	ethick1	03/28/2023 14:13:57 PM
Budget Analyst Approval	rjacob3	03/29/2023 10:17:15 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: **27397**

Agency Name:	<b>DCNR - DIVISION OF WATER RESOURCES</b>	Legal Entity Name:	UNITED STATES DEPT OF INTERIOR
Agency Code:	<b>705</b>	Contractor Name:	<b>UNITED STATES DEPT OF INTERIOR</b>
Appropriation Unit:	<b>4171-15</b>	Address:	<b>US GEOLOGICAL SURVEY 2730 N. DEER RUN RD., STE. 3 CARSON CITY , NV 89701</b>
Is budget authority available?:	<b>No</b>	City/State/Zip:	<b>CARSON CITY , NV 89701</b>
If "No" please explain: Authority is pending the legislative approved FY24-25 biennium budget.		Contact/Phone:	MEGAN POFF 702-294-6043
		Vendor No.:	PUR0000332D
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2024-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/>	General Funds	<b>65.00 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/>	Federal Funds	<b>35.00 %</b>	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2025**

Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**

Contract description: **S. Fork Humboldt JFA**

5. Purpose of contract:

**This is a new joint funding agreement that provides an ongoing monitoring program for the South Fork Humboldt River consisting of two streamflow gauges and data collection platforms.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$81,300.00**

Payment for services will be made at the rate of \$6,605.50 per Quarter

Other basis for payment: The State portion is \$52,844 and the USGS portion is \$28,456. The State portion is 100% General Fund.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The State Engineer requires the information provided by this program to fulfill the responsibility of protecting existing downstream water rights.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The U.S. Geological Survey has the scientists, equipment and expertise to provide the products and 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?

The U.S. Geological Survey has the necessary equipment in place and experience in delivering the desired product, and the State Engineer is authorized to enter into agreements with the U.S. Geological Survey under NRS 532.170.

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 Division has executed many agreements with the U.S. Geological Survey that have resulted in many products widely used by governmental agencies and the public. The results have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a: Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Levi Kryder, Chief, Hydrology Section Ph: 775-684-2866

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sweb4	03/21/2023 14:34:57 PM
Division Approval	sweb4	03/21/2023 14:35:00 PM
Department Approval	kwilliam	03/27/2023 12:22:28 PM
Contract Manager Approval	sweb4	03/27/2023 13:47:48 PM
Budget Analyst Approval	rjacob3	03/30/2023 07:59:10 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: <b>25891</b>	Amendment Number: <b>1</b>
Agency Name: <b>DCNR - ENVIRONMENTAL PROTECTION</b>	Legal Entity Name: <b>SILVER STATE ANALYTICAL LABORATORIES, INC.</b>
Agency Code: <b>709</b>	Contractor Name: <b>SILVER STATE ANALYTICAL LABORATORIES, INC.</b>
Appropriation Unit: <b>3193-12</b>	Address: <b>1135 FINANCIAL BLVD</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>RENO, NV 89502-2348</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Joe Nava 775-857-2400</b>
	Vendor No.: <b>T29004820A</b>
	NV Business ID: <b>NV20041414954</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**

Anticipated BOE meeting date 04/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Analysis of Water**

5. Purpose of contract:

**This is the first amendment to the original contract which provides analysis of water, sediment and biota samples to characterize the chemical, physical and biological conditions of surface waters in support of the statewide surface water quality program. This amendment increases the maximum amount from \$630,000.00 to \$727,000.00 to allow for additional analysis of water. This amendment also will remove the language of \$157,500.00 per year to no maximum per year.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$630,000.00	\$630,000.00	\$630,000.00	Yes - Action
2. Amount of current amendment (#1):	\$97,000.00	\$97,000.00	\$97,000.00	Yes - Info
3. New maximum contract amount:	\$727,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

The federal Clean Water Act section 106 and 40 code of federal regulations 130.4 (a) require states to develop and implement a surface water quality monitoring program to characterize the water quality status of waters of the state. The U.S. Environmental Protection Agency provides federal 106 funding to the Division of Environmental Protection to carry out the monitoring programs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada Division of Environmental Protection does not have the laboratory facilities necessary to analyze water samples.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP# 70CNR-S1893, and in accordance with NRS 333 the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently has a laboratory contract with the Division of Environmental Protection and has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	ahanso1	02/09/2023 09:07:01 AM
Division Approval	jcarr	02/10/2023 09:02:38 AM
Department Approval	jcarr	02/10/2023 09:02:43 AM
Contract Manager Approval	mhilk1	03/07/2023 07:32:14 AM
Budget Analyst Approval	rjacob3	03/24/2023 08:33:57 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27303**

