

Governor Joe Lombardo
Chairman

Tiffany Greenameyer
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

*** Revised 12/3/25 ***

Date and Time: December 9, 2025, 10:30 AM

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

Video Conference Location: The McCarran Center, Nevada Building
1 State of Nevada Way, Governor's Conference Room
Las Vegas, Nevada 89119

This meeting may be viewed on YouTube.
The video live stream begins at 10:30 am.
<https://www.youtube.com/watch?v=OB1q7aQO82s>

AGENDA

1. Call to Order / Roll Call

- 2. Public Comment** The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 635 114 328#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

3. Approval of November 12, 2025 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	# OF VEHICLES	NOT TO EXCEED:
State Department of Agriculture	2	\$674,170
State Department of Conservation and Natural Resources – Administration	1	\$72,000

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

Department of Human Services – Division of Public and Behavioral Health

Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Leah Lewis to assist with the Dini-Townsend Hospital licensure, Joint Commission accreditation, the Center for Medicare and Medicaid Services certification, and training staff.

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

A. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Joel Read to assist in project construction administration with Diversified Consulting Services.

B. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Michael Premo to provide structural assessments and inspections on bridges and tunnels with Nevada with Consor Engineers.

C. Department of Transportation

Pursuant to NRS 333.705, subsection 1, the department requests authority to contract with former employee Shawn Howerton to provide engineering design preparation services for GCW, Inc.

D. Nevada State Board of Pharmacy

Pursuant to NRS 333.705, subsection 1, the board requests authority to contract with former employee Ryan Miller to transfer his investigative knowledge and coordinate the implementation of a training manual for investigative procedures and to train current staff in investigations of unlawful activities related to prescription drugs and controlled substances through statewide contract #99SWC-S1406-AM with Marathon Staffing Group, Inc.

7. Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036

(For possible action)

Office of the Attorney General

Pursuant to NRS 41.036, the office submits the following Tort Claim request for approval:

Claimant:	Lausteveion Johnson
Claim No:	TC20311
Settlement Amount:	\$185,000
Date of Loss:	April 28, 2017

8. Request for Approval of Proposed State Administrative Manual Changes

(For possible action)

Governor's Finance Office

Pursuant to NRS 353.040 the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapters of the State Administrative Manual.

- A. Chapter 0120 Contract Submission
- B. Chapter 0800 Collective Bargaining
- C. Chapter 3022 Post Award Processes

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

Department of Education

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$1,333,148 from the Interim Finance Committee Contingency Account to replenish the Account for State Special Education Services.

10. State Board of Examiners Demand for Information Pursuant to NRS 353.055 (For possible action)

Governor's Finance Office

Pursuant to NRS 353.055, subsection 1, for the purpose of discharging the duties imposed on the State Board of Examiners by law, the State Board of Examiners is authorized to demand information, and the State Controller and the State Treasurer are required to furnish to the Board without delay such information as the Board may demand, touching the books, papers, vouchers or matters pertaining to or cognizable in their respective offices.

The State Board of Examiners demands the State Treasurer to provide a current General Obligation Debt Capacity and Affordability Analysis for the 2025-27 Biennium on or before December 16, 2025 for placement on the January 2026 Board of Examiners Agenda as an informational item.

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

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

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

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

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from October 15, 2025 through November 12, 2025.

15. Information Item Reports

A. Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of November 7, 2025 for fiscal year 2026. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

B. Statewide Quarterly Overtime Report – Fiscal Year 2026, 1st Quarter

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. This report covers the period of July 1, 2025 through September 30, 2025.

16. Public Comment

This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 635 114 328#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

17. 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 two pages. Written comments may be submitted electronically by email at AJohnson2@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 Amberly Johnson at (775) 684-0223 or by email at AJohnson2@finance.nv.gov, as soon as possible, and in at least two days in advance of the meeting. Supporting materials for this meeting are available at 209 East Musser Street, Suite 200, Carson City, Nevada 89701 or by contacting Amberly Johnson at (775) 684-0223 or by email at AJohnson2@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/2025/2025BOE/

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MEETING MINUTES

Date and Time:

November 12, 2025, 10:00 AM

Location:

Nevada Capitol Building
101 North Carson Street, Old Assembly Chambers
Carson City, Nevada 89701

Video Conference Location:

The McCarran Center, Nevada Building
1 State of Nevada Way, Governor's Conference Room
Las Vegas, Nevada 89119

MEMBERS PRESENT:

Governor Joe Lombardo
Attorney General Aaron Ford

MEMBERS ABSENT:

Secretary of State Francisco V. Aguilar

STAFF PRESENT:

Tiffany Greenameyer, Clerk of the Board
David Lenzner, Deputy Director, Governor's Finance Office
Todd Weiss, Board Counsel

OTHERS PRESENT:

Daniel Griffith, Public Comment
Megan Comlossy, Public Comment

1. Call to Order / Roll Call

Governor: We will call to order the State of Nevada Board of Examiners meeting scheduled for today, November 12, 2025, the time being 10:00 am. We will start with the roll call.

David Lenzner: Governor Lombardo.

Governor: Present.

David Lenzner: Attorney General Ford.

Attorney General: Here.

David Lenzner: Secretary Aguilar. Let the record reflect, we have a quorum.

2. Public Comment The first public comment period is limited to comments on items on the agenda. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on the agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 705 363 160#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: This is the first opportunity for public comment. It 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 as an action item. The Chair of the Board has imposed a three-minute time limit. Public comment may be provided in person or via telephone. Do we have any public comment there in Las Vegas?

Board Counsel: Yes, Governor.

Public Comment: Attachment A

Governor: Thank you. Any there any others for public comment there in Las Vegas? Seeing none.

Do we have anybody here in Carson City for public comment? Seeing none.

Do we have anybody in the queue on the phone?

IT Services: Yes, Governor.

Governor: Good morning, caller. Please identify yourself and go ahead.

Public Comment: Attachment B

Governor: Thank you. Do we have any other public comment on the phone? None. Alright, we will close the first opportunity for public comment.

3. Approval of Meeting Minutes (For possible action)

A. October 14, 2025 Meeting Minutes

B. October 29, 2025 Meeting Minutes

Governor: Agenda item number three, *Approval of Meeting Minutes for Possible Action*. This is approval of both the October 14, 2025 and the October 29, 2025 meeting minutes.

Attorney General Ford, do you have any questions?

Attorney General: I don't and I'll move to approve.

Governor: Alright, we have a motion for approval. All those in favor, signify by saying 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 Public Safety – Investigation Division	1	\$40,450
State Department of Conservation and Natural Resources – Division of Environmental Protection	2	\$107,857
State Department of Conservation and Natural Resources – Division of Water Resources	1	\$50,668

Governor: Agenda item number four, *State Vehicle Purchases for Possible Action*. Ms. Greenameyer.

Clerk of the Board: 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. The first request is from the Department of Public Safety, Investigation Division. The department requests approval to purchase one vehicle for a total amount not to exceed \$40,450. The next request is from the State Department of Conservation and Natural Resources, Division of Environmental Protection. The department requests approval to purchase two vehicles for a total amount not to exceed \$107,857. The last request is from the State Department of Conservation and Natural Resources, Division of Water

Resources. The department requests approval to purchase one vehicle for a total amount not to exceed \$50,668. Are there any questions on these items?

Governor: Do you have any questions?

Attorney General: None here. Move approval of each item.

Governor: The motion is for approval. All those in favor, signify by saying aye. The motion passes unanimously.

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

Department of Human Services – Aging and Disability Services Division

Pursuant to NRS 333.705, subsection 1, the department seeks a favorable recommendation to contract with former employee Marsha Rubin to provide speech pathology services through statewide contract #99SWC-NV20-5284 with Reliable Healthcare Services of Southern Nevada, Inc.

Governor: Agenda item number five, *Authorization to Contract with a Current and/or Former State Employee for Possible Action*. Department of Human Services, Aging and Disability Service Division. Ms. Greenameyer.

Clerk of the Board: This request is from the Department of Human Services, Aging and Disability Services Division. The office requests to contract with former employee Marsha Rubin to provide speech pathology services through a statewide contract with Reliable Healthcare Services of Southern Nevada, Inc. Are there any questions on this item?

Governor: Any questions, General Ford?

Attorney General: No sir, move approval.

Governor: Motion for approval. Those in favor, signify by saying aye. The motion passed unanimously.

6. Request for Approval of Proposed State Administrative Manual Changes (For possible action)

Governor's Finance Office

Pursuant to NRS 353.040 the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapters of the State Administrative Manual.

- Chapter 3022 Post Award Processes

Governor: Agenda item number six, *Request for Approval of Proposed State Administrative Manual Changes for Possible Action*. Ms. Greenameyer.

Clerk of the Board: This request is from the Governor's Finance Office. Pursuant to NRS 353.040 the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in chapter 3022 Post Award Processes of the State Administrative Manual. Are there any questions on this item?

Governor: Yes, could you provide additional information?

Clerk of the Board: Yes, this modification requires federal grant funds to be requested and disbursed, at minimum, on a monthly basis, and only to the extent needed to meet the immediate cash requirements for allowable program costs. This will ensure agencies both receive their awards and allows agencies to reconcile their budgets in a timely manner. So, this requires for agencies to do a minimum of monthly draws.

Governor: I understand. Do you have any questions, General Ford?

Attorney General: No, sir. You asked mine. That makes a lot of sense.

Governor: Alright, I'll make a motion for approval. All those in favor, signify by saying aye. The motion passes unanimously.

7. Approval of Proposed Leases (For possible action)

Governor: Agenda item number seven, *Approval of Proposed Leases, for Possible Action*. Ms. Greenameyer.

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

Governor: I have none.

Attorney General: None here, Governor, and I move for approval of both leases.

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

8. Approval of Proposed Contracts (For possible action)

Governor: Agenda item number eight, *Approval of Proposed Contracts for Possible Action*. Ms. Greenameyer.

Clerk of the Board: There are 56 contracts under this agenda item. Are there any questions on any of these?

Governor: I have none. Any questions, General Ford?

Attorney General: No, sir. Move approval of the 56 contracts.

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

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

Governor: Agenda item number nine, *Approval of Proposed Master Service Agreements for Possible Action*. Ms. Greenameyer.

Clerk of the Board: There are five master service agreements under this agenda item. Are there any questions on these items?

Governor: I have none. General Ford, any questions?

Attorney General: No, sir. Move approval of agenda item number 9.

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

10. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from September 17, 2025 through October 14, 2025.

Governor: Moving right along. We will move to agenda item number 10, *Informational Item – Clerk of the Board Contracts*.

Clerk of the Board: There are 60 contracts within the threshold of \$10,000 to \$99,999 that were approved by the Clerk of the Board from September 17, 2025 through October 14, 2025. This item is informational. Are there any questions on these items?

Governor: I have none. General Ford, any questions?

Attorney General: No sir.

11. Information Item Reports

A. Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of November 3, 2025 for fiscal year 2026. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

B. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, subsection 2, the department shall certify monthly to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report covers the period of July 1, 2025 through September 30, 2025.

Governor: Agenda item number 11, *Information Item Reports*. And we'll kick it off with 11A, Governor's Finance Office Budget Division.

Clerk of the Board: This report is from the Governor's Finance Office Budget Division pursuant to NRS Chapter 353. The division presents a reconciled fund balance report of the following accounts as of November 3, 2025. Please note the meeting materials include the specific amounts while the approximate balances are as follows: Tort Claim Fund, \$2.36M; Statutory Contingency Account, \$2.6M; Stale Claims Account, \$3.5M; Emergency Account, \$200,000; Disaster Relief Account, \$7.9M; IFC Contingency Unrestricted General Fund, \$2.9M; IFC Contingency Unrestricted Highway Fund, \$1.6M; IFC Contingency Restricted General Fund, \$139.9M; IFC Contingency Restricted Highway Fund, \$6.9M; Extradition Coordinator – Budget Account 1002, \$1.6M. This item is informational. Are there any questions?

Governor: I have none. General Ford, any questions?

Attorney General: No, sir.

Governor: We move to the next report, 11.B.

Clerk of the Board: The next item is the Department of Motor Vehicles, Complete Streets Program report. Pursuant to NRS 482.1825, subsection 2, the department shall certify monthly, to the Board of Examiners, the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report covers the period of July 1, 2025 through September 30, 2025. This item is informational. Are there any questions on this item?

Governor: None here. General Ford, any questions on this?

Attorney General: None here.

Governor: We will close agenda item number 11.

12. Public Comment

This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 705 363 160#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: Agenda item number 12, *Public Comment*. Do we have public comment in Las Vegas?

Board Counsel: Governor, we have no public comments in Las Vegas.

Governor: Okay, thank you. Do we have any public comment here in Carson City? None. Do we have anyone in the queue on the phone? Alright, seeing and hearing none, we will close public comment.

13. Adjournment (For possible action)

Governor: I'll make a motion for adjournment. All in favor, say aye. The motion passes unanimously. Everybody have a great day and thank you.

ATTACHMENT A

Daniel Griffith: Good morning, Governor, Attorney General, and members of the board. For the record, my name is Dr. Daniel Griffith, Nye County Health Officer. I want to thank you all for your continued support of SB 118 funding. In Nye County, these resources are helping us strengthen some local capacity and closing standing gaps in access to care across our rural and frontier county.

This funding is allowing us to build partnerships, expand preventative health services, and align with Nevada's foundational public health service framework. Each county's needs are unique, and this local flexibility ensured we can respond directly to what matters most in our community, from mental health access to chronic disease prevention.

On behalf of Nye County, thank you for recognizing the importance of sustainable, locally driven public health.

ATTACHMENT B

Megan Comlossy: Good morning, my name is Megan Comlossy and I'm here on behalf of the UNR School of Public Health regarding Agenda Item 8, Contract 33, which includes \$440,000 for the Youth Risk Behavior Survey or YRBS. We'd like to express our sincere thanks to you, Governor Lombardo, and to the 2025 Nevada Legislature for passing Assembly Bill 331 and for approving this funding to ensure the survey reaches students statewide.

The YRBS provides essential data on youth behaviors that influence health outcomes and this data is used by state and local agencies, community organizations and others to guide policies, programs and prevention efforts. And the contract before you today will enable us to continue surveying all middle and high schools, including in rural regions of the state. And to include tribal schools in the next cycle of the survey.

We know how much our partners rely on this data and we're pleased to report that the 2025 YRBS data collection is complete. We had nearly 12,000 students respond and 95% of the schools participated. Our team is analyzing results, responding to partner requests, and sharing findings statewide. And we just want to thank you again for supporting data-driven policies that protect the health and well-being of Nevada's youth.

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: November 12, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, 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.

STATE DEPARTMENT OF AGRICULTURE

Agenda Item Write-up:

Pursuant to NRS 334.010, the agency requests approval to purchase two replacement vehicles for a total amount not to exceed \$674,170.

Additional Information:

The agency requests approval to purchase two replacement vehicles. This request replaces one agency owned box truck and one agency owned tractor cab with boom crane that has reached the mileage requirements for replacement. Funding is contingent upon approval of work programs #C79348 and #C79361.

Statutory Authority:

NRS 334.010

REVIEWED: 

ACTION ITEM: _____

JOE LOMBARDO
Governor

STATE OF NEVADA

J.J. GOICOECHEA, DVM
Director



Las Vegas Office:
2300 East St. Louis Ave.
Las Vegas, NV 89104-4211
(702) 668-4590
Fax (702) 668-4567

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4780 East Idaho Street
Elko, NV 89801-4672
(775) 753-1360
Fax (775) 738-2639

DEPARTMENT OF AGRICULTURE

405 South 21st Street
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
Website: <http://www.agri.nv.gov>

To: Dustin Speed, Executive Branch Budget Officer I
From: Cathy Balcon, Administrator, Administrative Services Division
CC: Douglas Farris, Deputy Director
William Striejewski, Administrator, Division of Measurement Standards
Date: November 01, 2025
Subject: Vehicle Request for Budget Account 4551

Attached for your review and approval is a Board of Examiners Request for Approval to Purchase a State Vehicle. This request is contingent on approval of Work Program C79348 scheduled to be considered at the December 2025 IFC meeting. Funding was balanced forward to Reserves instead of the Equipment category.

The Department is requesting to purchase the following vehicle:

One (1) Western Star 47 with Boom Crane for \$393,983.25

The purchasing of the new vehicle will replace a current state vehicle that has reached mileage requirements for replacement.

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

Agency Name: Nevada Department of Agriculture	Budget Account #: 4551
Contact Name: William Striejewski	Telephone Number: 775-353-3726
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: Number of vehicles requested: <u>1</u> Amount of the request: <u>\$393,983.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Specialty vehicle - Semi truck with knuckle Boom Crane Mission of the requested vehicle(s): This vehicle will support Measurement Standards Division Staff in performing necessary inspections in Southern Nevada.	
Were funds legislatively approved for the request? ☒ Yes ☐ No	If yes, please provide the decision unit number: E712 SFY23 - funds have been carried forward. If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): ☐ <u> </u> Addition(s) ☒ <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain. Yes	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: 1996 Odometer Reading: Type of Vehicle: Semi truck- 10 wheel tractor and knuckle boom crane Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. N/A
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: <u>Douglas J. Harris</u> Douglas J. Harris, Nov. 1, 2015 (11/27/01/15) Agency Appointing Authority Deputy Director Title 07/11/25 Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase Board of Examiners Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	Western Star 47X Chassis with Palfinger PK 33002 EH-C Knuckle Boom Crane		
Dealer Name:	Custom Truck One Source		
Delivery Location:	Las Vegas, NV		
Vehicle Colors:	Exterior: Silver	Interior: Black	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 393,955	\$393,955
SPECIFY OPTIONS:			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			\$0
Total purchase price with options			\$393,955
DMV Title and DRS Fee's		\$28.25	\$28.25
GRAND TOTAL:			\$393,983.25

Registered Owner:	Agency Name & Address: Nevada Department of Agriculture 405 S. 21 st St. Sparks, NV 89431
Legal Owner:	Agency Name & Address: Nevada Department of Agriculture 405 S. 21 st St. Sparks, NV 89431
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Bill Striejewske wstriejewske@agri.nv.gov 775-353-3726 or 775-846-1166



Remit To: 7701 Independence Ave.
Kansas City, MO 64125

CTOS California, LLC
4500 State Rd
Bakersfield, CA 93308

SALES INVOICE

ORDER NUMBER: 1000318278

Invoice Date: 09/26/25

Total Due: \$393,955.00

Payment Terms NET 15 DAYS

Due Date: 10/11/25

Branch: BAK

Delivery Method: FTL

Delivery Terms: EXW

Bill To:

NEVADA DEPARTMENT OF
TRANSPORTATION
515 E MUSSER ST
SUITE 300
CARSON CITY, NV - 89701
UNITED STATES

Ship To:

NEVADA DEPARTMENT OF TRANSPORTATION
2300 E ST. LOUIS AVE
LAS VEGAS, NV - 89104
UNITED STATES

For questions regarding your invoice - contact (661) 578-5142

Customer #	Customer Purchase Order	Doc Date	Sales Representative	Division	Store
2066116	55AGR-NV24-22464	09/26/25	DIMACH	USA	BAK
Qty	Item	Description	Unit Price / Rate	Ext. Price	
1	100_00048	Western Star 47X With Flatbed	\$393,955.00	\$393,955.00	
		Ex Works: CASA GRANDE, ARIZONA			
		WHOLE GOOD VIN: 5KKHBPFM3TLWH9517			
		INDUSTRIAL META ITB23_6X101FB : 12796			
		IMT 32/222 K4 : 1131508			
		Unit Attributes:			
		STOCK VS	ON-HWY/OFF-ROAD:ON-		
		CUSTOM:CUSTOM BUILD	HIGHWAY		
		CHASSIS MODEL:47X			
		Western Star			
		CHASSIS MAKE:WESTERN			
		STAR			
		CHASSIS YEAR:2026			
		NEW/USED:NEW			
		ENGINE MAKE:CUMMINS			
		CHASSIS CLASS:CLASS 8			
		CHASSIS			
		ENGINE MODEL:X12 D			
		TRANSMISSION			
		MODEL:Eaton EXDP-			
		18F118D			
		ENGINE HORSE POWER:475			
		AXLE CONFIGURATION:4X2			
		BRAKES:AIR			
		ATTACHMENT			
		MODEL:32/222 K4			
		ATTACHMENT MAKE:IMT			
		ATTACHMENT YEAR:2024			
		PTO OPTIONS:YES			
		CA OR CT:221			
		WHEELBASE:286			
		FRONT AXLE			
		CAPACITY:20000			
		REAR AXLE			
		CAPACITY:46000			
		FRAME:1224343051I			
		REAR			
		SUSPENSION:AIRLINER			
		TAG AXLE:NONE			
		PUSHER AXLE(S):NONE			
		RAIL GEAR:NO			

Sale \$393,955.00

Misc. \$0.00

Tax \$0.00

Prepayments \$0.00

Total \$393,955.00

CTOS requests that any changes to remittance information communicated via email be subject to a verification process.

3960080227891183050JS606PF_0



Remit To: 7701 Independence Ave.
Kansas City, MO 64125

CTOS California, LLC
4500 State Rd
Bakersfield, CA 93308

SALES INVOICE

ORDER NUMBER: 1000318278

Invoice Date: 09/26/25

Total Due: \$393,955.00

Payment Terms NET 15 DAYS

Due Date: 10/11/25

Branch: BAK

Delivery Method: FTL

Delivery Terms: EXW

Bill To:

NEVADA DEPARTMENT OF
TRANSPORTATION
515 E MUSSEY ST
SUITE 300
CARSON CITY, NV - 89701
UNITED STATES

Ship To:

NEVADA DEPARTMENT OF TRANSPORTATION
2300 E ST. LOUIS AVE
LAS VEGAS, NV - 89104
UNITED STATES

For questions regarding your invoice - contact (661) 578-5142

Customer #	Customer Purchase Order	Doc Date	Sales Representative	Division	Store
2066116	55AGR-NV24-22464	09/26/25	DIMACH	USA	BAK

Delivery to:
Velocity Truck Center
3701 FREIGHTLINER DR
NORTH LAS VEGAS, NV 89081

CUSTOMER DEMANDS TITLE

Sale \$393,955.00

Misc. \$0.00

Tax \$0.00

Prepayments \$0.00

Total \$393,955.00

CTOS requests that any changes to remittance information communicated via email be subject to a verification process.

3960080227891183050IS606PF_0

Department of Agriculture
Division of Food and Nutrition



Memo

To: Dustin Speed, Executive Branch Budget Officer I
From: Cathy Balcon, Administrator, Administrative Services Division
CC: Douglas Farris, Deputy Director
Patricia Hoppe, Administrator, Division of Food and Nutrition
Brittany Mally, Deputy Administrator, Division of Food and Nutrition
Date: December 4, 2025
Subject: New Vehicle Request for Budget Account 1362

Attached for your review and approval is a Board of Examiners Request for Approval to Purchase a State Vehicle form. This request is for one replacement state vehicle and was not approved for purchase during the 83rd Legislative Session and is contingent upon the approval of work program C79361 at the December 11th IFC meeting.

The Department is requesting to purchase the following vehicle:

- One (1) 2026 Freightliner CA116DC With 28-foot Reefer (Refrigerated box truck)

The purchasing of the new vehicle will replace a current state vehicle (State ID# 276326) that has reached mileage requirements for replacement. This vehicle was not requested during budget build because we felt we could go another two years without replacement; however repair and maintenance costs have escalated requiring immediate replacement.

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

Agency Name: Department of Agriculture	Budget Account #: 1362
Contact Name: Brittany Mally	Telephone Number: 775-224-4783
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: Number of vehicles requested: <u>1</u> Amount of the request: <u>\$280,186.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Refrigerated box truck Mission of the requested vehicle(s): Used for weekly food deliveries around Reno and Northern Nevada for our USDA Foods in Schools and other food distribution programs.	
Were funds legislatively approved for the request? ☐ Yes ☒ No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded? Funds from our shipping and handling fees will be used for this purchase.
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): ☐ Addition(s) ☒ <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain. Yes.	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: Kenworth Box Truck 2004 Odometer Reading: 115,000 Type of Vehicle: Refrigerated box truck Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes it does. If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. No upgrade just a replacement with a current model.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:  _____ Agency Appointing Authority Deputy Director _____ Title 11/4/25 _____ Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase _____ Board of Examiners _____ Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	Freightliner CA116DC w/28-foot Reefer (Refrigerated box truck)		
Dealer Name:	Velocity Truck Centers		
Delivery Location:	405 S. 21 st Street Sparks, NV 89431		
Vehicle Colors:	Exterior: Silver	Interior: Gray	☐ Cloth ☒ Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 280,158	\$280,158
SPECIFY OPTIONS:			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	We won't need delivery.		\$0
Total purchase price with options			\$
DMV Title and DRS Fee's	1	\$28.25	\$28.25
GRAND TOTAL:			\$280,186.25

Registered Owner:	Agency Name & Address: Nevada Department of Agriculture 405 S. 21 st St. Sparks, NV 89431
Legal Owner:	Agency Name & Address: Nevada Department of Agriculture 405 S. 21 st St. Sparks, NV 89431
County Vehicle Based In:	Clark
Name & Phone of Person to contact when vehicle is ready for delivery:	Brittany Mally, 775-224-4783

Prepared for:
Heather Moon
NEVADA AGRICULTURE DEPT OF
405 S 21ST ST

SPARKS, NV 89431
Phone: 775-684-0179

Prepared by:
James Pescitelli
VELOCITY TRUCK CENTERS
1550 S MCCARRAN BLVD
SPARKS, NV 89431
Phone: 775-690-5401

Q U O T A T I O N

CASCADIA 116 INCH DAY CAB

SET BACK AXLE - TRUCK
DETROIT DD13 GEN 5 12.8L 505 HP @ 1625 RPM, 1900
GOV RPM, 1850 LB/FT @ 975 RPM
DT12-1850-OH ON-HIGHWAY 12-SPEED OVERDRIVE
AUTOMATED MANUAL TRANSMISSION
DETROIT DA-RT-40.0-4T HH 40,000# R-SERIES TANDEM
REAR AXLE WITH AXLE LUBRICATION
MANAGEMENT (ALM 2.0)
AIRLINER 40,000# REAR SUSPENSION

DETROIT DA-F-12.0-3 12,000# FF1 71.5 KPI/3.74 DROP
SINGLE FRONT AXLE
12,500# TAPERLEAF FRONT SUSPENSION
116 INCH BBC ALUMINUM CONVENTIONAL CAB
5325MM (210 INCH) WHEELBASE
NO FIFTH WHEEL
7.0MM X 88.0MM X 279.0MM STEEL FRAME
(0.28X3.46X10.98 INCH) 120 KSI
1450MM (57 INCH) REAR FRAME OVERHANG

		PER UNIT	TOTAL
VEHICLE PRICE	TOTAL # OF UNITS (1)	\$ 279,768	\$ 279,768
EXTENDED WARRANTY		\$ 0	\$ 0
DEALER INSTALLED OPTIONS		\$ 0	\$ 0
CUSTOMER PRICE BEFORE TAX		\$ 279,768	\$ 279,768

TAXES AND FEES

TAXES AND FEES	\$ 0	\$ 0
OTHER CHARGES Dealer Admin Fees	\$ 390	\$ 390

TRADE-IN

TRADE-IN ALLOWANCE	\$ (0)	\$ (0)

BALANCE DUE	(LOCAL CURRENCY)	\$ 280,158	\$ 280,158

COMMENTS:

Projected delivery 2024. QUOTE VALID 30 DAYS.

APPROVAL:

Please indicate your acceptance of this quotation by signing below:

Customer: X _____ Date: ____ / ____ / ____



Prepared for:
Heather Moon
NEVADA AGRICULTURE DEPT OF
405 S 21ST ST

SPARKS, NV 89431
Phone: 775-684-0179

Prepared by:
James Pescitelli
VELOCITY TRUCK CENTERS
1550 S MCCARRAN BLVD
SPARKS, NV 89431
Phone: 775-690-5401

Daimler Truck Financial

Financing that works for you.

See your local dealer for a competitive quote from Daimler Truck Financial, or contact us at Information@dtfoffers.com.

Daimler Truck Financial offers a variety of finance, lease and insurance solutions to fit your business needs. For more information about our products and services, visit our website at www.daimler-truckfinancial.com.

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: October 24, 2025

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Rosa Rogula, 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.

**STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES –
ADMINISTRATION**

Agenda Item Write-up:

Pursuant to NRS 334.010, the department requests approval to purchase one replacement vehicle for a total amount not to exceed \$72,000.

Additional Information:

The department is requesting to purchase one replacement vehicle to be utilized by the Nevada Sagebrush Ecosystem Program staff. This vehicle is vital for reaching remote Nevada worksites via rough, unmaintained roads. Its size allows staff to travel together with gear, reducing the need for multiple vehicles and improving efficiency. Funding was approved in the 2025 Legislative Session in budget account 4150, decision unit E711.

Statutory Authority
NRS 334.010

REVIEWED: DL

ACTION ITEM: _____

Sagebrush Ecosystem Program

201 Roop Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 687-2000

www.sagebrusheco.nv.gov

JOE LOMBARDO
Governor



Kathleen Steele, Program Manager
Cheyenne Acevedo, Wildlife
Casey Adkins, Forestry/Wildland Fire
Sarah Hale, State Lands
Skyler Monaghan, Agriculture

STATE OF NEVADA
Sagebrush Ecosystem Program

Date: October 15, 2025

To: Rosa Rogula, Executive Branch Budget Officer
Governor's Finance Office, Department of Administration

From: Kathleen Steele. Program Manager for the Sagebrush Ecosystem Program

Subject: Justification for Vehicle Change Request

The Nevada Sagebrush Ecosystem Program (Program) under the Department of Conservation and Natural Resources seeks approval to purchase one 2026 Chevy Tahoe Z71 SUV.

The approved budget requests the Z71 due to the offroad package to ensure safe, reliable access to remote worksites and to protect both staff and state assets. All-Weather Floor Liners were added to protect the vehicle interiors from mud, snow, and water tracked in from remote worksites, making cleanup easier and preserving state property. It will be purchased for \$72,000 out the door, from Michael Hohl Motor Company with the Z71 package, listed in the attached document as add-ons to the base model. While the initial cost of the vehicle was ~\$73,500, the Program fleet manager was able to get a fleet discount as to not pay more than what was allocated to the Program.

The Program was authorized for a ¾ ton, extended cab truck with a camper shell and bed liner. Below is the justification with issues and solutions that the Program discussed before and during the search for a vehicle that would best serve the program.

Capacity concerns

- Ability for the entire Sagebrush Ecosystem Technical Team (Team) to travel to and from remote ranches is one of the more important considerations when deciding on the Chevy Tahoe. The team is constantly driving on remote, mountainous two-track roads when collecting field data and meeting with current/perspective project proponents throughout the state of Nevada. The Tahoe has an advanced off-road package that will keep the Team safe in the back country.

- By fitting 5 employees, the Team can take one vehicle on field visits instead of 2, allowing the state to save money on gas, long and short-term maintenance, decreasing the chance for accidents, and reducing the carbon footprint of the Sagebrush Ecosystem Program.
- The 2026 Chevy Tahoe has a gas mileage of 20mpg compared to the 13.5mpg that we are currently getting out of our 2014 Chevy Silverado and the 12 mpg that we currently get with our 2008 GMC Sierra. Currently, our 2008 Sierra is not driven to field visits based on wiring issues and unreliability to start due to power leeching from the battery. This has led the Program to become increasingly reliable on a truck from 2014 with 175,000 miles on it.

Gas Vehicle Needed

- Charging stations for electric vehicles are only located along major routes. Based on the time it would take to charge an EV of that size (2-4 hours), the Program would be spending the same amount of money on salaries.
- There would also be an additional cost to purchase a charging station as there is no available power to route into the parking lot of our office. The increased gas mileage of the Chevy Tahoe hybrid would not outweigh the lack of charging.

Warranty

- Warranty will be void with the dealership if parts are purchased after the initial sale. The same parts, if purchased with the vehicle from the factory, will be under the same 5 year/36,000-mile basic mile warranty or the government fleet service warranty of 5 year/100,000 miles that comes standard.
- Installing vehicle add-ons to a state vehicle after the purchase from the dealership will cost the same for the parts, however, there will be installation fees associated with each part that is equipped. This would cost the state thousands in labor fees alone.
- As stated above, the dealership will service the vehicle for an extended period, as opposed to the risk of voiding the warranty and using less reputable sources for installation.
- There is always an added potential safety risk when installing aftermarket parts that do not come from the Chevy Factory as there is less guarantees about quality control and installation may not be done to the specs that are required.

Safety

- Safety features: The Chevy Tahoe comes with many standard safety features that are important to the Program during travel to remote areas of the state.
 - o Cooling, auxiliary transmission oil cooler, heavy-duty air-to-oil
 - o Recovery hooks allow for recovery on mountainous two-track roads that often have water runoff and can be very muddy. This gives the Team peace of mind that they will not be stuck without proper equipment on the vehicle.
 - o Skid plate, front: Allows the Team to remain safe when driving on mountainous two-track roads which often have large rocks or high centers. Skid plates help ensure that the state does not have to invest more money than necessary for repairs and gives the Team members the peace of mind that they will not have catastrophic issues due to rock hits.
 - o All-terrain tires come standard on the Z71, which keeps the Team safe when off-road. Team members got stranded recently due to inappropriate tires on the currently owned truck (highway rated tires).
 - o Fascia, front high-approach angle. During past field visits to various ranches, the Team has had to get out of the currently owned vehicle due to a lack of ability to get to difficult to reach places. This put state employees in less than reliable ranch vehicles, driven by non-state employees.
 - o Trailer sway control will allow the Team to travel with the port-o-potty trailer for field workshops. This feature will ensure that the state will not lose its investment in both the port-o-potty trailer and a vehicle due to the high winds that are often seen in Nevada.
 - o Adaptive Cruise control will ensure that the state employee that is driving the vehicle will remain at a safe distance from other vehicles while traveling across state or on the highways/interstates in Nevada. This will keep the Team members safe and give the state a certainty that there will not be a situation in which the state insurance has to pay for a rear-end accident. Along with this, blind zone steering assist will ensure that driving is safer for the Team and that the state can protect its investment through technology that will increase safety.
 - o Front Pedestrian and bicyclist braking will reduce the risk of pedestrian strikes, saving money for the state, protecting its citizens and protecting the members of the Program. This, along with enhanced automatic emergency braking both in front and behind will protect the investment of the state.
 - o Buckle to Drive prevents the vehicle from being shifted out of Park until driver seat belt is fastened

In summary, this vehicle is essential for accessing remote ranches and project sites throughout Nevada. Many worksites require staff to travel on unmaintained dirt roads, steep inclines, rocky paths, sandy washes, and flood-prone areas. These areas often lack regular road maintenance. Oftentimes, the team travels to these locations together to visit several sites in one week to maximize our efforts. A larger vehicle allows the staff to travel together with their camping gear in a singular vehicle so as not to use two vehicles.

Finally, the Chevy Tahoe Z71 offers better fuel efficiency, increased safety features, and lower long-term maintenance costs than full-size trucks, making it a more economical and sustainable choice for field operations. More information for the Chevy Tahoe can be found on the attached document.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read 'Kathleen Steele', with a stylized, cursive script.

Kathleen Steele

Program Manager, Sagebrush Ecosystem Program

ksteele@sagebrusheco.nv.gov

775.687.2005

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

Agency Name: Dept. of Cons. and Natural Resources	Budget Account #: 4150
Contact Name: Kathleen Steele	Telephone Number: 775-684-2700
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: Number of vehicles requested: <u>1</u> Amount of the request: <u>\$72,000.00</u> Is the requested vehicle(s) new or used: _____ Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: 2026 Chevrolet Tahoe 4WD SUV	
Mission of the requested vehicle(s): Transport staff and equipment to remote work sites.	
Were funds legislatively approved for the request? ☒ Yes ☐ No	If yes, please provide the decision unit number: E711 <u>67,264</u> If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): ☐ Addition(s) ☒ Replacement(s)	
Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain.	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) Current Vehicle Information: Vehicle #1 Model Year: <u>2008</u> Odometer Reading: <u>181,635</u> Type of Vehicle: <u>GMC Sierra</u> Vehicle #2 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. <u>Yes</u> If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. <u>The existing 2008 GMC Sierra is no longer reliable transportation for remote locations. The 2025 Chevy Tahoe will allow the team and needed equipment to fit in one vehicle.</u>
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: <u>Heather Bugg</u> Agency Appointing Authority <u>Administrative Services Officer I</u> Title <u>10/23/25</u> Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase Board of Examiners Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	Sport Utility Vehicle; ½ Ton; 4WD; 4 Door; 5-6 Passengers 2026 Chevrolet Tahoe Z71—CK10706		
Dealer Name:	Michael Hohl Motor Company		
Delivery Location:	201 S Roop St, suite 101 Carson City Nevada, 89701		
Vehicle Colors:	Exterior: Sterling Gray Metallic	Interior: Jet Black	X Cloth Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 71,376	\$71,376
SPECIFY OPTIONS: (description)			\$595
LPO, All-Weather Liner Protection Package		\$595	
All Included/Standard Equipment Included in the attached document.		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$
Total purchase price with options			\$71,971.75
DMV Title and DRS Fee's		\$28.25	\$28.25
GRAND TOTAL:			\$72,000

Registered Owner:	Agency Name & Address: DCNR Sagebrush Ecosystem Program 201 S Roop Street Suite 101 Carson City, Nevada 89701
Legal Owner:	Agency Name & Address: DCNR Sagebrush Ecosystem Program 201 S Roop Street Suite 101 Carson City, NV 89701
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Skyler Monaghan – Cell: 775-461-6791 Office: 775-687-2004



Memorandum

Date: October 23, 2025

To: Rosa Rogula, Executive Branch Budget Officer Governor's Finance Office

From: Michelle Weyland, Administrative Services Officer III, DCNR Director's Office

Subject: Justification for All-Weather Liners for Sagebrush Ecosystem vehicle

The Sagebrush Ecosystem Team is requesting the addition of all-weather liners to their requested vehicle purchase. The liners are available for an additional \$595.00, which is within the legislatively approved vehicle purchase price.

The floor liners offer precision coverage around interior trim, driver pedals, seat tracks and door sills. They are constructed of quality materials that improve carpet and interior trim protection by isolating debris and moisture while remaining removable for cleaning.

The Sagebrush Ecosystem Team is in the field year-round in all types of weather. Staff and gear routinely get wet and muddy, or covered in dirt and sand. The all-weather liners will protect the interior of the vehicle and allow for ease of maintenance and clean-up. This will result in a longer life expectancy of the carpet.

CC: Heather Bugg, Administrative Services Officer IV, DCNR Director's Office
Kathleen Steele, Program Manager for the Sagebrush Ecosystem Program

Michael

HOHL



GMC



Dcnr

2026 FACTORY Z71 ORDER

Stock# ORDER

Salesperson: Robert V

10/15/2025 12:00 PM

Incentive programs and rebates are estimates, subject to change and verification. Tax Profile: Exempt

Cash Deal Structure

Market Value	73,590.00
Discount Savings	-1,618.25
Vehicle Price	71,971.75
License / Title	28.25

BASE PRICE: \$71,376

Due On Delivery	72,000.00
Tax: EXEMPT	0.00 %



Michael Hohl Motor Company

ROBERT VILLANUEVA | 1-661-978-2534 | robert.villanueva@michaelhohl.com

Vehicle: [Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71 (✔ Complete)

Quote: DCNR Z71 TAHOE-SKYLER

Price Summary

PRICE SUMMARY

	MSRP
Base Price	\$70,400.00
Total Options	\$595.00
Vehicle Subtotal	\$70,995.00
Destination Charge	\$2,595.00
Grand Total	\$73,590.00

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Data Version: 26731. Data Updated: Oct 14, 2025 6:51:00 PM PDT.



Michael Hohl Motor Company

ROBERT VILLANUEVA | 1-661-978-2534 | robert.villanueva@michaelhohl.com

Vehicle: [Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71 (✓ Complete)

Quote: DCNR Z71 TAHOE-SKYLER

Standard Equipment

Mechanical

Engine, 5.3L EcoTec3 V8 with Dynamic Fuel Management, Direct Injection and Variable Valve Timing, includes aluminum block construction (355 hp [265 kW] @ 5600 rpm, 383 lb-ft of torque [518 Nm] @ 4100 rpm) (STD)

Transmission, 10-speed automatic electronically controlled with overdrive, includes Traction Select System including tow/haul (Standard with (L84) 5.3L EcoTec3 V8 engine or (L87) 6.2L EcoTec3 V8 engine only.) (STD)

Rear axle, 3.23 ratio

Suspension, Premium Smooth Ride (STD)

GVWR, 7600 lbs. (3447 kg) (Standard with (L84) 5.3L EcoTec3 V8 engine or (L87) 6.2L EcoTec3 V8 engine.) (STD)

Keyless start, push button

Automatic Stop/Start

Engine control, stop/start system disable button, non-latching

Engine air filtration monitor

Fuel, gasoline, E15 (Standard with (L84) 5.3L EcoTec3 V8 engine or (L87) 6.2L EcoTec3 V8 engine only.)

Transfer case, active, 2-speed electronic Autotrac with rotary controls, includes neutral position for dinghy towing (Included and only available with (NHT) Max Trailering Package on 4WD models only.)

Differential, mechanical limited-slip

4-wheel drive

Air filter, heavy-duty

Cooling, external engine oil cooler, heavy-duty air-to-oil integral to driver side of radiator (Deleted when (LZ0) Duramax 3.0L Turbo-Diesel engine is ordered.)

Cooling, auxiliary transmission oil cooler, heavy-duty air-to-oil

Battery, 730 cold-cranking amps with 80 amp hour rating (Standard with (L84) 5.3L EcoTec3 V8 engine or (L87) 6.2L EcoTec3 V8 engine only.)

Alternator, 220 amps (Standard with (L84) 5.3L EcoTec3 V8 engine or (L87) 6.2L EcoTec3 V8 engine only.)

Trailering equipment includes trailering hitch platform, 7-wire harness with independent fused trailering circuits mated to a 7-way connector and 2" trailering receiver

Trailer sway control

Hitch Guidance

Recovery hooks, Red, horizontal-mounted

Skid plate, front

Suspension, front coil-over-shock with stabilizer bar

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Data Version: 26731. Data Updated: Oct 14, 2025 6:51:00 PM PDT.



Michael Hohl Motor Company

ROBERT VILLANUEVA | 1-661-978-2534 | robert.villanueva@michaelhohl.com

Vehicle: [Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71 (✓ Complete)

Quote: DCNR Z71 TAHOE-SKYLER

Mechanical

Suspension, rear multi-link with coil springs
Hill Descent Control
Steering, power
Brakes, 4-wheel antilock, 4-wheel disc with DURALIFE rotors
Exhaust, dual system with dual twin polished stainless-steel tips
Mechanical Jack with tools

Exterior

Wheels, 20" x 9" (50.8 cm x 22.9 cm) bright machined and painted Technical Gray aluminum (STD)
Tires, 275/60R20SL all-terrain, blackwall
Wheel, full-size spare, 17" (43.2 cm) steel
Tire, spare P265/70R17 all-season, blackwall
Tire carrier, lockable outside spare, winch-type mounted under frame at rear
Active aero shutters, upper
Fascia, front high-approach angle
Luggage rack side rails, roof-mounted, Black
LPO, Assist steps, tubular, Black (dealer-installed)
Z71 exterior features include Black front and rear bowtie emblems, unique front grille with Z71 badging, unique front fascia, Black nameplate badging and unique Z71 fender badging
IntelliBeam, automatic high beam on/off
Headlamps, LED
Fog lamps, front LED
Tail lamps, LED
Mirrors, outside heated power-adjustable, manual-folding, body-color
Mirror caps, body-color
Glass, deep-tinted (all windows, except light-tinted glass on windshield and driver- and front passenger-side glass)
Glass, acoustic, laminated
Glass, windshield shade band
Windshield, solar absorbing
Wipers, front intermittent, Rainsense

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Vehicle: [Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71 (✓ Complete)

Quote: DCNR Z71 TAHOE-SKYLER

Exterior

Wiper, rear intermittent with washer

Door handles, body-color

Liftgate, rear power with programmable memory height

Entertainment

Audio system, 17.7" diagonal advanced color LCD display with Google built-in compatibility (select service plan required, terms and limitations apply), including navigation capability, connected apps, personalized profiles for each driver's settings, Natural Voice Recognition and Phone Integration (STD)

Audio system feature, 6-speaker system

Bluetooth for phone personal cell phone connectivity to vehicle audio system

5G Wi-Fi Hotspot capable (Terms and limitations apply. See onstar.com or dealer for details.)

Wi-Fi Hotspot capable (Terms and limitations apply. See onstar.com or dealer for details.)

SiriusXM with 360L Trial Subscription. SiriusXM with 360L transforms your customers' ride with our most extensive and personalized radio experience on the road. (IMPORTANT: The SiriusXM trial subscription is not provided on vehicles that are ordered for Fleet Daily Rental ("FDR") use. Trial subscription is subject to the SiriusXM Customer Agreement and privacy policy, visit www.siriusxm.com which includes full terms and how to cancel. All fees, content, features, and availability are subject to change. Some features require GM connected vehicle services.)

Wireless Apple CarPlay/Wireless Android Auto

Interior

Seats, front bucket (STD)

Seat trim, leather-appointed front seats

Seat adjuster, driver 8-way power

Seat adjuster, front passenger 8-way power

Seat adjuster, driver 2-way power lumbar

Seat adjuster, front passenger 2-way power lumbar

Seats, heated driver and front passenger

Seats, second row 60/40 split-folding bench, manual

Seats, third row 60/40 split-folding bench, manual

Memory settings, recalls 2 "driver" presets for power driver seat

Key card (Requires (UE1) OnStar.)