Agency Name: <b>B&amp;I - INDUSTRIAL RELATIONS DIV</b>	Legal Entity Name: Taylor-Walker Consulting LLC
Agency Code: <b>742</b>	Contractor Name: <b>Taylor-Walker Consulting LLC</b>
Appropriation Unit: <b>4680-04</b>	Address: <b>10619 S Jordan Gateway Ste 335</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>South Jordan, UT 84095</b>
If "No" please explain: Not Applicable	Contact/Phone: Scott Garduno, Managing Member 801-562-5748
	Vendor No.: T27042278
	NV Business ID: NV20161048440

To what State Fiscal Year(s) will the contract be charged? **2023-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Allocation from Fund for Workers' Compensation and Safety</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2023**

Anticipated BOE meeting date 04/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **06/30/2026**

Contract term: **3 years and 87 days**

4. Type of contract: **Contract**

Contract description: **Ann Actuarial Tables**

5. Purpose of contract:

**This is a new contract to provide ongoing actuarial services including, but not limited to, those services related to the annual adjustment and update to the actuarial annuity table as required by NRS 616C.495(6). The table is used to calculate the present value of lump sum payments of permanent partial disability awards to injured workers.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,000.00**

Payment for services will be made at the rate of \$3,000.00 per year

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Revised Statute (NRS) 616C495 requires the Administrator of the Division of Industrial Relations to update the actuarial table used to calculate the lump sum payments to permanently partially disabled injured workers.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Division of Industrial Relations, Workers' Compensation Section, does not employ actuaries which are required to perform the statutorily required tasks described above.

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):



Merlinos Actuaries Consultants  
Baker Tilly Virchow Krause, LLP  
Taylor-Walker Consulting, LLC  
Myers and Stauffer, LC  
Risk Strategies Consulting/UHAS Health Actuaries  
Oliver Wyman Actuarial Consulting, Inc  
Risk and Regulatory Consulting, LLC  
INS Regulatory Insurance Services, Inc

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was a qualified vendor who submitted the lowest bid.

d. Last bid date: 03/01/2023 Anticipated re-bid date: 03/01/2027

10. a. Does the contract contain any IT components? No  
b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**Yes** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor was contracted for the same services with DIR from 06/2018 to 06/30/2021. DIR was satisfied with the services provided under this contract.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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:

Ruth Ryan, Mgr, Research & Analysis, WCS Ph: 702-486-9118

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	snichol6	03/15/2023 10:04:59 AM
Division Approval	jhanse4	04/05/2023 09:54:27 AM
Department Approval	jhanse4	04/05/2023 10:07:47 AM
Contract Manager Approval	jhanse4	04/05/2023 10:07:50 AM
Budget Analyst Approval	jhelto1	04/05/2023 15:21:06 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27247**

Agency Name: <b>B&amp;I - DIVISION OF MORTGAGE LENDING</b>	Legal Entity Name: <b>Infojini, Inc</b>
Agency Code: <b>756</b>	Contractor Name: <b>Infojini, Inc</b>
Appropriation Unit: <b>3910-25</b>	Address: <b>10015 Old Columbia Road Suite B215</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>Columbia, MD 21046</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>Sandeep Harjani 443-257-0086</b>
	Vendor No.: <b>T29046694</b>
	NV Business ID: <b>NV20232697611</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % Licensing and Administrative Fees</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **74BAI-S2203**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2023**

Anticipated BOE meeting date **04/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **12/31/2023**

Contract term: **263 days**

4. Type of contract: **Contract**

Contract description: **MLD-Project Manager**

5. Purpose of contract:

**This is a new contract to provide IT project management services to help manage the implementation of the division's new licensing system.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,840.00**

Payment for services will be made at the rate of \$104.00 per hour

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Mortgage Lending Division is in the process of implementing a new licensing and enforcement cloud-based system. Due to the workloads of both the Department's IT staff and the agency's administrative staff, the Mortgage Lending Division is requesting funding to contract for an IT Project Manager. This vendor will ensure the system is properly implemented and to guide MLD staff to make a smooth transition to the new system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state employees of Mortgage Lending Division do not have the expertise to perform the duties of an IT project manager.

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):

Infojini  
Reunion Consulting  
Agilkin  
CTAF LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor chosen received the 2nd highest ranking from the evaluation committee. The highest ranking declined the contract.

d. Last bid date: 12/16/2022 Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes  
b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Grace Hilgar-DeVito, ASO I Ph: 7024865134

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ghilgar	02/15/2023 10:24:47 AM
Division Approval	ghilgar	03/03/2023 15:06:24 PM
Department Approval	jhanse4	03/08/2023 14:53:30 PM
Contract Manager Approval	jhanse4	03/08/2023 14:53:33 PM
EITS Approval	ljean	03/23/2023 08:02:07 AM
Budget Analyst Approval	jhelto1	04/11/2023 09:20:22 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>22633</b>	Amendment Number: <b>4</b>
Agency Name: <b>DEPARTMENT OF MOTOR VEHICLES</b>	Legal Entity Name: <b>HIGH SIERRA BUSINESS SYSTEMS</b>
Agency Code: <b>810</b>	Contractor Name: <b>HIGH SIERRA BUSINESS SYSTEMS</b>
Appropriation Unit: <b>4741-26</b>	Address: <b>INC</b>
Is budget authority available?: <b>Yes</b>	<b>2814 N CARSON ST</b>
If "No" please explain: <b>Not Applicable</b>	City/State/Zip: <b>CARSON CITY, NV 89706-0177</b>
	Contact/Phone: <b>775/883-6379</b>
	Vendor No.: <b>PUR0002215</b>
	NV Business ID: <b>NV19991464793</b>

To what State Fiscal Year(s) will the contract be charged? **2020-2025**

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 %
<b>X Highway Funds</b>	<b>100.00 %</b>	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/05/2019**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved **06/30/2023**

Termination Date:  
Contract term: **5 years and 208 days**

4. Type of contract: **Contract**  
Contract description: **Scanner Maintenance**

5. Purpose of contract:

**This is the fourth amendment to the original contract which provides ongoing scanner maintenance. This amendment extends the termination date from June 30th, 2023 to June 30th, 2025 and increases the maximum amount from \$24,750.00 to \$74,250.00 to cover the costs for two additional years of maintenance.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,750.00	\$24,750.00	\$24,750.00	Yes - Info
a. Amendment 1:	\$0.00	\$0.00	\$24,750.00	No
b. Amendment 2:	\$24,750.00	\$24,750.00	\$49,500.00	Yes - Info
c. Amendment 3:	\$0.00	\$0.00	\$49,500.00	No
2. Amount of current amendment (#4):	\$24,750.00	\$24,750.00	\$74,250.00	Yes - Info
3. New maximum contract amount:	\$74,250.00			
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?

Scanners require preventative and on call services to maintain high production turn around for DMV scanning.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Skills in scanner repair are not available among State Employees.

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?

Vendor provided the lowest cost.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	pgra1	03/07/2023 17:59:53 PM
Division Approval	asmit3	03/09/2023 10:25:14 AM
Department Approval	asmit3	03/09/2023 10:25:21 AM

Contract Manager Approval  
Budget Analyst Approval

asampso2  
klay0

03/09/2023 11:09:29 AM  
03/31/2023 11:19:25 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **23834** Amendment Number: **1**  
 Agency Name: **DETR - REHABILITATION DIVISION** Legal Entity Name: **Anderson Pest Control LLC**  
 Agency Code: **901** Contractor Name: **Anderson Pest Control LLC**  
 Appropriation Unit: **3253-10** Address: **4300 N. Pecos Rd Suite 9**  
 Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89115-0141**  
 If "No" please explain: **Not Applicable** Contact/Phone: **Nate Anderson 702-656-8898**  
 Vendor No.: **T27037835**  
 NV Business ID: **NV20021058140**

To what State Fiscal Year(s) will the contract be charged? **2021-2025**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	<b>X</b> Other funding	<b>100.00 % Business Enterprise Set-Aside</b>

Agency Reference #: **3495-25-BEN**

2. Contract start date:  
 a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2021**  
 Anticipated BOE meeting date **03/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **02/28/2025**  
 Contract term: **4 years**