Console, floor with storage area and removable storage tray

Floor covering, color-keyed carpeting

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Quote: DCNR Z71 TAHOE-SKYLER

Interior

Floor mats, color-keyed carpeted first and second row, removable (Deleted when LPO floor mats or LPO floor liners are ordered.)

Electronic Precision Shift

Steering column lock, electrical

Steering column, manual tilt and telescopic

Steering wheel, 3-spoke, wrapped

Steering wheel controls, mounted audio, Driver Information Center, Adaptive Cruise Control, Forward Collision Alert following gap button and heated steering wheel (when equipped)

Driver Information Center, 11" diagonal multi-color digital display

Interior camera (requires future vehicle software update)

Door locks, power programmable with lockout protection and delayed locking

Keyless Open includes extended range Remote Keyless Entry

Remote start

Window, power with driver Express-Up/Down

Window, power with front passenger Express-Up/Down

Windows, power with rear Express-Down

Adaptive Cruise Control

Universal Home Remote includes garage door opener, programmable

Theft-deterrent system, electrical, unauthorized entry

Wireless Phone Charging, for portable devices

USB ports, 2 type-A and C, charge and data located inside center console

USB ports, 2 type-A and C, charge and data, located on front console

USB ports, 2 type-C, charge-only, located in third row

Air conditioning, tri-zone automatic climate control with individual climate settings for driver, right front passenger and rear seat occupants

Air conditioning, rear

Defogger, rear-window electric

Power outlets, 2, 120-volt, located on the rear of the center console and rear cargo area

Sill plates, bright, front and rear door

Mirror, inside rearview auto-dimming (Replaced by (DRZ) Rear Camera Mirror when (CWM) Technology Package is ordered.)

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Quote: DCNR Z71 TAHOE-SKYLER

Interior

Visors, driver and front passenger illuminated vanity mirrors, sliding

Assist handles, overhead, driver and front passenger, located in headliner

Assist handles, front passenger A-pillar and second row outboard B-pillar

Lighting, interior with dome light, driver- and passenger-side door switch with delayed entry feature, cargo lights, door handle or Remote Keyless Entry-activated illuminated entry and map lights in front and second seat positions

Cargo management system

Chevrolet Connected Access capable (Subject to terms. See onstar.com or dealer for details.)

Safety-Mechanical

Front Pedestrian and Bicyclist Braking

Intersection Automatic Emergency Braking intersection alert, braking

Enhanced Automatic Emergency Braking

Reverse Automatic Braking

StabiliTrak, stability control system with brake assist, includes traction control

Safety-Interior

Airbags, Frontal airbags for driver and front outboard passenger; Seat-mounted side-impact airbags for driver and front outboard passenger; Driver inboard seat-mounted side-impact airbag; Head-curtain airbags for all rows in outboard seating positions (Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)

Front outboard Passenger Sensing System for frontal outboard passenger airbag (Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)

Hill Start Assist

Blind Zone Steering Assist (Replaced by (UKW) Blind Zone Steering Assist with Trailing when (NHT) Max Trailing Package is ordered.)

OnStar Services capable (See onstar.com for details and limitations. Services vary by model. Service plan required.)

Enhanced Automatic Parking Assist

HD Surround Vision

Rear Camera Washer

Rear Cross Traffic Braking

Rear Pedestrian Alert

Side Bicyclist Alert

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Quote: DCNR Z71 TAHOE-SKYLER

Safety-Interior

Lane Keep Assist with Lane Departure Warning, enhanced

Forward Collision Alert

Safety Alert Seat

Rear Seat Reminder

Buckle to Drive prevents vehicle from being shifted out of Park until driver seat belt is fastened; times out after 20 seconds and encourages seat belt use, can be turned on and off in Settings or Teen Driver menu

Door locks, rear child security, manual

LATCH system (Lower Anchors and Tethers for CHildren), for child restraint seats lower anchors and top tethers located in all second-row seating positions, top tethers located in third row seating positions

Teen Driver a configurable feature that lets you activate customizable vehicle settings associated with a key fob, to help encourage safe driving behavior. It can limit certain available vehicle features, and it prevents certain safety systems from being turned off. An in-vehicle report card gives you information on driving habits and helps you to continue to coach your new driver

Tire Pressure Monitoring System auto learn, includes Tire Fill Alert (does not apply to spare tire)

Warning tones headlamp on, driver and right-front passenger seat belt unfasten and turn signal on

OnStar Basics (OnStar Fleet Basics for Fleet) Drive confidently with core OnStar services including remote commands, built-in voice assistance, real-time traffic and navigation, and Automatic Crash Response to help if you're in need. (Requires (UE1) OnStar. OnStar Basics includes remote commands, Navigation, Voice Assistance, and Automatic Crash Response, for eligible vehicles with compatible software. OnStar Basics is standard for 8 years; OnStar plan, working electrical system, cell reception and GPS signal required. OnStar links to emergency services. Service coverage varies with conditions and location. Service availability, features and functionality vary by device and software version. See onstar.com for details and limitations.)

WARRANTY

Warranty Note: <<< Preliminary 2026 Warranty >>>

Basic Years: 3

Basic Miles/km: 36,000

Drivetrain Years: 5

Drivetrain Miles/km: 60,000

Drivetrain Note: 3.0L & 6.0L Duramax® Turbo-Diesel engines, and certain commercial, government, and qualified fleet vehicles: 5 years/100,000 miles

Corrosion Years (Rust-Through): 6

Corrosion Years: 3

Corrosion Miles/km (Rust-Through): 100,000

Corrosion Miles/km: 36,000

Roadside Assistance Years: 5

Roadside Assistance Miles/km: 60,000

Roadside Assistance Note: 3.0L & 6.0L Duramax® Turbo-Diesel engines, and certain commercial, government, and qualified fleet vehicles: 5 years/100,000 miles

Maintenance Note: First Visit: 12 Months/12,000 Miles

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Vehicle: [Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71 (✔ Complete)

Quote: DCNR Z71 TAHOE-SKYLER

Selected Model and Options

MODEL

CODE	MODEL	MSRP
CK10706	2026 Chevrolet Tahoe 4WD 4dr Z71	\$70,400.00

COLORS

CODE	DESCRIPTION
GXD	Sterling Gray Metallic

OPTIONS

CODE	DESCRIPTION	MSRP
ZZ7	Z71 Preferred Equipment Group	\$0.00
A50	Seats, front bucket	\$0.00
C6G	GVWR, 7600 lbs. (3447 kg)	\$0.00
CAV	LPO, All-weather cargo mat	Inc.
FE9	Emissions, Federal requirements	\$0.00
GU5	Rear axle, 3.23 ratio	\$0.00
GXD	Sterling Gray Metallic	\$0.00
H0Y	Jet Black, Leather-Appointed seating surfaces	\$0.00
L84	Engine, 5.3L EcoTec3 V8	\$0.00
MHS	Transmission, 10-speed automatic	\$0.00
R4M	Wheels, 20" x 9" (50.8 cm x 22.9 cm) bright machined and painted Technical Gray aluminum	\$0.00
RGJ	LPO, All-Weather Liner Protection Package	\$595.00
RIA	LPO, All-weather floor liners, 1st and 2nd rows	Inc.
RIB	LPO, All-weather floor liners, 3rd row	Inc.
URW	Audio system, 17.7" diagonal advanced color LCD display	\$0.00
ZW7	Suspension, Premium Smooth Ride	\$0.00
Options Total		\$595.00

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Quote: DCNR Z71 TAHOE-SKYLER

Window Sticker

SUMMARY

[Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71MSRP:\$70,400.00

Interior:Jet Black, Leather-Appointed seating surfaces

Exterior 1:Sterling Gray Metallic

Exterior 2:No color has been selected.

Engine, 5.3L EcoTec3 V8

Transmission, 10-speed automatic

OPTIONS

CODE	MODEL	MSRP
CK10706	[Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71	\$70,400.00
OPTIONS		
ZZ7	Z71 Preferred Equipment Group	\$0.00
A50	Seats, front bucket	\$0.00
C6G	GVWR, 7600 lbs. (3447 kg)	\$0.00
CAV	LPO, All-weather cargo mat	Inc.
FE9	Emissions, Federal requirements	\$0.00
GU5	Rear axle, 3.23 ratio	\$0.00
GXD	Sterling Gray Metallic	\$0.00
H0Y	Jet Black, Leather-Appointed seating surfaces	\$0.00
L84	Engine, 5.3L EcoTec3 V8	\$0.00
MHS	Transmission, 10-speed automatic	\$0.00
R4M	Wheels, 20" x 9" (50.8 cm x 22.9 cm) bright machined and painted Technical Gray aluminum	\$0.00
RGJ	LPO, All-Weather Liner Protection Package	\$595.00
RIA	LPO, All-weather floor liners, 1st and 2nd rows	Inc.
RIB	LPO, All-weather floor liners, 3rd row	Inc.
URW	Audio system, 17.7" diagonal advanced color LCD display	\$0.00
ZW7	Suspension, Premium Smooth Ride	\$0.00

SUBTOTAL\$70,995.00

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Vehicle: [Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71 (✔ Complete)

Quote: DCNR Z71 TAHOE-SKYLER

Adjustments Total	\$0.00
Destination Charge	\$2,595.00
TOTAL PRICE	\$73,590.00

FUEL ECONOMY

- Est City:N/A
- Est Highway:N/A
- Est Highway Cruising Range:N/A

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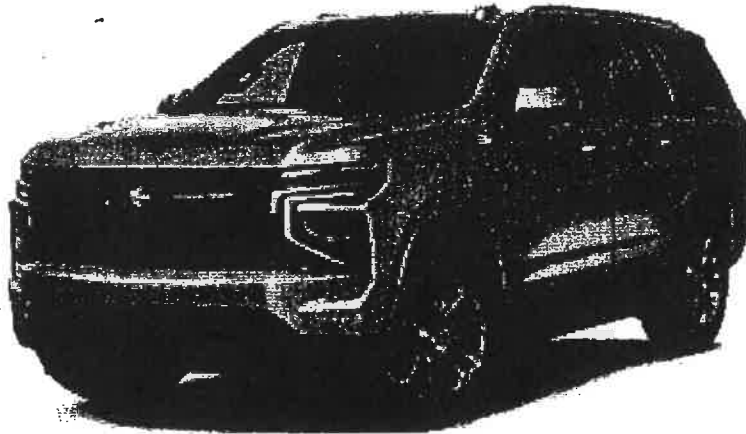


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Note: Photo may not represent exact vehicle or selected equipment.

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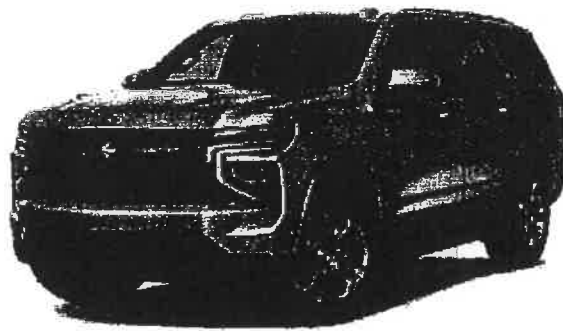
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DCNR

Prepared For: SKYLER

Vehicle: [Fleet] 2026 Chevrolet Tahoe (CK10706) 4WD 4dr Z71



DCNR 2026 Z71 TAHOE

Kathleen M. Steele

** Please Sign & Return to Order*

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: November 12, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Roxana Gifford, 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 HUMAN SERVICES –
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 4, the department seeks a favorable recommendation regarding its determination to use the emergency provision to contract with former employee Leah Lewis to assist with the Dini-Townsend Hospital licensure, Joint Commission accreditation, the Center for Medicare and Medicaid Services certification, and training staff.

Additional Information:

Ms. Lewis, who previously served as a Clinical Program Manager 1, retired from the department on August 15, 2025, and will be receiving pension benefits. Her experience with the department is being utilized to assist the program needs and training staff. On August 19, 2025, The Nevada Public Employees Retirement System approved Ms. Lewis employment during the initial 90 days of retirement.

The department seeks a favorable recommendation to contract with Ms. Lewis from September 2, 2025 through November 30, 2025 on a part-time basis.

Statutory Authority:

NRS 333.705(4)

REVIEWED: 
ACTION ITEM: _____

Joe Lombardo
Governor

Richard Whitley,
MS
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Dena Schmidt
Administrator

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

MEMORANDUM

DATE: October 14, 2025
TO: Roxana Gifford, Executive Branch Budget Officer, Governors Finance Office
THROUGH: Dena Schmidt, Administrator, Division of Public and Behavioral Health
FROM: Andrea Rivers, Deputy Administrator, Division of Public and Behavioral Health
RE: Request Authorization to Contract with Former Employee - Leah Lewis

In accordance with NRS 286.520(6) the Division of Public and Behavioral Health (DPBH) within the Department of Human Services (DHS) received authorization to waive for one (1) period of 30 days or less a retired employee's disqualification per NRS 286.520(1) due to emergency needs by the agency.

Leah Lewis, State of Nevada retiree effective August 15, 2025, had been a long standing and valued employee with Northern Nevada Adult Mental Health Services (NNAMHS) within DPBH as a Clinical Program Manager. Ms. Lewis has very specific knowledge over her years of service that no other employee at the agency has currently to support the agency through the Dini-Townsend Hospital licensure, Joint Commission accreditation and the Center for Medicare and Medicaid Services (CMS) certification. The Joint Commission surveys occur every three (3) years and they will be coming unannounced anytime between August and October 2025. A successful Joint Commission process ensures DPBH can continue to receive monies from Medicare.

This position has been filled for a number of years by Leah Lewis (retirement effective 8/15/2025) who is responsible for the successful Joint Commission (TJC) accreditation process, which is expected to close around 10/15/25. Upon learning about the expected retirement, the team has taken a proactive approach to fill this position including approval for an overlap request and position underfill since early 2025. There has not been success in identifying a qualified incumbent to the position at this time. The position remains open and posted for the team to review applications and hold interviews as people apply.

The retiree has been gracious to state they can come back and assist in the process which is vital to our hospitals and our continued ability to bill Medicare for services. Best case scenario we hoped to overlap the hiring in early 2025 to get a new person up to speed and available, but this hasn't been the case, and we need to ensure our bases are covered.

4150 Technology Way, Suite 300 • Carson City, NV 89706 • (775) 684-4200 • Fax (775) 687-7570 •

dpbh.nv.gov

HEALTH.

ALL IN GOOD



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:	Leah Lewis			
Former Employee ID Number:	40542			
Former Job Title:	Clinical Program Manager 1			
Former Employee Agency:	Northern Nevada Adult Mental Health Services (NNAMHS)			
Former Class and Grade:	Class:	10.123	Grade:	39
Former Employment Dates:	From:	1/7/08	To:	8/15/2025
Requesting Agency:	Division of Public and Behavioral Health (DPBH), Northern Nevada Adult Mental Health Services (NNAMHS)			
Vendor:	Reliable Health Care Services of Southern Nevada			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	Summarize scope of contract work.
A	Train and assist staff with former job duties to ensure knowledge is transferred. This is to include all of the following items: • Ensure that Dini-Townsend Hospital at NNAMHS maintains: ○ Joint Commission (TJC) accreditation by reviewing and documenting all standards are being met. ○ Centers for Medicare and Medicaid Services (CMS) certification by reviewing and documenting all standards are being met. ○ Health Care Quality & Compliance (HCQC) licensure by documenting all standards are being met and submitting all required paperwork. • Survey Coordinator for all Dini-Townsend Hospital at NNAMHS surveys. ○ TJC bases their surveys off of a manual of regulations that requires a level of expertise to interpret. Acts as the interpreter and the TJC subject matter expert for hospital staff.

	• Patient safety officer and death reviews by chairing the patient safety committee, reporting sentinel events, Root Cause Analysis, and completing investigations when needed. • Responding to patient complaints, grievances, and suggestions and maintaining all required documentation. • Agency protocol coordinator ensuring that all agency protocols are reviewed and revised in compliance with all standards.
B	Document former job description. • Ensures that NNAMHS maintains TJC accreditation, CMS certification and HCQC licensure. • Assures continuous compliance with TJC, CMS, & HCQC standards. • Stays informed of new requirements and educates all other staff on these requirements related to their area of expertise. • Prepares documents and binders for surveys. • Writes and follows up on corrective action plans. • Updates and submits TJC application. • Survey Coordinator for all surveyors • Patient safety officer- completes death reviews, chairs the patient safety committee, reports sentinel events, completes Root Cause Analysis, and completes investigations when needed. • Responds to patient complaints, grievances, and suggestions and maintains all required documentation. • Agency protocol coordinator - ensures that all agency protocols are reviewed and revised in compliance with standards.
C	Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer? Yes, Ms. Lewis has extensive knowledge of the TJC standards, CMS requirements, HCQC requirements, and relevant laws in the CFRs and NRS. NNAMHS was unable to locate internal staff that are knowledgeable or qualified for this position. NNMAHS has been diligently working on recruiting for this position. Knowledge transfer would begin as soon as the new employee is recruited and is expected to take 3 months to a year depending on the person's previous experience and knowledge base.
D	Explain why existing State employees within your agency cannot perform this function. All other positions in the hospital do not have the experience or capability to make sure DPBH-NNAMHS is compliant with all regulatory standards for the TJC, CMS, and HCQC. The TJC survey will occur by October 31, 2025. If items are not completed and documented accurately, TJC will find issues during the survey. If there are too many issues noted in a survey, it will trigger a resurvey. NNAMHS is responsible for paying the surveyors to come back out to reinspect. Although the exact costs are unknown it can be in the tens of thousands of dollars based upon time needed to verify all critical issues were corrected. It has been years since NNAMHS has had to have a resurvey. The approval to contract with Ms. Lewis and having her train a new Clinical Program Planner will ensure a successful upcoming survey and future surveys, reducing the likelihood of resurveys being needed. Issues that can be noted on a survey include patient care, documentation, and even items like building structure and repair. A bad survey could cause the state to lose the ability to access additional revenue, (billing Medicare and Medicaid), and damage the hospital's, DPBH's, and even the state's reputation within the communities served.

E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.
	No Relation
F	List contractors' hourly rate.
	The contractor's hourly rate is \$60.00. The state hourly rate is below.
G	List the range of comparable State employee rates.
	Clinical Program Manager I \$36.69 - \$54.93
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	N/A
I	Document justification for hiring contractor.
	Ms. Lewis has 14 years of experience at NNAMHS and many years of experience in the field prior to joining the State of Nevada. With the aid of her experience and historical knowledge, our team will gain the skills necessary to ensure NNAMHS consistently meets or exceeds all quality measures, removing all worries of potential failure from the Joint Commission surveys for years to come.
J	Will the employee be collecting PERS at any time during the contract?
	Yes
K	What is the duration of the contract with the former employee? (Include start and end date)
	Start date: 9/2/2025 Duration: Per NRS 286.520 (1) per NRS 286.520 (6) not to exceed 30 calendar days or 173.33 hours in the 90-day period after effective date of retirement which was August 15, 2025. end date: 11/30/2025
L	Will the former employee be working full time or part time? If part time, how many hours?
	This position requires a full-time fully trained employee to perform its functions. The former employee is only available to work part time, up to 20 hours per week to help the new employee train for this full-time position.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

From each team member here at the NNAMHS campus, we kindly ask that you consider our request to contract with this former employee, who is an incredibly important member of our network. With the aid of her experience and historical knowledge, our team would gain the skills necessary to ensure NNAMHS exceeds to consistently meet all quality measures, removing all worries of potential failure from the Joint Commission surveys for years to come.

Approval for Authorization to Contract with a Former Employee:

Signed by: Andra Rivers for Dena Schmidt Administrator 7/15/2025
E3E13E38C1E54BD
Signature of Agency Head Authorizing Request Date

N/A
Purchasing Administrator Signature (if a Statewide Contract) Date

Roxana Y. [Signature] 11/10/2025
Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Retirement Board

Mark Stevens
Chair
Brian A. Wallace
Vice Chair

Jessica Colvin
Dawn E. Huckaby
Todd H. Ingalsbee
Norma Santoyo
Cameron Wagner



Executive Staff

Tina Leiss
Executive Officer

Kabrina Feser
Operations Officer

Steve Edmundson
Chief Investment
Officer

August 19, 2025

State of Nevada, Department of Health and Human Services
Attn: Dena Schmidt, Administrator
4150 Technology Way, Suite 300
Carson City, NV 89706

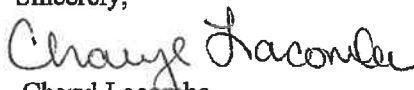
Dear Ms. Schmidt:

Please let this letter serve as confirmation that Karen Leah Lewis (***-**-9186) was approved by the Public Employees Retirement System for employment during the initial 90 days of retirement. This approval is for a period not to exceed 30 calendar days or 173.33 hours in the 90-day period after his effective date of retirement. This is the maximum period that can be approved, even on an emergency basis, during the 90 days immediately following retirement. Employment, which has been approved on an emergency basis, must be terminated at the end of the 30-day period (or 173.33 hours) or the retirement allowance of the retired employee must be suspended for the duration of that employment to comply with the Nevada Revised Statutes, Section 286.520.

Please complete and return the certification provided below to document our file when the employment has ended.

Should you require further assistance, please contact us and ask to speak to a Counseling Services representative.

Sincerely,


Charyl Lacombe
Administrative Analyst

Cc: Karen Leah Lewis
PERS Audit Staff

TO: PUBLIC EMPLOYEES RETIREMENT SYSTEM

I hereby certify _____ was employed on an emergency basis to assist us for a maximum of 30 calendar days; that _____ was employed on _____.

Liaison Officer

Date

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: November 11, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Nicolette Johnston, Executive Branch Budget Officer *ng*
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 Joel Read to assist in project construction administration with Diversified Consulting Services.

Additional Information:

Mr. Read, who previously served as a Supervisor III, retired from the department on July 2, 2025, and will be receiving pension benefits. His experience with the department will be utilized at Diversified Consulting Services to provide construction engineering services. The department intends to contract with him from December 9, 2025 to June 30, 2026, on a full-time basis.

Statutory Authority:

NRS 333.705(1)

REVIEWED: <i>ng</i>
ACTION ITEM: _____



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

MEMORANDUM

October 2, 2025

To: Governor's Finance Office
From: Tracy Larkin Thomason, P.E., Director
Subject: Authorization to Contract with a Former Employee – Joel Read

SUMMARY

Pursuant to the Administrative Manual Section 0115, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Joel Read. Mr. Read retired from state service on July 2, 2025. He is currently employed with Diversified Consulting Services, Inc. (DCS), who is proposing to utilize Mr. Read to work on Contract 3983 through current and future Service Provider Agreements within NDOT's Construction Division. The current Agreement, P459-22-040, provides construction engineering services for the North Valleys Phase 1B project as detailed below, terminating on June 30, 2026. Mr. Read has worked with many consultant firms during his tenure with the Department. He was not involved with DCS or in the procurement process for any of the current agreements.

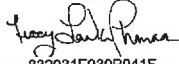
BACKGROUND

There are insufficient staff and expertise to successfully manage the workload, size and scope of the statewide construction operations needs for construction engineering services. In December 2022, NDOT issued a Request for Proposals (RFP) to engage service providers to perform engineering needs in construction engineering services. This agreement includes providing assistant resident engineers, technicians, testers, and support personnel, to ensure the construction engineering of the project is accomplished in conformance with the policies, guidelines, manuals, and standards.

Mr. Read retired from NDOT as a Supervisor III, from District II with Crew 905. His experience in this role provides a wide range of skills required for DCS to utilize in the current agreement and future project agreements. These skills include, but are not limited to, supervising engineering technicians and staff, providing inspections and construction management assignments by DCS.

RECOMMENDATION

We respectfully request your consideration for approval for DCS to engage Mr. Read as a member on their staffing team to augment NDOT's management of statewide construction projects via the construction engineering services provided from the North Valleys Phase 2A Agreement and future agreement projects for NDOT.

DocuSigned by:

832931E930B041F...
Tracy Larkin Thomason, P.E., Director



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Authorization to Contract with a Former Employee

Employee Information			
Former Employee Name:	Joel Read		
Former Employee ID Number:	15833		
Former Job Title:	Supervisor III, Associate Engineer		
Former Employee Agency:	Nevada Department of Transportation		
Former Class and Grade:	Class:	6.209	Grade: 40
Former Employment Dates:	From:	May 26, 2000	To: July 2, 2025
Requesting Agency:	Nevada Department of Transportation		
Vendor:	Diversified Consulting Services (DCS)		

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

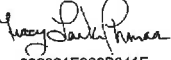
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
X	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	Summarize scope of contract work.
A	Augmentation of NDOT Construction Crew 905, currently administering the NDOT, US 395 North Valley's Project, Contract 3983 under NDOT Agreement P459-22-040. Role will include assistance in project construction administration as an Assistant Resident Engineer with responsibilities overseeing materials testing, inspection, survey, construction field office and contractor negotiations on change order work.
	Document former job description.
B	Responsible for contract administration of highway construction projects and supervision of subordinate employees including engineering technicians who perform construction inspection, materials testing, construction survey and office work including contractor payment, quantity tracking, change order negotiations and preparation. Responsible for daily oversight of contractor operations including traffic control and the safety of the travelling public and workers. Coordinates and manages project activities between divisions within the Nevada Department of Transportation, local governmental entities and other State and federal agencies to ensure goals and objectives are met. Negotiates with the contractor through the Contract Change Order process.

C	Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?
	Yes, the employee is being hired for his knowledge of Federal, State, and local agency requirements, policies, and procedures. He is very familiar with the needs of NDOT regarding consultant services and will help meet NDOT's needs for engineering demands that current staff cannot supply. All information related to NDOT is public information with no confidential/specialized processes.
D	Explain why existing State employees within your agency cannot perform this function.
	NDOT frequently contracts work and solicits requests for proposals to the consultant community due to limited resources at the Department.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750.
	None, no relationships exist.
F	List contractors' hourly rate and employee's hourly rate.
	\$238.70 per hour/\$60.00 per hour
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.
	\$38.34 - \$57.53 per hour (Grade 40) Supervisor III, Assoc. Engineer, Asst. Resident Engineer
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	The proposed contract rate is comparable to the average private consultant rate for Mr. Read's qualifications, experience, and expertise. As with all of our Service Provider contracts, DCS and most consultants are paid using a loaded rate to cover expenses and a profit margin. Exactly how those costs are divided are determined by the consultant.
I	Document justification for hiring contractor.
	Diversified Consulting Services has a need for someone with Mr. Read's expertise and knowledge of both NDOT and other public works contracts that Diversified Consulting Services performs throughout Nevada.
J	Will the employee be collecting PERS at any time during the contract?
	Yes, due to retirement from NDOT.
K	What is the duration of the contract with the former employee? (Include start and end date)
	Start Date: December 9, 2025 End Date: June 30, 2026
L	Will the former employee be working full time or part time? If part time, how many hours?
	Full time
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

DocuSigned by:


832931E930B041F...

10/07/2025

Agency Head Authorizing Request

Date

Purchasing Administrator Signature (if a Statewide Contract)

Date


Budget Analyst Signature

11/14/2025
Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: November 10, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Nicolette Johnston, 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 Michael Premo to provide structural assessments and inspections on bridges and tunnels with Consor Engineers.

Additional Information:

Mr. Premo, who previously served as the Assistant Chief Structures Engineer, retired from the department on July 7, 2025 and will be receiving pension benefits. His specialized experience of federal and state requirements for structures will be utilized at Consor Engineers. The department intends to contract with him from December 9, 2025 through June 15, 2026 on a full-time basis.

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

October 7, 2025

To: Governor's Finance Office
From: Tracy Larkin Thomason, P.E., Director
Subject: Authorization to Contract with a Former Employee – Michael Premo

SUMMARY

Pursuant to the Administrative Manual Section 0115, the Nevada Department of Transportation (NDOT) requests the authority to contract with retired state employee, Michael Premo. Mr. Premo retired from state service on July 7, 2025. Consor Engineers (Conсор) is hiring Mr. Premo to provide structural assessments and inspections on bridges and tunnels throughout several states to include Utah, Idaho, Colorado, Arizona and Nevada and is responsible for providing detailed and accurate inspection reports for each inspection site. The inspections and assessments include but are not limited to performing and assessing bridge load ratings, providing routine, fractural critical, complex, element level, and hands-on bridge inspections as well as inspecting culverts, and pedestrian bridges in accordance with (IAW) Title 23CFR650 part C and applicable Federal Highway Administration (FHWA) and the American Association of State Highway and Transportation Officials (AASHTO) rules and regulations. Mr. Premo will also lead projects as a project manager, quality program administration, review of deliverable products to include proposals, project audits, training course instructor, project performance monitoring with clients, and representing Consor at conferences. Consor is proposing to utilize Mr. Premo to work under NDOT agreement P506-24-011.

BACKGROUND

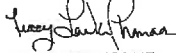
NDOT Structures Division is responsible for managing Nevada's bridges statewide. Over the years the State's bridge inventory has expanded to more than 2,000. Currently the Structures Division has eight full-time positions that are certified to perform the required inspections when fully staffed. Inspections can be extremely time-consuming due to the travel time needed to reach the bridge location as well as the type of bridge being inspected (i.e. overpasses). In many cases traffic control is needed along with specialized equipment for inspectors to gain access to areas under the bridge. Data collected for each bridge must be analyzed and compiled into a report that must be submitted in a timely manner. Due to the current staffing levels, number of bridges, and the reporting requirements, the Structures Division needs assistance to adhere to their mandatory reporting requirements.

Consor is expanding their business model nationally and currently has contracts in 11 different states. Consor is employing Mr. Premo as their employee to focus on the company's business needs. Mr. Premo's specialized knowledge of the federal requirements for structures is highly coveted as well as having years of experience navigating state-required statutes and regulations. Mr. Premo will also take lead as a project manager, quality program administration, review of deliverable products to include proposals, project audits, training course instructor, project performance monitoring with clients, and representing Consor at conferences

RECOMMENDATION

We respectfully request your consideration for approval for Consor Engineers to engage Mr. Premo as a member on their staffing team to provide statewide bridge inspections and assessments on the current and future agreement projects for NDOT.

DocuSigned by:


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Tracy L. Thomas, P.E., Director



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Authorization to Contract with a Former Employee

Employee Information			
Former Employee Name:	Michael F. Premo		
Former Employee ID Number:	00489		
Former Job Title:	Assistant Chief Structures Engineer - Inspection		
Former Employee Agency:	Department of Transportation (NDOT)		
Former Class and Grade:	Class:	06.223	Grade: 45
Former Employment Dates:	From:	03/2004	To: 07/07/2025
Requesting Agency:	Department of Transportation (NDOT)		
Vendor:	Conzor Engineers		

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

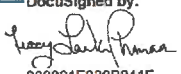
	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
X	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Conzor Engineers is hiring Mr. Premo to provide structural assessments and inspections on bridges and tunnels throughout several states to include Utah, Idaho, Colorado, Arizona and Nevada and is responsible for providing detailed and accurate inspection reports for each inspection site. The inspections and assessments include but are not limited to performing and assessing bridge load ratings, providing routine, fractural critical, complex, element level, and hands-on bridge inspections as well as inspecting culverts, and pedestrian bridges in accordance with (IAW) Title 23CFR650 part C and applicable Federal Highway Administration (FHWA) and the American Association of State Highway and Transportation Officials (AASHTO) rules and regulations. Mr. Premo will also take lead on projects as a project manager, quality program administration, review of deliverable products to include proposals, project audits, training course instructor, project performance monitoring with clients, and representing Consor at conferences. Mr. Premo's role will include assistance under NDOT Agreement P506-24-011.
B	Document former job description. As the Assistant Chief Structures Engineer, Mr. Premo administered the federally mandated Title 23CFR650 for the NDOT state-wide bridge inspection program. Responsibilities included but are not limited to maintaining the

	state bridge inventory (2,000+ bridges), overseeing non-destructive testing needs, compiling and submitting the bi-annual inspection of structures throughout the state as required by National Bridge Inspection Standards (NBIS), review and oversee all bridge inventory documents and reports accurately assessing the structure and functional condition of all public bridges in Nevada, oversees the load rating assessments and capacities for each bridge, and ensures proper emergency response for flood, earthquake, and other potential bridge damage events.
C	Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer? No. Consor is expanding their business model nationally and currently has contracts in 11 different states. Consor is employing Mr. Premo as their employee to focus on the company's business needs. Mr. Premo's specialized knowledge of the federal requirements for structures is highly coveted as well as having years of experience navigating state-required statutes and regulations. There will be no transfer of specialized knowledge between Mr. Premo and NDOT.
D	Explain why existing State employees within your agency cannot perform this function. NDOT Structures Division's responsibility for managing the State's bridges/structures is continuously expanding and growing to more than 2,000+ bridges throughout the State with only eight employees (when fully staffed) certified to perform these required inspections. The time, effort, and distance that is required to appropriately assess and inspect each structure as well as the time and effort it takes to generate the required reporting from those inspections is extensive and more than the current staffing levels can manage.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750. No relationship exists.
F	List contractors' hourly rate and employee's hourly rate. Consultant's Rate varies - \$34.00 to \$118.00 Employee's average rate will be \$76.84
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate. Administrator II/Grade 47/\$79.64; Administrator I/Grade 45/\$72.52; Manager I/43/\$66.07; Professional Engineer and Supervisor III/40/\$57.53; Staff II Associate Engineer/37/\$50.15
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result? Mr. Premo has over 33 years of structures experience, including 15 years with the bridge inspection program. Mr. Premo's job duties with Consor will exceed the responsibilities he held as the Assistant Chief Structures Division. His job functions with Consor will include bridge inspection, project management, quality program administration, review of deliverable products and timelines, project audits, training course instructor, project performance monitoring, and representing Consor at conferences.
I	Document justification for hiring contractor. The large amount of bridge inspection work necessary throughout the State of Nevada exceeds the capabilities of the NDOT Structures Division inspection staff as well as the allocated travel budget of the division.
J	Will the employee be collecting PERS at any time during the contract? Yes, Mr. Premo is collecting PERS upon retirement.
K	What is the duration of the contract with the former employee? (Include start and end date) Start date: 12/9/2025 End Date: 06/15/2026

L	Will the former employee be working full time or part time? If part time, how many hours?
	Full time. However, Mr. Premo anticipates moving to a part-time schedule in 18 to 24 months at 20-30 hours/week.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No.

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

DocuSigned by:

 832931E930B041F
 Signature of Agency Head Authorizing Request

10/07/2025
 Date

 Purchasing Administrator Signature (if a Statewide Contract) Date


 Budget Analyst Signature

11/10/2025
 Date

 Clerk of the Board of Examiners Signature Date

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: November 10, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Nicolette Johnston, 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 Shawn Howerton to provide engineering design preparation services for GCW, Inc.

Additional Information:

Mr. Howerton, who previously served as a Division Chief (Administrator), retired from the department on January 19, 2025, and will be receiving pension benefits. His experience with the department will be utilized at GCW, Inc for special projects. The department intends to contract with him from December 9, 2025, through June 10, 2026, 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

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Shawn Howerton			
Former Employee ID Number:	20192			
Former Job Title:	Administrator II, Professional Engineer			
Former Employee Agency:	NDOT			
Former Class and Grade:	Class:	Engineering 6.221	Grade:	47
Former Employment Dates:	From:	December 20, 1999	To:	January 19, 2025
Requesting Agency:	NDOT			
Vendor:	GCW, Inc.			

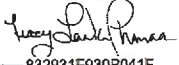
Please mark which of the following applies and complete Sections 'A' through 'M' below:

	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
X	Contract is with an entity (service provider) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Preparation of engineering design services under Agreement Nos. P189-23-015 and P670-22-015. Role will include technical roadway design support, and quality control.
B	Document former job description. Mr. Howerton has 25 years of highway design, construction, and division administration experience working for NDOT. He started working for NDOT as an Engineering Technician on a field construction crew. His duties were materials testing and inspection of contractor activities. Mr. Howerton later spent 6 years in Roadway Design as an Engineering Technician, Staff 1 (Assistant Designer), then Supervisor 2 (Roadway Designer). He was responsible for the development of contract plans. He prepared and maintained the Engineer's Estimate. He was responsible for coordination of the design process with all other design disciplines. Mr. Howerton also spent 8 years working in the Constructability Section of NDOT Construction Headquarters office. He held positions of Staff 2, Staff 3 PE, and Manager 1 within Constructability. The section was responsible for performing constructability reviews for all NDOT highway construction projects to ensure all projects were reasonably consistent, biddable, and buildable. During this time, he was a member of the Bid Review Analysis and 3R review teams. Also, during this time, Mr. Howerton was temporarily reassigned to perform the duties of a Resident Engineer for Contract 3478. These duties included preparing and processing contract change orders. He also oversaw the contractor payments. He communicated with contractor management, field crews, and

	other divisions within NDOT. Mr. Howerton returned to Roadway Design as Manager 1, as a principle engineer overseeing design staff. He managed the scope, schedule, and budget for Roadway Design projects. He performed bid reviews and participated in public outreach and stakeholder meetings. He reviewed roadway geometrics and prepared Geometric Approval documentation. He was responsible for establishing unit prices for the Engineer's Estimate. Lastly, Mr. Howerton spent 6 years in the Location Division of NDOT serving as Administrator 2 (Division Chief). He was responsible for maintaining the budget and operations of the division. The division creates the biennial State Highway map, generates aerial imagery, design mapping, field survey with construction control monumentation, GIS databases, and route and alignment surveys.
C	Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer? Yes, employee is being hired for his knowledge of overall Federal, State and local agency requirements, policies, and procedures. He is very familiar with the needs of NDOT regarding preparation of engineering design documents and project delivery. All information related to NDOT is public information with no confidential/specialized processes.
D	Explain why existing State employees within your agency cannot perform this function. NDOT frequently contracts work and solicits request for proposals to consultant community due to limited resources at the Department.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750. None, no relationships exist.
F	List contractors' hourly rate. \$70.00 per hour
G	List the range of comparable State employee rates. \$79.64 per hour (Administrator 1) \$66.07 per hour (Manager 1)
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result? Proposed contract rate is comparable to the average private consultant rate for Mr. Howerton's qualifications and experience.
I	Document justification for hiring contractor. GCW, Inc. has a need for someone with Mr. Howerton's expertise and knowledge for both NDOT and other public works contracts that GCW performs throughout Nevada.
J	Will the employee be collecting PERS at any time during the contract? Yes, due to retirement in January 2025.
K	What is the duration of the contract with the former employee? (Include start and end date) Start Date: 12/09/2025 End Date: 06/10/2026
L	Will the former employee be working full time or part time? If part time, how many hours? Part-Time, 10 hours per week
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

DocuSigned by:

832931E930B041F... Agency Head Authorizing Request 10/07/2025
Date

Purchasing Administrator Signature (if a Statewide Contract) Date


Budget Analyst Signature 11/10/2025
Date

Clerk of the Board of Examiners Signature Date



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

MEMORANDUM

October 7, 2025

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

SUMMARY

Pursuant to the Administrative Manual Section 0115, the Nevada Department of Transportation (NDOT) requests the authority to contract with a retiring state employee, Shawn Howerton. Mr. Howerton retired from State service (NDOT) on January 19, 2025, and is receiving PERS. He will be hired by GCW, Inc. with a tentative start date of November 12, 2025. GCW, Inc. will utilize Mr. Howerton as a Senior Civil Engineer on US 95/US 6 Downtown Tonopah Complete Streets and SR 613 Summerlin Parkway NEPA projects.

BACKGROUND

On July 14, 2023, GCW, Inc. submitted a Request for Proposal (RFP) for Summerlin Parkway – State Route 613 NEPA Analysis to engage service providers to perform professional engineering and environmental services to provide preliminary design and NEPA analysis for the project.

On December 12, 2023, NDOT entered into Agreement No. P189-23-015 with GCW, Inc. as the highest ranked firm responding to the RFP to provide preliminary engineering and environmental services. GCW, Inc. is currently actively working under this agreement until December 31, 2027.

On May 8, 2025, GCW, Inc. submitted a Request for Approach (RFA) for US 95/US 6 Downtown Tonopah Complete Streets to engage service providers to perform professional engineering design services to provide final design for the project.

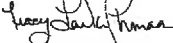
On July 14, 2025, NDOT entered into Agreement No. P670-22-015 with GCW, Inc. as the highest ranked firm responding to the RFA to provide engineering design services. GCW, Inc. is currently actively working under this agreement until December 31, 2027.

Mr. Howerton has had no influence or authority over the consultant procurement for these Agreements.

RECOMMENDATION

We respectfully request your consideration for approval of GCW, Inc. to engage Mr. Howerton to fill the role as a Senior Engineer as needed for US 95/US 6 Downtown Tonopah Complete Streets and SR 613 Summerlin Parkway NEPA projects.

DocuSigned by:


832931E930B041F...

Tracy Larkin Thomason, P.E., Director

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: November 5, 2025

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: David Lenzner, Deputy Director
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 BOARD OF PHARMACY

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the board requests authority to contract with former employee Ryan Miller to transfer his investigative knowledge and coordinate the implementation of a training manual for investigative procedures and to train current staff in investigations of unlawful activities related to prescription drugs and controlled substances through statewide contract #99SWC-S1406-AM with Marathon Staffing Group, Inc.

Additional Information:

Mr. Miller retired from the Department of Public Safety, Investigations Division on March 12, 2024 and worked from May 13, 2024 to July 10, 2024 under a Critical Need waiver for Nevada Highway Patrol, and is receiving pension benefits. He is uniquely qualified to train investigators regarding interview techniques, providing testimony, and evidence gathering which are skills particularly important to the Board of Pharmacy because their cases often involve the collection of controlled substances and other drugs from licensed medical professionals as evidence and he is experienced with the operation of the database established to track controlled substance prescriptions. The board previously contracted with Mr. Miller from August 14, 2024 through December 31, 2024 through Timberwolf, LLC, and through Marathon Staffing from January 1, 2025 through June 30, 2025, and from July 1, 2025 to December 31, 2025. The office requests to contract with Mr. Miller from January 1, 2026 to June 30, 2026.

Statutory Authority:
NRS 333.705(1)

REVIEWED: DP

ACTION ITEM: _____

JOE LOMBARD
Governor

STATE OF NEVADA



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

J. DAVID WUEST
Executive Secretary

DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS
STATE OF NEVADA BOARD OF PHARMACY

Date: November 4, 2025

To: Bridgette Mackey-Garrison
Nevada Governor's Finance Office, Budget Division

From: David Wuest, Executive Secretary
State of Nevada Board of Pharmacy

RECEIVED
NOV 04 2025
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Subject Authorization to Contract with Former Employee –Ryan Miller

The State of Nevada Board of Pharmacy is requesting a contract with a former employee, Ryan Miller, through the use of Marathon Temporary Services. The request is made in accordance with the State administrative Manual Chapter 0323. Mr. Miller previously served as the Chief of the Division of Public Services. His job duties included administrative oversight of the State's Prescription Monitoring Program and investigations of unlawful activities related to prescription drugs and controlled substances

Through this contract, Mr. Miller will coordinate the implementation of the training manual created secondary to State Contract #29167, including investigative procedures pursuant to NRS 639.162, procedures for locating and interviewing witness, evidence collection, analyzing and evaluating data, formulating logically supported conclusions, and writing narrative investigation reports. Mr. Miller will transfer his investigative knowledge to current staff. Mr. Miller will be working from the Reno Board of Pharmacy office.

Please contact me if additional information or clarification is needed. My phone number is 775-85-1440 ext 112, or email at dwuest@pharmacy.nv.gov.



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Authorization to Contract with a Former Employee

Employee Information			
Former Employee Name:	Ryan Miller		
Former Employee ID Number:	06332		
Former Job Title:	Division Administrator, Investigation		
Former Employee Agency:	Nevada Department of Public Safety		
Former Class and Grade:	Class:	13.302	Grade: 50
Former Employment Dates:	From:	9/21/1998	To: 3/12/2024
Requesting Agency:	Nevada State Board of Pharmacy		
Vendor:	Marathon Staffing Group		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Contractor shall provide investigation coordination to Nevada State Board of Pharmacy personnel including investigators and inspectors on an hourly basis, not to exceed 32 hours per week, encompassing the following: - Investigative procedures and techniques predicated on the database established pursuant to NRS 453.162 to track controlled substance prescriptions as an investigative tool - Search and seizure laws, including warrantless inspections of regulated businesses - Procedures for locating and interviewing witnesses and documenting witness statements - Evidence collection and chain of custody, including the seizure, custody, control, transfer, analysis, and disposition of documentary and physical evidence - Digital forensics and digital-based evidence - Analyzing and evaluating data, evidence, and statements, formulating logically supported conclusions, and writing narrative investigation reports

	- Interpreting and applying pertinent laws, statutes, codes, and regulations to investigations, including, without limitation, the Federal Controlled Substances Act, 21 U.S. Code Chapter 13, and the Nevada Uniform Controlled Substances Act, NRS Chapter 453 - Investigating crimes related to pharmaceutical drugs - Giving evidence in criminal, civil and administrative proceedings - Multi-agency investigations with other federal and state enforcement agencies - Legal issues related to investigations, including applicable federal and state laws governing privacy, confidentiality and public records
B	Document former job description. The Division Administrator is at-will and is appointed by the Director of the Department of Public Safety. The Division Administrator will provide executive leadership to the Nevada Investigations Division. The Division Administrator is responsible for administrative, fiscal, and operational functions of the division. The Division Administrator will exercise all power and authority vested by law to carry out the mission of the division by planning, organizing, directing, and controlling division resources. The Division Administrator will be expected to demonstrate and promote the highest standards of personal and professional conduct and will be expected to work collaboratively with members of the Department to foster a working environment that encourages individuals to excel in their areas of responsibility. The Division Administrator shall be well-versed in all operational and administrative aspects of comprehensive public safety operations.
C	Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer? Marathon Temporary Services possesses the investigative expertise required to train the investigation staff of the Board of Pharmacy's investigations unit. It is uniquely qualified to train investigators regarding interview techniques, providing testimony, and evidence gathering. These skills are particularly important to the Board of Pharmacy because its case often involve collection of controlled substances and other drugs from licensed medical professional are evidence.
D	Explain why existing State employees within your agency cannot perform this function. Current employees do not possess the necessary qualifications or experience to train staff regarding our high volume and diverse investigations. Mr. Miller has 10 years of experience as an executive management experience at a Nevada Law Enforcement agency and 2 years' experience with operation of the database established pursuant to NRS 453.162 to track controlled substance prescriptions.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750. No
F	List contractors' hourly rate and employee's hourly rate. Contractors' hourly rate \$70.88 per hour Employee's hourly rate \$56.75 per hour
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate. Criminal Investigator 11, Grade 39, and \$55.02
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result? N/A
I	Document justification for hiring contractor. The Board has determined that Board is in need of coordination to ensure that investigations utilizing the Database are conducted in strict conformance with federal and state law. The Board is in a position to identify any qualified candidates. The proposed vendor Marathon Staffing Group employs the former Chief of the Division with 10 years executive

	management experience and expertise in criminal investigations related to controlled substances, including operation of the database. No other Nevada law enforcement official has the necessary experience with operation of the Database, and no Board personnel have the necessary law enforcement experience and expertise in criminal investigations related to controlled substances.
J	Will the employee be collecting PERS at any time during the contract? Yes
K	What is the duration of the contract with the former employee? (Include start and end date) January 01, 2026 to June 30, 2026
L	Will the former employee be working full time or part time? If part time, how many hours? Part Time, less than 32 hours a week.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). No

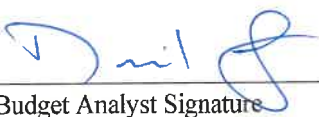
Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

 11/4/2025

Signature of Agency Head Authorizing Request Date

Purchasing Administrator Signature (if a Statewide Contract) Date

 11/05/25

Budget Analyst Signature Date

Clerk of the Board of Examiners Signature Date

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: October 29, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Budd Milazzo, Executive Branch Budget Officer *BM*
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE ATTORNEY GENERAL

Agenda Item Write-up:

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

Claimant: Lausteveion Johnson
Claim No: TC20311
Settlement Amount: \$185,000
Date of Loss: April 28, 2017

Payment of this claim to be made to the Claimants' counsel:

Lausteveion Johnson
c/o McDonald Carano
2300 W Sahara Ave #1200
Las Vegas, NV 89102

Additional Information:

A settlement agreement and full and final release of further claims has been entered into for the total amount of \$185,000 for claimants. A total of \$184,500 will be paid from the Tort Claim Fund and \$500 will be paid by the Nevada Department of Corrections.

Statutory Authority:

NRS 41.0361829

REVIEWED: *BM*
ACTION ITEM: _____

AARON D. FORD
Attorney General

CRAIG A. NEWBY
First Assistant Attorney General

CHRISTINE JONES BRADY
Second Assistant Attorney General



STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

100 North Carson Street
Carson City, Nevada 89701

TERESA BENITEZ-
THOMPSON
Chief of Staff

LESLIE NINO PIRO
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

To: Budd Milazzo, Executive Branch Budget Officer
From: Nancy Katafias, Tort Claims Manager
Date: October 29, 2025
Subject: BOE Agenda Submittal for Johnson, Lausteveion

Please place the following item on the December 9, 2025, Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348/15.

Plaintiff: Lausteveion Johnson
Claim No.: TC 21829
Payment: \$185,000 with \$500 from the NDOC and \$184,500 from the tort fund
Payable to: Lausteveion Johnson
c/o McDonald Carano
2300 W Sahara Ave #1200
Las Vegas NV 89102

TORT CLAIM RECOMMENDATION

DATE: October 8, 2025
CLAIMANT: Mr. Lausteveion Johnson
CLAIM NUMBER: TC21829
DATE OF LOSS: April 28, 2017
AGENCY: NDOC/SDCC

DISCUSSION

In the lawsuit filed against the NDOC, the now released inmate had allegations of a conspiracy to sexually assault him, deliberate indifference, failure to protect, retaliation, and free exercise of religion.

The case survived dispositive motions and pro bono counsel was granted for the plaintiff. The case was briefly reopened and then set for a jury trial. A jury found for the plaintiff on 3 of the counts and ordered damages in the amount of \$265,000.

The State appealed the verdict to the 9th Circuit, and the case was settled during a 9th Circuit mediation. Case settlement is payable pending final approval by the Board of Examiners.

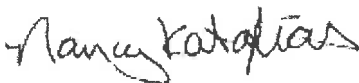
RECOMMENDATION

It is recommended that the claim be paid in the amount of \$185,000 with the NDOC to pay \$500 and the tort fund to pay \$184,500.

RECOMMENDATION: PAY

G/L 7350 Lausteveion Johnson
c/o McDonald Carano
2300 W Sahara Ave #1200
Las Vegas NV 89102

Approved:



NANCY KATAFIAS, CLAIMS MANAGER

October 8, 2025

DATE



LESLE NINO PIRO, GENERAL COUNSEL

Sophia G. Long for Leslie Nino Piro

10/28/2025

DATE

Settlement Agreement and Full and Final Release of Claims

Case Name: *Johnson v. Barrett, et al.*

Case No.: District Court Case No. 2:17-cv-02304-RFB-BNW; 9th Circuit Case No. 25-2439,
hereinafter referred to as:

"The Matter"

Plaintiff: Lausteveion Johnson	Defendants: Regina Barrett Julio Mesa

This Settlement Agreement and Full and Final Release of Claims ("Agreement") is made and entered into by, Plaintiff Lausteveion Johnson (the "Plaintiff") and the State of Nevada *ex rel.* Nevada Department of Corrections, on behalf of Defendants Regina Barrett and Julio Mesa (jointly referred to as "NDOC"). This Agreement is being entered into by Plaintiff and NDOC (collectively, the "Parties") because each of them have determined that resolving this Matter by way of settlement is preferable than continuing to litigate this Matter before the U.S. District Court for the District of Nevada ("Court").

Plaintiff and NDOC have agreed to resolve all claims raised in this Matter on the following terms:

1. NDOC and Plaintiff have agreed to the following non-monetary terms: None.
2. NDOC will pay the Plaintiff the sum of \$185,000.00 ("Settlement Amount") disbursed directly to Plaintiff.
 - a. Plaintiff and Plaintiff's counsel understand that the Settlement Amount will be paid in two installments, one in the amount of \$500.00 paid by NDOC, with the remaining \$184,500.00 paid by the State of Nevada Tort Fund.
 - b. This settlement is contingent on approval by the State of Nevada Board of Examiners. Defendants will make efforts to get this settlement onto the December 2025 agenda. Payment will be processed as soon as practicable if it is approved by the Board of Examiners. If the State of Nevada Board of Examiners does not approve this settlement, then no binding settlement exists.
3. Unless otherwise noted, the terms outlined in paragraphs 1-3 above shall be completed within thirty (30) days of on approval by the State of Nevada Board of Examiners.

4. Plaintiff is represented in this Matter by counsel: Ryan Norwood, Esq. and Rick Mula, Esq. of the Federal Public Defenders Office and John A. Fortin, Esq. and Emily Dennis, Esq. of McDonald Carano ("Plaintiff's counsel"). Plaintiff and Plaintiff's counsel have separately negotiated and agreed upon an apportionment of the Settlement Amount. NDOC will disburse the Settlement Amount as instructed by Plaintiff and Plaintiff's counsel. The following apportionment of the Settlement Amount is reported to fulfill the Parties' obligations under NRS 41.0375(1)(b):
 - a. \$185,000.00 to be disbursed directly to Plaintiff.
 - b. \$0.00 in attorney's fees to be disbursed directly to counsel.
 - c. \$0.00 in costs to be disbursed directly to counsel.
5. In consideration of the Agreement above, the Plaintiff has signed a Stipulation and Order to Dismiss the Matter at the same time as signing this Agreement. The Parties consider the Stipulation and Order to Dismiss part of this Agreement.
6. Within forty-five (45) days this Agreement being signed by all Parties, NDOC will file the Stipulation and Order to Dismiss, or, alternatively, if the terms of the Settlement have not been completed, a Status Report. If a Status Report is filed, the Status Report must inform the Court as to what terms are yet to be completed, along with an explanation as to why they have not yet been completed and when NDOC anticipates the outstanding terms will be completed. Plaintiff shall have seven (7) days to file any objection to a Status Report filed by NDOC. Unless the Court orders otherwise, NDOC must file another Status Report within thirty (30) days of the filing of any Status Report in the case, or the Stipulation and Order to Dismiss must be filed.
7. If there is a delay in completing the terms of the Settlement Agreement, the Parties agree that a motion to enforce will not be filed until after the time frames described in Paragraph 7 have fully expired, but also agree that such Motion be filed within seven (7) days following the expiration of the timelines in Paragraph 6.
8. This Agreement represents a mutual release of all claims related to or arising out of this Matter, or any facts pertinent to or underlying this Matter. The Plaintiff and NDOC understand that they are entering into a comprehensive settlement that is meant to represent a complete release of all claims related to the Matter.

9. Plaintiff understands that the Dismissal of this Matter applies to: (a) all claims that were or could have been raised in the Matter; and (b) all Defendants that were or could have been named in the Matter, whether those Defendants are current or former employees of the State of Nevada or NDOC.
10. Plaintiff understands that by entering this Agreement, neither NDOC nor any of the individually named defendants are making any admission of liability for the claims raised in the Matter.
11. Plaintiff understands that he is not entitled to any other payments, including but not limited to attorney fees and costs, filing fees, copy costs or postage.
12. This Agreement shall be construed and interpreted in accordance with the laws of the State of Nevada. Should any court declare or determine any provision of this Agreement to be illegal or invalid, the validity of the remaining parts, terms, or provisions shall not be affected thereby said illegal or invalid part, term, or provision shall be deemed not to be a part of this Agreement. The Parties acknowledge that while the Agreement was initially drafted for review by the Office of the Attorney General, all Parties had an opportunity to review the language, make revisions and suggestions, and that the Agreement therefore was drafted by both parties and therefore any ambiguity in the Agreement will not be construed in favor or against either Party.
13. Plaintiff and NDOC understand the Court retains jurisdiction over the Matter for purposes of enforcing this Settlement Agreement only until the Stipulation and Order to Dismiss is granted. Once the Court has signed the Stipulation and Order to Dismiss, the case is dismissed, the Court will no longer have jurisdiction over this case.

Plaintiff:	On behalf of NDOC:
By: 	By: _____
Name: <u>Lausteveion Johnson</u>	Name: <u>Brian Willaims</u>
Date: <u>10/27/2025</u>	Title: <u>Deputy Director</u>
	Date: _____

9. Plaintiff understands that the Dismissal of this Matter applies to: (a) all claims that were or could have been raised in the Matter; and (b) all Defendants that were or could have been named in the Matter, whether those Defendants are current or former employees of the State of Nevada or NDOC.
10. Plaintiff understands that by entering this Agreement, neither NDOC nor any of the individually named defendants are making any admission of liability for the claims raised in the Matter.
11. Plaintiff understands that he is not entitled to any other payments, including but not limited to attorney fees and costs, filing fees, copy costs or postage.
12. This Agreement shall be construed and interpreted in accordance with the laws of the State of Nevada. Should any court declare or determine any provision of this Agreement to be illegal or invalid, the validity of the remaining parts, terms, or provisions shall not be affected thereby said illegal or invalid part, term, or provision shall be deemed not to be a part of this Agreement. The Parties acknowledge that while the Agreement was initially drafted for review by the Office of the Attorney General, all Parties had an opportunity to review the language, make revisions and suggestions, and that the Agreement therefore was drafted by both parties and therefore any ambiguity in the Agreement will not be construed in favor or against either Party.
13. Plaintiff and NDOC understand the Court retains jurisdiction over the Matter for purposes of enforcing this Settlement Agreement only until the Stipulation and Order to Dismiss is granted. Once the Court has signed the Stipulation and Order to Dismiss, the case is dismissed, the Court will no longer have jurisdiction over this case.

Plaintiff:	On behalf of NDOC:
By: <u>[Signature]</u>	By: <u>Brian E. Williams</u>
Name: <u>Laustevion Johnson</u>	Name: <u>Brian Williams</u>
Date: <u>10/27/2025</u>	Title: <u>Deputy Director</u>
	Date: _____

Joe Lombardo
Governor



Tiffany Greenameyer
Director

David Lenzner
Deputy Director

Curtis Palmer
Deputy Director

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

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

Date: October 29, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Budd Milazzo, 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.

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 353.040 the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapter of the State Administrative Manual:

- Chapter 0120 Contract Submission

Additional Information:

Section 0120 (A) (3) has been modified to state that "Two copies of the contract must be submitted;" Currently agencies must submit three copies of a contract request to the BOE, except for the Division of Purchasing, which only submits two copies. This request will create consistency throughout all state agencies.

Statutory Authority:

NRS 353.040

REVIEWED: DR
ACTION ITEM: _____

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 015

Department: Governor's Finance Office

Division (if applicable):

Appointing authority: Tiffany Greenameyer

Agency contact (name, phone and e-mail): Amberly Johnson

Budget Division Analyst (name, phone and e-mail): Budd Milazzo

Proposed BOE date: 12/9/2025

Proposed effective date: 12/9/2025

1. Reason/purpose for requested change:

Change the requirement in SAM 0120 Contract Submission of three (3) copies of contracts must be submitted to the GFO for BOE consideration to two (2) copies of contracts must be submitted to the GFO for BOE consideration. Currently upon BOE approval, one copy is sent to LCB, which will not change, and two (2) copies are returned to the agency, except for contracts submitted by the Purchasing Division, which only submits and receives one copy, to be returned to the agency.

2. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable):

This change will allow agencies to save time and money on BOE submissions as Purchasing already does. Additionally in this day and age of electronics, agencies can scan for email distribution and only print a second copy of the contract when needed.

3. Will recommended change have a fiscal impact (if yes, explain):

This change will allow agencies to save one-third on printing costs.

4. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red-strikethrough~~ is deleted language being proposed). (please provide requested change as an attachment):

Appointing Authority:  10/24/25

BOARD OF EXAMINERS APPROVAL DATE: _____
(for BOE use only)

0120 Contract Submission

- A. The following procedures should be adhered to when submitting a contract to the Governor's Finance Office (GFO) for Board of Examiners (BOE) consideration.
1. Contracts should be submitted to GFO by the deadline established by the Clerk and disseminated to agencies via agency memorandums.
 2. Submitted contracts must include a Contract Summary Form. The Contract Summary Form provides GFO and BOE with an accurate description of the contract document and is published with the BOE agenda. All information displayed on the summary form must agree with the contents of the contract. The Contract Summary Form is generated after all the pertinent contract data is entered into the GFO Contract Entry and Tracking System (CETS). Instructions for CETS can be found on the GFO website.
 3. ~~Two~~ **Three** copies of the contract must be submitted; each copy must include signatures of the Attorney General or representative, the responsible agency representative, and the contractor. All signature types are acceptable, and signatures may be met in counterparts. Executed contract distribution is as follows: one copy for the Fiscal Analysis Division of the Legislative Counsel Bureau (LCB); **and** one copy to be returned to the agency; ~~and one copy for the independent contractor.~~

Joe Lombardo
Governor



Tiffany Greenameyer
Director

David Lenzner
Deputy Director

Curtis Palmer
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: November 7, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Budd Milazzo, 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.

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 353.040 the office requests to create a new chapter in the policies and procedures of the State Board of Examiners adopted and collected in the following chapter of the State Administrative Manual:

- Chapter 0800 Collective Bargaining

Additional Information:

This is a new chapter being created in the policies and procedures for Collective Bargaining, including sections, 0802 Collective Bargaining, 0804 Authority, 0806 Bargaining Process, 0808 Board of Examiners Approval, and 0814 Arbitration.

Statutory Authority:

NRS 353.040

REVIEWED: 
ACTION ITEM: _____

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 015

Department: Governor's Finance Office

Division (if applicable): Division of Internal Audits

Appointing authority: Tiffany Greenameyer

Agency contact (name, phone and e-mail): Craig Stevenson, 775-687-0140, c.stevenson@finance.nv.gov

Budget Division Analyst (name, phone and e-mail): N/A

Proposed BOE date: December 9, 2025

Proposed effective date: Upon Approval

1. Reason/purpose for requested change:

A new section is being added to the State Administrative Manual to address Collective Bargaining. This section includes timelines established through the passage of AB 356 (2025).

2. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable):

The new section addressing Collective Bargaining will benefit agencies by creating consistencies in the collective bargaining process and clearly delineating timelines applicable to the collective bargaining process.

3. Will recommended change have a fiscal impact (if yes, explain):

No.

4. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed). (please provide requested change as an attachment):

See attachment.

Appointing Authority: _____

Curtis Palmer for T. Greenameyer

BOARD OF EXAMINERS APPROVAL DATE: _____

(for BOE use only)

0800 Collective Bargaining

0802 Collective Bargaining

Collective bargaining is a method of determining wages, hours, and other conditions of employment by negotiation between representatives of the Executive Department and an employee labor organization. Collective bargaining must be done in good faith. (NRS 288.500(2))

0804 Authority

A. The Governor shall designate a representative to conduct negotiations concerning collective bargaining agreements on behalf of the Executive Department. The representative may, with the approval of the Governor, delegate the responsibility to conduct such negotiations to another person. Individual departments and divisions within the Executive Department are prohibited from collectively bargaining with State employee unions. (NRS 288.565)

B. The Director of the Governor's Finance Office (GFO) shall designate a representative to serve as liaison for all fiscal matters concerning collective bargaining agreements.

0806 Bargaining Process

A. The collective bargaining process requires the Executive Department and representatives of an employee labor organization to negotiate in good faith on the following mandatory subjects of bargaining: Salary or wage rates or other forms of direct monetary compensation; Sick leave; Vacation leave; Holidays; Other paid or nonpaid leaves of absence; Total hours of work required of an employee on each workday or workweek; Total number of days' work required of an employee in a work year; Discharge and disciplinary procedures; Union recognition clause; The method used to classify employees in the bargaining unit; Deduction of dues for the recognized employee organization; Protection of employees in the bargaining unit from discrimination because of participation in recognized employee unions; No-strike provisions consistent with the provisions of NRS Chapter 288; Grievance and arbitration procedures for resolution of disputes relating to interpretation or application of collective bargaining agreements; General savings clauses; Safety of the employee; Procedures for a reduction in workforce, and; Procedures to reopen a collective bargaining agreement in times of a fiscal emergency. (NRS 288.500(2)(a) and NRS 288.150(2))

B. The following subjects are management rights reserved to the Executive Department without negotiation: The right to hire, direct, assign or transfer an employee, but excluding the right to assign or transfer an employee as a form of discipline; The right to reduce in force or lay off any employee because of lack of work or lack of money, subject to the provisions in NRS

Chapter 288; The right to determine: (1) Appropriate staffing levels and work performance standards, except for safety considerations; (2) The content of the workday, including without limitation workload factors, except for safety considerations; (3) The quality and quantity of services to be offered to the public; and (4) The means and methods of offering those services, and; The safety of the public. (NRS 288.500(3) and NRS 288.150(3))

- C. The bargaining process should prioritize the health and safety of all employees by establishing clear limits on allowable working hours and the number of consecutive workdays.*
- D. The Governor's representative shall begin negotiations concerning a collective bargaining agreement on or before April 1 of each even-numbered year.*
- E. All collective bargaining agreements must begin on July 1 of an odd-numbered year and must end on June 30 of the next odd-numbered year. If the parties cannot agree to a new collective bargaining agreement before the end of the term of a collective bargaining agreement, the terms of that collective bargaining agreement remain in effect until a new collective bargaining agreement takes effect. (NRS 288.550)*

0808 Board of Examiners Approval

- A. Any new, extended, or modified collective bargaining agreement must be approved by the State Board of Examiners (BOE). (NRS 288.555)*
- B. The finalized agreement, including supporting documentation, must be submitted to the GFO for review no later than 45 days prior to the next scheduled BOE meeting, or by May 1 of the odd-number years, whichever occurs earlier.*

0814 Arbitration

- A. Arbitration proceedings shall begin on or before September 15 of even-numbered years.*
- B. The arbitrator must issue a final decision on or before December 5 of the even-numbered year.*

Joe Lombardo
Governor



Tiffany Greenameyer
Director

David Lenzner
Deputy Director

Curtis Palmer
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: November 4, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Budd Milazzo, 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.

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 353.040 the office requests modifications to the policies and procedures of the State Board of Examiners adopted and collected in the following chapter of the State Administrative Manual:

- Chapter 3022 Post Award Processes

Additional Information:

Section 3022 (F) (1) has been revised to change the State Agency Reimbursement via Federal Draw Down subsection to new Nevada State Treasurer's procedures for requesting and receiving Federal Draw Downs.

Statutory Authority:

NRS 353.040

REVIEWED: Bm
ACTION ITEM: _____

REQUEST FOR CHANGES TO THE STATE ADMINISTRATIVE MANUAL (SAM)

Agency Code: 050

Department: State Treasurer's Office

Division (if applicable): Cash Management

Appointing authority: Lori Hoover

Agency contact (name, phone and e-mail): Tami Simpson, 775-684-5675,
tdsimpson@nevadatreasurer.gov

Budget Division Analyst (name, phone and e-mail): Shauna Tilley, sstilley@finance.nv.gov,
Kelli Lay, 775-684-0260, kjlay@finance.nv.gov

Proposed BOE date: December 2025

Proposed effective date: December 2025

1. Reason/purpose for requested change:

The requested change to update 3022 is to reflect process changes that took place due to the implementation of the State's new financial system, Core.NV

2. Explain how the recommended change(s) will benefit agencies or create consistencies or efficiencies, etc. (provide examples if applicable):

The proposed change reflects the current draw process as of 1/1/2025. These changes were made mandatory due to the system CR entry and reconciliation process in Core.NV.

3. Will recommended change have a fiscal impact (if yes, explain):

No.

4. Existing and recommended language in SAM (*blue bold italics* is new language being proposed and ~~red strikethrough~~ is deleted language being proposed). **(please provide requested change as an attachment):**

Appointing Authority: _____

BOARD OF EXAMINERS APPROVAL DATE: _____

(for BOE use only)

Current Policy:

3022 Post Award Processes

- A. Pursuant to [NRS 353.245](#), each agency must provide a copy of its grant application and its grant awards to both the Governor's Finance Office and the Legislative Counsel Bureau's Fiscal Analysis Division.
- B. An agency may not incur expenditures without proper budget authority. Therefore, agencies must budget for the grant award if it was not approved as part of the legislatively approved budget. Changes to existing budget authority are completed through work program requests. (see SAM 2524) The information on the notice of grant award and the submitted application will assist in the completion of the work program documents. Also, the completion and submission of a [Job Number Maintenance Form \(KTLOPS-35\)](#) to the Controller's Office is necessary to ensure appropriate tracking of revenue and expenditures for each award.
- C. Unless authorizing language specifically prohibits it, an agency may use awarded grant funds to:
 - 1. directly implement projects to carry out specified program objectives;
 - 2. subaward to another organization; and/or
 - 3. contract with a vendor to deliver goods and services.
- D. Subaward Procedures. The policies below outline the procedures for issuing subawards. Deviations from these policies should be justified, documented, and retained in the agency records.
 - 1. Agencies must develop a Notice of Funding Opportunity (NOFO) for interested parties to ensure the required and necessary information is included in any applications or proposals required by the agency. In accordance with Guidance Memorandum 25-02 and Policy 088-005, all NOFOs must also be submitted to the centralized NevadaEPro (ePro) system for publication and transparency. Submission ensures statewide visibility of funding opportunities and alignment with state-level procurement and grant-making standards.
 - 2. Unless subrecipients were specifically identified in the grant application, the best practice for distribution of grant funds to other State agencies, tribal, and/or nonprofit entities is to conduct a competitive process. The competitive process involves a group of subject matter experts ranking the proposals. Final allocation is based on the ranking and justification from the awarding agency. Agencies not using a competitive process should document the reasons why.
 - 3. State and federal regulations require the disclosure of conflict of interest for evaluators participating in the process of ranking competitive proposals. For

non-competitive grant programs, the person with authority to determine the final distribution must provide a conflict-of-interest disclosure.

4. The completion of a subrecipient risk assessment is required before issuing a subaward agreement. The awarding agency is responsible for evaluating each subrecipient to determine the risk of noncompliance with the applicable federal and/or State statutes, regulations, and terms of the subaward. Timeliness is critical to the risk assessment process mandated by [2 Code of Federal Regulations \(CFR\) 200.519](#).
5. Prior to issuing a final subaward, the agency must ensure the recipient is not on the federal System for Award Management Excluded Parties list for debarment and/or suspension.
6. Agencies may disburse grant funds to subrecipients either on a reimbursement basis or through advance payments, as appropriate to the terms of the award and the assessed risk level of the subrecipients. Payment requires the submission of correct and complete source documentation to back up all expenditures incurred or obligated in the implementation of the approved project, and an accurately completed fiscal report. Payment to subrecipients must occur within 30 calendar days of the receipt of the request/fiscal report by the awarding agency.
7. Grant agreements must be amended whenever changes to the original approved document occurs. This includes the obligation, compensation, and expiration date. The changes to the key personnel found in the original grant agreement also require an amendment.
8. State agencies with authority to pass through funding to other entities are required to monitor subrecipient compliance with applicable federal and state requirements for grants. Annual review of subrecipient Single Audit Reports is required. Agencies must monitor subrecipients to determine the progress made against goals and indicators of performance to determine whether the desired results are occurring, confirms the implementation is on track and that the results measured are the direct and short-term consequences of program activities.

E. Reporting. An agency receiving grant funds must follow the established policies and procedures for distribution, submission and review of the required fiscal and program reports. Agencies must also comply with any reporting requirements identified in statute or legislation. Best practices and forms are available by contacting the OFA.

1. In addition to financial reporting, performance reporting is also important. Performance reports reflect the activities accomplished in furtherance of the grant objectives and highlight community impact. Performance reporting may include compliance data to ensure that program activities meet federal and State regulations. Performance reporting also maintains transparency and may be used to leverage additional awards in the future.
2. Performance reports should include both outputs (activities completed) and outcomes (changes resulting from activities). Agencies are encouraged to

use logic models, theories of change, or program performance indicators to frame grant reporting. This approach is consistent with the Nevada Grant Manual and supports transparency, accountability, and alignment with state priorities.

3. In preparation of the State Single Audit Report and to confirm the information about grant awards from each agency, the [State Controller's Office](#) relies on the agency to certify that the information about grants it manages is correct as reflected at that time in the State financial management system. It is important that agencies provide information on the Controller's Single Audit Reporting Form in a timely fashion so that the State Controller may complete its Schedule of Expenditures of Federal Awards.

F. State Agency Reimbursement via Federal DrawDown

1. A **draw down or draw** is the process used by State agencies to request reimbursement of federal grant expenditures from the federal awarding agency. Draws require an agency to notify the State Treasurer's Office by completing a Federal Draw Request Form located at [Nevada Treasurer's Website](#), creating a cash receipt (CR) document in the State financial management system and placing it on "hold." The Treasurer's Office will access the appropriate federal portal and perform the draw. An agency that draws directly from a federal agency must also submit an Incoming Funds Notification form found at the [Nevada Treasurer's Website](#), create the CR in the financial management system, and place it on "hold." Federal grant funds must be requested and disbursed at a minimum on a monthly basis, and only to the extent needed to meet the immediate cash requirements for allowable program costs (2 CFR 200.305)
2. The federal [Cash Management Improvement Act](#) requires the federal government and the states to minimize the time between transfer of federal funds and payments made by the states for grant program purposes. Agencies must time draws of federal funds to minimize the time between deposits and disbursements. Drawing federal funds too soon incurs an interest liability to the federal government; drawing them too late costs the State with reduced interest earned on its cash balances.

G. Federal Funding Accountability and Transparency Act Reporting

1. Agencies that issue first-tier subawards or contracts in the amount of \$30,000 or more in federal funds are required to report these transactions in accordance with the Federal Funding Accountability and Transparency Act (FFATA).
2. As of March 8, 2025, all subaward reporting must be conducted through SAM.gov, as the former FFATA Subaward Reporting System (FSRS.gov) has been officially decommissioned. Reporting functionality is now available through SAM.gov platform <https://sam.gov>.
3. Reports must be submitted by the end of the month following the month in

which the subaward or contract was obligated.

4. Agencies must also report the total compensation of the five most highly compensated executives of the recipient and subrecipient if the following conditions are met (2 CFR 170):
 - The subrecipient received 80% or more of its annual gross revenues from federal contracts (including subcontracts), loans, grants (including subgrants), and cooperative agreements during the preceding fiscal year; and
 - The subrecipient received \$25 million or more in annual gross revenues from federal resources during the preceding fiscal year; and
 - The public does not already have access to this information about the compensation of the executives through Securities and Exchange Commission (SEC) filings or Internal Revenue Service (IRS) 990 forms.
5. Agencies are responsible for verifying subrecipient eligibility and maintaining internal controls to ensure accurate and timely reporting.
6. Entities that receive less than \$30,000 in gross income from all sources in the previous tax year are exempt from FFATA subaward and executive compensation reporting.
7. Agencies should review the latest guidance on the SAM.gov Subaward Reporting page to ensure compliance and may contact OFA for technical assistance and clarification.

Revised Policy:

3022 Post Award Processes

- A. Pursuant to [NRS 353.245](#), each agency must provide a copy of its grant application and its grant awards to both the Governor's Finance Office and the Legislative Counsel Bureau's Fiscal Analysis Division.
- B. An agency may not incur expenditures without proper budget authority. Therefore, agencies must budget for the grant award if it was not approved as part of the legislatively approved budget. Changes to existing budget authority are completed through work program requests. (see SAM 2524) The information on the notice of grant award and the submitted application will assist in the completion of the work program documents. Also, the completion and submission of a [Job Number Maintenance Form \(KTLOPS-35\)](#) to the Controller's Office is necessary to ensure appropriate tracking of revenue and expenditures for each award.
- C. Unless authorizing language specifically prohibits it, an agency may use awarded grant funds to:
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D. Subaward Procedures. The policies below outline the procedures for issuing subawards. Deviations from these policies should be justified, documented, and retained in the agency records.

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3. State and federal regulations require the disclosure of conflict of interest for evaluators participating in the process of ranking competitive proposals. For non-competitive grant programs, the person with authority to determine the final distribution must provide a conflict-of-interest disclosure.
4. The completion of a subrecipient risk assessment is required before issuing a subaward agreement. The awarding agency is responsible for evaluating each subrecipient to determine the risk of noncompliance with the applicable federal and/or State statutes, regulations, and terms of the subaward. Timeliness is critical to the risk assessment process mandated by [2 Code of Federal Regulations \(CFR\) 200.519](#).
5. Prior to issuing a final subaward, the agency must ensure the recipient is not on the federal System for Award Management Excluded Parties list for debarment and/or suspension.
6. Agencies may disburse grant funds to subrecipients either on a reimbursement basis or through advance payments, as appropriate to the terms of the award and the assessed risk level of the subrecipients. Payment requires the submission of correct and complete source documentation to back up all expenditures incurred or obligated in the implementation of the approved project, and an accurately completed fiscal report. Payment to subrecipients must occur within 30 calendar days of the receipt of the request/fiscal report by the awarding agency.
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grant agreement also require an amendment.

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E. Reporting. An agency receiving grant funds must follow the established policies and procedures for distribution, submission and review of the required fiscal and program reports. Agencies must also comply with any reporting requirements identified in statute or legislation. Best practices and forms are available by contacting the OFA.

1. In addition to financial reporting, performance reporting is also important. Performance reports reflect the activities accomplished in furtherance of the grant objectives and highlight community impact. Performance reporting may include compliance data to ensure that program activities meet federal and State regulations. Performance reporting also maintains transparency and may be used to leverage additional awards in the future.
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1. A **draw down or draw** is the process used by State agencies to request reimbursement of federal grant expenditures from the federal awarding agency. Draws require an agency to notify the State Treasurer's Office by completing a Federal Draw Request Form located at [Nevada Treasurer's Website](#), ~~creating a cash receipt (CR) document in the State financial management system and placing it on "hold."~~ The Treasurer's Office will access the appropriate federal portal and perform the draw. ~~An agency that~~

~~draws directly from a federal agency must also submit an Incoming Funds Notification form found at the Nevada Treasurer's Website, create the CR in the financial management system, and place it on "hold."~~ When funds are received in the State's bank account, the deposit is placed on the Treasurer's Office Deposit Listing website for the requesting agency to claim the funds and create a cash receipt (CR) document in the State financial management system. Federal grant funds must be requested and disbursed at a minimum on a monthly basis, and only to the extent needed to meet the immediate cash requirements for allowable program costs (2 CFR 200.305)

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3. Reports must be submitted by the end of the month following the month in which the subaward or contract was obligated.
4. Agencies must also report the total compensation of the five most highly compensated executives of the recipient and subrecipient if the following conditions are met (2 CFR 170):
 - The subrecipient received 80% or more of its annual gross revenues from federal contracts (including subcontracts), loans, grants (including subgrants), and cooperative agreements during the preceding fiscal year; and
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Final Policy:

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 - The subrecipient received 80% or more of its annual gross revenues from federal contracts (including subcontracts), loans, grants (including subgrants), and cooperative agreements during the preceding fiscal year; and
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Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: October 15, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Venus B. Fajota, Executive Branch Budget Officer
Governor's Finance Office, Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF EDUCATION

Agenda Item Write-up:

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$1,333,148 from the Interim Finance Committee Contingency Account to replenish the Account for State Special Education Services.

Additional Information:

The department reimbursed the following school districts for extraordinary special education expenditures in fiscal year 2025: Carson City, Churchill County, Clark County, and Douglas County. The amount balanced forward to fiscal year 2026 did not bring the account to the level required pursuant to Senate Bill 500, Section 8 of the 83rd Legislative Session. This allocation replenishes the account to maintain the required balance. Relates to work program #C79469.

Statutory Authority:

NRS 353.268

REVIEWED:
ACTION ITEM:

Joe Lombardo
Governor

Steve Canavero, Ph.D.
Interim Superintendent
of Public Instruction



Southern Nevada Office
2080 E. Flamingo Road, Suite 210
Las Vegas, Nevada 89119-0811
Phone: (702) 486-6458
Fax: (702) 486-6450

**STATE OF NEVADA
DEPARTMENT OF EDUCATION**

700 E. Fifth Street | Carson City, Nevada 89701-5096
Phone: (775) 687-9200 | www.doe.nv.gov | Fax: (775) 687-1116

MEMORANDUM

TO: Tiffany Greenameyer, Clerk of the Board of Examiners
State of Nevada Board of Examiners

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

DATE: October 13, 2025

SUBJECT: Request for Fiscal Year 2026 Contingency Funds for Budget Account 2619

The Nevada Department of Education (NDE) seeks approval from the Board of Examiners to request funds in the amount of \$1,333,148 from the Interim Finance Committee Contingency Account. The requested amount will replenish the Contingency Account for Special Education to the \$2,000,000 amount in accordance with Senate Bill 500, Section 8 of the 83rd Legislative Session.

The amounts noted below were used in State Fiscal Year 2025 to reimburse these school districts for extraordinary special education expenditures:

Carson City Schol District	\$117,369.61
Churchill County School District	\$431,266.65
Clark County School District	\$595,548.84
Douglas County School District	<u>\$188,963.88</u>
Total	\$1,333,148.98

This request allows NDE to maintain the \$2,000,000 funding in the Contingency Account for Special Education which contributes to the state's federal maintenance of effort requirements for special education funding. The balance forward from fiscal year 2025 did not bring the account to the level required.

cc: Celeste Arnold, Administrative Services Officer III, Office of Fiscal Operations

State of Nevada Work Program

WP Number: C79469

FY 2026

☐ Add Original Work Program

☒ XXX Modify Work Program

BUDGET DIVISION USE ONLY

DATE _____

APPROVED ON BEHALF OF
THE GOVERNOR BY _____

DATE	FUND	AGENCY	BUDGET	DEPT/DIV/BUDGET NAME
10/09/25	101	300	2619	NDE - ACCOUNT FOR STATE SPECIAL EDUCATION SERVICES

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			4654	TRANSFER FROM INTERIM FINANCE	1,333,148	0	1,333,148
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		1,333,148		1,333,148
Total Budgetary & Revenue GLs					1,333,148		

Expenditures

CAT	Amount	CAT	Amount
20	1,333,148		
Sub Total Category Expenditures			1,333,148

Remarks

This work program requests the addition of \$1,333,148 in Interim Finance Committee contingency funds to restore the Account for State Special Education to the legislatively approved amount of \$2,000,000 as required in Senate Bill 500, Section 8 of the 83rd Legislative session.

Total Budgetary General Ledgers and Category Expenditures (AP)

1,333,148

carnol1

Authorized Signature

10/15/25

Date

Controller's Office Approval

Does not require Interim Finance approval since Pursuant to Senate Bill 500, Section 8 of the 83rd Legislative Session

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

**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: December 3, 2025
To: State Board of Examiners
From: Tiffany Greenameyer, Clerk of the Board
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.

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 353.055, subsection 1, for the purpose of discharging the duties imposed on the State Board of Examiners by law, the State Board of Examiners is authorized to demand information, and the State Controller and the State Treasurer are required to furnish to the Board without delay such information as the Board may demand, touching the books, papers, vouchers or matters pertaining to or cognizable in their respective offices.

The State Board of Examiners demands the State Treasurer to provide a current General Obligation Debt Capacity and Affordability Analysis for the 2025-27 Biennium on or before December 16, 2025 for placement on the January 2026 Board of Examiners Agenda as an informational item.

Additional Information:

On January 14, 2025 the State Treasurer issued the General Obligation Debt Capacity and Affordability Report for the 2025-27 Biennium. This report is used to determine the debt capacity and affordability for new general obligation bond sales for the States multiple bonding programs and financing proposals contained in the Executive Budget. On May 6, 2025, the State Treasurer rescinded the January 14, 2025 Affordability Analysis. To date, an Affordability Analysis has not been issued for the 2025-27 Biennium.

Statutory Authority:
NRS 353.055 (1)

LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
1.	CHIROPRACTIC PHYSICIAN'S BOARD OF NEVADA		KIETZKE OFFICE COMPLEX, LLC	\$47,942
		This is an extension of an existing lease.		
		Term of Lease:	11/01/2025 – 10/31/2028	Located in Reno
2.	DEPARTMENT OF ADMINISTRATION – PURCHASING DIVISION		J&S DODSON PROPERTIES, LLC	\$430,895
		This is an extension of an existing lease.		
		Term of Lease:	01/01/2026 – 12/31/2027	Located in Carson City
3.	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION DIVISION		3010 WESTBAY, LLC	\$3,262,188
		This is an extension of an existing lease.		
		Term of Lease:	02/01/2026 – 01/31/2031	Located in Las Vegas
4.	DEPARTMENT OF HUMAN SERVICES – DIVISION OF SOCIAL SERVICES		YI RANCHES LP	\$2,209,204
		This is an extension of an existing lease.		
		Term of Lease:	10/01/2025 – 09/30/2030	Located in Las Vegas
5.	DEPARTMENT OF HUMAN SERVICES – DIVISION OF SOCIAL SERVICES		CLARK COUNTY	\$144,000
		This is an extension of an existing lease.		
		Term of Lease:	07/01/2023 – 06/30/2028	Located in Las Vegas
6.	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – NEVADA ARTS COUNCIL		RENO 200 SOUTH VIRGINIA, LLC	\$560,756
		This is a relocation.		
		Term of Lease:	02/01/2028 – 07/31/2029	Located in Reno
7.	NEVADA DEPARTMENT OF VETERAN'S SERVICES		WORTH GROUP DEVELOPERS, LLC	\$556,878
		This is a new location.		
		Term of Lease:	01/01/2026 – 11/30/2029	Located in Reno

LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
8.	SECRETARY OF STATE		CITY OF LAS VEGAS	\$1,700,416
		This is a new location.		
		Term of Lease:	06/01/2026 – 05/31/2036	Located in Las Vegas

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

For Budget Division Use Only	
Reviewed by:	PR 11/5/25
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Chiropractic Physician's Board of Nevada 4600 Kietzke Lane, Suite M-245 Reno, Nevada 89502 Julie Strandberg T: 775.688.1923 E: chirobd@chirobd.nv.gov						
Remarks:	Three year renewal, agency is requesting a sink to be installed in their breakroom. Lessor will cover the cost of the sink. Lease approved by Jack Robb.						
Exceptions/Special notes:							
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	Kietzke Office Complex, LLC						
4. Address of Lessor:	4600 Kietzke Lane, G-170 Reno, Nevada 89502						
5. Property contact:	Lorrie Desiderio T: 775.825.5311 E: lorrie@desprop.net						
6. Address of Lease property:	4600 Kietzke Lane, M-245 Reno, Nevada 89502						
a. Square Footage:	☐ Rentable ☒ Usable 890						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	\$ 1,292.55	12	\$ 15,510.60	November 1, 2025 - October 31, 2026	\$0.00	\$0.00	\$1.45
3%	\$ 1,331.33	12	\$ 15,975.96	November 1, 2026 - October 31, 2027	\$0.00	\$0.00	\$1.60
3%	\$ 1,371.27	12	\$ 16,455.24	November 1, 2027 - October 31, 2028	\$0.00	\$0.00	\$1.54
c. Total Lease Consideration:	36 \$ 47,941.80						
d. Total Improvement Cost:				\$0.00			
e. Option to renew:	☒ Yes ☐ No 365			Renewal terms: One (1) Identical Term			
f. Holdover notice:	# of Days required 30			Holdover terms: 5%/90			
g. Term:	Three (3) Years						
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant						
i. Utilities:	☒ Landlord ☐ Tenant						
j. Janitorial:	☒ Landlord ☐ Tenant ☐ 3 day ☒ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)						
k. Repairs:	Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant						
l. Comparable Area Market Rate Average:	\$2.18						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	B005						
7. This lease constitutes:	☒ An extension of an existing lease ☐ An addition to current facilities (requires estimated expenses) ☐ A relocation (requires estimated expenses) ☐ A new location (requires estimated expenses) ☐ Remodeling only ☐ Other						
a. Estimated Expenses:	Moving \$0.00		Furnishings: \$0.00		Data/Phones: \$0.00		

STATEWIDE LEASE INFORMATION

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

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

Yes _____ No _____ Dec Unit _____

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

Authorized Agency Signature

Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☒ YES	☐ NO
b. Is the Lessor Exempt from obtaining a Business License?	☐ YES	☒ NO
*If Yes, explain....		
c. Does the Lessor have a current Nevada State Business License?	☒ YES	☐ NO
**If No, explain....		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☒	INC ☐ CORP ☐ LP ☐
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited Liability Company	
f. Nevada Business ID Number:	NV20071110750	Exp: 8/31/2026
g. Is the Lessor's Name the same as the Legal Entity Name?	☐ YES	☒ NO
**If No, explain.... Lorraine Desiderio		
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States	☒ YES	☐ NO
i. State of Nevada Vendor number:	T27020158	
j. Is this an Arms Length Transaction (No Conflict of Interest)	☒ YES	☐ NO
**If No, explain....		

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

a. Have we considered the reasonableness of the terms of this lease, including cost	☒ YES	☐ NO
b. Have we considered other state leased or owned space available for use by this agency	☒ YES	☐ NO

Authorized Signature
Public Works Division

Date

For

Board of Examiners

☒ YES

☐ NO

Joe Lombardo
Governor



Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

RECEIVED

OCT 16 2025

**GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION**

Date: October 15, 2025
To: Shauna Tilley, Budget Analyst
From: Jamie Wiest, Public Works Division, Leasing Services
j.wiest@admin.nv.gov
Subject: Retroactive Memo for placement on December's 2025 BOE agenda

Projected BOE Date: December 9, 2025

BOE Deadline Date: November 4, 2025

Lessor: Kietzke Office Complex, LLC

Tenant: Chiropractic Physician's Board of Nevada

Property Location: 4600 Kietzke Lane, G-170, Reno, Nevada 89502

This memo is a clarification for a retroactive start date of November 1, 2025, for the lease referenced above, which houses the Chiropractic Physician's Board of Nevada.

Due to an unanticipated delay with negotiations, this created a delay for submittal to BOE prior to the November 1st start date.

This lease is for placement on the December 9th Board of Examiners meeting.