4. Type of contract: **Contract**  
 Contract description: **Dam Rodent Control**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides ongoing rodent control and rodent damage repair services at the Business Enterprise of Nevada cafe and gift shop located at the Hoover Dam. This amendment adds rodent control and damage repair services to all additional Business Enterprises of Nevada locations in southern Nevada and increases the maximum amount from \$20,000 to \$35,000 due to the additional services.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$20,000.00	\$20,000.00	\$20,000.00	Yes - Info
2. Amount of current amendment (#1):	\$15,000.00	\$15,000.00	\$35,000.00	Yes - Info
3. New maximum contract amount:	\$35,000.00			

#### II. JUSTIFICATION

7. What conditions require that this work be done?

Many BEN sites handle and provide food to the public and these sites must adhere to Federal, State and Local ordinances and health codes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not trained or equipped to handle 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?  
Lowest cost proposal.

d. Last bid date: 11/09/2020      Anticipated re-bid date: 11/01/2024

- 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:

The vendor provided satisfactory services to Aging and Disability since August 2018 and BEN since October 2019.

- 14. Is the contractor currently involved in litigation with the State of Nevada?

**No**      If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

- 15. The contractor is registered with the Nevada Secretary of State's Office as a:  
LLC

- 16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

- 17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

- 18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

- 19. Agency Field Contract Monitor:

- 20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	clarki1	03/03/2023 12:41:42 PM
Division Approval	cedlefse	03/06/2023 08:55:38 AM
Department Approval	cedlefse	03/06/2023 08:55:50 AM
Contract Manager Approval	jwixon	03/06/2023 09:25:40 AM
Budget Analyst Approval	vfajota	03/17/2023 10:04:30 AM



### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27171**

Agency Name: <b>DETR - EMPLOYMENT SECURITY</b>	Legal Entity Name: <b>WOW CLEANING CORPORATION</b>
Agency Code: <b>902</b>	Contractor Name: <b>WOW CLEANING CORPORATION</b>
Appropriation Unit: <b>4770-04</b>	Address: <b>52 GLEN CARRAN CIR</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>SPARKS, NV 89431-5830</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>775/322-4787</b>
	Vendor No.: <b>T27041430</b>
	NV Business ID: <b>NV20141289535</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2025</b>

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

<input checked="" type="checkbox"/> General Funds	<b>1.90 %</b>	Fees	0.00 %
<input checked="" type="checkbox"/> Federal Funds	<b>69.00 %</b>	Bonds	0.00 %
Highway Funds	0.00 %	<input checked="" type="checkbox"/> Other funding	<b>29.10 % BEN, ESD SPECIAL FUND AND CAREER ENHANCEMENT PROGRAM</b>

Agency Reference #: **3703-25-ESD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/21/2023**  
Anticipated BOE meeting date **02/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **01/31/2025**

Contract term: **1 year and 317 days**

4. Type of contract: **Contract**

Contract description: **JANITORIAL**

5. Purpose of contract:

**This is a new contract to provide ongoing janitorial services for the DETR office located at 420 Galetti Way, Sparks, NV.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$31,015.20**

Payment for services will be made at the rate of \$1,292.30 per month

Other basis for payment: payment rendered upon approval of invoices by OM/ESD staff.

#### II. JUSTIFICATION

7. What conditions require that this work be done?

**The State of Nevada must maintain a clean facility for the safety and health of department clients and staff.**

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 manpower to provide this service in-house.**

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):

**LILY'S CLEANING  
SPRING FRESH CLEANING SERVICES**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

[Empty text box]

d. Last bid date: 10/03/2022 Anticipated re-bid date: 10/01/2024

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 WORKED WITH ESD IN THE CALENDAR YEAR OF 2022. ESD HAS BEEN VERY SATISFIYED WITH THEIR SERVICES.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
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	kwoodwar	01/27/2023 12:13:53 PM
Division Approval	cedlefse	01/27/2023 13:23:46 PM
Department Approval	cedlefse	01/27/2023 13:23:49 PM
Contract Manager Approval	jwixon	01/30/2023 13:45:34 PM
Budget Analyst Approval	vfajota	03/21/2023 10:11:28 AM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: <b>26883</b>	Amendment Number: <b>1</b>
Agency Name: <b>DETR - ADMINISTRATIVE SERVICES</b>	Legal Entity Name: <b>T&amp;M CONTROLS INC</b>
Agency Code: <b>908</b>	Contractor Name: <b>T&amp;M CONTROLS INC</b>
Appropriation Unit: <b>3274-04</b>	Address: <b>5865 S. VALLEY BLVD.</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89118</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>BLAKE FERRY 702/240-4811</b>
	Vendor No.: <b>T32012253</b>
	NV Business ID: <b>NV20031233698</b>
To what State Fiscal Year(s) will the contract be charged?	<b>2023-2024</b>
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.	
General Funds	0.00 %
<b>X</b> Federal Funds	<b>100.00 %</b>
Highway Funds	0.00 %
Fees	0.00 %
Bonds	0.00 %
Other funding	0.00 %
Agency Reference #:	<b>3681-24-DETR</b>

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/08/2022**

Anticipated BOE meeting date **03/2023**

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Previously Approved Termination Date: **10/31/2023**

Contract term: **356 days**

4. Type of contract: **Contract**

Contract description: **Electrical Work**

5. Purpose of contract:  
**This is the first amendment to the original contract which provides electrical work that is needed for new cubicles that are being installed at 2800 St. Louis location. This amendment increases the maximum amount from \$3,052.96 to \$10,693.17 due to additional work required after the vendor conducted a site survey.**

#### 6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$3,052.96	\$3,052.96	\$3,052.96	No
2. Amount of current amendment (#1):	\$7,640.21	\$10,693.17	\$10,693.17	Yes - Info
3. New maximum contract amount:	\$10,693.17			

#### II. JUSTIFICATION

7. What conditions require that this work be done?  
Electrical maintenance is required for new cubical installation

8. Explain why State employees in your agency or other State agencies are not able to do this work:  
State employees do not have expertise to perform these tasks.

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?

They were the only vendor to reply to the solicitation

d. Last bid date: 09/19/2022 Anticipated re-bid date: 09/19/2023

10. a. Does the contract contain any IT components? No  
 b. Is the contract part of an IT investment project over \$50,000? No

**III. OTHER INFORMATION**

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

**No** If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:  
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	athomps8	02/28/2023 14:33:20 PM
Division Approval	cedlefse	03/16/2023 10:22:29 AM
Department Approval	cedlefse	03/16/2023 10:22:34 AM
Contract Manager Approval	jwixon	03/16/2023 12:20:48 PM
Budget Analyst Approval	vfajota	03/20/2023 13:38:47 PM

### CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

#### I. DESCRIPTION OF CONTRACT

1. Contract Number: **27240**

Agency Name: <b>BDC LICENSING BOARDS &amp; COMMISSIONS</b>	Legal Entity Name: <b>KMJ 2.0 LLC</b>
Agency Code: <b>BDC</b>	Contractor Name: <b>KMJ 2.0 LLC</b>
Appropriation Unit: <b>B011 - All Categories</b>	Address: <b>6615 SOUTH EASTERN AVE SUITE 89119</b>
Is budget authority available?: <b>Yes</b>	City/State/Zip: <b>LAS VEGAS, NV 89119</b>
If "No" please explain: <b>Not Applicable</b>	Contact/Phone: <b>KARL MAISNER 702-430-1080</b>
	Vendor No.:
	NV Business ID: <b>NV20071707316</b>

To what State Fiscal Year(s) will the contract be charged? **2023-2024**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	<b>X</b>	Fees	<b>100.00 % LICENSURE FEES</b>
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/27/2023**

Anticipated BOE meeting date 05/2023

Retroactive? **No**

If "Yes", please explain

**Not Applicable**

3. Termination Date: **02/01/2024**

Contract term: **311 days**

4. Type of contract: **Contract**

Contract description: **Web Design**

5. Purpose of contract:

**This is a new contract to provide services for update and replacement of the Contractors Board website and mobile application.**

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$83,600.00**

Other basis for payment: Per Scope of Work

#### II. JUSTIFICATION

7. What conditions require that this work be done?

SUPPORT THE BOARD'S 2022-2023 STRATEGIC PLAN. UPDATE WEBSITE AND MOBILE APP TO IMPROVE EASE OF USE AND SITE NAVIGATION TO IMPROVE CUSTOMER SERVICE AND SAFETY FOR PROFESSIONALS AND GENERAL PUBLIC.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

DO NOT HAVE THE SKILLS TO COMPLETE THE PROJECT

9. Were quotes or proposals solicited? **Yes**

Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

KMJ  
BRAINTRUST  
P2H  
ONCE INTERACTIVE  
MABBLE MEDIA  
KPS3

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

BEST BLEND OF EXPERTISE, COST, RFP CONFORMANCE AND RFERENCES.

d. Last bid date: 01/01/2023 Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes  
b. Is the contract part of an IT investment project over \$50,000? Yes

### III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

**No** If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

**No**

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

**No**

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

**No** If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

THE CONTRACTORS BOARD HAS USED THIS CONTRACTOR BEFORE WITH SUCCESS.