Thank You,

Jamie Wiest

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> 11/06/25
Reviewed by:	<i>[Signature]</i> 11/12/23
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Administration Purchasing Division 515 East Musser Street, Suite 300 Carson City, Nevada 89701 Judy Gates T: 775.684.0192 E: j.gates@admin.nv.gov						
Remarks:	This is a two-year lease renewal for the Department of Administration, Purchasing Division at their current location. Leasing Service has negotiated a rate of \$0.99 per square foot for the two year lease term. There is 5,760 square feet of fenced yard that the agency has use of at no cost. The agency is not requesting any tenant improvements. Lease approved by Director Grimmer.						
Exceptions/Special notes:	Lessor will bill the agency at the beginning of each quarter for the previous quarters utilities. Lessor to provide full copies of utility bills. Tenant will not be responsible for any late fees.						
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	J&S Dodson Properties, LLC						
4. Address of Lessor:	601 West Moana Lane, Suite 2 Reno, Nevada 89509						
5. Property contact:	Anastasia Dodson Owens T: 303.884.8101 E: dodsondds@gmail.com James Dodson T: 775.351.4444 E: jamesadodson@gmail.com						
6. Address of Lease property:	1700 Forrest Way Carson City, Nevada 89706						
a. Square Footage:	☐ Rentable ☒ Usable 18,165 Plus 5,760 sf of fenced yard at no cost to Tenant						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	2%	\$ 17,953.92	12	\$ 215,447.04	January 1, 2026 - December 31, 2026	\$0.00	\$0.00
	0%	\$ 17,953.92	12	\$ 215,447.04	January 1, 2027 - December 31, 2027	\$0.00	\$0.00
c. Total Lease Consideration:		24	\$ 430,894.08				
d. Total Improvement Cost:							\$0.00
e. Option to renew:	☒ Yes ☐ No		180	Renewal terms:	One (1) Identical Term		
f. Holdover notice:	# of Days required		NA	Holdover terms:	No Holdover Tenancy		
g. Term:	Two (2) Years						
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant						
i. Utilities:	☐ Landlord ☒ Tenant						
j. Janitorial:	☐ Landlord ☒ Tenant		☐ 3 day ☐ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)				
k. Repairs:	Major: ☒ Landlord ☐ Tenant		Minor: ☒ Landlord ☐ Tenant				
l. Comparable Area Market Rate Average:	\$1.04						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	1358						
7. This lease constitutes:	☒ An extension of an existing lease ☐ An addition to current facilities (requires estimated expenses) ☐ A relocation (requires estimated expenses) ☐ A new location (requires estimated expenses) ☐ Remodeling only ☐ Other						
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$0.00		Data/Phones: \$0.00		

STATEWIDE LEASE INFORMATION

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

William Taylor

10.24.25

Authorized Agency Signature

Date

2

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☒ YES	☐ NO	☐ N/A
b. Is the Lessor Exempt from obtaining a Business License?	☐ YES	☒ NO	
*If Yes, explain.... _____			
c. Does the Lessor have a current Nevada State Business License?	☒ YES	☐ NO	
**If No, explain.... _____			
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☒	INC ☐	CORP ☐ LP ☐
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited Liability		
f. Nevada Business ID Number:	NV20212005205	Exp:	2/28/2026
g. Is the Lessor's Name the same as the Legal Entity Name?	☐ YES	☒ NO	
**If No, explain.... <u>Ryan J Earl</u>			
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States	☒ YES	☐ NO	
i. State of Nevada Vendor number:			
j. Is this an Arms Length Transaction (No Conflict of Interest)	☒ YES	☐ NO	
**If No, explain.... _____			

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	☒ YES	☐ NO
b. I/we have considered other state leased or owned space available for use by this agency	☒ YES	☐ NO

Mandy Hagler

11/03/2025

Authorized Signature

Date

Public Works Division

JW

For Board of Examiners

☒ YES

☐ NO

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

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

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Employment, Training and Rehabilitation Rehabilitation Division 500 East Third Street Carson City, Nevada 89701 Contact: Miles Bruinekool Telephone: (775) 684-3854 E: mbruinekool@detr.nv.gov							
Remarks:	This is a five (5) year lease renewal for DETR- Rehabilitation Division. The current market rate is \$2.50 per SF, the current rate is \$2.17 but the negotiated rate is \$2.40 per SF. Tenant improvement consists of the following: tint on all west windows, add sanitary trash dispenser in restroom, add window/sidelights for office 3, 11, 22, 23, 24, 45, 46, 47, 48, 49, 50, 51, 52, 63. Replace Accordion door in Office 7A with door.							
Exceptions/Special notes:								
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds							
3. Name of Lessor:	3010 Westbay, LLC							
4. Address of Lessor:	C/O SKR Real Estate Services, LLC 6029 South Fort Apache							
5. Property contact:	Elaine M. Garibay T: (725) 228-7038 E: elaine@tkcre.com							
6. Address of Lease property:	3016 West Charleston Boulevard, Suite 200, 210, and 215 Las Vegas, Nevada 89102							
a. Square Footage:	☐ Rentable ☒ Usable 21,335							
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot	
	0%	\$ 51,204.00	12	\$ 614,448.00	February 1, 2026 - January 31, 2027	\$0.00	\$0.00	\$2.40
	3%	\$ 52,740.12	12	\$ 632,881.44	February 1, 2027 - January 31, 2028	\$0.00	\$0.00	\$2.47
	3%	\$ 54,322.32	12	\$ 651,867.84	February 1, 2028 - January 31, 2029	\$0.00	\$0.00	\$2.55
	3%	\$ 55,951.99	12	\$ 671,423.88	February 1, 2029 - January 31, 2030	\$0.00	\$0.00	\$2.62
	3%	\$ 57,630.55	12	\$ 691,566.60	February 1, 2030 - January 31, 2031	\$0.00	\$0.00	\$2.70
c. Total Lease Consideration:			60	\$3,262,187.76				
d. Total Improvement Cost:								\$0.00
e. Option to renew:	☒ Yes ☐ No		90	Renewal terms:	One (1) Identical Term			
f. Holdover notice:	# of Days required		30	Holdover terms:	5% - 90 days			
g. Term:	5 Years							
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant							
i. Utilities:	☒ Landlord ☐ Tenant							
j. Janitorial:	☒ Landlord ☐ Tenant ☐ 3 day ☒ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)							
k. Repairs:	Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant							
l. Comparable Area Market Rate Average:	\$2.50							
m. Specific termination clause in lease:	Breach/Default lack of funding							
					3253			
					3254			
					3265			
					3268			
n. Lease will be paid for by Agency Budget Account Number:								
7. This lease constitutes:	☒ An extension of an existing lease ☐ An addition to current facilities (requires estimated expenses) ☐ A relocation (requires estimated expenses) ☐ A new location (requires estimated expenses) ☐ Remodeling only ☐ Other							
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$0.00		Data/Phones: \$0.00			

STATEWIDE LEASE INFORMATION

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

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

Yes X No Dec Unit

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

Medulle Merrill

11/03/2025

Authorized Agency Signature

Date

70

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☒ YES	☐ NO
b. Is the Lessor Exempt from obtaining a Business License?	☒ YES	☐ NO
*If Yes, explain....		
c. Does the Lessor have a current Nevada State Business License?	☒ YES	☐ NO
**If No, explain....		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☒ INC ☐ CORP ☐ LP ☐	
e. Ownership Type (Domestic, Foreign, Government, etc.):		
f. Nevada Business ID Number:	NV20181689549	Exp: 9/30/2025
g. Is the Lessor's Name the same as the Legal Entity Name?	☐ YES	☒ NO
If No, explain.... C T Corporation System		
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☒ YES	☐ NO
i. State of Nevada Vendor number:	T29041540	
j. Is this an Arms Length Transaction (No Conflict of Interest)	☒ YES	☐ NO
**If No, explain....		

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	☒ YES	☐ NO
b. I/we have considered other state leased or owned space available for use by this agency	☒ YES	☐ NO

Authorized Signature
Public Works Division

Date

For Board of Examiners

☒ YES

☐ NO

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

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

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Human Services Division of Social Services 1470 College Parkway Carson City, Nevada 89706 C: Karen Killian T: 702.631.2367 E: kkillian@dwss.nv.gov						
Remarks:	This is a lease renewal for the Division of Social Services. Lease was negotiated at \$2.77 per SF. Current rate is \$2.69, current market rate is \$3.69 per SF. Tenant improvements consist of paint touch up, installation of 2 water bottle fillers; one in employee area and one where the existing water fountain is in the public area, installation of bike rike, and maintain carpet in accordance with the lease to include replacement of worn carpet tiles as needed.						
Exceptions/Special notes:							
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	YI Ranches LP						
4. Address of Lessor:	3065 South Jones Blvd, Suite 201 Las Vegas, Nevada 89146						
5. Property contact:	Fredrik Kummernes T: 702.388.1800						
6. Address of Lease property:	3965 South Durango Drive Las Vegas, Nevada 89147						
a. Square Footage:	☐ Rentable ☒ Usable 12,558						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improvem ent cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	\$ 34,785.66	12	\$ 417,427.92	October 1, 2025 - September 30, 2026	\$0.00	\$0.00	\$2.77
3%	\$ 35,790.30	12	\$ 429,483.60	October 1, 2026 - September 30, 2027	\$0.00	\$0.00	\$2.85
3%	\$ 36,794.94	12	\$ 441,539.28	October 1, 2027 - September 30, 2028	\$0.00	\$0.00	\$2.93
3%	\$ 37,799.58	12	\$ 453,594.96	October 1, 2028 - September 30, 2029	\$0.00	\$0.00	\$3.01
3%	\$ 38,929.80	12	\$ 467,157.60	October 1, 2029 - September 30, 2030	\$0.00	\$0.00	\$3.10
c. Total Lease Consideration:	60		\$2,209,203.36				
d. Total Improvement Cost:				\$0.00			
e. Option to renew:	☒ Yes ☐ No		Renewal terms: One (1) Identical Term				
f. Holdover notice:	# of Days required 30		Holdover terms: 5%/90				
g. Term:	Five (5) Years						
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant						
i. Utilities:	☒ Landlord ☐ Tenant						
j. Janitorial:	☒ Landlord ☐ Tenant ☐ 3 day ☒ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)						
k. Repairs:	Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant						
l. Comparable Area Market Rate Average:	\$3.69						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	3233						
7. This lease constitutes:	☒ An extension of an existing lease ☐ An addition to current facilities (requires estimated expenses) ☐ A relocation (requires estimated expenses) ☐ A new location (requires estimated expenses) ☐ Remodeling only ☐ Other						
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$0.00		Data/Phones: \$0.00		

STATEWIDE LEASE INFORMATION

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

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

Yes ☒ No ☐ Dec Unit _____

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

 11/4/2025
Authorized Agency Signature Date
45

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☒ YES	☐ NO	☐ N/A
b. Is the Lessor Exempt from obtaining a Business License?	☐ YES	☒ NO	
*If Yes, explain....			
c. Does the Lessor have a current Nevada State Business License?	☒ YES	☐ NO	
**If No, explain....			
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☐	INC ☐	CORP ☐ LP ☒
e. Ownership Type (Domestic, Foreign, Government, etc.):	Foreign Limited Partnership		
f. Nevada Business ID Number:	NV20151577892	Exp:	9/30/2026
g. Is the Lessor's Name the same as the Legal Entity Name?	☐ YES	☒ NO	
**If No, explain.... C T Corporation System			
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☒ YES	☐ NO	
i. State of Nevada Vendor number:	T27038269		
j. Is this an Arms Length Transaction (No Conflict of Interest)?	☒ YES	☐ NO	
**If No, explain....			

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

a. We have considered the reasonableness of the terms of this lease, including cost	☒ YES	☐ NO
b. We have considered other state leased or owned space available for use by this agency	☒ YES	☐ NO

 11-4-25
Authorized Signature Date
Public Works Division
JW
For Board of Examiners ☒ YES ☐ NO

Joe Lombardo
Governor



Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

Date: November 4, 2025
To: Karen Hall, Budget Analyst
From: Jamie Wiest, Public Works Division, Leasing Services
Subject: Retroactive Memo for placement on October's 2024 BOE agenda

Projected BOE Date: December 9, 2025

BOE Deadline Date: November 4, 2025

Lessor: YI Ranches LP
Tenant: Department of Human Services, Division of Social Services
Property Location: 3965 South Durango Drive, Las Vegas, Nevada 89147

RECEIVED
NOV 04 2025
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

This memo is a clarification for a retroactive start date of October 1, 2025, for the lease referenced above, which houses the Department of Human Services, Division of Social Services.

Due to an unanticipated delay with lease negotiations, this created a delay for submittal to BOE prior to the October 1st start date.

This lease is for placement on the December 9th Board of Examiners meeting.

Thank You,

Jamie Wiest

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 On	
Reviewed by:	11/12/25
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Human Services
Division of Social Services
1470 College Parkway
Carson City, Nevada 89706
Karen Killian
T: 702-486-3228 E: kkillian@dwss.nv.gov

Remarks:

Lease renewal for Division of Social Services. There has been extensive history with Clark County, extending up to 2 years of negotiations and dispute on legal language and terms of Lease.

Exceptions/Special notes:

Dispute was consistent of credits and overpayments made to Clark County -\$390,075.08 due to DWSS in overpaid rent and Tenant improvements. (\$125,701.16 + 264,373.92). \$305,282.22 total due to DWSS from Clark County in over payments with depreciation payments through June 2023 (\$390,075.08 - \$84,792.86). *\$2,411.54 Depreciation cost is from Clark County depreciation schedule DWSS was initially notified on or around August 16, 2019 of Sale of bldg.

2. Name of Lessor:

Clark County

3. Address of Lessor:

500 South Grand Central Parkway, 4th Floor
Las Vegas, Nevada 89155

4. Property contact:

Bob Tomiyasu
T: 702-455-0110 E: robert.tomiyasu@clarkcountynv.gov

5. Address of Lease property:

1850 & 1900 East Flamingo Road
Las Vegas, Nevada 89119

a. Square Footage:

☐ Rentable

☒ Usable 9,614

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
\$2,400.00	12	\$28,800.00	July 1, 2023 - June 30, 2024	\$0.00	\$0.00	\$0.25
\$2,400.00	12	\$28,800.00	July 1, 2024 - June 30, 2025	\$0.00	\$0.00	\$0.25
\$2,400.00	12	\$28,800.00	July 1, 2025 - June 30, 2026	\$0.00	\$0.00	\$0.25
\$2,400.00	12	\$28,800.00	July 1, 2026 - June 30, 2027	\$0.00	\$0.00	\$0.25
\$2,400.00	12	\$28,800.00	July 1, 2027 - June 30, 2028	\$0.00	\$0.00	\$0.25
	60	\$144,000.00				\$0.00
				\$0.00		\$0.00

c. Total Lease Consideration:

d. Total Improvement Cost:

e. Option to renew:

☒ Yes ☐ No 365 Renewal terms: Pre Negotiated Terms

f. Holdover notice:

of Days required 30 Holdover terms: None

g. Term:

Five (5) Years

h. Pass-thrus/CAM/Taxes

☒ Landlord ☐ Tenant

i. Utilities:

☒ Landlord ☐ Tenant

j. Janitorial:

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

k. Repairs:

Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant

l. Comparable Area Market Rate Average:

\$2.33 Market Analysis

m. Specific termination clause in lease:

Breach/Default lack of funding

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

3238

6. This lease constitutes:

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

a. Estimated Expenses:

Moving: \$0.00

Furnishings: \$0.00

Data/Phones: \$0.00

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

8/29/2025
Date

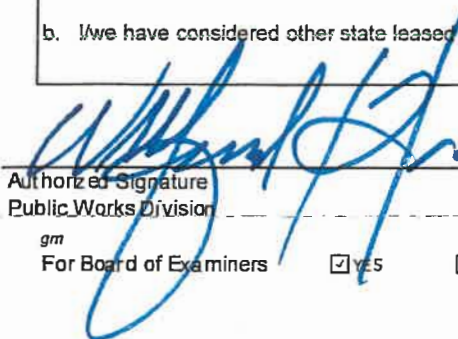
For Public Works Information:

7. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☒ YES	☐ NO
b. Is the Lessor Exempt from obtaining a Business License?	☒ YES	☐ NO
*If Yes, explain.... <u>Government Entity</u>		
c. Does the Lessor have a current Nevada State Business License?	☐ YES	☒ NO
**If No, explain.... <u>Exempt</u>		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☐	INC ☐ CORP ☐ LP ☐
e. Ownership Type (Domestic, Foreign, Government, etc.):	_____	
f. Nevada Business ID Number:	_____ Exp: _____	
g. Is the Lessor's Name the same as the Legal Entity Name?	☒ YES	☐ NO
**If No, explain.... _____		
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☒ YES	☐ NO
i. State of Nevada Vendor number:	_____	
j. Is this an Arms Length Transaction (No Conflict of Interest)	☒ YES	☐ 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	☒ YES	☐ NO
b. I/we have considered other state leased or owned space available for use by this agency	☒ YES	☐ NO


Authorized Signature
Public Works Division

9.8.25
Date

gm

For Board of Examiners

☒ YES

☐ NO

Joe Lombardo
Governor



Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
680 W. Nye Ln, Suite 103
Carson City, Nevada 89703
Phone: (775) 684-4141

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, NV 89119
Phone: (702) 486-5115

RECEIVED

NOV 12 2025

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: November 12, 2025

To: Karen Hall, Budget Analyst

From: Zuly Terrazas, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on December's 2025 BOE agenda

Projected BOE Date: December 9, 2025

BOE Deadline Date: November 4, 2025

Lessor: Clark County

Tenant: Department of Human Services, Division of Social Services

Property Location: 1850 & 1900 East Flamingo Road, Las Vegas, Nevada 89119

This memo serves to clarify the retroactive start date of July 1, 2023, for the lease renewal/extension referenced above, which houses the Department of Human Services, Division of Social Services.

The agency acknowledges its obligation to make lease payments retroactive to July 1, 2023, and has the necessary funding available to do so. The delay in executing the lease agreement was due to extended negotiations and coordination between both parties and their respective legal teams to finalize the lease terms.

Consensus was ultimately reached because both parties recognized that the Division of Social Services was formally notified of the sale of the building on August 16, 2019, and that all applicable credits and payments have been tracked since that time. This shared understanding provided a foundation for agreement on the lease terms and the retroactive start date.

This lease is scheduled for placement on the December 9th Board of Examiners meeting.

Thank You,

Zuly Terrazas

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:	P. 10.21.25
Reviewed by:	Ben 10-21-25
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Department of Tourism and Cultural Affairs Nevada Arts Council 200 South Virginia Street, Suite 320 Reno, Nevada 89501 Maria Moreno T: 775.687.7118 E: mmoreno@nevadaculture.org						
Remarks:	The agency is relocating to Suite 400 under pre-negotiated terms. The lease has been approved by Jack Robb.						
Exceptions/Special notes:							
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	Reno 200 South Virginia, LLC						
4. Address of Lessor:	300 East Second Street, Suite 1210 Reno, Nevada 89501						
5. Property contact:	Sarah Landrum T: 775.954.2917 E: Slandrum@basin-street.com						
6. Address of Lease property:	200 South Virginia Street, Suite 400 Reno, Nevada 89501						
a. Square Footage:	☐ Rentable ☒ Usable 6,053						
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
	\$ 12,903.00	6	\$ 77,418.00	February 1, 2026 - July 31, 2026	\$0.00	\$0.00	\$2.13
2%	\$ 13,161.08	12	\$ 167,932.72	August 1, 2026 - July 31, 2027	\$0.00	\$0.00	\$2.17
2%	\$ 13,424.28	12	\$ 181,091.36	August 1, 2027 - July 31, 2028	\$0.00	\$0.00	\$2.22
2%	\$ 13,692.77	12	\$ 184,313.24	August 1, 2028 - July 31, 2029	\$0.00	\$0.00	\$2.26
c. Total Lease Consideration:		42	\$ 560,755.32				
d. Total Improvement Cost:						\$0.00	
e. Option to renew:	☒ Yes ☐ No		Renewal terms: One (1) Identical Term				
f. Holdover notice:	# of Days required 30		Holdover terms: 5%/90				
g. Term:	Forty Two (42) Months						
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant						
i. Utilities:	☒ Landlord ☐ Tenant						
j. Janitorial:	☒ Landlord ☐ Tenant ☐ 3 day ☒ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)						
k. Repairs:	Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant						
l. Comparable Area Market Rate Average:	\$2.35						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:				2979 CAT 04 50% 1520 CAT 04 50%			
7. This lease constitutes:	☐ An extension of an existing lease ☐ An addition to current facilities (requires estimated expenses) ☒ A relocation (requires estimated expenses) ☐ A new location (requires estimated expenses) ☐ Remodeling only ☐ Other						
a. Estimated Expenses:	Moving: \$3,000.00		Furnishings: \$2,000.00		Data/Phones: \$800.00		

STATEWIDE LEASE INFORMATION

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

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

Yes ☒ No ☐ Doc Unit _____

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


Authorized Agency Signature

10-8-25
Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☒ YES	☐ NO
b. Is the Lessor Exempt from obtaining a Business License?	☐ YES	☒ NO
*If Yes, explain....		
c. Does the Lessor have a current Nevada State Business License?	☒ YES	☐ NO
**If No, explain....		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☒ INC ☐ CORP ☐ LP ☐	
e. Ownership Type (Domestic, Foreign, Government, etc.):	Foreign Limited-Liability Company	
f. Nevada Business ID Number:	NV20111655911	Exp: 10/31/2025
g. Is the Lessor's Name the same as the Legal Entity Name?	☒ YES	☐ NO
**If No, explain....		
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States	☒ YES	☐ NO
i. State of Nevada Vendor number:	T32013467	
j. Is this an Arms Length Transaction (No Conflict of interest)	☒ YES	☐ NO
**If No, explain....		

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

a. We have considered the reasonableness of the terms of this lease, including cost	☒ YES	☐ NO
b. We have considered other state leased or owned space available for use by this agency	☒ YES	☐ NO


Authorized Signature
Public Works Division

10/15/2025
Date

14

☒ YES

☐ NO

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

For Budget Division Use Only	
Reviewed by:	<i>[Signature]</i> 10.28.25
Reviewed by:	<i>[Signature]</i> 10/24/25
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Nevada Department of Veteran's Services 9400 Gateway Drive Reno, Nevada 89521 Joseph Theile T: 775.825.9752 E: theilej@veterans.nv.gov						
Remarks:	This is a new lease for NDVS. They currently occupy Suites A-C and will be expanding into Suite D. The agency will also be leasing 7,000 square feet of secured yard space. Lessor to provide a \$43,000 allowance for tenant improvements. Lessor has agreed to pay the \$1,400 for removal of millwork. Agency is requesting the following tenant improvements - replacement of side entry door to Suite D with lock at regular height, replacement of carpet to match carpeting used in suites A-C, paint to match Suites A-C, add door handle to Suite C door entry, remove soft wall, move plugs down 3-2 data ports & 6-2 power ports, removal of eye in the sky, removal of all existing furniture. The cost of the tenant improvements exceed the Lessors allowance by \$23,876, we are requesting this cost to be amortized throughout the lease term.						
Exceptions/Special notes:							
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	Worth Group Developers, LLC						
4. Address of Lessor:	10201 Limestone Court Parker, Colorado 80134 Attention: Douglas Worth T: 775.742.4430 E: dworth@worthgroup.com						
5. Property contact:	SVN/Gold Dust Commercial Associates Dan Shaheen T: 775.825.3330 E: dan.shaheen@svn.com						
6. Address of Lease property:	9400 Gateway Drive, Suite D Reno, Nevada 89521						
a. Square Footage:	☐ Rentable ☒ Usable 4,350 Office 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
	\$ 10,295.50	10	\$ 102,955.00	January 1, 2026 - October 31, 2026	\$0.12	\$2.25	\$2.37
3%	\$ 10,556.50	12	\$ 126,678.00	November 1, 2026 - October 31, 2027	\$0.12	\$2.31	\$2.43
3%	\$ 10,861.00	12	\$ 130,332.00	November 1, 2027 - October 31, 2028	\$0.12	\$2.38	\$2.50
3%	\$ 11,185.50	13	\$ 145,151.50	November 1, 2028 - November 30, 2029	\$0.12	\$2.45	\$2.57
		47	\$ 505,116.50				
		7,000	Secured Yard Space				
	\$ 1,050.00	10	\$ 10,500.00	January 1, 2026 - October 31, 2026	\$0.00	\$0.00	\$0.15
3%	\$ 1,081.50	12	\$ 12,978.00	November 1, 2026 - October 31, 2027	\$0.00	\$0.00	\$0.15
3%	\$ 1,113.95	12	\$ 13,367.40	November 1, 2027 - October 31, 2028	\$0.00	\$0.00	\$0.16
3%	\$ 1,147.37	13	\$ 14,915.81	November 1, 2028 - November 30, 2029	\$0.00	\$0.00	\$0.16
		47	\$ 51,761.21				
			\$ 566,877.71				
c. Total Lease Consideration:					\$0.00		
d. Total Improvement Cost:							
e. Option to renew:	☒ Yes ☐ No		Renewal terms:		One (1) Identical Term		
f. Holdover notice:	# of Days required 30		Holdover terms:		5%/90		
g. Term:	Forty Seven (47) Months						
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant						
i. Utilities:	☒ Landlord ☐ Tenant						
j. Janitorial:	☒ Landlord ☐ Tenant						
k. Repairs:	Major: ☒ Landlord ☐ Tenant		Minor: ☒ Landlord ☐ Tenant				
l. Comparable Area Market Rate Average:	\$2.15						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	2560						
7. This lease constitutes:	☐ An extension of an existing lease ☐ An addition to current facilities (requires estimated expenses) ☐ A relocation (requires estimated expenses) ☒ A new location (requires estimated expenses) ☐ Remodeling only ☐ Other						
a. Estimated Expenses:	Moving: \$0.00		Furnishings: \$65.00		Data/Phones: \$25,000		

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

46 Joseph Thiele 10/21/2025 
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☒ YES	☐ NO	☐ N/A
b. Is the Lessor Exempt from obtaining a Business License?	☐ YES	☒ NO	
*If Yes, explain....			
c. Does the Lessor have a current Nevada State Business License?	☒ YES	☐ NO	
*If No, explain....			
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☒ INC ☐ CORP ☐ LLP ☐		
e. Ownership Type (Domestic, Foreign, Government, etc.):	Domestic Limited Liability Company		
f. Nevada Business ID Number:	NV19981023801	Exp:	4/30/2026
g. Is the Lessor's Name the same as the Legal Entity Name?	☒ YES	☐ NO	
*If No, explain....			
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☒ YES	☐ NO	
i. State of Nevada Vendor number:	T29048906		
j. Is this an Arms Length Transaction (No Conflict of Interest)	☒ YES	☐ NO	
*If No, explain....			

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	☒ YES	☐ NO
b. I/we have considered other state leased or owned space available for use by this agency	☒ YES	☐ NO

Joseph Thiele 10/23/2025
Authorized Signature Date

JW

For Board of Examiners ☒ YES ☐ NO

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

For Budget Division Use Only	
Reviewed by:	<i>MK</i>
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Secretary of State 101 N Carson Street, Suite 3 Carson City, Nevada 89701 Contact: Ashley Griffiths Telephone: (775)684-5738 Email: agriffitts@sos.nv.gov						
Remarks:	This is a new lease for the Secretary of State. Secretary of State will be relocation from the City of North Las Vegas building to City of Las Vegas Building. Secretary of State team has negotiated terms of lease. Tenant improvement allowance was provided for \$1.3 million. Starting negotiated rate at \$3.06 per SF. with 2%increases beginning year 3.						
Exceptions/Special notes:	Governor's Office CIO, Jack Robb and DOA Director, Joy Grimmer are supportive of relocation given that the agency has adequate funding to cover all expenses.						
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	City of Las Vegas						
4. Address of Lessor:	Economic and Urban Development Department 495 South Main Street, 6th Floor Las Vegas, Nevada 89101						
5. Property contact:	Jennifer Henderson T: (702)229-6865 E: dbabsky@lasvegasnevada.gov						
6. Address of Lease property:	70 Bonneville Las Vegas, Nevada 89101						
a. Square Footage:	☒ Rentable ☐ Usable 4,194 (plus 250 SF of IT/Electrical Room at no charge)						
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
	\$ 12,833.64	12	\$ 154,003.68	June 1, 2026 - May 31, 2027	\$0.00	\$0.00	\$3.06
0%	\$ 12,833.64	12	\$ 154,003.68	June 1, 2027 - May 31, 2028	\$0.00	\$0.00	\$3.06
2%	\$ 13,154.48	12	\$ 157,853.76	June 1, 2028 - May 31, 2029	\$0.00	\$0.00	\$3.14
2%	\$ 13,483.34	12	\$ 161,800.08	June 1, 2029 - May 31, 2030	\$0.00	\$0.00	\$3.21
3%	\$ 13,820.43	12	\$ 165,845.16	June 1, 2030 - May 31, 2031	\$0.00	\$0.00	\$3.30
3%	\$ 14,235.04	12	\$ 170,820.48	June 1, 2031 - May 31, 2032	\$0.00	\$0.00	\$3.39
3%	\$ 14,662.09	12	\$ 175,945.08	June 1, 2032 - May 31, 2033	\$0.00	\$0.00	\$3.50
3%	\$ 15,101.95	12	\$ 181,223.40	June 1, 2033 - May 31, 2034	\$0.00	\$0.00	\$3.60
3%	\$ 15,555.01	12	\$ 186,660.12	June 1, 2034 - May 31, 2035	\$0.00	\$0.00	\$3.71
3%	\$ 16,021.66	12	\$ 192,259.92	June 1, 2035 - May 31, 2036	\$0.00	\$0.00	\$3.82
c. Total Lease Consideration:	120		\$1,700,415.36				
d. Total Improvement Cost:					\$0.00		
e. Option to renew:	☒ Yes ☐ No Renewal terms: (2) Five Year Options						
f. Holdover notice:	# of Days required 30 Holdover terms: 5%/90 Days						
g. Term:	Ten (10) Year Term						
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant						
i. Utilities:	☒ Landlord ☐ Tenant						
j. Janitorial:	☒ Landlord ☐ Tenant ☐ 3 day ☐ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)						
k. Repairs:	Major: ☒ Landlord ☐ Tenant Minor: ☒ Landlord ☐ Tenant						
l. Comparable Area Market Rate Average:	\$2.45						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	1050						
7. This lease constitutes:	☐ An extension of an existing lease ☐ An addition to current facilities (requires estimated expenses) ☐ A relocation (requires estimated expenses) ☒ A new location (requires estimated expenses) ☐ Remodeling only ☐ Other						
a. Estimated Expenses:	Moving \$9,240		Furnishings: \$0.00		Data/Phones: \$13,500		

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

CNA 11/20/2025
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Is the Lessor a Nevada based business?	☒ YES	☐ NO
b. Is the Lessor Exempt from obtaining a Business License?	☒ YES	☐ NO
**If Yes, explain.... <u>Government Entity</u>		
c. Does the Lessor have a current Nevada State Business License?	☒ YES	☐ NO
**If No, explain....		
d. The Lessor is registered with the Nevada Secretary of State's Office as a:	LLC ☐	INC ☐ CORP ☐ LP ☐
e. Ownership Type (Domestic, Foreign, Government, etc.):	<u>Government</u>	
f. Nevada Business ID Number:	<u>NV20161345271</u>	Exp: <u>6/30/2026</u>
g. Is the Lessor's Name the same as the Legal Entity Name?	☒ YES	☐ NO
**If No, explain....		
h. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	☒ YES	☐ NO
i. State of Nevada Vendor number:	<u>T40277602</u>	
j. Is this an Arms Length Transaction (No Conflict of Interest)	☒ YES	☐ NO
**If No, explain....		

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	☒ YES	☐ NO
b. I/we have considered other state leased or owned space available for use by this agency	☒ YES	☐ NO

Joy Grimmer 11/26/25
Authorized Signature Date
Public Works Division
GM
For Board of Examiners ☒ YES ☐ NO

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	015	GOVERNOR'S OFFICE OF FINANCE - CORE.NV	BERRY, DUNN, MCNEIL & PARKER, LLC DBA BERRYDUNN	GENERAL 81% HIGHWAY 19%	\$1,223,472	
	Contract Description:	This is the sixth amendment to the original service agreement under statewide contract #99SWC-NV24-20759 which provides procurement acquisition support services. This service agreement provides project oversight of the CORE.NV project. This amendment extends the termination date from January 31, 2026 to May 17, 2026 and increases the maximum amount from \$6,034,838 to \$7,258,310 due to the continued need for these services.				
		Term of Contract:	02/13/2024 - 05/17/2026	Contract # 28842		
2.	015	GOVERNOR'S OFFICE OF FINANCE - BUDGET DIVISION	AERIS ENTERPRISES, INC	GENERAL	\$153,000	
	Contract Description:	This is a new contract to provide software development services for transfer of data between the Nevada Executive Budget System and the Budget Analysis System of Nevada.				
		Term of Contract:	11/14/2025 - 06/30/2026	Contract # 31377		
3.	030	ATTORNEY GENERAL'S OFFICE - CONSUMER ADVOCATE	CURRENT ENERGY GROUP LLC	OTHER: REGULATORY ASSESSMENTS	\$125,000	Professional Service
	Contract Description:	This is a new contract to provide professional services as an expert witness and full litigation support as required by the Bureau of Consumer Protection.				
		Term of Contract:	Upon Approval - 12/09/2027	Contract # 31221		
4.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	SPERIDIAN TECHNOLOGIES LLC	GENERAL 20% OTHER: PRIVATE GRANT 80%	\$1,721,765	
	Contract Description:	This is the second amendment to the original contract which provides an online licensing and customer engagement application. This amendment increases the maximum amount from \$6,351,212.74 to \$8,072,977.74 due to adding an informational hub portal, cloud application programming interface services, system customization, and additional project resources.				
		Term of Contract:	12/04/2024 - 11/30/2028	Contract # 29960		
5.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	ELECTION SYSTEMS & SOFTWARE, LLC	GENERAL	\$169,899	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides election project creation, equipment, and on-site support for two counties for the 2025 Nevada Mock Election. This amendment extends the termination date from December 31, 2025 to December 31, 2026 and increases the maximum amount from \$337,124 to \$507,023 due to the continued need for these services.				
		Term of Contract:	04/11/2025 - 12/31/2026	Contract # 30314		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	EIKELBERGER AWNING & DRAPERY COMPANY	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$45,000	
	Contract Description:	This is the first amendment to the original contract which provides for the fabrication, repair, and installation of various window furnishings/fixtures for state owned buildings in northern Nevada. This amendment increases the maximum amount from \$80,000 to \$125,000 due to the installation of blinds in various state owned properties.				
	Term of Contract:	06/04/2022 - 05/31/2026	Contract # 26410			
7.	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	\$50,000	
	Contract Description:	This is the second amendment to the original contract which provides heating, ventilation, and air conditioning services for state owned buildings in northern Nevada. This amendment increases the maximum amount from \$69,238.18 to \$119,238.18 due to the addition of winter boiler services and needed repairs.				
	Term of Contract:	04/12/2023 - 04/03/2027	Contract # 27463			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NLS GROUNDS MANAGEMENT LLC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$138,400	
	Contract Description:	This is the first amendment to the original contract which provides landscaping maintenance services. This amendment increases the maximum amount from \$555,080 to \$693,480 due to the addition of the Walker, Mead, Tahoe, and Ormsby Buildings, and the parking garage next to 770 E. Warm Springs Road.				
	Term of Contract:	05/01/2025 - 04/30/2029	Contract # 30268			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	IMEG CORP.	GENERAL	\$228,900	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Facility Maintenance (Department of Health and Human Services) at the Northern Nevada Adult Mental Health Services CIP Project to include mechanical design, electrical design, security management systems design, architectural design, and general design for the replacement of the hot and chilled water piping and replacement of the surveillance security camera system at the Dini-Townsend Hospital: CIP Project No. 25-M02-2 and 25-M02-6; SPWD Contract No. 118230.				
	Term of Contract:	Upon Approval - 06/30/2029	Contract # 31211			
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS 2011 CIP PROJECTS	DOWL, LLC	BONDS	\$368,613	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Recreational Yard Enclosures (Lovelock Correctional Center) CIP Project to include schematic design, design development, construction documents, bid assistance, and construction administration for the demolition of existing and to construct 28 recreational enclosures: CIP Project No. 25-C19; SPWD Contract No. 118225.				
	Term of Contract:	Upon Approval - 06/30/2029	Contract # 31205			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS 2011 CIP PROJECTS	VAN WOERT BIGOTTI ARCHITECTS	BONDS	\$796,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Culinary Renovation (Lovelock Correctional Center) CIP Project to include design development, schematic design, bidding services, and construction documents for the kitchen renovation: CIP Project No. 25-M17; SPWD Contract No. 118258.				
	Term of Contract:	Upon Approval - 06/30/2029	Contract # 31277			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.	GENERAL 57% FEDERAL 43%	\$1,400,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Advance Planning Camp Washoe Renovation (Nevada Army National Guard) CIP Project to include design services through construction documents for the renovation and modernization of the facility and restrooms that will address fire and life safety issues, repairs to existing building systems, provide a structural seismic upgrade, and correct Americans with Disabilities Act deficiencies: CIP Project No. 25-P05; SPWD Contract No. 118256.				
	Term of Contract:	Upon Approval - 06/30/2029	Contract # 31258			
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS LTD DBA TSK	GENERAL	\$3,100,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Advance Planning State Office Buildings (Capital Complex) CIP Project to include architectural, civil, structural, traffic, landscape, and soil stabilization engineering services, along with fire protection, parking garage consulting, and cost estimating services for the construction of a 70,000 square foot office building and a 450 space parking garage in Carson City: CIP Project No. 25-P08; SPWD Contract No. 118293.				
	Term of Contract:	Upon Approval - 06/30/2029	Contract # 31320			
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF MOTOR VEHICLES CIP PROJECTS - NON-EXEC	BLAKELY JOHNSON & GHUSN INC DBA BJB ARCHITECTURE & ENGINEERING	BONDS	\$230,500	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Renovate Customer Counter Casework (Department of Motor Vehicles, Decatur) CIP Project to include mechanical, plumbing, and electrical design services, and construction administration design for the Central Service and Records Division: CIP Project No. 25-C18; SPWD Contract No. 118212.				
	Term of Contract:	Upon Approval - 06/30/2029	Contract # 31203			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.	GENERAL 33% BONDS 67%	\$410,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Basement Tenant Improvements (Nevada State Library and Archives) CIP Project, the Building Repairs and West Plaza Replacement (Nevada State Library and Archives) CIP Project, and the Statewide Freight Elevator Repair CIP Project to include space programming, tenant improvements, electrical improvements, demolition, assessment, surveying, design services, schematic design, design development, and construction documents for the basement tenant improvements, building repairs and west plaza replacement, and the freight elevator repairs for the Nevada State Library and Archives building in Carson City: CIP Project Nos. 23-C15, 25-M08, and 25-S07-1; SPWD Contract No. 118264.				
	Term of Contract:	Upon Approval - 06/30/2029	Contract # 31275			
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.	BONDS	(\$217,000)	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Basement Tenant Improvement (Nevada State Library and Archives) CIP Project: CIP Project No. 23-C15; SPWD Contract No. 116138. This amendment decreases the maximum amount from \$248,000 to \$31,000 due to the close out of the agreement.				
	Term of Contract:	01/09/2024 - 06/30/2027	Contract # 28582			
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES INC.	BONDS 28% FEDERAL 72%	\$356,608	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Hobart Reservoir Dam Rehabilitation (Marlette Lake Water System) CIP Project: CIP Project No. 21-C06; SPWD Contract No. 114587. This amendment increases the maximum amount from \$1,058,000 to \$1,414,608 due to additional environmental studies and construction documents.				
	Term of Contract:	04/12/2022 - 06/30/2027	Contract # 25478			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	DESTINATION ANALYSTS	OTHER: LODGING TAX	\$513,297	
	Contract Description:	This is a new contract to provide Domestic Visitor Study services.				
		Term of Contract:	01/01/2026 - 12/31/2029	Contract # 31195		
19.	130	DEPARTMENT OF TAXATION	DIRAD TECHNOLOGIES	GENERAL	\$15,767	
	Contract Description:	This is the second amendment to the original contract which provides hosted call center services to address taxpayer service needs. This amendment extends the termination date from December 9, 2025 to June 30, 2026 and increases the maximum amount from \$417,153 to \$432,920 due to the continued need for these services.				
		Term of Contract:	12/10/2019 - 06/30/2026	Contract # 22533		
20.	230	PEACE OFFICERS STANDARDS & TRAINING COMMISSION	CARAHSOFT TECHNOLOGY CORPORATION	GENERAL	\$122,758	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides software for tracking trainings and certifications.				
		Term of Contract:	11/01/2025 - 06/30/2026	Contract # 31312		
21.	300	DEPARTMENT OF EDUCATION - EDUCATOR EFFECTIVENESS	EMS LINQ, INC.	GENERAL 5% FEDERAL 95%	\$167,216	
	Contract Description:	This is the sixth amendment to the original contract which provides software maintenance and support to manage and approve subgrantee budgets and requests for payment for federal and state grants. This amendment extends the termination date from December 31, 2025 to December 31, 2026 and increases the maximum amount from \$703,798.57 to \$871,014.85 due to the continued need for these services.				
		Term of Contract:	07/01/2021 - 12/31/2026	Contract # 24272		
22.	300	DEPARTMENT OF EDUCATION - EDUCATOR EFFECTIVENESS	THE NATIONAL CENTER ON EDUCATION AND THE ECONOMY	GENERAL	\$500,000	
	Contract Description:	This is the second amendment to the original contract which provides the development of a statewide plan to improve the public education system. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$249,800 to \$749,800 due to adding the support of the Commission on Innovation and Excellence in Education.				
		Term of Contract:	01/10/2024 - 06/30/2027	Contract # 28676		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	300	DEPARTMENT OF EDUCATION - OFFICE OF THE SUPERINTENDENT	INSTRUCTURE, INC.	GENERAL	\$9,684,024	
	Contract Description:	This is sixth amendment to the original contract which provides consulting services and support for Canvas, a learning management platform, to provide teachers, students, and families with equitable access to high-quality instruction and continuous learning. This amendment extends the termination date from June 30, 2026 to June 30, 2029 and increases the maximum amount from \$11,103,390.00 to \$20,787,413.52 due to ongoing support of the learning management platform and creating an automated reporting and report delivery solution.				
	Term of Contract:	07/01/2020 - 06/30/2029	Contract # 23323			
24.	300	DEPARTMENT OF EDUCATION - OFFICE OF THE SUPERINTENDENT	WESTED	GENERAL	\$530,000	
	Contract Description:	This is the third amendment to the original contract which provides a review of the academic progress made by pupils in public schools and analyzes a weighted category of the Pupil-Centered Funding Plan from English Learners to At-Risk. This amendment increases the maximum amount from \$500,000 to \$1,030,000 due to the continuation of Commission on School Funding analysis and research support.				
	Term of Contract:	05/14/2024 - 06/30/2027	Contract # 29118			
25.	300	DEPARTMENT OF EDUCATION - OTHER STATE EDUCATION PROGRAMS	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO GREAT BASIN COLLEGE	GENERAL	\$544,464	Exempt
	Contract Description:	This is a new interlocal agreement to provide financial assistance to pre-service students studying to become a licensed educator.				
	Term of Contract:	Upon Approval - 08/31/2027	Contract # 31322			
26.	300	DEPARTMENT OF EDUCATION - OTHER STATE EDUCATION PROGRAMS	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO NEVADA STATE UNIVERSITY	GENERAL	\$1,432,800	Exempt
	Contract Description:	This is a new interlocal agreement to provide financial assistance to pre-service students studying to become a licensed educator.				
	Term of Contract:	Upon Approval - 08/31/2027	Contract # 31271			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	EARLY LEARNING INSIGHT, LLC	FEDERAL	\$360,778	
	Contract Description:	This is the first amendment to the original contract which provides a quality rating and improvement system (QRIS) for childcare and development. This amendment increases the maximum amount from \$6,400,000.00 to \$6,760,778.09 to increase QRIS training services, providers, and teachers.				
		Term of Contract:	07/01/2025 - 06/30/2029	Contract # 30611		
28.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	PATHFUL, INC.	FEDERAL	(\$1,010,991)	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides an ongoing cloud-based workforce development platform providing educators and students with the ability to connect online with industry professionals for work-based learning. This amendment decreases the maximum amount from \$2,789,824.49 to \$1,778,833.00 due to the decrease in funding available.				
		Term of Contract:	05/13/2023 - 05/15/2027	Contract # 27675		
29.	300	DEPARTMENT OF EDUCATION - TEACH NEVADA SCHOLARSHIP PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO GREAT BASIN COLLEGE	GENERAL	\$718,474	Exempt
	Contract Description:	This is a new interlocal agreement to provide financial assistance to pre-service students studying to become a licensed educator.				
		Term of Contract:	Upon Approval - 08/31/2027	Contract # 31323		
30.	300	DEPARTMENT OF EDUCATION - TEACH NEVADA SCHOLARSHIP PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO NEVADA STATE UNIVERSITY	GENERAL	\$212,293	Exempt
	Contract Description:	This is a new interlocal agreement to provide financial assistance to pre-service students studying to become a licensed educator.				
		Term of Contract:	Upon Approval - 08/31/2027	Contract # 31269		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
31.	400	DEPARTMENT OF HUMAN SERVICES - FUND FOR A RESILIENT NEVADA	NEVADA PUBLIC HEALTH FOUNDATION, INC.	OTHER: FUND FOR RESILIENT NEVADA	\$72,778	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides assistance to rural carceral facility leadership to implement medical assisted treatment, case management, and continued care planning training for rural detention center leadership. This amendment extends the termination date from December 31, 2025 to December 31, 2026 and increases the maximum amount from \$72,778 to \$145,556 due to the addition of the statewide jail-based Medication for Opioid Use Disorder model.				
	Term of Contract:	02/07/2025 - 12/31/2026		Contract # 30189		
32.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNICABLE DISEASES	LIBERTY DENTAL PLAN OF NEVADA, INC.	OTHER: REBATES	\$1,100,000	
	Contract Description:	This is the second amendment to the original contract which provides dental services to participants in the Ryan White Part B Program. This amendment extends the termination date from December 31, 2025 to December 31, 2026 and increases the maximum amount from \$2,100,000 to \$3,200,000 due to the continued need for these services.				
	Term of Contract:	01/01/2020 - 12/31/2026		Contract # 22535		
33.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH PREPAREDNESS PROGRAM	ESO SOLUTIONS, INC.	GENERAL 90% FEDERAL 10%	\$226,388	
	Contract Description:	This is a new contract to provide ongoing services that ensure the standardized availability and functionality of the state trauma registry.				
	Term of Contract:	01/01/2026 - 12/31/2029		Contract # 31197		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ADMINISTRATION	SOLIX, INC.	GENERAL 30% FEDERAL 70%	\$114,236	
	Contract Description:	This is the first amendment to the original contract which provides an advanced integrated cost allocation and time and effort tracking system to replace the current outdated random moment time study and time and effort tracking systems. This amendment extends the termination date from December 14, 2025 to December 31, 2026 and increases the maximum amount from \$298,660 to \$412,896 due to the continued need for these services.				
	Term of Contract:	12/01/2022 - 12/31/2026 Contract # 27434				
35.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - INFORMATION SERVICES	DELOITTE CONSULTING LLP	FEDERAL	\$30,794,000	
	Contract Description:	This is a new contract to provide design, development, and implementation services for a Comprehensive Child Welfare Information System.				
	Term of Contract:	Upon Approval - 12/31/2029 Contract # 31332				
36.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	CLARK COUNTY ON BEHALF OF ITS DEPARTMENT OF FAMILY SERVICES	FEDERAL	\$765,969	Exempt
	Contract Description:	This is the third amendment to the original interlocal agreement which provides targeted case management (TCM) and administrative services. This amendment increases the maximum amount from \$23,567,757.84 to \$24,333,727.11 due to increased costs for TCM administrative services.				
	Term of Contract:	07/01/2022 - 06/30/2026 Contract # 25224				
37.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	DELOITTE CONSULTING LLP	GENERAL 50% FEDERAL 50%	\$11,318,000	
	Contract Description:	This is a new contract to provide actuarial services to set capitation rates for contracted managed care organizations and the dental benefit administrator.				
	Term of Contract:	Upon Approval - 12/31/2030 Contract # 31319				

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	DEPARTMENT OF HUMAN SERVICES, AGING AND DISABILITY SERVICES DIVISION	FEDERAL	\$76,902,584	Exempt
	Contract Description:	This is a new interlocal agreement to provide reimbursement for administration of home and community-based services waivers for frail elderly, persons with physical disabilities, and individuals with intellectual and developmental disabilities.				
		Term of Contract:	Upon Approval - 12/31/2029	Contract # 31331		
39.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	MERCER US INC DBA MERCER HEALTH & BENEFITS LLC	GENERAL 50% FEDERAL 50%	\$4,700,000	
	Contract Description:	This is a new contract to provide actuarial services to set capitation rates for specialty managed care organizations for children with serious behavioral health care needs and children in the State's foster care system.				
		Term of Contract:	01/01/2026 - 12/31/2030	Contract # 31368		
40.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	MILLIMAN, INC.	GENERAL 50% FEDERAL 50%	\$875,000	
	Contract Description:	This is a new contract to provide actuarial services to set actuarially sound rates for non-emergency medical transportation services for managed care organizations and fee-for-service recipients.				
		Term of Contract:	01/01/2026 - 12/31/2030	Contract # 31292		
41.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	MYERS AND STAUFFER LC	GENERAL 21% FEE: HEALTH COST CONTAINMENT 34% FEDERAL 45%	\$6,942,000	
	Contract Description:	This is a new contract to provide government accounting and Medicaid auditing services, cost reporting, and rate setting services for the statewide Medicaid program.				
		Term of Contract:	01/01/2026 - 12/31/2029	Contract # 31272		
42.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	MEDICAL DECISION LOGIC, INC.	FEDERAL	\$4,541,508	
	Contract Description:	This is a new contract to provide a statewide, cloud-based, interoperable and comprehensive Electronic Health Record and Medicaid billing system for schools that fully integrate with Infinite Campus. This contract is contingent upon approval of IFC work program #C79657.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31138		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
43.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	MERCER HEALTH & BENEFITS LLC	OTHER: DRUG REBATES 50% FEDERAL 50%	\$254,520	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides program evaluation for managed care organizations and pharmacy benefit manager pharmacy claims review.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 31186		
44.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	VIMO, INC. DBA GETINSURED	GENERAL 22% FEDERAL 78%	\$63,952,482	
	Contract Description:	This is a new contract to develop a technology platform and consumer assistance center to support certain Medicaid eligibility operations.				
		Term of Contract:	Upon Approval - 03/31/2028	Contract # 31290		
45.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES, DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	\$291,102	Exempt
	Contract Description:	This is a new interlocal agreement which transfers funds from the Division of Public and Behavioral Health to the Nevada Health Authority, Office of Analytics for four positions.				
		Term of Contract:	09/01/2025 - 08/31/2026	Contract # 31170		
46.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	NEVADA HEALTH AUTHORITY HEALTH CARE PURCHASING AND COMPLIANCE DIVISION	OTHER: REVENUE	\$140,262	Exempt
	Contract Description:	This is a new interlocal agreement which transfers funds from the Nevada Health Authority, Health Care Facilities Regulation account to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2025 - 06/30/2026	Contract # 31198		
47.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	NEVADA HEALTH AUTHORITY HEALTH CARE PURCHASING AND COMPLIANCE DIVISION	OTHER: REVENUE	\$144,817	Exempt
	Contract Description:	This is a new interlocal agreement which transfers funds from the Nevada Health Authority, Health Care Facilities Regulation account to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2025 - 07/01/2026	Contract # 31266		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	415	NEVADA HEALTH AUTHORITY - DIVISION OF CONSUMER HEALTH - SILVER STATE HEALTH INSURANCE EXCHANGE ADMINISTRATION	HEALTH MANAGEMENT ASSOCIATES, INC	FEE: CARRIER PREMIUMS	\$796,070	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17885 which provides consulting, marketing, and education services. This service agreement provides external consulting services and technical assistance. This contract is contingent upon approval of IFC work program #C79222.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 31260		
49.	416	PUBLIC EMPLOYEES' BENEFITS PROGRAM	EXPRESS SCRIPTS, INC.	OTHER: STATE SUBSIDY AND PARTICIPANT PREMIUM	\$55,000,000	
	Contract Description:	This is the third amendment to the original contract which provides Pharmacy Benefit Manager Services. This amendment increases the maximum amount from \$332,109,496 to \$387,109,496 due to the increased need for these services.				
		Term of Contract:	07/01/2022 - 06/30/2026	Contract # 25582		
50.	416	PUBLIC EMPLOYEES' BENEFITS PROGRAM	UNITED HEALTHCARE INSURANCE COMPANY	OTHER: STATE SUBSIDY AND PARTICIPANT PREMIUM	\$10,969,345	
	Contract Description:	This is the second amendment to the original contract which provides basic life insurance services. This amendment extends the termination date from June 30, 2026 to June 30, 2028 and increases the maximum amount from \$21,771,427 to \$32,740,772 due to the continued need for these services.				
		Term of Contract:	04/12/2022 - 06/30/2028	Contract # 25607		
51.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	STREICHER'S, INC.	GENERAL 39.7% HIGHWAY 56.5% OTHER: TRANSFER FROM BUILDINGS AND GROUNDS 3.5% FEDERAL 0.3%	\$642,000	
	Contract Description:	This is a new contract to provide uniforms to sworn officers.				
		Term of Contract:	01/01/2026 - 12/31/2029	Contract # 31182		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
52.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - FIRE SUPPRESSION	PAC WEST HELICOPTERS INC	GENERAL	\$5,000,000	
	Contract Description:	This is a new contract to provide helicopter parts, maintenance, and repair services.				
		Term of Contract:	Upon Approval - 12/31/2029	Contract # 31255		
53.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE INSOLVENCY FUND- NON-EXEC	CORVEL ENTERPRISE CLAIMS, INC.	FEE: CLAIMS REVENUE	\$293,344	
	Contract Description:	This a new contract to provide third-party administrator services for licensed worker insolvency compensation claims.				
		Term of Contract:	Upon Approval - 12/31/2029	Contract # 31352		
54.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	CARAHSOFT TECHNOLOGY CORPORATION	OTHER: WORKERS COMPENSATION AND SAFETY FUND	\$154,312	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV21-7083 which provides software solutions and services. This service agreement provides the replacement of four unmanned aerial vehicle drones, software, maintenance, and training.				
		Term of Contract:	Upon Approval - 07/01/2028	Contract # 31291		
55.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	SCOTTI LAW FIRM, PLLC	FEE: LICENSURE	\$200,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services.				
		Term of Contract:	Upon Approval - 12/31/2027	Contract # 31314		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28842** Amendment Number: **6**

Agency Name: **GOVERNOR'S FINANCE OFFICE** Legal Entity Name: **BERRY, DUNN, MCNEIL & PARKER, LLC DBA BERRYDUNN**

Agency Code: **015** Contractor Name: **BERRY, DUNN, MCNEIL & PARKER, LLC DBA BERRYDUNN**

Appropriation Unit: **1325-09** Address: **4722 North 24th St. Suite 250**

Is budget authority available?: **Yes** City/State/Zip: **Phonenix, AZ 85016**

If "No" please explain: Not Applicable Contact/Phone: **Charles Leadbetter 480-482-3002**

Vendor No.: **T29043233**

NV Business ID: **NV20121551586**

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

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

☒ General Funds	81.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
☒ Highway Funds	19.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2024**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **01/31/2026**

Termination Date:

Contract term: **2 years and 93 days**4. Type of contract: **Contract**Contract description: **PASS Services**

5. Purpose of contract:

This is the sixth amendment to the original service agreement under statewide contract #99SWC-NV24-20759 which provides procurement acquisition support services. This service agreement provides project oversight of the CORE.NV project. This amendment extends the termination date from January 31, 2026 to May 17, 2026 and increases the maximum amount from \$6,034,838 to \$7,258,310 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:	\$771,896.00	\$771,896.00	\$771,896.00	Yes - Action
a. Amendment 1:	\$1,780,185.15	\$1,780,185.15	\$1,780,185.15	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$2,259,284.85	\$2,259,284.85	\$2,259,284.85	Yes - Action
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
e. Amendment 5:	\$1,223,472.00	\$1,223,472.00	\$1,223,472.00	Yes - Action
2. Amount of current amendment (#6):	\$1,223,472.00	\$1,223,472.00	\$1,223,472.00	Yes - Action
3. New maximum contract amount:	\$7,258,310.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Office of Project Management requires the support of additional resources to ensure successful execution of the CORE.NV phased project.

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

The CORE.NV project team has critical role deficiency in it's support and program manager roles. Any potential employees within OPM and/or from other outside agencies are already tasked at capacity and/or do not have the skill set desired to fulfill the requirements of this role.

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?

OPM has chosen BerryDunn from a list of three statewide contractors under the Procurement Acquisition Support Services portfolio to support the Contract/project Management and implementation phase of CORE.nv.

d. Last bid date: 08/23/2019 Anticipated re-bid date: 06/05/2024

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dcarlso4	11/05/2025 08:54:09 AM
Division Approval	bphilli1	11/05/2025 10:46:05 AM
Department Approval	bphilli1	11/05/2025 10:46:08 AM
Contract Manager Approval	thelms	11/05/2025 11:19:27 AM
Budget Analyst Approval	mranki1	11/06/2025 10:09:00 AM
BOE Agenda Approval	mranki1	11/06/2025 10:09:02 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31377**Agency Name: **GOVERNOR'S FINANCE OFFICE**Agency Code: **015**Appropriation Unit: **1340-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AERIS ENTERPRISES, INC**Contractor Name: **AERIS ENTERPRISES, INC**Address: **59 Damonte Ranch Parkway
Suite B292**City/State/Zip: **Reno, NV 89521-1907**Contact/Phone: **Joseph Fix 775-851-3262**Vendor No.: **T81082046A**NV Business ID: **NV20011516008**To what State Fiscal Year(s) will the contract be charged? **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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/14/2025**Anticipated BOE meeting date **12/2025**Retroactive? **Yes**

If "Yes", please explain

This is a retroactive request due to time constraints in processing the contract and to ensure the project is completed prior to the end of the fiscal year.

3. Termination Date: **06/30/2026**Contract term: **227 days**4. Type of contract: **Contract**Contract description: **Transfer portal**

5. Purpose of contract:

This is a new contract to provide software development services for transfer of data between the Nevada Executive Budget System and the Budget Analysis System of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$153,000.00**

Payment for services will be made at the rate of \$225.00 per Hour

Other basis for payment: Monthly invoices

II. JUSTIFICATION

7. What conditions require that this work be done?

Modifications needed to allow agencies flexible viewing of transferred content.

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: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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, since 2003 various state agencies 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	calizag1	11/19/2025 11:39:51 AM
Division Approval	budget	11/21/2025 15:06:03 PM
Department Approval	budget	11/21/2025 15:06:07 PM
Contract Manager Approval	budget	11/21/2025 15:06:09 PM
EITS Approval	budget	11/26/2025 11:26:12 AM
Budget Analyst Approval	dlenzner	11/26/2025 11:26:24 AM
BOE Agenda Approval	dlenzner	11/26/2025 11:26:27 AM
BOE Final Approval	Pending	

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: November 17, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: David Lenzner, Deputy Director
Governor's Finance Office
Subject: Retroactive Memo – NEBS/BASN Portal – AERIS, INC.

Director Greenameyer,

This memorandum serves as the Governor's Finance Office support for a retroactive contract for the Governor's Finance Office to jointly contract with the Legislative Council Bureau with Aeris, Inc., from November 14, 2025 to June 30, 2026 due to the compressed timeline for the vendor to complete the project. This contract provides an enhanced methodology for efficiently transferring budget related content between the budgeting systems NEBS (Executive Branch) and BASN (Legislative Branch).

Thank you,

A handwritten signature in blue ink, appearing to read "D. Lenzner".

David Lenzner
Deputy Director
Governor's Finance Office

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31221**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1038-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Current Energy Group LLC

Contractor Name: **Current Energy Group LLC**Address: **2900 E Broadway Blvd
Suite 100 #780**City/State/Zip: **Tucson, AZ 85716**

Contact/Phone: Ron Nelson 520-413-8676

Vendor No.: Pending

NV Business ID: NV20253451196

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/09/2027**Contract term: **2 years and 8 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide professional services as an expert witness and full litigation support as required by the Bureau of Consumer Protection.

6. NEW CONTRACT

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

Payment for services will be made at the rate of \$299.00 per hour maximum.

Other basis for payment: Presentation and approval of monthly invoices that itemize work performed by time and date of service.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Current Energy Group was chosen in preference to others for their specialized expertise, availability and reasonable rate.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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:

Michelle Badorine, Sr. Deputy Attorney General Ph: 775-684-1164

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	knowicki	10/28/2025 14:31:14 PM
Division Approval	jhoba2	10/28/2025 15:52:13 PM
Department Approval	jhoba2	10/28/2025 15:52:17 PM
Contract Manager Approval	pmcco1	10/28/2025 16:36:59 PM
Budget Analyst Approval	vmilazz1	11/06/2025 12:36:58 PM
BOE Agenda Approval	vmilazz1	11/06/2025 12:37:02 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **29960**Amendment Number: **2**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity Name: **Speridian Technologies LLC**Agency Code: **040**Contractor Name: **Speridian Technologies LLC**Appropriation Unit: **1050-42**Address: **2400 Louisiana Blvd NE, Building 3**Is budget authority available?: **Yes**City/State/Zip: **Albuquerque, NM 87110**

If "No" please explain: Not Applicable

Contact/Phone: **Lasya Prakash 916-932-7181**Vendor No.: **T29049825**NV Business ID: **NV20191236714**To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

X	General Funds	20.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	80.00 % Private Grant

Agency Reference #: **04SOS-S2861 RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/04/2024**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **11/30/2028**Contract term: **3 years and 362 days**4. Type of contract: **Contract**Contract description: **Online Licensing**

5. Purpose of contract:

This is the second amendment to the original contract which provides an online licensing and customer engagement application. This amendment increases the maximum amount from \$6,351,212.74 to \$8,072,977.74 due to adding an informational hub portal, cloud application programming interface services, system customization, and additional project resources.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,676,110.74	\$5,676,110.74	\$5,676,110.74	Yes - Action
a. Amendment 1:	\$675,102.00	\$675,102.00	\$675,102.00	Yes - Action
2. Amount of current amendment (#2):	\$1,721,765.00	\$1,721,765.00	\$1,721,765.00	Yes - Action
3. New maximum contract amount:	\$8,072,977.74			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Orion Modernization Project is an upgrade and a transformative step forward for the NV SOS Commercial Recordings Division aimed at significantly enhancing both the customer experience and the efficiency of internal teams that are critical to a strong customer experience with an enterprise business licensing system.

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

This is a specialized and highly technical application development, implementation, and secure service that can't be developed by state personnel.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 04SOS-S2861, 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: 06/28/2024 Anticipated re-bid date: 06/01/2028

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?

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

Contractor has done work for the state and it 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	rbennet2	11/05/2025 14:31:17 PM
Division Approval	rbennet2	11/05/2025 14:31:20 PM
Department Approval	rbennet2	11/05/2025 14:31:23 PM
Contract Manager Approval	jmckeeha	11/05/2025 14:31:40 PM

EITS Approval	ljean	11/06/2025 08:06:37 AM
Budget Analyst Approval	mrarki1	11/06/2025 10:31:53 AM
BOE Agenda Approval	mrarki1	11/06/2025 10:31:59 AM



STATE OF NEVADA
OFFICE OF THE CHIEF INFORMATION OFFICER
WITHIN THE OFFICE OF THE GOVERNOR

100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Gabriel Di Chiara, Chief Deputy Secretary of State, SOS
Shauna Bakkedahl, Deputy Sec. of State for Commercial Recordings, SOS
Tim Horgan, Chief IT Manager, SOS
Ashley Griffitts, Administrative Services Officer, SOS

CC: Tim Galluzi, State Chief Information Officer, OCIO-OG
Robert Dehnhardt, State Chief Information Security Officer, OCIO-OG
Sean Montierth, IT Chief, Computing Services Unit, OCIO-OG
David Axtell, Chief Enterprise Architect, OCIO-OG

FROM: Lisa Jean, TIN Administrator, OCIO-OG

SUBJECT: TIN Completion Memo – SOS – TIN 734 – *Project Orion* – BA 1050

DATE: July 3, 2023

We have completed our review for the Secretary of State's Office (SOS) – *Project Orion* – TIN 734.

The submitted TIN, for an estimated value of \$15,000,000.00 in the FY24/FY25 biennium, (100% General Fund), is to support a portfolio of projects and initiatives to improve the state business licensing and renewals processes managed through the SilverFlume Business Portal.

The SilverFlume Business Portal is a pivotal asset for Nevada's economic growth, with nearly 560,000 businesses utilizing its platform for their licensing and renewals. In 2022 alone, the platform contributed approximately \$200 million to the State General Fund. However, there remains substantial potential for further enhancement and streamlining of the user experience to ensure it is more accessible for the countless business owners who rely on SilverFlume. This initiative is intended to attract more businesses to the State of Nevada, thereby further stimulating economic growth.

Efficiency and user-friendliness are the guiding principles for this investment. The notion that a business owner should need a lawyer or an IT expert to navigate the licensing process is outdated, thus the

objective of this system overhaul is to create a more logical, efficient process flow, coupled with an enhanced customer service experience that uses technology such as chatbots and self-help tools to reduce the workload on state employees.

The solution will include 24/7 exception monitoring, enabling a swift response to any potential threats or system breaches. Additionally, the agency's disaster recovery plan will be meticulously tested and documented to ensure minimal disruption in the face of unforeseen incidents. Thus, while the SilverFlume Business Portal evolves to offer a more efficient, user-friendly experience, it will continue to prioritize the cybersecurity of the state and its users and the protection of their data. The Office of the CIO supports the agency's commitment to improved security. As the agency seeks to improve and streamline the user experience for Nevada's business owners and to maintain data security and integrity, the agency should implement advanced security protocols, including multi-factor authentication and encryption where possible, to protect sensitive user data.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO-OG 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 CONTRACT1. Contract Number: **30314**Amendment
Number: **1**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity
Name: **ELECTION SYSTEMS & SOFTWARE,
LLC**Agency Code: **040**Contractor Name: **ELECTION SYSTEMS & SOFTWARE,
LLC**Appropriation Unit: **1051-31**Address: **11208 JOHN GALT BLVD**Is budget authority
available?: **Yes**City/State/Zip **OMAHA, NE 68137-2320**

If "No" please explain: Not Applicable

Contact/Phone: **CHELSEA MACHADO 800-247-8683**Vendor No.: **T32012761**NV Business ID: **NV19971341563**To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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

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

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **04/11/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2025**

Termination Date:

Contract term: **1 year and 264 days**4. Type of contract: **Contract**Contract description: **Mock Election - ES&S**

5. Purpose of contract:

This is the first amendment to the original contract which provides election project creation, equipment, and on-site support for two counties for the 2025 Nevada Mock Election. This amendment extends the termination date from December 31, 2025 to December 31, 2026 and increases the maximum amount from \$337,124 to \$507,023 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:	\$337,124.00	\$337,124.00	\$337,124.00	Yes - Action
2. Amount of current amendment (#1):	\$169,899.00	\$169,899.00	\$169,899.00	Yes - Action
3. New maximum contract amount:	\$507,023.00			
and/or the termination date of the original contract has changed to:	12/31/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

The State must run mock elections in order to implement the Voter Registration and Elections Management System(VREMS) pursuant to AB422 (2021). Two counties (Lander and Carson) are using voting equipment (tabulators, voting machines, voter verifiable paper audit trails, mail ballot readers, etc.) which have been purchased through Election Systems and Software. For each election, this vendor is required to develop and modify the election data to appropriately program the voting equipment ensuring all candidates, contests, and voter data is appropriately coded for the equipment. There are options for on-site resources, ballot printing and supplies for the counties along with a mock specific laptop that may be used based on the scope of the mock election. In addition, there are also options for the State to rent equipment and supplies to simulate ES&S counties for process validation.

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

The equipment used by the counties is proprietary and is only able to be coded by Election Systems and Software.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

Approval #: 250402

Approval Date: 04/01/2025

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

The equipment used by the counties is proprietary and is only able to be coded by Election Systems and Software.

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 DONE WORK WITH THE STATE AND IT 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	rbennet2	10/24/2025 11:49:03 AM
Division Approval	rbennet2	10/24/2025 11:49:05 AM
Department Approval	rbennet2	10/24/2025 11:49:08 AM
Contract Manager Approval	jmckeeha	10/24/2025 11:53:50 AM
Budget Analyst Approval	mranki1	11/06/2025 09:19:32 AM
BOE Agenda Approval	mranki1	11/06/2025 09:19:35 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

Purchasing Use Only:	
Approval#:	256402 (9)

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	STATE AGENCY NAME REQUIRED:		Secretary of State
	Contact Name and Title	Phone Number	Email Address
	Jennifer McKeehan, Management Analyst 3	775-684-5735	McKeehanJ@sos.nv.gov
	Ashley Griffiths, Admin Services Officer 3	775-684-5738	AGriffitts@sos.nv.gov

1b	Vendor Information:	
	Vendor Name:	Elections Systems & Software
	Contact Name:	Chelsea Machado
	Complete Address:	11208 John Galt Blvd
	City, State, and Zip Code	Omaha, NE 68137
	Telephone Number:	877-377-8683
	Email Address:	Chelsea.Machado@essvote.com

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

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	X	No:
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	# 30314		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	upon approval	End Date:
				x
				12/31/2029

1f	Funding:	
	State Appropriated:	General Fund BA 1051
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:

Approval #:

250402@

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase: \$337,124

2	Provide a description of work/services to be performed or services with goods to be purchased: <i>Provide creation and development of election data to be used in up to 4 mock elections for the implementation of the VREMS project. Election data is used to create ballots for the election consisting of all required office headings, candidates and contests. The data will also create various ballot styles to produce appropriate ballots for the county precincts. This data will enable the counties to develop and tabulate mail ballots as well. 2 of the 17 counties use Election Systems & Software election equipment and require the vendor to create election data, test decks, and provide additional support in troubleshooting any issues with the election data or voting equipment. Since the equipment is proprietary, Election Systems & Software is the only option to receive the data for mock elections. ***This contract is for one year with the option to extend up to three additional years. One year contract is $\\$337,124 \times 4 = \\$1,348,496$</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 counties are using voting equipment (tabulators, voting machines, voter verifiable paper audit trails, mail ballot readers, etc.) which has been purchased through Election Systems & Software. For each election, this vendor is required to develop and modify the election data to appropriately program the voting equipment ensuring all candidates, contests, and voter data is appropriately coded for the equipment. No other vendor is approved to code election data for Election Systems & Software equipment. This mock election is a vital step in the implementation of the VREMS project.</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 equipment used by the counties is proprietary and is only able to be coded by Elections Systems & Software.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			X
	a. <u>If yes</u>, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <u>If not</u>, why were alternatives not evaluated? <i>The counties using Election Systems & Software equipment are required to have updated election data coded which is only available by Election Systems & Software. The mock election must be conducted in the same manner as any other election and will need to be coded by Election Systems & Software.</i>		

Purchasing Use Only:

Approval #:

250402 @

	Has the agency purchased these services/services with goods in the past? Check One:					Yes	No
	NOTE: To avoid delays or your request being rejected, if your previous purchase(s) was made via solicitation waiver(s), a copy or copies of <u>ALL PREVIOUS WAIVERS MUST ACCOMPANY THIS REQUEST.</u>						
	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>						
6	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #	
	Start Date	End Date					
	04/01/24	12/31/24	\$114,000	Mock Election Support	Waiver #240401	29071	
			\$				
			\$				
			\$				
			\$				

	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
7	<i>If this waiver request is denied this will prevent the VREMS project from being able to develop and test the appropriate policies and procedures to meet the requirements mandated by AB422, as mock elections are a vital step in ensuring the implementation of the project meets all the requirements within the Nevada Revised Statutes 293 and 293B.</i>

	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?
8	<i>Counties that are contracted with Elections Systems & Software for software, maintenance, and licensing of their voting equipment. No other company is able to code election data for these pieces of equipment, and the equipment is proprietary.</i>

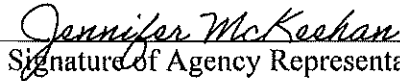
	Will this purchase obligate the State to this vendor for future purchases? Check One:		Yes	No
	NOTE: Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.			X
9	a. <i>If yes, please provide details regarding future obligations or needs.</i>			

Purchasing Use Only:

Approval #:

250402②

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

Jennifer McKeehan

03/05/2025

Print Name of Agency Representative Initiating Request

Date



Signature of Agency Head Authorizing Request

Mark Wlaschin

03/05/2025

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.

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

Approved by:



Administrator, Purchasing Division or Designee

4/1/25

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **26410** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **EIKELBERGER AWNING & DRAPERY COMPANY**

Agency Code: **082** Contractor Name: **EIKELBERGER AWNING & DRAPERY COMPANY**

Appropriation Unit: **1349-12** Address: **1903 HYMER AVENUE**

Is budget authority available?: **Yes** City/State/Zip: **SPARKS, NV 89431-5539**

If "No" please explain: Not Applicable Contact/Phone: **Chris Eikelberger 775-358-1903**

Vendor No.: **T80112468**

NV Business ID: **NV20081356503**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/04/2022**

Anticipated BOE meeting date **11/2025**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved **05/31/2026**

Termination Date:

Contract term: **3 years and 362 days**

4. Type of contract: **Contract**

Contract description: **Window coverings**

5. Purpose of contract:

This is the first amendment to the original contract which provides for the fabrication, repair, and installation of various window furnishings/fixtures for state owned buildings in northern Nevada. This amendment increases the maximum amount from \$80,000 to \$125,000 due to the installation of blinds in various state owned properties.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$80,000.00	\$80,000.00	\$80,000.00	Yes - Info
2. Amount of current amendment (#1):	\$45,000.00	\$45,000.00	\$125,000.00	Yes - Action
3. New maximum contract amount:	\$125,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Multiple state owned buildings require these services to preserve the integrity of the interior as well as enhance the environment for the occupants as well as the 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 material, equipment, or manpower needed to fulfill 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?

Best price

d. Last bid date: Anticipated re-bid date: 03/22/2026

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	09/30/2025 08:04:23 AM
Division Approval	nmann	10/02/2025 08:19:44 AM
Department Approval	nmann	10/02/2025 08:19:48 AM
Contract Manager Approval	ssands	10/15/2025 08:08:12 AM
Budget Analyst Approval	bmacke1	11/17/2025 12:30:55 PM
BOE Agenda Approval	bmacke1	11/17/2025 12:30:58 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27463** Amendment Number: **2**

Legal Entity Name: **MESA ENERGY SYSTEMS, INC. DBA EMCOR SERVICES MESA ENERGY INC**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **MESA ENERGY SYSTEMS, INC. DBA EMCOR SERVICES MESA ENERGY INC**

Agency Code: **082** Address: **4098 S MCCARRAN BLVD**

Appropriation Unit: **1349-12**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502**

If "No" please explain: **Not Applicable** Contact/Phone: **Scott Cooper 702/597-0314**

Vendor No.: **T27027115A**

NV Business ID: **NV20071267110**

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

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

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 **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved 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 the second amendment to the original contract which provides heating, ventilation, and air conditioning services for state owned buildings in northern Nevada. This amendment increases the maximum amount from \$69,238.18 to \$119,238.18 due to the addition of winter boiler services and needed repairs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,238.18	\$45,238.18	\$45,238.18	Yes - Info
a. Amendment 1:	\$24,000.00	\$24,000.00	\$69,238.18	Yes - Info
2. Amount of current amendment (#2):	\$50,000.00	\$50,000.00	\$119,238.18	Yes - Action
3. New maximum contract amount:	\$119,238.18			

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):

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:

20. Contract Status:

Contract Approvals:

Approval Level

Budget Account Approval

User

tbeaureg

Signature Date

10/17/2025 08:09:58 AM

Division Approval	nmann	10/23/2025 15:48:32 PM
Department Approval	nmann	10/23/2025 15:48:35 PM
Contract Manager Approval	ssands	11/05/2025 09:32:45 AM
Budget Analyst Approval	bmacke1	11/17/2025 12:33:29 PM
BOE Agenda Approval	bmacke1	11/17/2025 12:33:32 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **30268**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **NLS GROUNDS MANAGEMENT LLC.**Agency Code: **082**Contractor Name: **NLS GROUNDS MANAGEMENT LLC.**Appropriation Unit: **1349-12**Address: **8630 CAMERON STREET**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89139**

If "No" please explain: Not Applicable

Contact/Phone: **JAMES NEVILLE, CEO 702-259-6408**Vendor No.: **T32016856**NV Business ID: **NV20101873551**To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

Agency Reference #: **08DOA-S3048 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2025**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **04/30/2029**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Landscaping Maint**

5. Purpose of contract:

This is the first amendment to the original contract which provides landscaping maintenance services. This amendment increases the maximum amount from \$555,080 to \$693,480 due to the addition of the Walker, Mead, Tahoe, and Ormsby Buildings, and the parking garage next to 770 E. Warm Springs Road.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$555,080.00	\$555,080.00	\$555,080.00	Yes - Action
2. Amount of current amendment (#1):	\$138,400.00	\$138,400.00	\$138,400.00	Yes - Action
3. New maximum contract amount:	\$693,480.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Lawn maintenance needs to be done to maintain the buildings.

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

This job requires specialized training and equipment.

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 # 08DOA-S3048, 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: 01/29/2025 Anticipated re-bid date: 11/01/2028

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

12/1/2024 - 11/30/2028 - B&G - 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	tbeaureg	10/16/2025 13:17:37 PM
Division Approval	nmann	10/20/2025 13:40:25 PM
Department Approval	nmann	10/20/2025 13:40:28 PM
Contract Manager Approval	ssands	10/21/2025 16:27:03 PM
Budget Analyst Approval	bmacke1	11/17/2025 12:39:49 PM
BOE Agenda Approval	bmacke1	11/17/2025 12:39:51 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31211**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: IMEG CORP.
Agency Code: 082	Contractor Name: IMEG CORP.
Appropriation Unit: 1535-58	Address: 623 26TH AVE.
Is budget authority available?: Yes	City/State/Zip: ROCK ISLAND, IL 61201
If "No" please explain: Not Applicable	Contact/Phone: 626-463-2713
	Vendor No.: T29044530
	NV Business ID: NV20232702085
To what State Fiscal Year(s) will the contract be charged?	2026-2029

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

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

Agency Reference #: 118230

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Facility Maintenance (Department of Health and Human Services) at the Northern Nevada Adult Mental Health Services CIP Project to include mechanical design, electrical design, security management systems design, architectural design, and general design for the replacement of the hot and chilled water piping and replacement of the surveillance security camera system at the Dini-Townsend Hospital: CIP Project No. 25-M02-2 and 25-M02-6; SPWD Contract No. 118230.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$228,900.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects.

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and with satisfactory results.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Jason Aviles, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/03/2025 11:39:08 AM
Division Approval	nmann	11/03/2025 11:39:12 AM
Department Approval	nmann	11/03/2025 11:39:14 AM
Contract Manager Approval	lwildes	11/03/2025 11:58:06 AM
Budget Analyst Approval	bmacke1	11/17/2025 14:36:27 PM
BOE Agenda Approval	bmacke1	11/17/2025 14:36:30 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31205**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	DOWL, LLC
Agency Code:	082	Contractor Name:	DOWL, LLC
Appropriation Unit:	1551-10	Address:	5510 LONGLEY LANE
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	775-851-4788
		Vendor No.:	T29046505
		NV Business ID:	NV20151234066

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

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

Agency Reference #: 118225

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Recreational Yard Enclosures (Lovelock Correctional Center) CIP Project to include schematic design, design development, construction documents, bid assistance, and construction administration for the demolition of existing and to construct 28 recreational enclosures: CIP Project No. 25-C19; SPWD Contract No. 118225.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$368,613.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and 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:

Brian Ridinger, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/30/2025 15:43:20 PM
Division Approval	nmann	10/30/2025 15:43:22 PM
Department Approval	nmann	10/30/2025 15:43:24 PM
Contract Manager Approval	lwildes	10/30/2025 16:13:52 PM
Budget Analyst Approval	bmacke1	11/17/2025 15:55:47 PM
BOE Agenda Approval	bmacke1	11/17/2025 15:55:50 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 CONTRACT1. Contract Number: **31277**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1551-15**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **VAN WOERT BIGOTTI ARCHITECTS**Contractor Name: **VAN WOERT BIGOTTI ARCHITECTS**Address: **1400 S VIRGINIA ST., STE. C**City/State/Zip: **RENO, NV 89502-2836**Contact/Phone: **775-328-1010**Vendor No.: **T60080600**NV Business ID: **NV19781005709**To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

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

Agency Reference #: **118258**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Culinary Renovation (Lovelock Correctional Center) CIP Project to include design development, schematic design, bidding services, and construction documents for the kitchen renovation: CIP Project No. 25-M17; SPWD Contract No. 118258.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$796,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects.

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and 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:

Marc Burgess, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/04/2025 14:19:18 PM
Division Approval	nmann	11/04/2025 14:19:20 PM
Department Approval	nmann	11/04/2025 14:19:22 PM
Contract Manager Approval	lwildes	11/04/2025 14:23:17 PM
Budget Analyst Approval	bmacke1	11/17/2025 14:20:59 PM
BOE Agenda Approval	bmacke1	11/17/2025 14:21:02 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31258**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1558-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HERSHENOW + KLIPPENSTEIN
ARCHITECTS, LTD.**Contractor Name: **HERSHENOW + KLIPPENSTEIN
ARCHITECTS, LTD.**Address: **50 WASHINGTON ST., STE. 200**City/State/Zip: **RENO, NV 89503**Contact/Phone: **775-870-4871**Vendor No.: **T80984709A**NV Business ID: **NV19941047730**To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

X General Funds **57.00 %** Fees 0.00 %**X** Federal Funds **43.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 118256

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Advance Planning Camp Washoe Renovation (Nevada Army National Guard) CIP Project to include design services through construction documents for the renovation and modernization of the facility and restrooms that will address fire and life safety issues, repairs to existing building systems, provide a structural seismic upgrade, and correct Americans with Disabilities Act deficiencies: CIP Project No. 25-P05; SPWD Contract No. 118256.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,400,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects.

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and 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:

Marc Burgess, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/03/2025 16:20:57 PM
Division Approval	nmann	11/03/2025 16:21:01 PM
Department Approval	nmann	11/03/2025 16:21:05 PM
Contract Manager Approval	lwildes	11/03/2025 16:25:25 PM
Budget Analyst Approval	bmacke1	11/17/2025 15:20:54 PM
BOE Agenda Approval	bmacke1	11/17/2025 15:20:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31320**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Agency Code: **082**Appropriation Unit: **1558-28**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS
LTD DBA TSK**Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS
LTD DBA TSK**Address: **314 S. WATER ST.**City/State/Zip: **HENDERSON, NV 89015-7311**Contact/Phone: **702-456-3000**Vendor No.: **T80883470**NV Business ID: **NV20212004081**To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

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

Agency Reference #: **118293**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for the Advance Planning State Office Buildings (Capital Complex) CIP Project to include architectural, civil, structural, traffic, landscape, and soil stabilization engineering services, along with fire protection, parking garage consulting, and cost estimating services for the construction of a 70,000 square foot office building and a 450 space parking garage in Carson City: CIP Project No. 25-P08; SPWD Contract No. 118293.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,100,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects.

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and 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:

TJ Dobson, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/05/2025 10:56:34 AM
Division Approval	nmann	11/05/2025 10:56:36 AM
Department Approval	nmann	11/05/2025 10:56:38 AM
Contract Manager Approval	lwildes	11/05/2025 11:03:05 AM
Budget Analyst Approval	bmacke1	11/17/2025 15:05:54 PM
BOE Agenda Approval	bmacke1	11/17/2025 15:05:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31203**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BLAKELY JOHNSON & GHUSN INC DBA BJB ARCHITECTURE & ENGINEERING
Agency Code:	082	Contractor Name:	BLAKELY JOHNSON & GHUSN INC DBA BJB ARCHITECTURE & ENGINEERING
Appropriation Unit:	1593-34	Address:	675 W. MOANA LN. STE. 107
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	775-827-1010
		Vendor No.:	T27040813A
		NV Business ID:	NV19921042277

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

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

Agency Reference #: **118212**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 242 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 Renovate Customer Counter Casework (Department of Motor Vehicles, Decatur) CIP Project to include mechanical, plumbing, and electrical design services, and construction administration design for the Central Service and Records Division: CIP Project No. 25-C18; SPWD Contract No. 118212.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$230,500.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects.

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and 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:

Marc Burgess, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/30/2025 14:54:24 PM
Division Approval	nmann	10/30/2025 14:54:26 PM
Department Approval	nmann	10/30/2025 14:54:29 PM
Contract Manager Approval	lwildes	10/30/2025 14:58:29 PM
Budget Analyst Approval	bmacke1	11/17/2025 17:05:53 PM
BOE Agenda Approval	bmacke1	11/17/2025 17:05:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31275**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1594-27**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.**Contractor Name: **HERSHENOW + KLIPPENSTEIN ARCHITECTS, LTD.**Address: **5485 RENO CORPORATE DR STE 100**City/State/Zip: **RENO, NV 89511-2262**Contact/Phone: **775-332-6640**Vendor No.: **T80984709**NV Business ID: **NV19941047730**To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

X	General Funds	33.00 %	Fees	0.00 %
	Federal Funds	0.00 %	X Bonds	67.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **118264**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 242 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 Basement Tenant Improvements (Nevada State Library and Archives) CIP Project, the Building Repairs and West Plaza Replacement (Nevada State Library and Archives) CIP Project, and the Statewide Freight Elevator Repair CIP Project to include space programming, tenant improvements, electrical improvements, demolition, assessment, surveying, design services, schematic design, design development, and construction documents for the basement tenant improvements, building repairs and west plaza replacement, and the freight elevator repairs for the Nevada State Library and Archives building in Carson City: CIP Project Nos. 23-C15, 25-M08, and 25-S07-1; SPWD Contract No. 118264.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$410,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 & 2025 Legislatively approved CIP Projects.

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and 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:

Kyle Fischer, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/04/2025 11:59:11 AM
Division Approval	nmann	11/04/2025 11:59:14 AM
Department Approval	nmann	11/04/2025 11:59:17 AM
Contract Manager Approval	lwildes	11/04/2025 12:05:36 PM
Budget Analyst Approval	bmacke1	11/17/2025 17:00:10 PM
BOE Agenda Approval	bmacke1	11/17/2025 17:00:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **28582**Amendment
Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **HERSHENOW + KLIPPENSTEIN
ARCHITECTS, LTD.**Agency Code: **082**Contractor Name: **HERSHENOW + KLIPPENSTEIN
ARCHITECTS, LTD.**Appropriation Unit: **1594-27**Address: **5485 RENO CORPORATE DR.,
STE. 100**Is budget authority
available?: **Yes**City/State/Zip **RENO, NV 89511-2262**

If "No" please explain: Not Applicable

Contact/Phone: 775-332-6640

Vendor No.: T80984709

NV Business ID: NV19941047730

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

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

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

Agency Reference #: 116138

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **01/09/2024**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2027**Contract term: **3 years and 172 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 Basement Tenant Improvement (Nevada State Library and Archives) CIP Project: CIP Project No. 23-C15; SPWD Contract No. 116138. This amendment decreases the maximum amount from \$248,000 to \$31,000 due to the close out of the agreement.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
a. Amendment 1:	\$48,000.00	\$48,000.00	\$48,000.00	Yes - Info
2. Amount of current amendment (#2):	-\$217,000.00	-\$217,000.00	-\$169,000.00	Yes - Action
3. New maximum contract amount:	\$31,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/03/2025 11:01:54 AM
Division Approval	nmann	11/03/2025 11:01:56 AM
Department Approval	nmann	11/03/2025 11:01:58 AM
Contract Manager Approval	lwildes	11/03/2025 11:33:17 AM
Budget Analyst Approval	bmacke1	11/17/2025 10:30:02 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25478**Amendment Number: **3**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **LUMOS & ASSOCIATES INC.**Agency Code: **082**Contractor Name: **LUMOS & ASSOCIATES INC.**Appropriation Unit: **1594-10**Address: **950 SANDHILL RD. STE. 100**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **775-827-6111**Vendor No.: **T80912843**NV Business ID: **NV19791006982**To what State Fiscal Year(s) will the contract be charged? **2022-2027**

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	72.00 %	X Bonds	28.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **114587**

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 **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **5 years and 80 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 Hobart Reservoir Dam Rehabilitation (Marlette Lake Water System) CIP Project: CIP Project No. 21-C06; SPWD Contract No. 114587. This amendment increases the maximum amount from \$1,058,000 to \$1,414,608 due to additional environmental studies and construction documents.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$910,000.00	\$910,000.00	\$910,000.00	Yes - Action
a. Amendment 1:	\$0.00	-\$100.00	-\$100.00	No
b. Amendment 2:	\$148,000.00	\$147,900.00	\$147,900.00	Yes - Action
2. Amount of current amendment (#3):	\$356,608.00	\$356,508.00	\$356,508.00	Yes - Action
3. New maximum contract amount:	\$1,414,608.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Leg. approved CIP

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and with satisfactory results.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	11/04/2025 10:40:16 AM
Division Approval	nmann	11/04/2025 10:40:18 AM
Department Approval	nmann	11/04/2025 10:40:20 AM
Contract Manager Approval	lwildes	11/04/2025 11:38:54 AM

Budget Analyst Approval
BOE Agenda Approval

bmacke1
bmacke1

11/17/2025 11:20:58 AM
11/17/2025 11:21:00 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31195**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: Destination Analysts

Contractor Name: **Destination Analysts**Address: **Future Partners****2855 Jackson St., #302
San Francisco, CA 94115**City/State/Zip: **San Francisco, CA 94115**

Contact/Phone: Courtney Foste 954-614-0859

Vendor No.: T27030585

NV Business ID: NV20121290187

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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

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

Agency Reference #: 10TCA-S3385 - AM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2029**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Domestic Visitor Stu**

5. Purpose of contract:

This is a new contract to provide Domestic Visitor Study services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$513,297.00**

Other basis for payment: Payment will be made per individual invoices provided by the contracted vendor. Payment will be made within 30 days.

II. JUSTIFICATION

7. What conditions require that this work be done?

Understanding the state's visitors is essential for the Division of Tourism, as it provides valuable insights into travel trends, including party size, trip purpose, demographics, and more. This information helps the Division stay ahead of industry shifts and conduct specialized analyses on different traveler segments. This study not only helps analyze visitor behavior but also strengthens partnerships as the Division shares results of the survey for the five geographic regions of the State, enabling stakeholders to make informed decisions.

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

For this study to yield accurate and meaningful results, the survey must be representative of the broader population and involve thorough database management. These tasks require specialized expertise, making it essential to contract with a vendor that focuses exclusively on this work. Additionally, managing such a large-scale project in-house would demand significant staff time and resources, limiting capacity for other important initiatives. Having a contract in place for this study not only ensures efficiency and accuracy but also allows the Division of Tourism to allocate research efforts toward other strategic priorities.

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):

National Travel Center Inc.
MMGY Global
OmniTrak Group

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 10TCA-S3385, 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: 07/16/2025 Anticipated re-bid date: 05/15/2029

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 11, 2012 - July 31, 2016 - Tourism - vendor verified as satisfactory.
July 1, 2012 - December 31, 2012 - Tourism - vendor verified as satisfactory.
August 15, 2012 - August 31, 2016 - Tourism - vendor verified as satisfactory.
September 13, 2017 - June 30, 2021 - Tourism - vendor verified as satisfactory.
November 9, 2021 - June 30, 2025 - Tourism - vendor 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	sterr2	10/23/2025 11:00:03 AM
Division Approval	sterr2	10/23/2025 11:00:06 AM
Department Approval	sterr2	10/23/2025 11:00:09 AM

Contract Manager Approval	sterr2	10/23/2025 11:00:11 AM
Budget Analyst Approval	tday2	10/29/2025 09:34:54 AM
BOE Agenda Approval	vmilazz1	10/29/2025 10:05:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22533**Amendment
Number: **2**Agency Name: **DEPARTMENT OF TAXATION**Legal Entity
Name: **DIRAD TECHNOLOGIES**Agency Code: **130**Contractor Name: **DIRAD TECHNOLOGIES**Appropriation Unit: **2361-04**Address: **9 Corporate Drive**Is budget authority
available?: **Yes**City/State/Zip: **Clifton Park, NY 12065**

If "No" please explain: Not Applicable

Contact/Phone: **John Michne 518-438-6000**Vendor No.: **T32009070**NV Business ID: **NV20191625489**To what State Fiscal Year(s) will the contract be charged? **2020-2026**

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.