14. Is the contractor currently involved in litigation with the State of Nevada?

**No** If "Yes", please provide details of the litigation 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	02/22/2023 12:11:09 PM
Division Approval	dlumber2	02/22/2023 12:11:12 PM
Department Approval	dlumber2	02/22/2023 12:11:15 PM
Contract Manager Approval	dlumber2	02/22/2023 12:11:19 PM
EITS Approval	ljean	02/22/2023 12:16:14 PM
Budget Analyst Approval	stilley	03/27/2023 11:33:10 AM



**STATE OF NEVADA**  
**DEPARTMENT OF ADMINISTRATION**  
*Enterprise IT Services Division*  
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701  
Phone: (775) 684-5800 | [www.it.nv.gov](http://www.it.nv.gov) | Fax: (775) 687-9097

**MEMORANDUM**

**TO:** Margi Grein, Executive Officer, NSCB  
Deborah Lumbert, Fiscal Service Manager, NSCB  
Brian Hayashi, IT Manager, NSCB

**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 – NSCB – TIN 680 – *NSCB Web Site and Mobile Application Update* – BA BO11

**DATE:** February 14, 2023

We have completed our review for the Nevada State Contractors Board (NSCB) – *NSCB Web Site and Mobile Application Update* – TIN 680.

The submitted TIN, for an estimated value of \$84,050.00 in the FY22/FY23 biennium and \$900.00 in the FY24/FY25 biennium (100% NSCB funding), is to contract with KMJ to update the NSCB website.

The purpose of this project is to update the design of the NSCB’s website, [www.nscb.nv.gov](http://www.nscb.nv.gov), and mobile application to make them more visually appealing, easier to use, and better organized.

The agency considers the investment and final implementation to have an ongoing low security risk; however, it is anticipated that personal identification information (PII) will be transported, stored, and/or processed using this solution because the website includes a “Contact Us” field where users will enter PII.

Currently, all content is stored on agency computers and is backed up to a remote site via a data backup service provider. There is no database behind the current website. Conversion of static web pages to the new web design will be necessary. The agency expects the website to continue being hosted by Microsoft

Azure.

The agency has no current or future plan to use EITS server hosting.

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.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.



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](http://www.budget.nv.gov) | Fax: (775) 684-0260

Date: April 12, 2023

To: Amy Stephenson, Clerk of the Board  
Governor's Finance Office

From: Kelli Lay, Executive Branch Budget Officer *KL*  
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 shall certify to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This submittal reports program activities by month for the third quarter of fiscal year 2023 (FY23) for the period beginning January 1, 2023 and ending March 31, 2023.

This submittal also includes reports by month for fiscal year 2023 (FY23) for the period beginning July 1, 2022 and ending March 31, 2023 from the counties on the money distributed by the department and how these funds are being used.

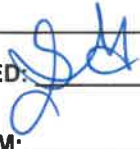
Additional Information:

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: 
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

April 12, 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 March 31, 2023.

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: 4/10/2023**  
Reporting Period: March 2023

<b>Contributions</b>								
<b>County</b>	<b>January</b>		<b>February</b>		<b>March</b>		<b>Year to Date</b>	
	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>
Carson City	\$ 1,146.00	3.21%	\$ 1,108.00	3.58%	\$ 1,208.00	3.27%	\$10,024.00	3.28%
Clark	\$ 27,884.00	78.22%	\$ 23,936.00	77.24%	\$ 28,382.00	76.79%	\$237,832.00	77.79%
Douglas	\$ 1,126.00	3.16%	\$ 1,016.00	3.28%	\$ 1,188.00	3.21%	\$10,036.00	3.28%
Washoe	\$ 5,494.00	15.41%	\$ 4,930.00	15.91%	\$ 6,182.00	16.73%	\$47,830.00	15.64%
<b>Total</b>	<b>\$ 35,650.00</b>	<b>100.00%</b>	<b>\$ 30,990.00</b>	<b>100.00%</b>	<b>\$ 36,960.00</b>	<b>100.00%</b>	<b>\$ 305,722.00</b>	<b>100%</b>

<b>DMV Commission (1%)</b>								
<b>County</b>	<b>January</b>		<b>February</b>		<b>March</b>		<b>Year to Date</b>	
	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>
Carson City	\$11.46	3.21%	\$11.08	3.58%	\$12.08	3.27%	\$100.24	3.28%
Clark	\$278.84	78.22%	\$239.36	77.24%	\$283.82	76.79%	\$2,378.32	77.79%
Douglas	\$11.26	3.16%	\$10.16	3.28%	\$11.88	3.21%	\$100.36	3.28%
Washoe	\$54.94	15.41%	\$49.30	15.91%	\$61.82	16.73%	\$478.30	15.64%
<b>Total</b>	<b>\$356.50</b>	<b>100.00%</b>	<b>\$309.90</b>	<b>100.00%</b>	<b>\$369.60</b>	<b>100.00%</b>	<b>\$3,057.22</b>	<b>100%</b>

<b>Distributions</b>								
<b>County</b>	<b>January</b>		<b>February</b>		<b>March</b>		<b>Year to Date</b>	
	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>	<b>Amount</b>	<b>% of Total</b>
Carson City	\$ 1,134.54	3.21%	\$ 1,096.92	3.58%	\$ 1,195.92	3.27%	\$9,923.76	3.28%
Clark	\$ 27,605.16	78.22%	\$ 23,696.64	77.24%	\$ 28,098.18	76.79%	\$235,453.68	77.79%
Douglas	\$ 1,114.74	3.16%	\$ 1,005.84	3.28%	\$ 1,176.12	3.21%	\$9,935.64	3.28%
Washoe	\$ 5,439.06	15.41%	\$ 4,880.70	15.91%	\$ 6,120.18	16.73%	\$47,351.70	15.64%
<b>Total</b>	<b>\$35,293.50</b>	<b>100.00%</b>	<b>\$30,680.10</b>	<b>100.00%</b>	<b>\$36,590.40</b>	<b>100.00%</b>	<b>\$302,664.78</b>	<b>100.00%</b>

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**

<b>County</b>		<b>January</b>	<b>February</b>	<b>March</b>	<b>Year To Date</b>
<b>Carson City</b>					
	Donations	573	554	604	5,012
	Registrations	3,953	3,696	4,480	36,326
	Percent that Donated	<b>14.50%</b>	<b>14.99%</b>	<b>13.48%</b>	<b>13.80%</b>
<b>Clark</b>					
	Donations	13,942	11,968	14,191	118,916
	Registrations	79,388	70,647	82,325	695,002
	Percent that Donated	<b>17.56%</b>	<b>16.94%</b>	<b>17.24%</b>	<b>17.11%</b>
<b>Douglas</b>					
	Donations	563	508	594	5,018
	Registrations	4,562	3,927	4,713	41,224
	Percent that Donated	<b>12.34%</b>	<b>12.94%</b>	<b>12.60%</b>	<b>12.17%</b>
<b>Washoe</b>					
	Donations	2,747	2,465	3,091	23,915
	Registrations	19,973	18,051	22,780	188,642
	Percent that Donated	<b>13.75%</b>	<b>13.66%</b>	<b>13.57%</b>	<b>12.68%</b>

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.

# REGIONAL TRANSPORTATION COMMISSION OF WASHOE COUNTY

## Complete Streets Program Revenue

Account ID	Account Name	Organization ID	Organization Name	Project ID	Project Name	Fiscal Year	Period	Month	Amount
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates	2023	1	JUL	(5,262.84)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		2	AUG	(5,403.42)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		3	SEP	(5,795.46)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		4	OCT	(5,399.46)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		5	NOV	(5,094.54)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		6	DEC	(4,920.30)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		7	JAN	(4,298.58)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		8	FEB	(5,439.06)
407-9-00	Misc. Non-Transp'n. Rev.	1.01.13	STREET & HIGHWAY PROGRAM	8131070	DMV Complete St Plates		9	MAR	(4,880.70)
<b>Fiscal Year 2023 - Total</b>									<b>(48,494.36)</b>
<b>PROJECT - LTD Total</b>									<b>(46,494.36)</b>
<b>Apr 6, 2023</b>									<b>12:35:21 PM</b>

Q1 (16,461.72)  
 Q2 (15,414.30)  
 Q3 (14,618.34)

The RTC is using the accumulated revenue for the construction of the Oddie Blvd & Wells Ave corridor multi-modal improvements until the project is complete. Construction on the project began in July 2021 and will continue for approximately three (3) construction seasons with completion in early 2024. Here's a link to project website for more information: <http://oddiewellsproject.com/>.