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

Agency Reference #: **RFP # 13DAT-S773**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **12/10/2019**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **12/09/2025**Contract term: **6 years and 203 days**4. Type of contract: **Contract**Contract description: **Call Center**

5. Purpose of contract:

This is the second amendment to the original contract which provides hosted call center services to address taxpayer service needs. This amendment extends the termination date from December 9, 2025 to June 30, 2026 and increases the maximum amount from \$417,153 to \$432,920 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$325,537.00	\$325,537.00	\$325,537.00	Yes - Action
a. Amendment 1:	\$91,616.00	\$91,616.00	\$91,616.00	Yes - Info
2. Amount of current amendment (#2):	\$15,767.00	\$15,767.00	\$107,383.00	Yes - Action
3. New maximum contract amount:	\$432,920.00			
and/or the termination date of the original contract has changed to:	06/30/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

The 2009 Legislature funded the Taxation Call Center in recognition of the department's inability to satisfactorily address taxpayer service needs, particularly related to timely response to their calls and correspondence. The Call Center has enabled the department to successfully address these areas and meet taxpayer service needs.

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 expertise or resources to develop and maintain the technology and software provided by a hosted call center provider. Other state agencies are unable to provide hosted call center services, including the ability to track call center statistics, generate a variety of reports, provide regular updates to the caller on his placement in the queue, provide agent/supervisor connectivity, provide automated caller distribution, and record calls and maintain copies for 90 days.

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 #13DAT-S773, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	bvale1	11/06/2025 09:52:29 AM
Division Approval	bvale1	11/06/2025 09:52:38 AM
Department Approval	bvale1	11/06/2025 09:52:43 AM
Contract Manager Approval	bvale1	11/12/2025 08:33:38 AM
Budget Analyst Approval	spowel3	11/12/2025 10:28:22 AM
BOE Agenda Approval	khawkin1	11/12/2025 10:29:31 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31312**Agency Name: **PEACE OFFICER STANDARDS & TRAINING**Agency Code: **230**Appropriation Unit: **3774-25**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARASOFT TECHNOLOGY CORPORATION**Contractor Name: **CARASOFT TECHNOLOGY CORPORATION**Address: **1890 PRESTON WHITE DR STE 201**City/State/Zip: **RESTON, VA 20191**Contact/Phone: **703/871-8500**Vendor No.: **PUR0004357**NV Business ID: **NV20151127305**To what State Fiscal Year(s) will the contract be charged? **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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2025**Anticipated BOE meeting date **12/2025**Retroactive? **Yes**

If "Yes", please explain

The negotiations and contracting process resulted in the Vendor drafting the Service Agreement and Contract with a projected service period start date being established before the approval process could reach the Board. While no work was performed prior to this date and no costs incurred, POST is requesting consideration of retroactive approval in order to avoid further negotiations with the Vendor and any further delays in the process.

3. Termination Date: **06/30/2026**Contract term: **241 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Acadis Readiness**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides software for tracking trainings and certifications.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$122,758.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The existing legacy RMS/LMS systems have proven unreliable and unable to adequately perform the functions necessary for Nevada POST to maintain accurate and reliable records of peace officers serving Nevada communities. These functions are the core responsibilities and mission of Nevada POST.

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 2008 with various state agency 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:

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	kpacheco	11/03/2025 13:30:11 PM
Division Approval	rmill30	11/03/2025 13:58:11 PM
Department Approval	rmill30	11/03/2025 13:58:16 PM
Contract Manager Approval	ssands	11/04/2025 07:36:07 AM
EITS Approval	ljea	11/10/2025 07:06:10 AM
Budget Analyst Approval	tsmorra	11/13/2025 15:47:55 PM
BOE Agenda Approval	afrantz	11/14/2025 10:52:29 AM
BOE Final Approval	Pending	



STATE OF NEVADA
COMMISSION ON PEACE OFFICER STANDARDS AND TRAINING

5587 Wa Pai Shone Avenue
Carson City, Nevada 89701
(775) 687-7678 FAX (775) 687-4911

Joe Lombardo
Governor

MICHAEL D. SHERLOCK
Executive Director

Date: October 29, 2025

To: Tiffany Smorra, Governor's Finance Office
Executive Branch Budget Officer I

From: Mike Sherlock, Executive Director *MS*
Commission on Peace Officer Standards and Training (POST)

Subject: Retroactive Approval Request- Vector Solutions Contract

The Commission on Peace Officer Standards and Training (POST) is requesting consideration for a retroactive effective date of November 1, 2025, for the service agreement and contract with Vector Solution/Carahsoft.

The negotiations and contracting process resulted in the Service Agreement and Contract being drafted with a projected service period start date being established before the approval process could reach the Board. To avoid further delays, POST is requesting this consideration of retroactive approval.

Please contact me if you any questions regarding this matter.



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Chris Carter, Deputy Director, POST

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – POST – POST RMS/LMS Acadis – TIE 838,
Revision 1 – BA(s) 3774

DATE: October 30, 2025

We have completed our review of the Nevada Peace Officer Standards and Training (POST) investment, which has an estimated total value of \$127,758.00 allocated to FY2026.

The funding source is 100% General Fund.

POST is seeking to modernize its data infrastructure through the implementation of a new Records Management System (RMS) and Learning Management System (LMS). The proposed solution, Acadis by Vector Solutions, is a purpose-built platform specifically designed for state POST organizations and public safety agencies. This system will replace the current OnBase platform, which has proven unreliable, inflexible, and unable to meet the operational and statutory requirements of Nevada POST.

The Acadis platform will serve as a comprehensive database tracking the full lifecycle of every peace officer in Nevada, from hiring and background investigations to certification, training, and disciplinary actions. Its integrated RMS and LMS functionality will allow seamless interoperability between POST

and all law enforcement agencies statewide. Using a secure portal, agencies will be able to upload and access records, while peace officers will have direct access to the POST Learning Portal for training and certification purposes. Additionally, the system will support secure administration of State Certification Exams, preserving test integrity and compliance with statutory standards. Acadis is currently utilized by 23 other state POST agencies across the United States, demonstrating its reliability and industry alignment.

The business case for this investment is driven by the urgent need for a dependable, compliant, and modern records system that aligns with Nevada's statutory requirements under NRS/NAC 289. Historically, POST maintained three separate, non-interoperable databases that were outdated, unsupported, and inefficient. This fragmented system resulted in slow response times often exceeding 30 days for public records and FOIA requests, as staff were required to manually search and reconcile data across multiple systems.

In 2021, POST received legislative approval to purchase and implement a new database through Precision Document Incorporated (PDI) using the OnBase platform. However, during implementation, the project encountered persistent data migration issues and system functionality failures. Following the acquisition of PDI's contracts by Naviant Technologies, POST experienced further disruptions, including system instability, inaccurate or missing data, and repeated unscheduled shutdowns. Currently, the platform remains unreliable and inconsistent with contractual expectations.

In response, POST secured new funding in the most recent legislative session to procure and implement the Acadis/Vector Solutions RMS and LMS. By adopting this modern, interoperable platform, Nevada POST aims to ensure that only qualified and properly trained peace officers serve the state, thus fulfilling its statutory mission and legislative intent with greater accuracy, security, and efficiency.

The combined TIE investment implementation and technology risk scores indicate an overall low level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **24272**Amendment Number: **6**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Legal Entity Name: **EMS LINQ, INC.**Agency Code: **300**Contractor Name: **EMS LINQ, INC.**Appropriation Unit: **2612-34**Address: **PO BOX 745000**Is budget authority available?: **Yes**City/State/Zip **ATLANTA, GA 30374**

If "No" please explain: Not Applicable

Contact/Phone: 888-464-5467

Vendor No.: T29045385

NV Business ID: NV20212174016

To what State Fiscal Year(s) will the contract be charged? **2022-2027**

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

☒ General Funds	5.00 %	Fees	0.00 %
☒ Federal Funds	95.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2025**

Termination Date:

Contract term: **5 years and 184 days**4. Type of contract: **Contract**Contract description: **Grant Management**

5. Purpose of contract:

This is the sixth amendment to the original contract which provides software maintenance and support to manage and approve subgrantee budgets and requests for payment for federal and state grants. This amendment extends the termination date from December 31, 2025 to December 31, 2026 and increases the maximum amount from \$703,798.57 to \$871,014.85 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$272,930.00	\$272,930.00	\$272,930.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$10,800.00	\$10,800.00	\$10,800.00	Yes - Info
c. Amendment 3:	\$144,776.00	\$144,776.00	\$155,576.00	Yes - Action
d. Amendment 4:	\$43,470.00	\$43,470.00	\$43,470.00	Yes - Info
e. Amendment 5:	\$231,822.57	\$231,822.57	\$275,292.57	Yes - Action
2. Amount of current amendment (#6):	\$167,216.28	\$167,216.28	\$167,216.28	Yes - Action
3. New maximum contract amount:	\$871,014.85			

II. JUSTIFICATION

7. What conditions require that this work be done?

The federal government requires SEA's to manage the finances associated with federal grants via a software solution.

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

This tool requires expert level software development expertise that the State of Nevada and the Nevada Department of Education do not possess.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #30DOE-S1433/HM, 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: 01/08/2021 Anticipated re-bid date: 01/01/2025

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

6/5/12-6/30/20; Education; Satisfactory

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	psmorr1	11/05/2025 10:53:47 AM
Division Approval	psmorr1	11/05/2025 10:53:49 AM
Department Approval	psmorr1	11/05/2025 10:53:53 AM
Contract Manager Approval	khoy1	11/05/2025 11:37:00 AM
EITS Approval	ljean	11/06/2025 08:06:54 AM
Budget Analyst Approval	vfajota	11/06/2025 13:23:25 PM
BOE Agenda Approval	mranki1	11/06/2025 14:29:05 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

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

Purchasing Use Only:	
Approval #:	648 @

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	ENTER STATE AGENCY NAME:		<i>Department of Education</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Kaylene Hoyt, Contracts Manager</i>	<i>775-687-9101</i>	<i>ndecontracts@doe.nv.gov</i>

2	Contractor Information:	
	Contractor Name:	<i>EMS LINQ, LLC.</i>
	Contact Name:	<i>Joel Johnson</i>
	Complete Address: City, State and Zip Code	<i>2528 Independence Blvd., Suite 200 Wilmington, NC 28412</i>
	Phone Number:	<i>910-849-1944</i>
	Email Address:	<i>jjohnson@linq.com</i>

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		<i>N/A</i>	#:	<i>N/A</i>
	Enter CETS Number:	<i>N/A</i>			
	Contract Amount:	<i>N/A</i>			
	Contract Term:	Start Date:	<i>N/A</i>	End Date:	<i>N/A</i>

Q 714

Purchasing Use Only:	
Approval #:	648 (2)

Current Contract Information:				
Solicitation Type, if applicable:		<i>RFP</i>	#:	<i>30DOE-S1433</i>
4	Enter CETS Number:	#24272		
	Initial Contract Amount:	\$272,930.00		
	Contract Term:	Start Date:	<i>07/01/2021</i>	End Date: <i>06/30/2023</i>

Amendment Information – List <u>all previously</u> approved amendments:				
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
5	<i>1</i>	<i>Amendment 1 was an amendment of assignment to assign the contract to EMS LINQ Inc. after acquisition of Harris Mackessy and Brennan Inc.</i>	<i>No cost</i>	<i>No changes in end date</i>
	<i>2</i>	<i>Amendment 2 added to the scope of work related to a federal relief funding data dashboard and increased total authority.</i>	<i>Authority increased by \$10,800.00 Total do not exceed: \$283,730.00</i>	<i>No changes in end date</i>
	<i>3</i>	<i>Amendment 3 increases on authority of the contract and extension of contract end date.</i>	<i>Authority increased by \$144,776.00 Total do not exceed: \$428,506.00</i>	<i>06/30/2024</i>
	<i>4</i>	<i>Amendment 4 added to the scope of work related to federal relief funding data dashboard and increases on authority of the contract.</i>	<i>Authority increased by \$43,470.00 Total do not exceed \$471,976.00</i>	<i>No changes in end date</i>
	<i>5</i>	<i>Increases on authority of the contract and extension of contract end date.</i>	<i>Authority increased by \$231,822.57 Total do not Exceed \$703,798.57</i>	<i>12/31/2025</i>

<u>Proposed</u> Amendment Information:				
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
6	<i>6</i>	<i>Increases on authority of the contract and extension of contract end date.</i>	<i>Authority increased by \$ 167,216.28 Total do not Exceed \$871,014.85</i>	<i>12/31/2026</i>

00814

Purchasing Use Only:	
Approval #:	648 (S)

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	<i>The Nevada Department of Education (NDE) is continuing efforts to integrate its grants management system with the new Advantage grants management component. However, due to delays in the rollout of this new component, NDE is requesting an extension of the EMS LINQ/ePage contract beyond the standard four-year re-solicitation period. This extension will allow existing data and processes to remain in place until NDE can successfully transition its grant management operations to the Advantage system.</i>
8	What are the potential consequences to the State if the contract extension request is denied?
	<i>If the extension request is not approved, the Nevada Department of Education (NDE) will be required to issue a Request for Proposal (RFP) to procure a new interim grants management system. This would result in multiple transitions between systems before ultimately moving to the Advantage platform. Such transitions increase the risk of delays in the grant process, disruptions in issuing subawards to districts, and potential loss of critical data.</i>

(6) 2/4)

Purchasing Use Only:	
Approval #:	648 (C)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 that contracts be solicited at least every four (4) years and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. *The same individual cannot provide approval signatures in both sections.*



Signature of Agency Representative Initiating Request

Megan Peterson, Deputy Superintendent, Student Investment Division

Print Name of Agency Representative Initiating Request

09/25/25

Date



Signature of Agency Head Authorizing Request

9.25.25

Dr. Steve Canavero, Interim Superintendent of Public Instruction

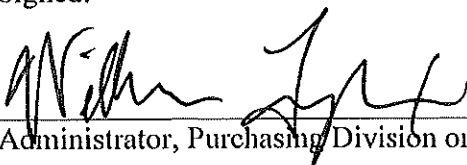
Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.	

Signed:



Administrator, Purchasing Division or Designee

10.21.2025

Date

⑧ 870

Joe Lombardo
Governor



#6480
Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO – COO

David 'Ax' Axtell
Deputy CIO – CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Amber Reid, Director, NDE
Megan Peterson, Interim Deputy Superintendent Admin/Fiscal, NDE
Cameron Carey, IT Manager, NDE
Kaylene Hoyt, Management Analyst, NDE

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE – *E Page* – TIE 48, Revision 2 – BA(s) 2712

DATE: October 13, 2025

We have completed our review of the Nevada Department of Education investment, which has an estimated total value of \$827,544.85 allocated to the current biennium in the amount of \$79,807.77 for a renewed contract agreement.

The funding source is 100% General Fund.

This investment extends the term of the current Service Agreement through the end of calendar year 2025. NDE was advised not to re-solicit its online grants management platform until the completion of the CORE.NV project, which will provide a statewide enterprise resource for grants management. Consequently, State Purchasing requested that NDE submit a Service Agreement extension to maintain the current contract with EMS LINQ for the ePAGE platform through December 31, 2025. Additional funding has been allocated for FY25 and FY26, with no changes to the scope of work.

(63) 840411

The combined investment implementation and technology risk scores indicate an overall moderate level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Amber Reid, Director, NDE
Megan Peterson, Interim Deputy Superintendent Admin/Fiscal, NDE
Cameron Carey, IT Manager, NDE
Kaylene Hoyt, Management Analyst, NDE

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE – *E Page* – TIE 48, Revision 2 – BA(s) 2712

DATE: October 13, 2025

We have completed our review of the Nevada Department of Education investment, which has an estimated total value of \$827,544.85 allocated to the current biennium in the amount of \$79,807.77 for a renewed contract agreement.

The funding source is 100% General Fund.

This investment extends the term of the current Service Agreement through the end of calendar year 2025. NDE was advised not to re-solicit its online grants management platform until the completion of the CORE.NV project, which will provide a statewide enterprise resource for grants management. Consequently, State Purchasing requested that NDE submit a Service Agreement extension to maintain the current contract with EMS LINQ for the ePAGE platform through December 31, 2025. Additional funding has been allocated for FY25 and FY26, with no changes to the scope of work.

The combined investment implementation and technology risk scores indicate an overall moderate level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **28676**Amendment
Number: **2**Agency Name: **NDE - DEPARTMENT OF
EDUCATION**Legal Entity
Name: **The National Center on Education and
the Economy**Agency Code: **300**Contractor Name: **The National Center on Education and
the Economy**Appropriation Unit: **2612-19**Address: **2121 K Street NW, Suite 700**Is budget authority
available?: **Yes**City/State/Zip **Washington, DC 20037**If "No" please explain: **Not Applicable**Contact/Phone: **Nathan Driskell 202-379-1800**Vendor No.: **T29048116**NV Business ID: **NV20191423172**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.

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

Agency Reference #: **30DOE-S2599**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **01/10/2024**
Examiner's approval?Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2026**
Termination Date:Contract term: **3 years and 171 days**4. Type of contract: **Contract**Contract description: **CIEE Study**

5. Purpose of contract:

This is the second amendment to the original contract which provides the development of a statewide plan to improve the public education system. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from \$249,800 to \$749,800 due to adding the support of the Commission on Innovation and Excellence in Education.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$249,800.00	\$249,800.00	\$249,800.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$749,800.00			
and/or the termination date of the original contract has changed to:	06/30/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per requirements set forth in Senate Bill 425.

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

The Nevada Department of Education does not have the resources or the staff to conduct this study and analysis.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

This was the only vendor to respond.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	dboyter	10/07/2025 13:49:57 PM
Division Approval	psmorr1	10/08/2025 08:50:33 AM
Department Approval	carnol1	10/08/2025 11:20:45 AM
Contract Manager Approval	khoy1	10/08/2025 14:15:54 PM

Budget Analyst Approval
BOE Agenda Approval

vfajota
mranki1

10/20/2025 08:48:08 AM
11/07/2025 14:20:04 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: **23323** Amendment Number: **6**

Agency Name: **NDE - DEPARTMENT OF EDUCATION** Legal Entity Name: **INSTRUCTURE, INC.**

Agency Code: **300** Contractor Name: **INSTRUCTURE, INC.**

Appropriation Unit: **2673 - All Categories** Address: **6330 South 3000 East, Ste 700**

Is budget authority available?: **Yes** City/State/Zip: **SALT LAKE CITY, UT 84121**

If "No" please explain: Not Applicable Contact/Phone: **Eric Spencer 949-909-0002**

Vendor No.: **PUR0005712**

NV Business ID: **NV20121738582**

To what State Fiscal Year(s) will the contract be charged? **2021-2029**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **9 years and 1 day**4. Type of contract: **Contract**Contract description: **Consulting Servcies**

5. Purpose of contract:

This is sixth amendment to the original contract which provides consulting services and support for Canvas, a learning management platform, to provide teachers, students, and families with equitable access to high-quality instruction and continuous learning. This amendment extends the termination date from June 30, 2026 to June 30, 2029 and increases the maximum amount from \$11,103,390.00 to \$20,787,413.52 due to ongoing support of the learning management platform and creating an automated reporting and report delivery solution.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,081,750.00	\$4,081,750.00	\$4,081,750.00	Yes - Action
a. Amendment 1:	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Yes - Action
b. Amendment 2:	\$2,521,634.00	\$2,521,634.00	\$2,521,634.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	\$2,500,006.00	\$2,500,006.00	\$2,500,006.00	Yes - Action
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#6):	\$9,684,023.52	\$9,684,023.52	\$9,684,023.52	Yes - Action
3. New maximum contract amount:	\$20,787,413.52			

II. JUSTIFICATION

7. What conditions require that this work be done?

On March 15, 2020 Governor Sisolak issued Emergency Directive 001, closing Nevada Schools due to COVID-19 pandemic. He followed this with Emergency Directive 005 on March 20, 2020, in which he directed county school districts and charter schools implement emergency programs of distance education in accordance with guidance provided by the Superintendent of Public Instruction. It has become apparent that many districts in this State lack the capacity and supportive resources to prepare their educators to successfully teach students remotely during this state of emergency and to properly support them in doing so. In light of this reality it is proposed by the Superintendent of Public Instruction to enter into an emergency contract with Instructure, Inc. which is designed to work in concert with the other distance learning contracts to provide both high quality content aligned to Nevada Standards and differentiated professional development offerings to meet the diverse needs of over 700 schools across the state. This aligns with the Governor's focus on education as a priority, and will help to ensure that Nevada's students do not suffer as a result of the emergency measures being taken to minimize potential infectious exposure to COVID-19.

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

Instructure, Inc. is a proprietary software product only available through the vendor. This contract will license a cloud based product that has no impact on the technology resources of the State.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Per NAC 333-114 This is an emergency contract due to COVID-19 pandemic emergency directive 005 and was selected by the Superintendent of Public Instruction and Leadership.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

yes current contract with the Department of Education, Satisfactory

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a: 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	psmorr1	11/05/2025 10:51:40 AM
Division Approval	psmorr1	11/05/2025 10:51:43 AM
Department Approval	psmorr1	11/05/2025 10:51:46 AM
Contract Manager Approval	khoy1	11/05/2025 11:36:47 AM
EITS Approval	ljea	11/06/2025 08:07:11 AM
Budget Analyst Approval	vfajota	11/07/2025 09:36:15 AM
BOE Agenda Approval	mranki1	11/07/2025 14:13:01 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

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

Purchasing Use Only:	
Approval #:	637B

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	ENTER STATE AGENCY NAME: Education		
	Contact Name and Title	Phone Number	Email Address
	Kaylene Hoyt, Contracts Manager	775-687-9101	ndecontracts@doe.nv.gov

2	Contractor Information:	
	Contractor Name:	Instructure, INC.
	Contact Name:	Eric Spencer
	Complete Address: City, State and Zip Code	PO Box 7410958 Chicago, IL 60674
	Phone Number:	949-903-0002
	Email Address:	espencer@instructure.com

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:		#:	
	Enter CETS Number:	#		
	Contract Amount:	\$		
	Contract Term:	Start Date:	End Date:	

Resub rec'd 08/20/25

Purchasing Use Only:	
Approval #:	637 B@

4	Current Contract Information:			
	Solicitation Type, if applicable:		Emergency Contract approval Email	#:
	Enter CETS Number:	#23323		
	Initial Contract Amount:	\$4,081,750.00		
	Contract Term:	Start Date:	07/01/2020	End Date:

5	Amendment Information – List <u>all previously</u> approved amendments:			
	Amd #:	Brief Synopsis of What Amendment Accomplished:	Dollar Change in Contract Amount	Change in End Date
	1	This amendment extended the termination date from June 30, 2022, to September 30, 2023, and increased the maximum amount from \$4,081,750 to \$6,081,750 due to the continued need for these services.	\$2,000,000.00 Increase	09/30/2023
	2	This amendment extended the termination date from September 30, 2023, to June 30, 2024, and increased the maximum amount from \$6,081,750 to \$8,603,384 due to the addition of a part-time learning consultant and instructional design.	\$2,521,364.00 Increase	06/30/2024
	3	This amendment extended the termination date from June 30, 2024, to June 30, 2025	\$0.00 No cost amendment	06/30/2025
	4	This amendment increased the maximum amount from \$8,603,384 to \$11,103,390 due to adding various subscriptions and portals.	\$2,500,006.00 Increase	No change in the end date for this amendment
	5	This amendment extended the termination date from June 30, 2025, to June 30, 2026.	\$0.00 No cost amendment	06/30/2026

6	<u>Proposed</u> Amendment Information:			
	Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Dollar Change in Contract Amount	Change in End Date
	6	This amendment will extend the termination date from June 30, 2026, to June 30, 2030, and will increase the maximum amount from \$11,103,390 to \$19,903,390.00 due to the continued need for these services for an additional four years.	\$8,800,000.00 Increase	06/30/2030

What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?

To continue supporting the State's online learning and professional development platform—used by districts and charter schools statewide it is essential to avoid service interruptions, which would cause significant learning loss and disrupt instructional continuity. Canvas is not a generic tool; it is a highly customized system serving over 342,000 users.

Due to the proprietary nature of Instructure's integrated suite and its deep alignment with existing state systems, extending the contract will preserve both continuity and efficiency.

Extending the contract beyond the State's four-year re-solicitation policy is necessary to ensure uninterrupted access to this integrated platform. This extension will prevent major disruptions to instruction, communication, and operations, while avoiding the substantial risks and costs of transitioning to a new system.

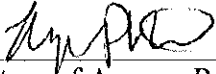
What are the potential consequences to the State if the contract extension request is denied?

If the contract extension request is denied, the State could face significant consequences, including the widespread loss of access for over 342,000 users students, educators, and administrators alike. This would lead to learning loss, instructional disruptions, risks to data and system integrity, interruptions to professional development and licensure processes, financial and operational setbacks, and a loss of strategic stability.

Maintaining the Canvas platform ensures continuity, protects data integrity, and enables the State to focus on progress and innovation rather than recovery and remediation.

Purchasing Use Only:	
Approval #:	637 B2

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 that contracts be solicited at least every four (4) years and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. *The same individual cannot provide approval signatures in both sections.*



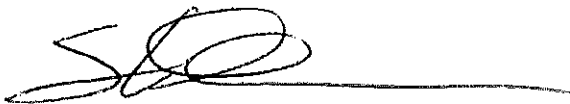
Signature of Agency Representative Initiating Request

Megan Peterson, Deputy Superintendent, Student Investment Division

Print Name of Agency Representative Initiating Request

08/18/25

Date



Signature of Agency Head Authorizing Request

8.20.25

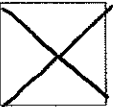
Dr. Steve Canavero, Interim Superintendent of Public Instruction

Print Name of Agency Head Authorizing Request

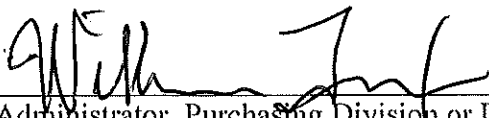
Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.



Signed:



Administrator, Purchasing Division or Designee

8.27.2025

Date

Joe Lombardo
Governor



#637 B (9)
Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO- COO

David 'Ax' Axtell
Deputy CIO - CTO

STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Cindi Chang, Education Programs Director, OTL, NDE
Kaylene Hoyt, Contract Manager, NDE
Sonali Bandypadhyay, IT Professional IV, NDE

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE – *Canvas Learning Management* – TIE 155,
Revision 2 (Update E) – BA(s) # 2673

DATE: August 4, 2025

We have completed our review of the Nevada Department of Education's (NDE) investment, which has an estimated total value of \$21,469,289.66 allocated to current and future biennia as follows:

Cost Type	FY27	FY28	FY29	FY30	Grand Total
One-Time Cost	\$ 2,200,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ 8,800,000.00
Services - Contracts	\$ 2,200,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ 8,800,000.00
Grand Total	\$ 2,200,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ 8,800,000.00

The funding source is 100% Federal CARES Grant.

This revision is to update the Canvas Learning Management (Canvas) contract for an additional four years. Canvas is a statewide Learning Management System (LMS) capable of delivering digital learning tools to all Nevada teachers and students. The LMS enables students to access assignments, take exams,

collaborate with peers, track their progress, and communicate with educators. It also allows for the passing of roster and grade information to and from the statewide Student Information System (SIS), Infinite Campus. This system will be in use in all seventeen Nevada School Districts and schools within the State Public Charter School Authority, serving 500,000+ users.

The investment implementation risk score is low and the technology risk score indicates a moderate risk, as core operations depend heavily on technology.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Cindi Chang, Education Programs Director, OTL, NDE
Kaylene Hoyt, Contract Manager, NDE
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CC: Tim Galluzi, State Chief Information Officer, GTO
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FROM: Lisa Jean, TIE Administrator, GTO

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Revision 2 (Update E) – BA(s) # 2673

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Grand Total	\$ 2,200,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ 2,200,000.00	\$ 8,800,000.00

The funding source is 100% Federal CARES Grant.

This revision is to update the Canvas Learning Management (Canvas) contract for an additional four years. Canvas is a statewide Learning Management System (LMS) capable of delivering digital learning tools to all Nevada teachers and students. The LMS enables students to access assignments, take exams,

collaborate with peers, track their progress, and communicate with educators. It also allows for the passing of roster and grade information to and from the statewide Student Information System (SIS), Infinite Campus. This system will be in use in all seventeen Nevada School Districts and schools within the State Public Charter School Authority, serving 500,000+ users.

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For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: 29118

Amendment Number: 3

Legal Entity Name: WestEd

Contractor Name: WestEd

Agency Name: NDE - DEPARTMENT OF EDUCATION

Agency Code: 300

Address: 730 Harrison Street

Appropriation Unit: 2673-08

City/State/Zip: San Francisco, CA 94107

Is budget authority available?: Yes

Contact/Phone: 415-615-3136

If "No" please explain: Not Applicable

Vendor No.: T81012500

NV Business ID: NV20111743662

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.

X

General Funds

100.00 %

Fees

0.00 %

Federal Funds

0.00 %

Bonds

0.00 %

Highway Funds

0.00 %

Other funding

0.00 %

Agency Reference #: RFP # 30DOE-S2604 PSMs Initials: CD

2. Contract start date:

a. Effective upon Board of Examiner's approval?

No

or

b. other effective date

05/14/2024

Anticipated BOE meeting date 12/2025

Retroactive? No

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date:

06/30/2027

Contract term:

3 years and 47 days

4. Type of contract:

Interlocal Agreement

Contract description:

CSF Accountability

5. Purpose of contract:

This is the third amendment to the original contract which provides a review of the academic progress made by pupils in public schools and analyzes a weighted category of the Pupil-Centered Funding Plan from English Learners to At-Risk. This amendment increases the maximum amount from \$500,000 to \$1,030,000 due to the continuation of Commission on School Funding analysis and research support.

		Trans \$	Info Accum \$	Action Accum \$	Agenda
1.	The max amount of the original contract:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
	a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
	b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2.	Amount of current amendment (#3):	\$530,000.00	\$530,000.00	\$530,000.00	Yes - Action
3.	New maximum contract amount:	\$1,030,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Review performance and financial reporting frameworks in other states
Crosswalk federal and state policies and regulations into a single comprehensive product.
Identify best practices for each of the indicators identified in Assembly Bill 400, Senate Bill 98 and any other indicators identified by the CSF or the department.
Review and make recommendations on potential additional indicators/area of measure such as climate and culture, family engagement, and recruitment and retention, or other measures as identified that impact student achievement.
Make recommendations on predictors or indicators which signal a student's likelihood to succeed and graduate with their cohort
Identify the best metric used to provide the necessary information for each of the identified indicators
Identify academic and achievement indicators that can demonstrate short-term progress, annual benchmarks, and long-term academic achievements
Compare adequacy and optimal targets for the evaluation of student success

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

The Department of Education does not have possess staff with the needed skills.

9. Were quotes or proposals solicited? Yes

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

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

- b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #30DOE-S2604, 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: 02/01/2024 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 current and previous contracts with the Department of Education

14. Is the contractor currently involved in litigation with the State 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	psmorr1	11/07/2025 16:25:56 PM
Division Approval	psmorr1	11/07/2025 16:25:59 PM
Department Approval	psmorr1	11/07/2025 16:26:01 PM
Contract Manager Approval	khoy1	11/07/2025 16:26:12 PM
Budget Analyst Approval	vfajota	11/07/2025 16:26:44 PM
BOE Agenda Approval	mranki1	11/10/2025 08:42:37 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31322**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	Board of Regents, Nevada System of Higher Education - obo Great Basin College
Agency Code:	300	Contractor Name:	Board of Regents, Nevada System of Higher Education - obo Great Basin College
Appropriation Unit:	2699-13	Address:	1500 College Pkwy
Is budget authority available?:	Yes	City/State/Zip	Elko, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	775/753-2161
		Vendor No.:	D35000803
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2027**Contract term: **1 year and 272 days**4. Type of contract: **Interlocal Agreement**Contract description: **IPT GBC**

5. Purpose of contract:

This is a new interlocal agreement to provide financial assistance to pre-service students studying to become a licensed educator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$544,464.00**

Other basis for payment: As invoiced by the Vendor and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of the Incentivizing Pathways to Teaching program is to provide financial assistance to pre-service students studying to become a licensed educator. The Nevada Department of Education will provide funding to an educator preparation program provider who will distribute financial assistance to students enrolled in an educator preparation program.

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 bandwidth to facilitate this work9. 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?

In Accordance with NRS 277.180 the agency has contracted with the Great Basin College

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 previous contracts with the Department of Education, satisfactory

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

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

Not Applicable

15. The contractor is 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	psmorr1	11/06/2025 10:59:40 AM
Division Approval	psmorr1	11/06/2025 10:59:43 AM
Department Approval	psmorr1	11/06/2025 10:59:45 AM
Contract Manager Approval	khoy1	11/06/2025 11:24:27 AM
Budget Analyst Approval	vfajota	11/06/2025 11:43:56 AM
BOE Agenda Approval	mranki1	11/07/2025 09:21:06 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 CONTRACT1. Contract Number: **31271**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	Board of Regents, Nevada System of Higher Education - obo Nevada State University
Agency Code:	300	Contractor Name:	Board of Regents, Nevada System of Higher Education - obo Nevada State University
Appropriation Unit:	2699-13	Address:	1300 NEVADA STATE DR
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89002-9455
If "No" please explain:	Not Applicable	Contact/Phone:	702-992-2311
		Vendor No.:	D35000823
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2027**Contract term: **1 year and 272 days**4. Type of contract: **Interlocal Agreement**Contract description: **IPT NSU**

5. Purpose of contract:

This is a new interlocal agreement to provide financial assistance to pre-service students studying to become a licensed educator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,432,800.00**

Other basis for payment: As invoiced by the Vendor and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of the Incentivizing Pathways to Teaching program is to provide financial assistance to pre-service students studying to become a licensed educator. The Nevada Department of Education will provide funding to an educator preparation program provider who will distribute financial assistance to students enrolled in an educator preparation program.

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 bandwidth to facilitate 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?

In Accordance with NRS 277.180 the agency has contracted with the Nevada State University

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 Department does not have the bandwidth to facilitate this work

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

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

Not Applicable

15. The contractor is 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	psmorr1	11/05/2025 10:42:46 AM
Division Approval	psmorr1	11/05/2025 10:42:49 AM
Department Approval	psmorr1	11/05/2025 10:49:01 AM
Contract Manager Approval	khoy1	11/05/2025 11:37:13 AM
Budget Analyst Approval	vfajota	11/06/2025 11:38:00 AM
BOE Agenda Approval	mranki1	11/07/2025 09:18:54 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **30611**Amendment Number: **1**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Legal Entity Name: **Early Learning Insight, LLC**Agency Code: **300**Contractor Name: **Early Learning Insight, LLC**Appropriation Unit: **2709-22**Address: **11108 Desert Dove Ave**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89144-1462**

If "No" please explain: Not Applicable

Contact/Phone: **Jennifer Dowlen 702/303-0189**Vendor No.: **T32006230**NV Business ID: **NV20171702723**To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

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

Agency Reference #: **30DOE-S3135/CA**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2025**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2029**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **QRIS**

5. Purpose of contract:

This is the first amendment to the original contract which provides a quality rating and improvement system (QRIS) for childcare and development. This amendment increases the maximum amount from \$6,400,000.00 to \$6,760,778.09 to increase QRIS training services, providers, and teachers.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$6,400,000.00	\$6,400,000.00	\$6,400,000.00	Yes - Action
2. Amount of current amendment (#1):	\$360,778.09	\$360,778.09	\$360,778.09	Yes - Action
3. New maximum contract amount:	\$6,760,778.09			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Quality Rating and Improvement System are part of Nevada's State Plan (as submitted by the Division of Welfare and Supportive Service Child Care Chief) which is a requirement of the Child Care and Development Block Grant.

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 resources or expertise to perform these duties.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 30DOE-S3135, 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: 02/05/2025 Anticipated re-bid date: 01/01/2029

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 current and previous contracts with the Department of Education, satisfactory

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

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

Not Applicable

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

LLC

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	psmorr1	11/03/2025 09:17:55 AM
Division Approval	psmorr1	11/03/2025 09:17:58 AM
Department Approval	psmorr1	11/03/2025 09:18:02 AM
Contract Manager Approval	khoy1	11/04/2025 15:53:00 PM
Budget Analyst Approval	vfajota	11/06/2025 12:48:29 PM
BOE Agenda Approval	mranki1	11/06/2025 14:33:07 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **27675**Amendment
Number: **1**Legal Entity
Name: **Pathful, Inc.**Agency Name: **NDE - DEPARTMENT OF
EDUCATION**Contractor Name: **Pathful, Inc.**Agency Code: **300**Address: **750 N. Saint Paul St, Ste 250**Appropriation Unit: **2712-46****PMB 63880**Is budget authority
available?: **Yes**City/State/Zip **Dallas, TX 75201**

If "No" please explain: Not Applicable

Contact/Phone: **Kari Simelaro 888-908-4924**Vendor No.: **T32014056**NV Business ID: **NV20232772405**To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

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

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **05/13/2023**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **05/15/2027**

Termination Date:

Contract term: **4 years and 3 days**4. Type of contract: **Contract**Contract description: **Workplace Learning**

5. Purpose of contract:

This is the first amendment to the original contract which provides an ongoing cloud-based workforce development platform providing educators and students with the ability to connect online with industry professionals for work-based learning. This amendment decreases the maximum amount from \$2,789,824.49 to \$1,778,833.00 due to the decrease in funding available.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,789,824.49	\$2,789,824.49	\$2,789,824.49	Yes - Action
2. Amount of current amendment (#1):	-\$1,010,991.49	-\$1,010,991.49	-\$1,010,991.49	Yes - Action
3. New maximum contract amount:	\$1,778,833.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Federally approved Expanding Access to Well-Rounded Coursework requires this activity to be implemented. Pathful, Inc. provides a cloud-based platform that allows staff and students to connect with industry professionals for work-based learning. The platform provides well-rounded educational opportunities through course-access programs.

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

This is a work-based platform that pairs students with industry professionals for learning and mentorship.

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 #: null

Approval Date: 05/05/2023

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

yes current contract, 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	psmorr1	10/08/2025 08:59:56 AM
Division Approval	psmorr1	10/08/2025 09:00:00 AM
Department Approval	carnol1	10/08/2025 11:18:12 AM
Contract Manager Approval	khoy1	10/21/2025 09:41:12 AM
EITS Approval	ljean	10/21/2025 10:03:41 AM

Budget Analyst Approval
BOE Agenda Approval

vfajota
mranki1

11/04/2025 11:42:30 AM
11/06/2025 09:03:12 AM



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Maria Sauter, Director, NDE
Megan Peterson, Deputy Superintendent of Admin./Fiscal Svs., NDE
Cameron Carey, IT Manager, NDE
Sonali Bandyopadhyay, IT Professional IV, NDE
Kaylene Hoyt, Contract Manager, NDE
Cynthia Strong, Management Analyst II, NDE

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE – *Pathful Inc., formerly Nepris* – TIE 220,
Revision 2 – BA(s) 2712

DATE: October 21, 2025

We have completed our review of the Nevada Department of Education (NDE) investment, which has an estimated total value of \$1,778,866.00, allocated as follows:

Cost Type	FY23	FY24	FY25	FY26	Grand Total
One-Time Cost	\$ 564,933.00	\$ 643,933.00	\$ 570,000.00		\$ 1,778,866.00
Services - Contracts	\$ 564,933.00	\$ 643,933.00	\$ 570,000.00		\$ 1,778,866.00
Grand Total	\$ 564,933.00	\$ 643,933.00	\$ 570,000.00		\$ 1,778,866.00

The funding source is 100% Federal Grant.

This TIE revision is to update contract funding information to reflect revised pricing and cost savings including elimination of duplicative “white label” costs in favor of a multi-year pricing structure. Pathful will continue to provide full statewide access for 211 schools, professional development sessions, and implementation support with no reduction in benefits.

The platform connects teachers with industry professionals who can interact with students virtually. This collaboration brings abstract lessons to life, enables mentoring of students on class projects, evaluates student work, and offers virtual work-based learning experiences. It also allows teachers to leverage industry connections for students' real-world knowledge and skills development.

The combined investment implementation and technology risk scores indicate an overall moderate level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor’s Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31323**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	Board of Regents, Nevada System of Higher Education - obo Great Basin College
Agency Code:	300	Contractor Name:	Board of Regents, Nevada System of Higher Education - obo Great Basin College
Appropriation Unit:	2718-10	Address:	1500 COLLEGE PKWY
Is budget authority available?:	Yes	City/State/Zip	ELKO, NV 89801
If "No" please explain:	Not Applicable	Contact/Phone:	775/753-2161
		Vendor No.:	D35000803
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2027**Contract term: **1 year and 272 days**4. Type of contract: **Interlocal Agreement**Contract description: **GBC Teach Nevada**

5. Purpose of contract:

This is a new interlocal agreement to provide financial assistance to pre-service students studying to become a licensed educator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$718,474.48**

Other basis for payment: As invoiced by the Vendor and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of the Teach Nevada Scholarship program is to provide financial assistance to pre-service students studying to become a licensed educator. NDE will provide funding to an educator preparation program provider who will distribute financial assistance to students enrolled in an educator preparation program.

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 bandwidth to facilitate 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?

In Accordance with NRS 277.180 the agency has contracted with the Great Basin College

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 previous contracts with the Department of Education, satisfactory

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

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

Not Applicable

15. The contractor is 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	psmorr1	11/06/2025 10:56:28 AM
Division Approval	psmorr1	11/06/2025 10:56:31 AM
Department Approval	psmorr1	11/06/2025 10:56:33 AM
Contract Manager Approval	khoy1	11/06/2025 11:24:40 AM
Budget Analyst Approval	vfajota	11/06/2025 11:44:43 AM
BOE Agenda Approval	mranki1	11/07/2025 09:06:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31269**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	Board of Regents, Nevada System of Higher Education - obo Nevada State University
Agency Code:	300	Contractor Name:	Board of Regents, Nevada System of Higher Education - obo Nevada State University
Appropriation Unit:	2718-10	Address:	1300 NEVADA STATE DR
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89002-9455
If "No" please explain:	Not Applicable	Contact/Phone:	702-992-2311
		Vendor No.:	D35000823
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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.

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2027**Contract term: **1 year and 272 days**4. Type of contract: **Interlocal Agreement**Contract description: **NSU Teach Nevada**

5. Purpose of contract:

This is a new interlocal agreement to provide financial assistance to pre-service students studying to become a licensed educator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$212,292.58**

Other basis for payment: As invoiced be the vendor and accepted by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of the Teach Nevada Scholarship program is to provide financial assistance to pre-service students studying to become a licensed educator. the Nevada Department of Education will provide funding to an educator preparation program provider who will distribute financial assistance to students enrolled in an educator preparation program.

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 bandwidth to facilitate 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?

In Accordance with NRS 277.180 the agency has contracted with the Nevada State University

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:

previous contract with the Department of Education, Satisfactory

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

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

Not Applicable

15. The contractor is 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	dboyter	11/04/2025 11:23:57 AM
Division Approval	psmorr1	11/05/2025 10:56:25 AM
Department Approval	psmorr1	11/05/2025 10:56:31 AM
Contract Manager Approval	khoy1	11/05/2025 11:36:18 AM
Budget Analyst Approval	vfajota	11/06/2025 11:26:49 AM
BOE Agenda Approval	mranki1	11/07/2025 09:10:48 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **30189**Amendment
Number: **1**Agency Name: **DHS - HUMAN SERVICES
DIRECTOR'S OFFICE**Legal Entity
Name: **NEVADA PUBLIC HEALTH
FOUNDATION, INC.**Agency Code: **400**Contractor Name: **NEVADA PUBLIC HEALTH
FOUNDATION, INC.**Appropriation Unit: **3060-10**Address: **716 North Carson Street
Suite 100**Is budget authority
available?: **Yes**City/State/Zip **Carson City, NV 89701**

If "No" please explain: Not Applicable

Contact/Phone: **NATALIE GAUTEREAUX 775-884-0392**Vendor No.: **T81018059**NV Business ID: **NV19961104052**To what State Fiscal Year(s) will the contract be charged? **2025-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Fund for Resilient Nevada

Agency Reference #: **10022**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **02/07/2025**
Examiner's approval?Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2025**
Termination Date:Contract term: **1 year and 327 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Community Building**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides assistance to rural carceral facility leadership to implement medical assisted treatment, case management, and continued care planning training for rural detention center leadership. This amendment extends the termination date from December 31, 2025 to December 31, 2026 and increases the maximum amount from \$72,778 to \$145,556 due to the addition of the statewide jail-based Medication for Opioid Use Disorder model.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$72,778.00	\$72,778.00	\$72,778.00	Yes - Info
2. Amount of current amendment (#1):	\$72,778.00	\$72,778.00	\$145,556.00	Yes - Action
3. New maximum contract amount:	\$145,556.00			
and/or the termination date of the original contract has changed to:	12/31/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

This project aligns with the Nevada Opioid Needs Assessment and Statewide plan Goal 6: Provide Opioid Prevention and Treatment Consistently across the Criminal Justice and Public Safety Systems; Access to MAT and other treatment interventions within the jails and prisons is limited, and individuals transitioning from incarceration to the community often have little or no access to treatment or care management in the community. Progress has been made through drug treatment courts and similar interventions; these opportunities are uniformly available in all criminal detention centers.

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

The State does not have the resources or expertise to perform this work.