TERRI WILLOUGHBY  
Chief Financial Officer

www.douglascountynv.gov  
775-782-6202



1594 Esmeralda Avenue  
Minden, Nevada 89423

PO Box 218  
Minden, NV 89423

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## FINANCE DEPARTMENT

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April 14, 2023

Kelli Lay  
Executive Branch Budget Officer I  
Governor's Finance Office  
209 E. Musser St. Suite 200  
Carson City, NV 89701

Dear Ms. Lay,

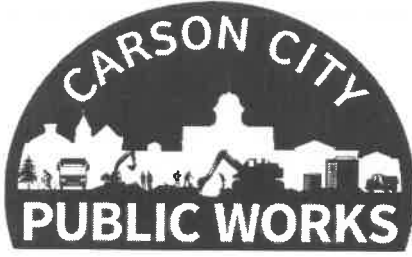
To date Douglas County has received \$8,759 in Complete Streets Program funds for the fiscal year 2023. We are currently accumulating the FY20-FY23 funds (\$53,754 to date) for future projects. We intend to use the funds towards a multi-use path on the Muller Parkway extension which is planned to be built by 2025.

Please let me know if you have any questions.

Thank you,

Caroline Chieffo  
Senior Accountant  
Douglas County Finance Division  
Ph: 775-783-6451 Fax: 775-782-6271

Via Email Only, No Hard Copy Will Be Mailed



**CARSON CITY NEVADA**  
**Consolidated Municipality and State Capital**  
**PUBLIC WORKS**

April 17, 2023

Governor's Finance Office  
209 East Musser Street, Room 200  
Carson City, Nevada 89701

Re: Carson City Complete Streets Funding as requested by the Governor and the Board of Examiners.

To Kelli J. Lay,

The Carson City Complete Streets Account has had no expenses since July 1, 2022.

The Complete Streets Account is not a large account for Carson City. To use it effectively, the City allows funds to build up before initiating a project. Prior to July 1, the account was used to purchase and install bollards along the South Carson Street Multi-Use path as part of the South Carson Street Complete Street's Project. It was also used to install decorative fencing along a slope for the City's multi-use path along I-580.

Going forward, Carson City is using Complete Streets funds as local match to a federal grant we received to conduct a Complete Streets Study along US 50 between I-580 and the Lyon County border. The City also plans to use it as match to leverage apportioned FTA funding. While there are no expenses this fiscal year (beginning July 1, 2022), the Complete Streets fund is an important funding source for transportation projects, and we'd love to see it increase.

Respectfully,

A handwritten signature in black ink that reads "Chris Martinovich". The signature is written in a cursive, flowing style.

Chris Martinovich, PE  
Transportation Manger  
Carson City Public Works





Regional Transportation  
Commission of  
Southern Nevada

600 S. Grand Central Pkwy., Suite 350, Las Vegas, NV 89106-4512

April 18, 2023

Kelli Lay, Executive Branch Budget Officer I  
State of Nevada – Governor’s Finance Office  
209 E. Musser Street, Room 200  
Carson City, NV 89701-4298  
kjlay@finance.nv.gov

**COMPLETE STREETS FUND INTERIM REPORT FISCAL YEAR 2023**

Dear Ms. Lay,

Since the beginning of fiscal year 2023, the RTC has entered into interlocal contract #3068 with the City of Las Vegas for project 191K-CSF in the amount of \$300,000.00. No expenses have been posted against this contract to date. The design has been approved and the construction portion of the project will be advertising for bids in the next few weeks. This is typical of how we’ve been managing the program with our member Agencies since its inception. The money we receive each year from the Complete Streets Fund is allocated to one of the Agencies based on need and readiness to construct and is agreed upon by the other Agencies.

You will be receiving the report for the 4<sup>th</sup> quarter of fiscal year 2023 on or before July 5, 2023 and the report for the 1<sup>st</sup> quarter of fiscal year 2024 on or before October 10, 2023.

Should you have any questions or require any additional information, please do not hesitate to contact me at (702) 676-1611 or by email at [PenuelasJ@rtcsonv.com](mailto:PenuelasJ@rtcsonv.com).

Sincerely,

*John R. Peñuelas, Jr.*

John R. Peñuelas, Jr. P.E.  
Director of Engineering Services  
RTC of Southern Nevada

cc: (via e-mail)

Gena Kendall, Engineering Manager, RTC of Southern Nevada