9. Were quotes or proposals solicited? No

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

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected by Purchasing as part of a multi award solicitation 99SWC-S2340 to provide various consulting, marketing, and education services.

d. Last bid date: 04/17/2023 Anticipated re-bid date: 01/30/2027

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

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

III. OTHER INFORMATION

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

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

5%

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 is currently under contract with several Nevada Department of Human Services agencies. 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:

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	chadwic1	11/03/2025 11:04:22 AM
Division Approval	chadwic1	11/03/2025 11:04:26 AM
Department Approval	chadwic1	11/03/2025 11:04:36 AM
Contract Manager Approval	chadwic1	11/03/2025 11:04:42 AM
Budget Analyst Approval	pokeefe	11/05/2025 10:55:26 AM
BOE Agenda Approval	klay0	11/13/2025 12:00:59 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22535**Amendment Number: **2**Agency Name: **DHS - PUBLIC AND BEHAVIORAL HEALTH**Legal Entity Name: **LIBERTY DENTAL PLAN OF NEVADA, INC.**Agency Code: **406**Contractor Name: **LIBERTY DENTAL PLAN OF NEVADA, INC.**Appropriation Unit: **3215-24**Address: **1730 FLIGHT WAY STE 125**Is budget authority available?: **Yes**City/State/Zip: **TUSTIN, CA 92782**

If "No" please explain: Not Applicable

Contact/Phone: **Amir Neshat, D.D.S. Steven Sohn**Vendor No.: **T32009052**NV Business ID: **NV20071098062**To what State Fiscal Year(s) will the contract be charged? **2020-2027**

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

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

Agency Reference #: **RFP#40DHHS-S822/C 17500**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2020**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2025**Contract term: **7 years and 1 day**4. Type of contract: **Contract**Contract description: **Dental Services**

5. Purpose of contract:

This is the second amendment to the original contract which provides dental services to participants in the Ryan White Part B Program. This amendment extends the termination date from December 31, 2025 to December 31, 2026 and increases the maximum amount from \$2,100,000 to \$3,200,000 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,100,000.00	\$2,100,000.00	\$2,100,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$1,100,000.00	\$1,100,000.00	\$1,100,000.00	Yes - Action
3. New maximum contract amount:	\$3,200,000.00			
and/or the termination date of the original contract has changed to:	12/31/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

Oral Health Care was identified as a gap in health services as part of the Care and Prevention Integrated Treatment Plan submitted to the Health Resources and Services Administration (HRSA). Contracting with Liberty Dental will allow Ryan White Part B/ADAP to eliminate this gap for Ryan White Part B/ADAP clients.

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

State employees do not possess the knowledge or access to dental service plans to perform these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S822, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/27/2019 Anticipated re-bid date: 03/01/2026

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has worked with the division since 01/01/2020 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	msilzell	09/23/2025 09:57:12 AM
Division Approval	msilzell	09/23/2025 09:57:45 AM

Department Approval	msilzell	10/13/2025 16:19:02 PM
Contract Manager Approval	lstidha1	11/06/2025 11:13:31 AM
Budget Analyst Approval	rgiffor1	11/12/2025 11:25:34 AM
BOE Agenda Approval	afrantz	11/13/2025 15:37:10 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31197**

Agency Name:	DHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	ESO Solutions, Inc.
Agency Code:	406	Contractor Name:	ESO Solutions, Inc.
Appropriation Unit:	3218-23	Address:	2803 Manor Rd
Is budget authority available?:	Yes	City/State/Zip	Austin, TX 78722
If "No" please explain:	Not Applicable	Contact/Phone:	Mark Davidson 720-732-3614
		Vendor No.:	T27043774
		NV Business ID:	NV20222455996
To what State Fiscal Year(s) will the contract be charged?	2026-2030		
What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.			
☒ General Funds	90.00 %	Fees	0.00 %
☒ Federal Funds	10.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	40DHHS-S3136		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2029**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **NTR Application**

5. Purpose of contract:

This is a new contract to provide ongoing services that ensure the standardized availability and functionality of the state trauma registry.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$226,388.00**

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?

Record and maintain information concerning the treatment of trauma.

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

The Division does not have necessary expertise for 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):

Infrared Baron, Inc
Quality Healthcare Asset Management LLC
Joy behavioral Health, LLC

b. Solicitation Waiver: **Not Applicable**

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

Lowest Bidder

d. Last bid date: 03/25/2025 Anticipated re-bid date: 04/01/2030

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 Division has used this vendor in the past 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	msilzell	11/05/2025 09:51:16 AM
Division Approval	msilzell	11/05/2025 09:51:19 AM
Department Approval	msilzell	11/05/2025 09:51:24 AM
Contract Manager Approval	msilzell	11/06/2025 17:16:50 PM
EITS Approval	ljea	11/07/2025 07:06:09 AM
Budget Analyst Approval	rgiffor1	11/10/2025 11:24:06 AM
BOE Agenda Approval	afrantz	11/12/2025 10:11:33 AM
BOE Final Approval	Pending	



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Shannon Bennett, Bureau Chief, DHS
Laura Otero, Management Analyst III, Fiscal, DHS
Lorraine McMullen, IT Manager I/PMO Manager, DHS
Donielle Allen, Health Program Manager II, DHS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DHS – Nevada Trauma Registry System – TIE
702, Revision 2 – BA(s) 3218

DATE: November 4, 2025

We have completed our review of the Department of Human Services (DHS) investment, which has an estimated total value of \$281,477.40 allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost	\$ 39,972.00				\$ 39,972.00
Software Implementation Jan 2026	\$ 39,972.00				\$ 39,972.00
Ongoing Cost	\$ 34,663.15	\$ 39,972.00	\$ 39,972.00	\$ 39,972.00	\$ 154,579.15
Software - Annual Maintenance/Subsc	\$ 34,663.15				\$ 34,663.15
Software Annual Maint/Subscriptions			\$ 39,972.00		\$ 39,972.00
Software Annual Maint/Subscriptions		\$ 39,972.00		\$ 39,972.00	\$ 79,944.00
Grand Total	\$ 74,635.15	\$ 39,972.00	\$ 39,972.00	\$ 39,972.00	\$ 194,551.15

The funding sources are 90% General Fund and 10% State Fees.

This TIE revision is for a cost update through FY2029 to support a cloud hosted system selected through RFP 40DHHS-S3136.

The Nevada Trauma Registry (NTR) is a statewide system for collecting, managing, and reporting data on traumatic injuries across Nevada. It provides detailed insights into injury incidence, prevalence, morbidity, and mortality, with reporting capabilities that allow analysis by county, hospital, race, or age group. These data support state, federal, and private entities in assessing the impact of trauma and developing targeted health education programs to reduce injury rates and improve outcomes.

The NTR is actively shared with partner agencies throughout Nevada, strengthening collaboration and offering a valuable resource for understanding and addressing trauma trends statewide. This investment demonstrates effective data use to enhance public health initiatives. The GTO technology risk assessment indicates an overall moderate security risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **27434**Amendment
Number: **1**Agency Name: **DSS - SOCIAL SERVICES**Legal Entity
Name: **SOLIX, INC.**Agency Code: **407**Contractor Name: **SOLIX, INC.**Appropriation Unit: **3228-04**Address: **10 LANIDEX PLAZA W, Suite 300**Is budget authority
available?: **Yes**City/State/Zip **PARSIPPANY, NJ 07054**

If "No" please explain: Not Applicable

Contact/Phone: **Alishea Hawkins 973-581-6700**Vendor No.: **T32011740**NV Business ID: **NV20051804228**To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

X General Funds **30.00 %** Fees 0.00 %**X** Federal Funds **70.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **12/01/2022**
Examiner's approval?Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **11/30/2025**
Termination Date:Contract term: **4 years and 31 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Cost Allocation**

5. Purpose of contract:

This is the first amendment to the original contract which provides an advanced integrated cost allocation and time and effort tracking system to replace the current outdated random moment time study and time and effort tracking systems. This amendment extends the termination date from December 14, 2025 to December 31, 2026 and increases the maximum amount from \$298,660 to \$412,896 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$298,660.00	\$298,660.00	\$298,660.00	Yes - Action
2. Amount of current amendment (#1):	\$114,236.00	\$114,236.00	\$114,236.00	Yes - Action
3. New maximum contract amount:	\$412,896.00			
and/or the termination date of the original contract has changed to:	12/31/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

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 to conduct 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):

Public Consulting Group
Interactive Voice Applications
Fuselogix LLC

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: 03/11/2025

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 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbusay	11/03/2025 20:44:52 PM
Division Approval	cbusay	11/03/2025 20:44:54 PM
Department Approval	rthomps1	11/04/2025 10:25:53 AM

Contract Manager Approval	mpomerle	11/04/2025 12:39:02 PM
EITS Approval	ljean	11/04/2025 13:15:03 PM
Budget Analyst Approval	khawkin1	11/14/2025 08:30:46 AM
BOE Agenda Approval	khawkin1	11/14/2025 08:30:48 AM



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Christina Hadwick, Deputy Director, Fiscal Services, DHS
Sophia Allec, Administrative Services Officer IV, DHS
Lorraine McMullen, IT Manager I/ PMO Manager, DHS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DHS – Cost Allocation – TIE 314 Revision 2 –
BA(s) 3143, 3150, 3151, 3158, 3168, 3223, 3228, 3229, 3646

DATE: November 3, 2025

We have completed our review of the Department of Human Services (DHS) investment, which has an estimated total value of \$2,437,003.80 allocated through the current biennium as follows:

Cost Type	FY22	FY23	FY24	FY25	FY26
One-Time Cost	\$ 270,075.80				
Services - Other	\$ 116,047.80				
Services - Project Management	\$ 24,028.00				
Services - Vendor Implementation	\$ 130,000.00				
Ongoing Cost		\$ 537,541.00	\$ 537,541.00	\$ 544,229.00	\$ 547,617.00
Software - Annual Maintenance/Subsc		\$ 537,541.00	\$ 537,541.00	\$ 544,229.00	\$ 547,617.00
Grand Total	\$ 270,075.80	\$ 537,541.00	\$ 537,541.00	\$ 544,229.00	\$ 547,617.00

The funding source is 100% Other, based on agency resources.

DHS is pursuing a one-year, no-cost contract extension for the e-SivicCAP and e-SivicMACS systems. These web-based solutions provide automated tools for cost allocation, time and effort reporting, and Random Moment Time Studies (RMTS), which are essential for producing accurate quarterly claims under the Public Assistance Cost Allocation Plan (PACAP).

The e-SivicCAP platform automates the Cost Allocation Plan (CAP) claim development process, enabling management to upload expenditure and statistical data efficiently through a secure web interface. It provides full audit documentation and integrates with the Division's accounting system in compliance with federal and state guidelines. Users can enter and review time reporting data, import financial or statistical information from external systems, and generate standardized reports supporting CMS-64, TANF, and DOL RJM requirements, as well as CB-496 Title IV-E claims. The system's design supports complex cost allocation methodologies required for Title IV-E, Medicaid, and TANF programs.

Built with ASP.NET and C#.NET, the system employs a browser-based interface compatible with laptops, tablets, and smartphones. Its database connectivity layer supports multiple databases without requiring code changes, while hosting occurs in a HIPAA-compliant U.S. data center.

The business case for this investment centers on standardization and efficiency across five DHS divisions: Aging and Disability Services (ADSD), Child and Family Services (DCFS), Health Care Financing and Policy (DHCFP), Public and Behavioral Health (DPBH), and Welfare and Supportive Services (DWSS). Replacing disparate RMTS and Time and Effort (TE) systems.

Overall, the extension preserves an established, compliant, and cost-efficient platform that supports critical financial operations for DHS while maintaining readiness for future expansion and regulatory updates.

The TIE investment implementation risk score indicates a low level of risk, and the technology risk score indicate a moderate security risk due to high dependency and vulnerability to technology becoming outdated or obsolete.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31332**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3143-41**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DELOITTE CONSULTING LLP**Contractor Name: **DELOITTE CONSULTING LLP**Address: **400 Capitol Mall Suite 2700**City/State/Zip: **Sacramento, CA 95814**Contact/Phone: **Rakesh Duttgupta 916-761-6466**Vendor No.: **T27024237C**NV Business ID: **NV20081436471**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2029**Contract term: **4 years and 31 days**4. Type of contract: **Contract**Contract description: **DDI CCWIS**

5. Purpose of contract:

This is a new contract to provide design, development, and implementation services for a Comprehensive Child Welfare Information System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,794,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

UNITY has been Nevada existing statewide child welfare case management system since 2003. The system is outdated, expensive to maintain, and difficult to modify. The new service is seeking to design, develop and implement a federally compliant, modern, child and family centered Comprehensive Child Welfare Information System (CCWIS).

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

State employees lack the knowledge and tools to complete this work.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

Microsoft Corp
HOTB Software
Elixir Lab USA
Aditi LLC

b. Solicitation Waiver: **Not Applicable**

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

Deloitte Consulting LLC demonstrated knowledge and experience implementing federally compliant CCWIS solutions in other states.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/29/2029

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:

LLP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dfrohlic	11/12/2025 08:53:03 AM
Division Approval	dfrohlic	11/12/2025 08:53:06 AM
Department Approval	dfrohlic	11/12/2025 08:53:08 AM
Contract Manager Approval	dfrohlic	11/12/2025 08:53:11 AM
EITS Approval	daxtel1	11/14/2025 14:05:29 PM
Budget Analyst Approval	rgiffor1	11/14/2025 14:50:56 PM
BOE Agenda Approval	klay0	11/14/2025 16:43:54 PM
BOE Final Approval	Pending	



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
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M E M O R A N D U M

TO: Marla McDade-Williams, Administrator, DCFS, DHS
Joseph Filippi, Deputy Administrator, DCFS, DHS
Kelsey Navarro, Administrative Services Officer IV, DCFS, DHS
Davor Milicevic, IT Manager III, DCFS, DHS
Srinivas Bokka, IT Manager II, DCFS, DHS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD
Michael D. Smith, Client Services Division Chief, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DCFS – *DCFS CCWIS/UNITY REPLACEMENT* –
TIE 397, Revision 2 – BA(s) 3143

DATE: November 17, 2025

We have completed our review of the Department of Human Services (DHS), Division of Child and Family Services (DCFS) investment, which has an estimated total value of \$65,775,153.00 allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	Grand Total
One-Time Cost	\$ 36,767,117.00	\$ 21,215,721.00	\$ 5,009,545.00	\$ 62,992,383.00
Enhancement Pool Hours		\$ 700,000.00	\$ 700,000.00	\$ 1,400,000.00
Software - Saas Business Applicatio	\$ 21,466,172.00	\$ 10,733,086.00		\$ 32,199,258.00
Technical Integrator DDI - Deloitte	\$ 15,300,945.00	\$ 9,782,635.00		\$ 25,083,580.00
Warranty Services/M&O - Deloitte			\$ 4,309,545.00	\$ 4,309,545.00
Grand Total	\$ 36,767,117.00	\$ 21,215,721.00	\$ 5,009,545.00	\$ 62,992,383.00

Funding source(s): 100% Federal Grants (50% Federal Financial Participation Title IV-E and 50% ARPA).

The state has selected Deloitte Consulting LLC as the intended vendor for this investment. Following necessary contract negotiations, the notice of award (NOA) was released on November 10, 2025. The new Comprehensive Child Welfare Information System (CCWIS) contract includes but is not limited to Design, Development, and Implementation (DDI) services for the CCWIS solution, Warranty Services, and Enhancement Pool hours.

The CCWIS solution will be hosted on a FedRAMP-certified cloud platform, ensuring compliance with federal security standards. The system will integrate approximately 25 interfaces with state resources, including CORE-NV.

The solution incorporates custom-developed software, with Maine and Idaho generously offering Nevada access to the base code of their respective CCWIS systems at no cost. Maine's system is built on the Salesforce platform, while Idaho's operates on a Microsoft platform. This investment will reduce overall usage on OCIO-supported server hosting, mainframe operations, and large-scale printing services; however, servers will be housed within the OCIO Data Center using cloud virtual machine hosting. Additionally, existing WAN and LAN equipment will be upgraded or replaced as needed, contributing to decreased WAN traffic on SilverNet. The project will include a business process redesign component from an MSA vendor, a third-party contractor to manage project implementation, and internal project managers to oversee third-party vendors.

The TIE investment implementation and technology risk score indicates low risk while the technology risk score is moderate.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25224**Amendment Number: **3**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Legal Entity Name: **Clark County on behalf of its Department
of Family Services**Agency Code: **410**Contractor Name: **Clark County on behalf of its
Department of Family Services**Appropriation Unit: **3158-24**Address: **500 Grand Central Parkway**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89155**If "No" please explain: **Not Applicable**Contact/Phone: **Jessica Colvin, Chief Financial Officer
702-455-3324**

Vendor No.:

NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **TCM/Admin Services**

5. Purpose of contract:

This is the third amendment to the original interlocal agreement which provides targeted case management (TCM) and administrative services. This amendment increases the maximum amount from \$23,567,757.84 to \$24,333,727.11 due to increased costs for TCM administrative services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,155,063.00	\$2,155,063.00	\$2,155,063.00	Yes - Action
a. Amendment 1:	\$13,000,000.00	\$13,000,000.00	\$13,000,000.00	Yes - Action
b. Amendment 2:	\$8,412,694.84	\$8,412,694.84	\$8,412,694.84	Yes - Action
2. Amount of current amendment (#3):	\$765,969.27	\$765,969.27	\$765,969.27	Yes - Action
3. New maximum contract amount:	\$24,333,727.11			

II. JUSTIFICATION

7. What conditions require that this work be done?

Targeted Case Management Services are pervaded per the Medicaid State Plan Amendment in the Nevada Medicaid Services Manual.

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

State agencies do not have the staff available to provide these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2018 - 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	tcash	10/16/2025 14:38:43 PM
Division Approval	ttlto1	10/17/2025 09:37:05 AM
Department Approval	trich	10/17/2025 10:31:47 AM
Contract Manager Approval	trya4	10/17/2025 10:45:03 AM
Budget Analyst Approval	khawkin1	11/17/2025 08:51:15 AM
BOE Agenda Approval	khawkin1	11/17/2025 08:51:18 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31319**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Deloitte Consulting LLP

Contractor Name: **Deloitte Consulting LLP**Address: **1717 College Parkway, Ste 106**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Tim Egan 612-644-2771

Vendor No.: T27024237

NV Business ID: NV20081436471

To what State Fiscal Year(s) will the contract be charged? **2026-2031**

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

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP 40DHHS-S3339/HM

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2030**Contract term: **5 years and 31 days**4. Type of contract: **Contract**Contract description: **Actuarial Services**

5. Purpose of contract:

This is a new contract to provide actuarial services to set capitation rates for contracted managed care organizations and the dental benefit administrator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,318,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Federal mandates for sound actuarial services pursuant to 42 CFR 438.6 for Medicaid payments made to Managed Care Organizations (MCO), Prepaid Inpatient Health (PIHP), or Prepaid Ambulatory Health Plan (PAHP).

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

State employees lack sufficient experience, capacity, and expertise for the complexity required to set actuarially-sound rates.

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):

**Mercer Health
CBIZ Optimus
Milliman Inc**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S3339, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/31/2025 Anticipated re-bid date: 05/01/2031

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Other various state agencies.

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

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

Not Applicable

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

LLP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tcash	11/04/2025 14:06:05 PM
Division Approval	ttlto1	11/04/2025 14:10:33 PM
Department Approval	trich	11/04/2025 14:15:39 PM
Contract Manager Approval	ltuttl1	11/04/2025 14:34:00 PM
Budget Analyst Approval	khawkin1	11/05/2025 09:41:18 AM
BOE Agenda Approval	khawkin1	11/05/2025 09:47:48 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31331**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-11**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Human Services, Aging and Disability Services Division

Contractor Name: **Department of Human Services, Aging and Disability Services Division**Address: **1550 East College Parkway**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Mariana Acevedo 775-685-4210

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2029**Contract term: **4 years and 31 days**4. Type of contract: **Interlocal Agreement**Contract description: **HCBS Waivers**

5. Purpose of contract:

This is a new interlocal agreement to provide reimbursement for administration of home and community-based services waivers for frail elderly, persons with physical disabilities, and individuals with intellectual and developmental disabilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$76,902,584.38****II. JUSTIFICATION**

7. What conditions require that this work be done?

Cost of institutional care in hospitals and nursing facilities for the elderly population compared to care that can be provided in homes and in the community.

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

State employees are performing the work.

9. Were quotes or proposals solicited? No

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

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

Pursuant to NRS 277.180 one or more public agencies may contract with any one or more other public agencies to perform any governmental service, activity or undertaking.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP 2015 to 2025. 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	tcash	11/05/2025 12:09:46 PM
Division Approval	ttlto1	11/05/2025 14:33:24 PM
Department Approval	trich	11/05/2025 14:42:45 PM
Contract Manager Approval	sfergus2	11/05/2025 14:44:08 PM
Budget Analyst Approval	khawkin1	11/07/2025 10:41:52 AM
BOE Agenda Approval	khawkin1	11/07/2025 10:41:55 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31368**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MERCER US INC DBA MERCER
HEALTH & BENEFITS LLC**Contractor Name: **MERCER US INC DBA MERCER
HEALTH & BENEFITS LLC**Address: **2325 E. CAMELBACK ROAD, STE 60**City/State/Zip: **PHOENIX, AZ 85016**Contact/Phone: **FRED GIBISON 480-395-1023**Vendor No.: **T32007146**NV Business ID: **NV20041250294**To what State Fiscal Year(s) will the contract be charged? **2026-2031**

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

X General Funds **50.00 %** Fees 0.00 %**X** Federal Funds **50.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: **40DHHS-S3339/HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2030**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Actuarial Services**

5. Purpose of contract:

This is a new contract to provide actuarial services to set capitation rates for specialty managed care organizations for children with serious behavioral health care needs and children in the State's foster care system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,700,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Federal mandates for sound actuarial services pursuant to 42 CFR 438.6 for Medicaid payments made to Managed Care Organizations (MCO), Prepaid Inpatient Health (PIHP), or Prepaid Ambulatory Health Plan (PAHP).

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

State employees lack sufficient experience, capacity and expertise for the complexity required to set actuarially-sound rates.

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):

**CBIZ Optimus
Milliman, Inc
Deloitte Consulting**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S3339, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/31/2025 Anticipated re-bid date: 05/01/2031

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Various contracts with DHCFP/NVHA 2020 - current. Satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tcash	11/10/2025 15:00:16 PM
Division Approval	ttlto1	11/10/2025 15:02:03 PM
Department Approval	trich	11/13/2025 07:52:06 AM
Contract Manager Approval	ltuttl1	11/13/2025 08:36:42 AM
Budget Analyst Approval	khawkin1	11/14/2025 08:32:29 AM
BOE Agenda Approval	khawkin1	11/14/2025 08:32:34 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 CONTRACT1. Contract Number: **31292**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MILLIMAN, INC.**Contractor Name: **MILLIMAN, INC.**Address: **17335 Golf Parkway, Suite 100**City/State/Zip: **Brookfield, WI 53045**Contact/Phone: **Michael Cook 262-796-3417**Vendor No.: **T29047774**NV Business ID: **NV20011420475**To what State Fiscal Year(s) will the contract be charged? **2026-2031**

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

X	General Funds	50.00 %	Fees	0.00 %
X	Federal Funds	50.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **RFP 40DHHS-S3339/HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2026**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2030**Contract term: **5 years**4. Type of contract: **Contract**Contract description: **Actuarial Services**

5. Purpose of contract:

This is a new contract to provide actuarial services to set actuarially sound rates for non-emergency medical transportation services for managed care organizations and fee-for-service recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$875,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Federal mandates for sound actuarial services pursuant to 42 CFR 438.6 for Medicaid payments made to Managed Care Organizations (MCO), Prepaid Inpatient Health (PIHP) or Prepaid Ambulatory Health Plan (PAHP).

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

State employees lack sufficient experience, capacity, and expertise for the complexity required to set actuarially-sound rates.

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):

**CBIZ Optimus
Mercer Health Benefits
Deloitte Consulting LLP**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S3339, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/31/2025 Anticipated re-bid date: 05/01/2031

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 (now NVHA) since 2023 - current. Satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	11/02/2025 14:34:17 PM
Division Approval	ttlto1	11/03/2025 11:11:08 AM
Department Approval	trich	11/03/2025 13:21:14 PM
Contract Manager Approval	ltuttl1	11/03/2025 14:26:28 PM
Budget Analyst Approval	khawkin1	11/06/2025 11:34:59 AM
BOE Agenda Approval	khawkin1	11/06/2025 11:35:02 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31272**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MYERS AND STAUFFER LC**Contractor Name: **MYERS AND STAUFFER LC**Address: **STE 200
100 EASTSHORE DRIVE**City/State/Zip: **GLEN ALLEN, VA 23059**Contact/Phone: **Johanna Linkenhoker 888-832-0856**Vendor No.: **T81098965B**NV Business ID: **NV20001070243**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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

X	General Funds	21.00 %	X	Fees	34.00 %	Health Cost Containment
X	Federal Funds	45.00 %		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **40DHHS-S3398/HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2026**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2029**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Govt Acct & Auditing**

5. Purpose of contract:

This is a new contract to provide government accounting and Medicaid auditing services, cost reporting, and rate setting services for the statewide Medicaid program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,942,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Federal and state mandates require specific audits and rate settings be conducted for hospitals that are being paid Medicaid funds.

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

The State does not have the resources or expertise to perform this work.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

**Audit Resource Inc
Maher Duessel
Berry and Dunn**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S3398 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/01/2025 Anticipated re-bid date: 06/01/2031

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Various DHCFP contracts (now NVHA) since 2013 - current. Satisfactory.

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

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

Not Applicable

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

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	abar1	10/29/2025 09:59:13 AM
Division Approval	ttlto1	10/29/2025 11:51:49 AM
Department Approval	trich	10/29/2025 12:29:02 PM
Contract Manager Approval	ltuttl1	10/29/2025 13:13:16 PM
Budget Analyst Approval	khawkin1	11/04/2025 08:09:29 AM
BOE Agenda Approval	khawkin1	11/04/2025 08:09:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31138**

Agency Name:	NVHA - NEVADA HEALTH AUTHORITY DIRECTOR'S OFFICE	Legal Entity Name:	Medical Decision Logic, Inc.
Agency Code:	410	Contractor Name:	Medical Decision Logic, Inc.
Appropriation Unit:	3158-48	Address:	7921 Ruxway Road
Is budget authority available?:	No	City/State/Zip	Towson, MD 21204
If "No" please explain: Work Program #C79657 December IFC		Contact/Phone:	Matt Briner 443-465-0436

Vendor No.: T29046081
NV Business ID: NV20253363088

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

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

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

Agency Reference #: RFP 40DHHS-S3404/HM

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 211 days**4. Type of contract: **Contract**Contract description: **Elec. Health Record**

5. Purpose of contract:

This is a new contract to provide a statewide, cloud-based, interoperable and comprehensive Electronic Health Record and Medicaid billing system for schools that fully integrate with Infinite Campus. This contract is contingent upon approval of IFC work program #C79657.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,541,507.86****II. JUSTIFICATION**

7. What conditions require that this work be done?

Per Nevada's approved Grant #2M2CMS331920-01-01 from the Centers for Medicare and Medicaid Services (CMS) for the Implementation, Enhancement, and Expansion of Medicaid and CHIP School-Based Services, funding is approved in SFY26 and SFY27 to procure an expert vendor to pilot centralized electronic health records (EHR) and billing system to support local education agencies (LEAs) statewide and develop and test the effectiveness of centralizing a comprehensive billing/EHR system for LEAs seeking to bill Nevada Medicaid for school health services.

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 expert technical capabilities to design, develop, and implement a comprehensive billing and electronic health record (EHR) system for ease of use by Local Education agencies in a compressed timeframe.

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):

Patagonia Health Inc
MSB School Services
Solix Inc

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S3404, 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: 07/02/2025 Anticipated re-bid date: 07/01/2031

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	abar1	10/29/2025 09:58:50 AM
Division Approval	ttlto1	10/29/2025 11:44:18 AM
Department Approval	trich	10/29/2025 12:27:56 PM
Contract Manager Approval	ltuttl1	10/29/2025 13:11:53 PM
EITS Approval	ljean	10/30/2025 10:04:33 AM
Budget Analyst Approval	khawkin1	11/04/2025 08:29:17 AM
BOE Agenda Approval	khawkin1	11/04/2025 08:29:24 AM



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Malinda Southard, Deputy Director, NVHA
Lynnette Aaron, Deputy Director of Financing, NVHA
April Caughron, IT Manager II, NVHA
Shawna Pascual, Management Analyst IV, NVHA
Abigail Bailey, Management Analyst III, NVHA
Robin Ochsenchlager, Business Process and IS Contracts Manager, NVHA

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NVHA – *School Health Services (SHS) Electronic Health Record Billing System* – TIE 1087, Revision 2 – BA(s) 3158

DATE: October 20, 2025

We have completed our review of the Nevada Health Authority (NVHA) investment, which has an estimated total value of \$4,541,507.86 allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost	\$ 1,057,569.00	\$ 1,107,747.45	\$ 1,160,434.83	\$ 1,215,756.58	\$ 4,541,507.86
Services - Contracts	\$ 1,057,569.00	\$ 1,107,747.45	\$ 1,160,434.83	\$ 1,215,756.58	\$ 4,541,507.86
Grand Total	\$ 1,057,569.00	\$ 1,107,747.45	\$ 1,160,434.83	\$ 1,215,756.58	\$ 4,541,507.86

The funding sources are 50% General Fund and 50% CMS SBS Expansion Grant.

This TIE revision is to update cost information.

for the implementation of a new Electronic Health Record (EHR) and billing services program to manage the submission of claims for Nevada schools for Medicaid enrolled children.

The solution will streamline the reimbursement process for documented medically necessary services provided to Medicaid enrolled children. The scope of reimbursable services has been expanded to include those identified as medically necessary in various plans. School districts can now bill Medicaid for health services delivered to all Medicaid enrolled children, not just those with special education plans documented by an IEP. This expansion is expected to increase access to covered services while ensuring fiscal and programmatic integrity.

The investment is considered to have an ongoing moderate security risk due to the handling of Personal Identification Information (PII) and the need for users to access the system from outside the SilverNet network. The implementation will involve two new system interfaces and is anticipated to increase OCIO-supported WAN traffic. This cloud-based solution represents a significant step towards modernizing Nevada's school-based Medicaid billing process and expanding healthcare access for eligible students.

The combined investment implementation and technology risk scores indicate an overall moderate level of risk. Given that the system will handle PII and allow access from outside the SilverNet network, robust security measures must be implemented, including strong encryption protocols for data in transit and at rest, multi-factor authentication for user access, and comprehensive audit logging. Regular security assessments and penetration testing should be conducted to identify and address potential vulnerabilities. Ongoing staff training on cybersecurity best practices and compliance with relevant data protection regulations will be essential to maintain the confidentiality, integrity, and availability of the sensitive healthcare data processed by this system.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31186**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Mercer Health & Benefits LLC

Contractor Name: **Mercer Health & Benefits LLC**Address: **2325 East Camelback Rd.
Suite 600**City/State/Zip: **Phoenix, AZ 85016**

Contact/Phone: Fred Gibson 480-395-1023

Vendor No.: T32007146

NV Business ID: NV20041250294

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

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

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	50.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	50.00 % Drug Rebates

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **210 days**4. Type of contract: **Other (include description): Statewide Service Agreement**Contract description: **Pharmacy**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17905 which provides consulting, marketing, and education services. This service agreement provides program evaluation for managed care organizations and pharmacy benefit manager pharmacy claims review.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$254,520.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Multiple contracts awarded in conjunction with RFQ, as determined in the best interests of the State for Statewide use, to provide Marketing, Conference Planning, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis, and Report Development on an as needed basis, in accordance with a service agreement.

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

State employees do not have the expertise to perform these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Multiple vendors chosen under Statewide RFQ 99SWC-S2340 for Consulting, Marketing and Education

d. Last bid date: 08/04/2023 Anticipated re-bid date: 08/04/2027

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:

Multiple contracts with DHCFP (now NVHA) 2020 - current. Satisfactory.

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

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

Not Applicable

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

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:

Keiko Duncan, Pharmacy Director Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	10/19/2025 09:55:57 AM
Division Approval	ttlto1	10/20/2025 09:05:50 AM
Department Approval	trich	10/20/2025 10:15:27 AM
Contract Manager Approval	ltuttl1	10/20/2025 10:27:03 AM
Budget Analyst Approval	khawkin1	11/10/2025 13:28:22 PM
BOE Agenda Approval	khawkin1	11/10/2025 13:28:25 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31290**Agency Name: **NVHA - NEVADA HEALTH
AUTHORITY DIRECTOR'S OFFICE**Agency Code: **410**Appropriation Unit: **3158-27**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Vimo, Inc. dba GetInsured**Contractor Name: **Vimo, Inc. dba GetInsured**Address: **1305 Terra Bella Avenue**City/State/Zip: **Mountain View, CA 94043**Contact/Phone: **Sephy Hambaz 408-507-2270**

Vendor No.:

NV Business ID: **NV20081498280**To what State Fiscal Year(s) will the contract be charged? **2026-2028**

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.

X	General Funds	22.00 %	Fees	0.00 %
X	Federal Funds	78.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2028**Contract term: **2 years and 120 days**4. Type of contract: **Contract**Contract description: **Medicaid Express**

5. Purpose of contract:

This is a new contract to develop a technology platform and consumer assistance center to support certain Medicaid eligibility operations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$63,952,482.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Medicaid Express is a project NVHA has put together so that individuals can visit the Nevada Health Link website and determine their eligibility for Medicaid, and then select and enroll in an MCO plan.

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

We do not have the development expertise or staff to perform these tasks.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Silver State Health Insurance Exchange 2018-Present

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tcash	10/30/2025 10:15:00 AM
Division Approval	ttilto1	10/30/2025 13:23:52 PM
Department Approval	trich	10/30/2025 13:37:00 PM
Contract Manager Approval	trya4	10/30/2025 13:56:05 PM
EITS Approval	ljean	11/04/2025 09:17:09 AM
Budget Analyst Approval	khawkin1	11/04/2025 09:59:45 AM
BOE Agenda Approval	khawkin1	11/04/2025 10:00:04 AM
BOE Final Approval	Pending	



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Stacie Weeks, Director, NVHA
Lynnette Aaron, Deputy Director of Financing, NVHA
Sandie Ruybalid, Chief IT & Innovations Officer, NVHA
Robin Ochsenschlager, IT Professional IV Information Services, NVHA
Abigail Bailey, Management Analyst III, NVHA

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NVHA – *Medicaid Express Solution* – TIE 870,
Revision 3 – BA(s) 3158

DATE: September 22, 2025

We have completed our review of the Nevada Health Authority (NVHA) investment, which has an estimated total value of \$63,952,482.00 allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	Grand Total
Ongoing Cost	\$ 8,708,415.00	\$ 29,744,254.00	\$ 25,499,813.00	\$ 63,952,482.00
GetInsured	\$ 8,708,415.00	\$ 29,744,254.00	\$ 25,499,813.00	\$ 63,952,482.00
Grand Total	\$ 8,708,415.00	\$ 29,744,254.00	\$ 25,499,813.00	\$ 63,952,482.00

The funding source is 90% Federal Title XIX and 10% Hospital and Drug Rebates.

Revision 3 is to update the scope of work and cost information for the implementation and maintenance of a Medicaid Express (ME) solution that will be integrated and operated as part of the Silver State Health Insurance Exchange (SSHIX). The IT platform is vital for enabling over 99,000 Nevadans to enroll in ACA-compliant health and dental plans.

The solution is a hosted enterprise system accessible to both internal and external Exchange stakeholders. This platform facilitates the application process for health subsidy programs such as Medicaid, the Children's Health Insurance Program (CHIP), and subsidized commercial health insurance, offering a comprehensive online marketplace for consumers. Additionally, the solution supports essential back-office functions including accounting, premium billing, and collections, and integrates communication with insurance carriers, state agencies, and federal systems.

Customer support is provided through a dedicated call center that will handle inquiries and processing activities across various channels, such as mail, fax, web portal, and email. This service extends to post-enrollment support covering eligibility, enrollment, and billing issues related to the insurance plans.

From a security and compliance standpoint, the technology platform will adhere to the Minimum Acceptable Risk Standards for Exchanges (MARS-E) v2.0/2.2, requiring annual recertification of security and privacy controls and triannual audits. The system will be hosted in a FedRamp certified cloud platform environment and will feature continuous monitoring and monthly vulnerability assessments to ensure robust security and reliability.

This investment is crucial for the continued operation of the Exchange as it fulfills its responsibilities under the ACA, ensuring the availability of health coverage for Nevada's citizens and aligning with SSHIX's strategic objectives.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31170**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3203-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Department of Human Services, Division of Public and Behavioral Health

Contractor Name: **Department of Human Services, Division of Public and Behavioral Health**Address: **4126 Technology Way Suite 200**City/State/Zip: **Carson City, NV 89706**

Contact/Phone: Chyna Parker 775-461-6533

Vendor No.:

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/01/2025**

Anticipated BOE meeting date 01/2026

Retroactive? **Yes**

If "Yes", please explain

The implementation of Senate Bill 494 on July 1, 2025, which created the Nevada Health Authority (NVHA), warrants the transition of OOA and its budget accounts to NVHA. This transition, along with the statewide outage which occurred August 24, 2025, resulted in a delay in the changeover of contracts.

3. Termination Date: **08/31/2026**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new interlocal agreement which transfers funds from the Division of Public and Behavioral Health to the Nevada Health Authority, Office of Analytics for four positions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$291,102.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of these positions supports ongoing funding, program oversight, and direction related to analysis, reporting, and coordination of data analysis efforts.

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

State employees are performing the work.

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

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

Not Applicable

b. Solicitation Waiver: **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:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	11/03/2025 12:12:35 PM
Division Approval	ttlto1	11/04/2025 14:06:07 PM
Department Approval	trich	11/04/2025 14:16:43 PM
Contract Manager Approval	ltuttl1	11/05/2025 11:09:26 AM
Budget Analyst Approval	khawkin1	11/06/2025 13:33:55 PM
BOE Agenda Approval	khawkin1	11/12/2025 09:18:05 AM
BOE Final Approval	Pending	



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

DIRECTOR'S OFFICE

4070 Silver Sage Drive
Carson City, NV 89701
NVHA.NV.GOV



Stacie Weeks
Director

MEMORANDUM

DATE: November 3, 2025

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority

RE: Request for Retroactive Start Date of September 1, 2025, for Division of Public and Behavioral Health CETS #31170 Interlocal Contract for Funding of FTE Positions

The purpose of this memorandum is to respectfully request a retroactive start date of September 1, 2025, to prevent a break in services for this Interlocal contract which transfers funding from the Division of Public and Behavioral Health (DPBH) to the Nevada Health Authority (NVHA), Office of Analytics (OOA) for the following positions:

- PCN 0101, Health Program Manager II (1.0 FTE at 10%)
- PCN 0120, Biostatistician II (1.0 FTE)
- PCN 0675, Health Resource Analyst II (1.0 FTE)
- PCN 0676, Health Resource Analyst II (1.0 FTE)

The funding of these positions supports data reporting and analytics for the DPBH's Bureau of Behavioral Health Wellness and Prevention and are collocated with other data analysts in OOA under the technical guidance of the Chief Biostatistician.

The implementation of Senate Bill 494 on July 1, 2025, which created the Nevada Health Authority (NVHA), warrants the transition of OOA and its budget accounts to NVHA. This transition, along with the statewide outage which occurred August 24, 2025, resulted in a delay in the changeover of contracts.

The Nevada Health Authority recognizes that retroactive contract requests are not standard practice. Any questions about this memo can be directed to Lynnette Aaron, Deputy Director at L.aaron@nvha.nv.gov or (775)-684-3639.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31198**

Agency Name:	NEVADA MEDICAID	Legal Entity Name:	Nevada Health Authority Health Care Purchasing and Compliance Division
Agency Code:	414	Contractor Name:	Nevada Health Authority Health Care Purchasing and Compliance Division
Appropriation Unit:	3203-00	Address:	727 Fairview Drive Suite E
Is budget authority available?:	Yes	City/State/Zip	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	Leticia Metherell 775) 684-104
		Vendor No.:	
		NV Business ID:	Governmental Entity
To what State Fiscal Year(s) will the contract be charged?	2026		

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **Yes**

If "Yes", please explain

The implementation of Senate Bill 494 on July 1, 2025, which created the Nevada Health Authority (NVHA), warrants the transition of OOA and its budget accounts to NVHA. This transition, along with the statewide outage which occurred August 24, 2025, resulted in a delay in the changeover of contracts.

3. Termination Date: **06/30/2026**Contract term: **364 days**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new interlocal agreement which transfers funds from the Nevada Health Authority, Health Care Facilities Regulation account to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$140,262.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports program oversight and direction through feedback, collaboration, and coordination related to data analysis efforts.

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

State employees are providing this work.

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	10/29/2025 10:02:22 AM
Division Approval	tilto1	10/30/2025 13:30:05 PM
Department Approval	trich	10/30/2025 13:38:13 PM
Contract Manager Approval	ltuttl1	10/30/2025 14:37:51 PM
Budget Analyst Approval	khawkin1	11/04/2025 10:56:46 AM
BOE Agenda Approval	khawkin1	11/04/2025 10:56:51 AM
BOE Final Approval	Pending	



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

DIRECTOR'S OFFICE

4070 Silver Sage Drive
Carson City, NV 89701
NVHA.NV.GOV



Stacie Weeks
Director

MEMORANDUM

DATE: October 24, 2025

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority *Stacie Weeks*

RE: Request for Retroactive Start Date of July 1, 2025, for Office of Analytics Interlocal Contracts for Funding of FTE Positions

The purpose of this memorandum is to respectfully request a retroactive start date of July 1, 2025, to prevent a break in services for these Interlocal contracts which transfers funding from the Nevada Health Authority (NVHA), Health Care Quality and Compliance (HCQC) to NVHA, Office of Analytics (OOA) for the following positions:

- CETS 31198, PCN 0401, Biostatistician II (1.0 FTE), Budget 3216 to 3203
- CETS 31266, PCN 0101, Health Program Manager II (1.0 FTE at 90%), Budget 3216 to 3203

The funding of these positions supports program oversight and direction through feedback, collaboration, and coordination related to data analysis efforts.

The implementation of Senate Bill 494 on July 1, 2025, which created the Nevada Health Authority (NVHA), warrants the transition of OOA, HCQC, and multiple programs and budgets accounts to NVHA. This transition, along with the statewide outage which occurred August 24, resulted in a delay in the changeover of the contracts.

The Nevada Health Authority recognizes that retroactive contract requests are not standard practice. Any questions about this memo can be directed to Lynnette Aaron, Deputy Director at L.aaron@nvha.nv.gov or (775)-684-3639.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31266**

Agency Name:	NEVADA MEDICAID	Legal Entity Name:	Nevada Health Authority Health Care Purchasing and Compliance Division
Agency Code:	414	Contractor Name:	Nevada Health Authority Health Care Purchasing and Compliance Division
Appropriation Unit:	3203-00	Address:	727 Fairview Drive Suite E
Is budget authority available?:	Yes	City/State/Zip	Carson City, NV 89701
If "No" please explain:	Not Applicable	Contact/Phone:	Leticia Metherell 775-684-1045
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **Yes**

If "Yes", please explain

The implementation of Senate Bill 494 on July 1, 2025, which created the Nevada Health Authority (NVHA), warrants the transition of OOA and its budget accounts to NVHA. This transition, along with the statewide outage which occurred August 24, 2025, resulted in a delay in the changeover of contracts.

3. Termination Date: **07/01/2026**Contract term: **1 year**4. Type of contract: **Interlocal Agreement**Contract description: **OOA FTE Positions**

5. Purpose of contract:

This is a new interlocal agreement which transfers funds from the Nevada Health Authority, Health Care Facilities Regulation account to the Nevada Health Authority, Office of Analytics for one position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$144,817.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The funding of this position supports program oversight and direction through feedback, collaboration, and coordination related to data analysis efforts.

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

State employees are performing the work.

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

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

Not Applicable

b. Solicitation Waiver: **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:

NVHA and other various state agencies 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:

Alexia Benshoof, Health Bureau Chief Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	10/29/2025 10:03:43 AM
Division Approval	ttlto1	10/30/2025 13:30:48 PM
Department Approval	trich	10/30/2025 13:38:30 PM
Contract Manager Approval	ltuttl1	10/30/2025 14:38:15 PM
Budget Analyst Approval	khawkin1	11/04/2025 10:43:12 AM
BOE Agenda Approval	khawkin1	11/04/2025 10:43:15 AM
BOE Final Approval	Pending	



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

DIRECTOR'S OFFICE

4070 Silver Sage Drive
Carson City, NV 89701
NVHA.NV.GOV



Stacie Weeks
Director

MEMORANDUM

DATE: October 24, 2025

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority *Stacie Weeks*

RE: Request for Retroactive Start Date of July 1, 2025, for Office of Analytics Interlocal Contracts for Funding of FTE Positions

The purpose of this memorandum is to respectfully request a retroactive start date of July 1, 2025, to prevent a break in services for these Interlocal contracts which transfers funding from the Nevada Health Authority (NVHA), Health Care Quality and Compliance (HCQC) to NVHA, Office of Analytics (OOA) for the following positions:

- CETS 31198, PCN 0401, Biostatistician II (1.0 FTE), Budget 3216 to 3203
- CETS 31266, PCN 0101, Health Program Manager II (1.0 FTE at 90%), Budget 3216 to 3203

The funding of these positions supports program oversight and direction through feedback, collaboration, and coordination related to data analysis efforts.

The implementation of Senate Bill 494 on July 1, 2025, which created the Nevada Health Authority (NVHA), warrants the transition of OOA, HCQC, and multiple programs and budgets accounts to NVHA. This transition, along with the statewide outage which occurred August 24, resulted in a delay in the changeover of the contracts.

The Nevada Health Authority recognizes that retroactive contract requests are not standard practice. Any questions about this memo can be directed to Lynnette Aaron, Deputy Director at L.aaron@nvha.nv.gov or (775)-684-3639.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31260**

Agency Name:	NVHA - SILVER STATE HEALTH INSURANCE EXCHANGE	Legal Entity Name:	HEALTH MANAGEMENT ASSOCIATES, INC
Agency Code:	415	Contractor Name:	HEALTH MANAGEMENT ASSOCIATES, INC
Appropriation Unit:	1400-04	Address:	2501 Woodlake Circle, Suite 100
Is budget authority available?:	No	City/State/Zip	Okemos, MI 48864
If "No" please explain: WP C79222 will on the December IFC to increase budget authority for this contract.		Contact/Phone:	Lina Rashid 517/482-9236
		Vendor No.:	T27042461
		NV Business ID:	NV20181629216

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

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

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

2. Contract start date:

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

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2026**Contract term: **1 year and 30 days**4. Type of contract: **Contract**Contract description: **Consulting Services**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17885 which provides consulting, marketing, and education services. This service agreement provides external consulting services and technical assistance. This contract is contingent upon approval of IFC work program #C79222.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$796,070.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This work is required due to ongoing federal and state-level changes impacting the Affordable Care Act and Medicaid programs that necessitate timely policy coordination and compliance. Additionally, SSHIX must ensure operational alignment with Nevada's 1332 State Innovation Waiver and maintain eligibility and funding compliance under the State's determination and MAGI requirements.

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

State employees lack the specialized technical expertise and capacity required to navigate complex federal health policy changes, waiver operations, and funding compliance. The work demands advanced knowledge of ACA regulations and Medicaid cost allocation that exceeds the current staffing resources and skill sets within SSHIX and other state agencies.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	jlop18	11/03/2025 08:40:34 AM
Division Approval	jsnido1	11/03/2025 08:49:37 AM
Department Approval	trich	11/03/2025 13:38:15 PM
Contract Manager Approval	jlop18	11/03/2025 13:39:31 PM
Budget Analyst Approval	klay0	11/14/2025 12:56:11 PM
BOE Agenda Approval	klay0	11/14/2025 12:56:14 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **25582**Amendment Number: **3**Agency Name: **NVHA - PUBLIC EMPLOYEES' BENEFITS PROGRAM**Legal Entity Name: **EXPRESS SCRIPTS, INC.**Agency Code: **416**Contractor Name: **EXPRESS SCRIPTS, INC.**Appropriation Unit: **1338 - All Categories**Address: **ONE EXPRESS WAY**Is budget authority available?: **Yes**City/State/Zip: **SAINT LOUIS, MO 63121-1824**

If "No" please explain: Not Applicable

Contact/Phone: **ROGER HOLLAND@EXPRESS-SCRIPTS.COM 949-499-2042**Vendor No.: **T29037510**NV Business ID: **NV20151712630**To what State Fiscal Year(s) will the contract be charged? **2023-2026**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % State Subsidy and Participant Premium

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2022**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2026**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **PBM**

5. Purpose of contract:

This is the third amendment to the original contract which provides Pharmacy Benefit Manager Services. This amendment increases the maximum amount from \$332,109,496 to \$387,109,496 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:	\$332,109,496.00	\$332,109,496.00	\$332,109,496.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$55,000,000.00	\$55,000,000.00	\$55,000,000.00	Yes - Action
3. New maximum contract amount:	\$387,109,496.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pharmacy Benefits are a key component to the core benefits offered by PEBP.

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 administer prescription drug benefits.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

RFP#95PEBPOS1711

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:

Current PBM for PEBP.

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

No If "Yes", please provide details of the litigation 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	rrussum	10/29/2025 11:35:12 AM
Division Approval	tcarste2	10/29/2025 13:59:29 PM
Department Approval	tcarste2	10/29/2025 15:00:42 PM
Contract Manager Approval	ijanssen	10/29/2025 16:36:59 PM
Budget Analyst Approval	klay0	11/14/2025 16:21:14 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: **25607** Amendment Number: **2**

Agency Name: **NVHA - PUBLIC EMPLOYEES' BENEFITS PROGRAM** Legal Entity Name: **UNITED HEALTHCARE INSURANCE COMPANY**

Agency Code: **416** Contractor Name: **UNITED HEALTHCARE INSURANCE COMPANY**

Appropriation Unit: **1338 - All Categories** Address: **185 Asylum Street**

Is budget authority available?: **Yes** City/State/Zip: **Hartford, CT 06103**

If "No" please explain: Not Applicable Contact/Phone: **NATHAN MAIER 702/304-6907**

Vendor No.: **T27014148B**

NV Business ID: **Exempt**

To what State Fiscal Year(s) will the contract be charged? **2022-2028**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % State Subsidy and Participant Premium

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 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2026**

Termination Date:

Contract term: **6 years and 81 days**4. Type of contract: **Contract**Contract description: **Basic Life Insurance**

5. Purpose of contract:

This is the second amendment to the original contract which provides basic life insurance services. This amendment extends the termination date from June 30, 2026 to June 30, 2028 and increases the maximum amount from \$21,771,427 to \$32,740,772 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$12,824,248.00	\$12,824,248.00	\$12,824,248.00	Yes - Action
a. Amendment 1:	\$8,947,179.00	\$8,947,179.00	\$8,947,179.00	Yes - Action
2. Amount of current amendment (#2):	\$10,969,345.00	\$10,969,345.00	\$10,969,345.00	Yes - Action
3. New maximum contract amount:	\$32,740,772.00			
and/or the termination date of the original contract has changed to:	06/30/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Basic life insurance for active and retired PEBP participants are part of the State's core benefit package.

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

The State of Nevada is not licensed as a life insurance provider.

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?

The original contract includes an option for a 2-year extension and does not require separate authorization from State Purchasing.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Other

NT7 / Non-Title 7

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

Yes

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

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	r russum	11/04/2025 16:35:40 PM
Division Approval	nprope1	11/05/2025 11:40:00 AM
Department Approval	nprope1	11/05/2025 11:40:05 AM

Contract Manager Approval	rrussum	11/13/2025 13:33:15 PM
Budget Analyst Approval	klay0	11/14/2025 14:36:59 PM
BOE Agenda Approval	klay0	11/14/2025 14:37:02 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31182**Agency Name: **DPS-HIGHWAY PATROL**Agency Code: **651**Appropriation Unit: **4713-29**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **STREICHER'S, INC.**Contractor Name: **STREICHER'S, INC.**Address: **10911 HIGHWAY 55**City/State/Zip: **PLYMOUTH, MN 55441-6128**Contact/Phone: **ERIC JOHNSON 763-252-2527**Vendor No.: **T29043007**NV Business ID: **NV20201926460**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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

X General Funds **39.70 %** Fees 0.00 %**X** Federal Funds **0.30 %** Bonds 0.00 %**X** Highway Funds **56.50 %** **X** Other funding **3.50 % Transfer from Buildings and Grounds**Agency Reference #: **RFP #65DPS-S3414/HM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2026**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2029**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **DPS Uniforms**

5. Purpose of contract:

This is a new contract to provide uniforms to sworn officers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$642,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Sworn officers are required to wear uniforms. This contract enables all DPS sworn officers to meet uniform requirements, allowing all divisions to be consistent in both dress and pricing.

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 employ uniform contractors.

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):

**City Apparel
Sound Uniform Solutions
Aramark Uniform and Apparel LLC**b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #65DPS-S3413 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/18/2025 Anticipated re-bid date: 08/01/2029

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 services are satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Kasen Cornmesser, Contract Manager Ph: 775-684-4869

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	10/20/2025 15:53:35 PM
Division Approval	cjackson	10/23/2025 17:02:20 PM
Department Approval	mcosenti	10/28/2025 17:05:44 PM
Contract Manager Approval	mcosenti	10/28/2025 17:14:58 PM
Budget Analyst Approval	tsmorra	11/06/2025 13:32:05 PM
BOE Agenda Approval	bmacke1	11/17/2025 10:04:24 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31255**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4196-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PAC WEST HELICOPTERS INC**Contractor Name: **PAC WEST HELICOPTERS INC**Address: **16607 CLEAR CREEK RD**City/State/Zip: **REDDING, CA 96001-5129**Contact/Phone: **ROGER (JOHN) GAGNON, PRESIDENT
530-241-2402**Vendor No.: **T29033416**NV Business ID: **NV20111359312**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

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

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

Agency Reference #: **70CNR-S3430 JS**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2029**Contract term: **4 years and 31 days**4. Type of contract: **Contract**Contract description: **Helicopter Maint**

5. Purpose of contract:

This is a new contract to provide helicopter parts, maintenance, and repair services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$5,000,000.00**

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?

NDF operates two (2) Bell aircraft (212S & 205A+ and one (1) UH-1H surplus military helicopters for state wild-land fire protection. These aircraft are considered emergency equipment for the protection of life and property. The FAA requires that all aircraft be under a maintenance program to ensure air worthiness.

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

NDF does not have mechanics specialized in Bell UH-1H Helicopters, be Bell UH-1H overhaul trained, be an FAA certified repair station under Part 145, and have all the support tools and equipment to perform repairs and overhauls on the UH-1H Helicopter.

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):

Bridger Aerospace, LLC
Aircraft Spruce and Specialty
Pac West Helicopters, Inc.

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #70CNR-S3430, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 09/09/2025 Anticipated re-bid date: 07/01/2029

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmorse	10/23/2025 15:00:28 PM
Division Approval	pmisch	10/23/2025 15:14:48 PM
Department Approval	pmisch	10/23/2025 15:14:53 PM
Contract Manager Approval	rmorse	10/23/2025 15:17:43 PM
Budget Analyst Approval	rmayhall	10/24/2025 07:31:03 AM
BOE Agenda Approval	bmacke1	11/17/2025 09:41:14 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31352**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3802-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: CorVel Enterprise Claims, Inc.

Contractor Name: **CorVel Enterprise Claims, Inc.**Address: **5128 Apache Plume Road, Suite**City/State/Zip: **Ft. Worth, TX 76109**

Contact/Phone: Valerie Pylant 602-287-8722

Vendor No.:

NV Business ID: NV20071542372

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % **X** Fees **100.00 % CLAIMS REVENUE**

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 74BAI-S3531 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2029**Contract term: **4 years and 31 days**4. Type of contract: **Contract**Contract description: **Workers Comp Claims**

5. Purpose of contract:

This is a new contract to provide third-party administrator services for licensed worker insolvency compensation claims.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$293,344.24**

Other basis for payment: As invoiced by the contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

A Third-Party Administrator (TPA) is required to manage the Worker's Compensation Insolvency Claims.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized field, and the Division does not have the staff to complete these duties.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-S3531, 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: 11/03/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	cczadek	11/07/2025 14:33:55 PM
Division Approval	dpoppeng	11/07/2025 15:12:37 PM
Department Approval	ecerv1	11/07/2025 15:35:32 PM
Contract Manager Approval	jwixon	11/10/2025 07:47:40 AM
Budget Analyst Approval	njohnst3	11/13/2025 15:00:48 PM
BOE Agenda Approval	nrezaie	11/13/2025 15:02:07 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 CONTRACT1. Contract Number: **31291**

Agency Name:	B&I - INDUSTRIAL RELATIONS DIV	Legal Entity Name:	CARAHSOFT TECHNOLOGY CORPORATION
Agency Code:	742	Contractor Name:	CARAHSOFT TECHNOLOGY CORPORATION
Appropriation Unit:	4682-05	Address:	1890 PRESTON WHITE DR STE 201
Is budget authority available?:	Yes	City/State/Zip	RESTON, VA 20191
If "No" please explain:	Not Applicable	Contact/Phone:	703/871-8500
		Vendor No.:	PUR0004357
		NV Business ID:	NV20151127305
To what State Fiscal Year(s) will the contract be charged?	2026-2029		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % WORKERS COMPENSATION AND SAFETY FUND

Agency Reference #: 742

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/01/2028**Contract term: **2 years and 212 days**4. Type of contract: **Other (include description): Service Agreement for a State-Wide Contract**Contract description: **OSHA Drones Purchase**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV21-7083 which provides software solutions and services. This service agreement provides the replacement of four unmanned aerial vehicle drones, software, maintenance, and training.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$154,312.48**

Payment for services will be made at the rate of \$154,312.48 per Upon Deliverable of drones, software and training

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada OSHAs current inventory of unmanned aerial vehicles (UAVs) does not comply with the requirements established by Senate Bill 11 and, therefore, became unusable as of January 1, 2025. The use of UAVs during enforcement inspections and accident investigations is essential to protecting the health and safety of compliance staff. Procuring drones that meet the standards outlined in NRS 491.115(3) also supports national security, as emphasized by the Department of Public Safety.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NA

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

They are not on the list of entities identified as Chinese Military Companies operating in the United States in accordance with Section 1260H of the William M. ("Mac") Thornberry National Defense Authorization Act for Fiscal Year 2021 (Public Law 116-283)

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	lpined3	10/30/2025 11:03:35 AM
Division Approval	lpined3	11/10/2025 08:05:32 AM
Department Approval	ecerv1	11/10/2025 09:37:02 AM
Contract Manager Approval	ecerv1	11/10/2025 09:37:05 AM
EITS Approval	ljean	11/10/2025 11:52:11 AM
Budget Analyst Approval	njohnst3	11/10/2025 16:30:30 PM
BOE Agenda Approval	nrezaie	11/12/2025 11:06:24 AM
BOE Final Approval	Pending	



**STATE OF NEVADA
GOVERNOR'S OFFICE**
Office of the Chief Information Officer
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Kristopher Sanchez, Director, B&I
Victoria Carreon, Administrator, DIR, B&I
Jodie Tonkin, Deputy Administrator, DIR, B&I
Grant Reynolds, IT Manager, B&I
Emily Cervi, Administrative Services Officer III, B&I

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – DIR – TIN 904 – NV OSHA Drone HW, SW and Services – BA 4682

DATE: May 7, 2024

We have completed our review for the Department of Business and Industry (B&I), Division of Industrial Relations' (DIR) – NV OSHA Drone HW, SW and Services – TIN 904.

The submitted TIN, for an estimated value of \$108,717.70 in the FY26/FY27 biennium and \$23,730.67 in FY28 (100% CAT 5 OSHA Equipment funding), is to replace existing unmanned aerial vehicles (UAVs).

Following the amendments to NRS 493.112 by Senate Bill 11, which introduced restrictions on the operation, purchase, and acquisition of UAVs based on their country of origin or manufacturing entity, the Nevada Occupational Safety and Health Administration (OSHA) finds itself needing to update its

UAV inventory. These amendments mandate that Nevada OSHA retire its existing UAVs by January 1, 2025, as they do not comply with the new regulations. UAVs have been integral to Nevada OSHA's ability to conduct safety and health inspections in potentially hazardous environments, allowing compliance officers to document and address unsafe conditions without physical exposure to risks.

UAVs are a crucial tool for obtaining visual evidence from areas that are otherwise inaccessible to compliance officers, thereby supporting the enforcement of health and safety standards across various sectors, excluding federal installations, maritime industries, tribal lands, and partially, the mining industry. The planned UAV purchases, compliant with the new state regulations, will ensure the continued protection of health and safety inspectors by minimizing their direct exposure to hazardous conditions and will align with the Department of Public Safety's objectives to uphold national security. This investment is considered critical as it supports both employers and over 1.5 million workers across the state. This investment is not expected to impact state infrastructure.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31314**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Scotti Law Firm, PLLC
Agency Code:	BDC	Contractor Name:	Scotti Law Firm, PLLC
Appropriation Unit:	B011 - All Categories	Address:	520 South 4th Street Suite 360
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89101
If "No" please explain:	Not Applicable		
To what State Fiscal Year(s) will the contract be charged?	2026-2028		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2027**Contract term: **2 years and 30 days**4. Type of contract: **Contract**Contract description: **Legal**

5. Purpose of contract:

This is a new contract to provide ongoing legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00**

Payment for services will be made at the rate of \$250.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires legal representation as needed and requested to carry out the duties set forth in NRS 624.115

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Ongoing litigation, contractor expertise9. 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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Esq.

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kmccamp1	11/03/2025 15:41:09 PM
Division Approval	kmccamp1	11/03/2025 15:41:13 PM
Department Approval	kmccamp1	11/03/2025 15:41:16 PM
Contract Manager Approval	kmccamp1	11/03/2025 15:41:20 PM
Budget Analyst Approval	dlenzner	11/06/2025 16:06:01 PM
BOE Agenda Approval	dlenzner	11/06/2025 16:06:03 PM
BOE Final Approval	Pending	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	A. NICKMAN, PC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing acute medical, audiology, employment support, general medicine, medical, pre-employment support and radiology services.				
	Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31246			
2.		VARIOUS STATE AGENCIES	AMCE PHYSICIANS GROUP	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing general medicine and mental health services. This amendment increases the maximum amount from \$600,000 to \$1,000,000 due to the increased need for these services.				
	Term of Contract:	04/12/2022 - 01/31/2026	Contract # 25601			
3.		VARIOUS STATE AGENCIES	ALOHA AND SHARON LEGACY LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, behavioral support, community based living arrangements, disabilities support, group home, home health care, residential provider, respite care, senior care, and supportive living arrangement services.				
	Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31247			
4.		VARIOUS STATE AGENCIES	AT HOME SOLUTIONS	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
	Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31240			
5.		VARIOUS STATE AGENCIES	BEA CARE HOME LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
	Term of Contract:	Upon Approval - 11/30/2029	Contract # 31232			
6.		VARIOUS STATE AGENCIES	CARE SERVICES OF NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing case management, job development, and supportive living arrangement services. This amendment increases the maximum amount from \$6,000,000 to \$8,000,000 due to the increased need for these services.				
	Term of Contract:	03/08/2022 - 01/31/2026	Contract # 25400			
7.		VARIOUS STATE AGENCIES	CHRYSLIS NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$25,000,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing disabilities support, dietician-nutrition, applied behavioral analysis, behavioral support, employment support, job development, pre-employment support, residential provider, and supportive living arrangement services. This amendment increases the maximum amount from \$100,000,000 to \$125,000,000 due to the increased need for these services.				
	Term of Contract:	03/08/2022 - 01/31/2026	Contract # 25406			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	CROP JET AVIATION, LLC	OTHER: VARIOUS AGENCIES	\$3,500,000	
	Contract Description:	This is the fourth amendment to the original contract which provides fire fuels services for the state. This amendment increases the maximum amount from \$2,000,000 to \$5,500,000 due to the increased need for these services.				
		Term of Contract:	11/09/2021 - 06/07/2027	Contract # 24831		
9.		VARIOUS STATE AGENCIES	CARE SERVICES OF NEVADA, INC.	OTHER: VARIOUS AGENCIES	\$9,000,000	
	Contract Description:	This is a new contract to provide ongoing case management, job development, and supportive living arrangement services.				
		Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31234		
10.		VARIOUS STATE AGENCIES	CHARITY'S PLACE LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, behavioral support, case management, community based living arrangement, disability support, employment support, group home, home health care, host home and homeless youth, mental health, personal care, residential provider, respite care, senior care, and supportive living arrangement services.				
		Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31253		
11.		VARIOUS STATE AGENCIES	DRS. MEIER & CHEVALLIER, NEVADA E.N.T. & HEARING ASSOCIATES PLLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing audiology services. This amendment increases the maximum amount from \$300,000 to \$500,000 due to the increased need for these services.				
		Term of Contract:	06/27/2022 - 04/30/2026	Contract # 26073		
12.		VARIOUS STATE AGENCIES	EVALONE PRO, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing audiology, behavioral support, disabilities support, general medicine, medical, mental health, occupational therapy, pediatric, pre-employment, psychiatry, psychology, and radiology services.				
		Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31254		
13.		VARIOUS STATE AGENCIES	GMGPSYCHOLOGY PLLC	OTHER: VARIOUS AGENCIES	\$1,600,000	
	Contract Description:	This is a new contract to provide ongoing counseling, mental health, and psychology services.				
		Term of Contract:	Upon Approval - 11/30/2029	Contract # 31226		
14.		VARIOUS STATE AGENCIES	GIRISGEN & KOPOLOW O.D.P.C.	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing medical and optometry services.				
		Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31252		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.		VARIOUS STATE AGENCIES	GO ASSISTED, INC.	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living services.				
		Term of Contract:	Upon Approval - 11/30/2029	Contract # 31231		
16.		VARIOUS STATE AGENCIES	HEATHER FOWLER	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing mental health services. This amendment increases the maximum amount from \$300,000 to \$500,000 due to the increased need for these services.				
		Term of Contract:	06/14/2022 - 04/30/2026	Contract # 26165		
17.		VARIOUS STATE AGENCIES	INVISION EYE CENTER	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide ongoing ophthalmology and optometry services.				
		Term of Contract:	02/01/2026 - 01/31/2030	Contract # 31257		
18.		VARIOUS STATE AGENCIES	JJ KANE AUCTIONS	OTHER: EXCESS PROPERTY REVENUE	\$250,000	
	Contract Description:	This is a new contract to provide auction services to dispose of excess property for all governmental agencies in Nevada.				
		Term of Contract:	Upon Approval - 12/07/2029	Contract # 31307		
19.		VARIOUS STATE AGENCIES	KEEFE GROUP	OTHER: VARIOUS AGENCIES	\$120,000,000	
	Contract Description:	This is the eleventh amendment to the original contract which provides inmate kiosks to all Nevada Department of Corrections facilities. This amendment extends the termination date from December 31, 2025 to October 31, 2026 and increases the maximum amount from \$25,000,000 to \$145,000,000 due to price increases for bulk commissary products.				
		Term of Contract:	09/13/2011 - 10/31/2026	Contract # 12506		
20.		VARIOUS STATE AGENCIES	LIFESKILLS UNLIMITED, INC.	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing behavioral support, case management, disabilities support, host home and homeless youth, respite care, and supportive living arrangements services. This amendment increases the maximum amount from \$36,000,000 to \$56,000,000 due to the increased need for these services.				
		Term of Contract:	06/14/2022 - 04/30/2026	Contract # 26130		
21.		VARIOUS STATE AGENCIES	LLOYD'S HOMECARE SERVICES LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support, home health care, personal care, respite care, senior care, and support for the blind and visually impaired services.				
		Term of Contract:	Upon Approval - 11/30/2029	Contract # 31228		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.		VARIOUS STATE AGENCIES	MIJN 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:	02/01/2026 - 01/31/2030	Contract # 31248		
23.		VARIOUS STATE AGENCIES	MOONLIGHT EXAMINATIONS, LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing medical services. This amendment increases the maximum amount from \$300,000 to \$500,000 due to the increased need for these services.				
		Term of Contract:	06/27/2022 - 04/30/2026	Contract # 26089		
24.		VARIOUS STATE AGENCIES	MORRIS AG AIR & SONS, INC.	OTHER: VARIOUS AGENCIES	\$5,000,000	
	Contract Description:	This is the fourth amendment to the original contract which provides fire fuels reduction and forest management services. This amendment increases the maximum amount from \$2,000,000 to \$7,000,000 due to the increased need for these services.				
		Term of Contract:	11/09/2021 - 06/07/2027	Contract # 24829		
25.		VARIOUS STATE AGENCIES	MINDCOLOR AUTISM LLC	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services.				
		Term of Contract:	02/01/2026 - 01/30/2030	Contract # 31237		
26.		VARIOUS STATE AGENCIES	NEVADA MENTAL CARE, LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing psychiatry services. This amendment increases the maximum amount from \$300,000 to \$600,000 due to the increased need for these services.				
		Term of Contract:	04/11/2023 - 03/30/2027	Contract # 27280		
27.		VARIOUS STATE AGENCIES	NUDRAT R. NAUMAN MD PC	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 - 11/30/2029	Contract # 31229		
28.		VARIOUS STATE AGENCIES	ONESTAFF MEDICAL, LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing acute medical, assisted living, general medicine, home health care, medical, mental health, occupational therapy, ophthalmology, optometry, pediatric, physical therapy, psychiatry, psychology, radiology, rehabilitation, senior care, and speech pathology, therapy, and counseling services.				
		Term of Contract:	Upon Approval - 11/30/2029	Contract # 31134		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.		VARIOUS STATE AGENCIES	PROUD MOMENTS ABA OF NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing applied behavioral analysis and autism treatment assistance program services. This amendment increases the maximum amount from \$1,500,000 to \$2,000,000 due to the increased need for these services.				
	Term of Contract:	05/10/2022 - 01/31/2026		Contract # 25835		
30.		VARIOUS STATE AGENCIES	RUTLEDGE AIRBORNE APPLICATIONS, LLC	OTHER: VARIOUS AGENCIES	\$5,000,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing fire fuel reduction, vegetation reduction, and forest management services. This amendment increases the maximum amount from \$4,000,000 to \$9,000,000 due to the increased need for these services.				
	Term of Contract:	07/15/2022 - 06/07/2027		Contract # 26539		
31.		VARIOUS STATE AGENCIES	SAGE HEALTH SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.				
	Term of Contract:	02/01/2026 - 01/31/2030		Contract # 31233		
32.		VARIOUS STATE AGENCIES	SUMMERLIN ABA SERVICES LLC	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 - 11/30/2029		Contract # 31230		
33.		VARIOUS STATE AGENCIES	TANCELL CARE, LLC	OTHER: VARIOUS AGENCIES	\$5,000,000	
	Contract Description:	This is the second amendment to the original contract which provides ongoing autism treatment assistance programs, behavioral support, support services for the blind and visually impaired, case management, community-based living arrangements, disabilities support, respite care, and supportive living arrangement services. This amendment increases the maximum amount from \$30,000,000 to \$35,000,000 due to the increased need for these services.				
	Term of Contract:	05/10/2022 - 01/31/2026		Contract # 25837		
34.		VARIOUS STATE AGENCIES	THERAPY MANAGEMENT GROUP, LLC	OTHER: VARIOUS AGENCIES	\$5,000,000	
	Contract Description:	This is the second amendment to the original contract which provides assistive technology, case management, early intervention, occupational therapy, physical therapy, speech pathology, therapy and counseling, applied behavioral analysis, and autism treatment assistance program services. This amendment increases the maximum amount from \$20,000,000 to \$25,000,000 due to the increased need for these services.				
	Term of Contract:	04/12/2022 - 01/31/2026		Contract # 25692		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.		VARIOUS STATE AGENCIES	WELLS COMMUNICATION AND FEEDING THERAPY LLC	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing speech pathology, therapy and counseling services.				
		Term of Contract:	Upon Approval - 11/30/2029	Contract # 31227		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31246**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: A. Nickman, PC

Contractor Name: **A. Nickman, PC**Address: **4060 N Martin Luther King Blvd Suite 101A**City/State/Zip: **North Las Vegas, NV 89032**

Contact/Phone: Bryan Valles 702-349-3444

Vendor No.: T29027464

NV Business ID: NV20081163184

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17514

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing acute medical, audiology, employment support, general medicine, medical, pre-employment support and radiology 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-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 09:12:00 AM
Division Approval	ldeloach	10/30/2025 09:12:02 AM
Department Approval	ldeloach	10/30/2025 09:12:05 AM
Contract Manager Approval	ascaffid	10/30/2025 11:41:21 AM
Budget Analyst Approval	vfajota	11/04/2025 08:24:15 AM
BOE Agenda Approval	mranki1	11/07/2025 15:09:52 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 CONTRACT1. Contract Number: **25601**Amendment Number: **1**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **AMCE PHYSICIANS GROUP**Agency Code: **MSA**Contractor Name: **AMCE PHYSICIANS GROUP**Appropriation Unit: **9999 - All Categories**Address: **PO BOX 460**Is budget authority available?: **Yes**City/State/Zip: **HOOPER, UT 84315**

If "No" please explain: Not Applicable

Contact/Phone: **Wes Davis 800-440-3305**Vendor No.: **T29028298A**NV Business ID: **NV20141294056**To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/12/2022**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **01/31/2026**Contract term: **3 years and 295 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing general medicine and mental health services. This amendment increases the maximum amount from \$600,000 to \$1,000,000 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:	\$600,000.00	\$600,000.00	\$600,000.00	Yes - Action
2. Amount of current amendment (#1):	\$400,000.00	\$400,000.00	\$400,000.00	Yes - Action
3. New maximum contract amount:	\$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 provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	10/01/2025 10:10:37 AM
Division Approval	ldeloach	10/01/2025 10:10:39 AM
Department Approval	ldeloach	10/01/2025 10:10:42 AM
Contract Manager Approval	ascaffid	10/07/2025 09:18:28 AM
Budget Analyst Approval	vfajota	10/21/2025 08:56:44 AM
BOE Agenda Approval	mranki1	10/30/2025 13:54:00 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31247**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Aloha and Sharon Legacy LLC
Agency Code:	MSA	Contractor Name:	Aloha and Sharon Legacy LLC
Appropriation Unit:	9999 - All Categories	Address:	1800 Prince Way
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89503
If "No" please explain:	Not Applicable	Contact/Phone:	Marcus Raudszus 248-521-7810
		Vendor No.:	T32018528
		NV Business ID:	NV20243057397

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: S3513-AS 99SWC-VQ17500

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, behavioral support, community based living arrangements, disabilities support, group home, home health care, residential provider, respite care, senior care, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 09:16:20 AM
Division Approval	ldeloach	10/30/2025 09:16:23 AM
Department Approval	ldeloach	10/30/2025 09:16:25 AM
Contract Manager Approval	ascaffid	10/30/2025 11:41:43 AM
Budget Analyst Approval	vfajota	11/04/2025 08:16:12 AM
BOE Agenda Approval	mranki1	11/07/2025 15:07:23 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31240**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: At Home Solutions

Contractor Name: **At Home Solutions**Address: **2961 East Serene Avenue**City/State/Zip: **Henderson, NV 89074**

Contact/Phone: Giovanni F Margaroli 702-948-4848

Vendor No.: T27039042

NV Business ID: NV20061123253

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17495

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

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?

NoWas 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-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 09:21:20 AM
Division Approval	ldeloach	10/30/2025 09:21:23 AM
Department Approval	ldeloach	10/30/2025 09:21:26 AM
Contract Manager Approval	ascaffid	10/30/2025 11:40:58 AM
Budget Analyst Approval	vfajota	11/04/2025 08:27:43 AM
BOE Agenda Approval	mranki1	11/10/2025 09:27:09 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31232**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Bea Care Home LLC**Contractor Name: **Bea Care Home LLC**Address: **1060 Rain Water Court**City/State/Zip: **Sparks, NV 89436**Contact/Phone: **Marcus Raudszuz 248-521-7810**Vendor No.: **PENDING**NV Business ID: **NV20232702138**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**Agency Reference #: **S1737-RV 99SWC-VQ17418**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

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 provided 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	10/27/2025 14:49:07 PM
Division Approval	ldeloach	10/27/2025 14:49:09 PM
Department Approval	ldeloach	10/27/2025 14:49:11 PM
Contract Manager Approval	ascaffid	10/27/2025 16:00:12 PM
Budget Analyst Approval	vfajota	10/30/2025 15:38:31 PM
BOE Agenda Approval	mranki1	11/06/2025 15:14:17 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25400** Amendment Number: **2**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **CARE SERVICES OF NEVADA, INC.**

Agency Code: **MSA** Contractor Name: **CARE SERVICES OF NEVADA, INC.**

Appropriation Unit: **9999 - All Categories** Address: **987 BIBLE WAY**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89502-2122**

If "No" please explain: Not Applicable Contact/Phone: **Sylvie Smith 775-284-4855**

Vendor No.: **T29024970**

NV Business ID: **NV20091628280**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/08/2022**

Anticipated BOE meeting date **11/2025**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **01/31/2026**

Contract term: **3 years and 330 days**

4. Type of contract: **MSA**

Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing case management, job development, and supportive living arrangement services. This amendment increases the maximum amount from \$6,000,000 to \$8,000,000 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:	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
a. Amendment 1:	\$4,500,000.00	\$4,500,000.00	\$4,500,000.00	Yes - Action
2. Amount of current amendment (#2):	\$2,000,000.00	\$2,000,000.00	\$2,000,000.00	Yes - Action
3. New maximum contract amount:	\$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 provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Non-profit Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	10/01/2025 09:54:02 AM
Division Approval	ldeloach	10/01/2025 09:54:04 AM
Department Approval	ldeloach	10/01/2025 09:54:07 AM
Contract Manager Approval	ascaffid	10/07/2025 09:17:03 AM
Budget Analyst Approval	vfajota	10/27/2025 13:18:55 PM
BOE Agenda Approval	mranki1	10/30/2025 13:50:31 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **25406**Amendment Number: **2**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **CHRYSLIS NEVADA, LLC**Agency Code: **MSA**Contractor Name: **CHRYSLIS NEVADA, LLC**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**Address: **1443 West 800 North Suite 103**

If "No" please explain: Not Applicable

City/State/Zip: **Orem, UT 84057**Contact/Phone: **Troy Friden 801-391-1688**Vendor No.: **T27006639**NV Business ID: **NV20201721703**To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/08/2022**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **01/31/2026**Contract term: **3 years and 330 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing disabilities support, dietitian-nutrition, applied behavioral analysis, behavioral support, employment support, job development, pre-employment support, residential provider, and supportive living arrangement services. This amendment increases the maximum amount from \$100,000,000 to \$125,000,000 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:	\$40,000,000.00	\$40,000,000.00	\$40,000,000.00	Yes - Action
a. Amendment 1:	\$60,000,000.00	\$60,000,000.00	\$60,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$25,000,000.00	\$25,000,000.00	\$25,000,000.00	Yes - Action
3. New maximum contract amount:	\$125,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2026

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over \$50,000?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Multiple Agencies, Agencies are satisfied.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	10/01/2025 09:57:01 AM
Division Approval	ldeloach	10/01/2025 09:57:04 AM
Department Approval	ldeloach	10/01/2025 09:57:07 AM
Contract Manager Approval	ascaffid	10/07/2025 09:16:36 AM
Budget Analyst Approval	vfajota	10/27/2025 13:29:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24831**Amendment Number: **4**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **CROP JET AVIATION, LLC**Agency Code: **MSA**Contractor Name: **CROP JET AVIATION, LLC**Appropriation Unit: **9999 - All Categories**Address: **1921 S 1700 E**Is budget authority available?: **Yes**City/State/Zip: **GOODING, ID 83330-5183**

If "No" please explain: Not Applicable

Contact/Phone: **208/358-1802**Vendor No.: **T27042988**NV Business ID: **NV20191405677**To what State Fiscal Year(s) will the contract be charged? **2022-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/07/2027**Contract term: **5 years and 210 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides fire fuels services for the state. This amendment increases the maximum amount from \$2,000,000 to \$5,500,000 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:	\$400,000.00	\$400,000.00	\$400,000.00	Yes - Action
a. Amendment 1:	\$600,000.00	\$600,000.00	\$600,000.00	Yes - Action
b. Amendment 2:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	\$3,500,000.00	\$3,500,000.00	\$3,500,000.00	Yes - Action
3. New maximum contract amount:	\$5,500,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfire, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 23 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

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	Ideloach	10/27/2025 15:51:50 PM
Division Approval	Ideloach	10/27/2025 15:51:53 PM
Department Approval	Ideloach	10/27/2025 15:52:01 PM

Contract Manager Approval	hmoon	10/28/2025 05:15:52 AM
Budget Analyst Approval	vfajota	11/04/2025 09:29:18 AM
BOE Agenda Approval	mranks1	11/10/2025 15:34:43 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31234**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Care Services of Nevada, Inc.

Contractor Name: **Care Services of Nevada, Inc.**Address: **987 Bible Way**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Sylvie Smith 775-284-4855

Vendor No.: T29024970

NV Business ID: NV20091628280

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17513

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, job development, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing 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-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 09:30:17 AM
Division Approval	ldeloach	10/30/2025 09:30:19 AM
Department Approval	ldeloach	10/30/2025 09:30:21 AM
Contract Manager Approval	ascaffid	10/30/2025 11:40:11 AM
Budget Analyst Approval	vfajota	11/04/2025 08:36:58 AM
BOE Agenda Approval	mranki1	11/10/2025 11:17:27 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31253**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Charity's Place LLC

Contractor Name: **Charity's Place LLC**Address: **dba Charity's Place
2109 East Wengert Avenue**City/State/Zip: **Las Vegas, NV 89104**

Contact/Phone: Charity White 702-600-9481

Vendor No.: T29050876

NV Business ID: NV20243149196

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17484

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, behavioral support, case management, community based living arrangement, disability support, employment support, group home, home health care, host home and homeless youth, mental health, personal care, residential provider, respite care, senior care, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 09:35:56 AM
Division Approval	ldeloach	10/30/2025 09:35:59 AM
Department Approval	ldeloach	10/30/2025 09:36:01 AM
Contract Manager Approval	ascaffid	10/30/2025 11:43:00 AM
Budget Analyst Approval	vfajota	10/30/2025 16:22:23 PM
BOE Agenda Approval	mranki1	11/06/2025 15:12:27 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **26073**Amendment
Number: **1**Agency Name: **MSA MASTER SERVICE
AGREEMENTS**Legal Entity
Name: **Drs. Meier & Chevallier, Nevada E.N.T. &
Hearing Associates PLLC**Agency Code: **MSA**Contractor Name: **Drs. Meier & Chevallier, Nevada E.N.T.
& Hearing Associates PLLC**Appropriation Unit: **9999 - All Categories**Address: **Hearing Associates, PLLC**Is budget authority
available?: **Yes****9770 S McCarran Blvd**City/State/Zip **RENO, NV 89523**

If "No" please explain: Not Applicable

Contact/Phone: **Crystal Brownson 775-284-8511**Vendor No.: **T27032069**NV Business ID: **NV20011062050**To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **06/27/2022**
Examiner's approval?Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **04/30/2026**
Termination Date:Contract term: **3 years and 308 days**4. Type of contract: **MSA**Contract description: **Direct Client Srcvs**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing audiology services. This amendment increases the maximum amount from \$300,000 to \$500,000 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:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$500,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing 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	10/01/2025 10:30:58 AM
Division Approval	ldeloach	10/01/2025 10:31:01 AM
Department Approval	ldeloach	10/01/2025 10:31:04 AM
Contract Manager Approval	ascaffid	10/07/2025 09:16:08 AM
Budget Analyst Approval	vfajota	10/27/2025 13:12:36 PM
BOE Agenda Approval	mranki1	10/30/2025 13:52:12 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31254**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Evalone Pro, LLC

Contractor Name: **Evalone Pro, LLC**Address: **11629 Clark Street Suite 101**City/State/Zip: **Arcadia, CA 91006**

Contact/Phone: Salvador Amaral 626-471-1290

Vendor No.: T27042435

NV Business ID: NV20243165917

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17532

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**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 audiology, behavioral support, disabilities support, general medicine, medical, mental health, occupational therapy, pediatric, pre-employment, psychiatry, psychology, and radiology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 09:40:20 AM
Division Approval	ldeloach	10/30/2025 09:40:23 AM
Department Approval	ldeloach	10/30/2025 09:40:25 AM
Contract Manager Approval	ascaffid	10/30/2025 11:43:23 AM
Budget Analyst Approval	vfajota	10/30/2025 16:16:34 PM
BOE Agenda Approval	mranki1	11/07/2025 15:13:01 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 CONTRACT1. Contract Number: **31226**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GMGPsychology PLLC**Contractor Name: **GMGPsychology PLLC**Address: **8414 Farm Road
Suite 180 PMB 1024**City/State/Zip: **Las Vegas, NV 89131**Contact/Phone: **Dr. Grady Gallagher 202-489-1403**Vendor No.: **T32017493**NV Business ID: **NV20243259289**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**Agency Reference #: **S1737-RV 99SWC-VQ17194**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing counseling, mental health, and psychology 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 provided 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	10/27/2025 14:55:05 PM
Division Approval	ldeloach	10/27/2025 14:55:09 PM
Department Approval	ldeloach	10/27/2025 14:55:12 PM
Contract Manager Approval	ascaffid	10/27/2025 15:57:40 PM
Budget Analyst Approval	vfajota	10/30/2025 16:01:05 PM
BOE Agenda Approval	mranki1	11/06/2025 14:07:14 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31252**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Girisgen & Kopolow O.D.P.C.**Contractor Name: **Girisgen & Kopolow O.D.P.C.**Address: **4045 Spencer Street Suite A59**City/State/Zip: **Las Vegas, NV 89119**Contact/Phone: **Melody Punohu 702-452-2020**Vendor No.: **T29018684**NV Business ID: **NV20091502255**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**Agency Reference #: **S3513-AS 99SWC-VQ17529**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing medical and optometry 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-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 09:52:09 AM
Division Approval	ldeloach	10/30/2025 09:52:11 AM
Department Approval	ldeloach	10/30/2025 09:52:14 AM
Contract Manager Approval	ascaffid	10/30/2025 11:42:31 AM
Budget Analyst Approval	vfajota	11/03/2025 12:19:57 PM
BOE Agenda Approval	mranki1	11/07/2025 15:08:50 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 CONTRACT1. Contract Number: **31231**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Go Assisted, Inc.

Contractor Name: **Go Assisted, Inc.**Address: **Park Place Assisted Living
2305 Ives Court**City/State/Zip: **Reno, NV 89503**

Contact/Phone: Amy Roukie 775-746-1188

Vendor No.: T32014074

NV Business ID: NV20111778194

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S1737-RV 99SWC-VQ17380

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing assisted living services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	10/27/2025 15:03:12 PM
Division Approval	ldeloach	10/27/2025 15:03:15 PM
Department Approval	ldeloach	10/27/2025 15:03:17 PM
Contract Manager Approval	ascaffid	10/27/2025 15:59:50 PM
Budget Analyst Approval	vfajota	10/30/2025 15:41:40 PM
BOE Agenda Approval	mranki1	11/06/2025 15:17:29 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **26165**Amendment Number: **1**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **HEATHER FOWLER**Agency Code: **MSA**Contractor Name: **HEATHER FOWLER**Appropriation Unit: **9999 - All Categories**Address: **2386 E. ASPEN HILLS PL**Is budget authority available?: **Yes**City/State/Zip: **SANDY, UT 84092**

If "No" please explain: Not Applicable

Contact/Phone: **Heather Fowler 801-209-6691**Vendor No.: **T29039690**NV Business ID: **NV20171352938**To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **04/30/2026**Contract term: **3 years and 321 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing mental health services. This amendment increases the maximum amount from \$300,000 to \$500,000 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:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$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 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	ldeloach	10/01/2025 10:36:42 AM
Division Approval	ldeloach	10/01/2025 10:36:45 AM
Department Approval	ldeloach	10/01/2025 10:36:48 AM
Contract Manager Approval	ascaffid	10/07/2025 09:15:39 AM
Budget Analyst Approval	vfajota	10/27/2025 13:44:19 PM
BOE Agenda Approval	mranki1	10/30/2025 13:35:17 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31257**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: InVision Eye Center

Contractor Name: **InVision Eye Center**Address: **820 North Spring Street Suite D**City/State/Zip: **Caliente, NV 89008**

Contact/Phone: Joshua Terry 775-726-3911

Vendor No.: T29025436

NV Business ID: NV20101318776

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17531

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing ophthalmology and optometry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$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-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 09:56:56 AM
Division Approval	ldeloach	10/30/2025 09:56:58 AM
Department Approval	ldeloach	10/30/2025 09:57:00 AM
Contract Manager Approval	ascaffid	10/30/2025 11:43:49 AM
Budget Analyst Approval	vfajota	10/30/2025 16:10:14 PM
BOE Agenda Approval	mranki1	11/07/2025 15:11:46 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31307**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: J.J. Kane Associates, Inc.

Contractor Name: **JJ Kane Auctions**Address: **33 Inverness Center Parkway**City/State/Zip: **Birmingham, AL 35242**

Contact/Phone: Mike McKee 508-439-7336

Vendor No.: T32014058

NV Business ID: NV20232777758

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Excess Property Revenue

Agency Reference #: 99SWC-S3154 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/07/2029**Contract term: **4 years and 7 days**4. Type of contract: **MSA**Contract description: **Auction Services**

5. Purpose of contract:

This is a new contract to provide auction services to dispose of excess property for all governmental agencies in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: Total Contract or installments payable at: Variable per Cost Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

Certain property retains monetary value, even when no longer usable. By selling excess property through public auction, the state is able to recover revenue that would be otherwise lost by normal disposal or destruction.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State agencies do not possess qualified or licensed staff to conduct public auctions.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is a statewide contract release from statewide contract 99SWC-S3154 for auctioneer and related.

d. Last bid date: 10/02/2025 Anticipated re-bid date: 02/02/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

2021-2026, State Purchasing, Satisfactory service provided.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

No b. If "No", please explain:

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	Ideloach	11/04/2025 10:31:10 AM
Division Approval	Ideloach	11/04/2025 10:31:13 AM
Department Approval	Ideloach	11/04/2025 10:31:16 AM
Contract Manager Approval	jwixon	11/04/2025 10:32:00 AM
Budget Analyst Approval	vfajota	11/07/2025 10:31:52 AM
BOE Agenda Approval	mranki1	11/10/2025 15:23:15 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 CONTRACT1. Contract Number: **12506**Amendment
Number: **11**Agency Name: **MASTER SERVICE AGREEMENTS**Legal Entity
Name: **Keefe Group**Agency Code: **MSA**Contractor Name: **Keefe Group**Appropriation Unit: **9999 - All Categories**Address: **13369 Valley Blvd**Is budget authority
available?: **Yes**City/State/Zip **Fontana, CA 92335**

If "No" please explain: Not Applicable

Contact/Phone: **Dennis Dempsey 800-411-0454**Vendor No.: **T27038213**NV Business ID: **NV20151604842**To what State Fiscal Year(s) will the contract be charged? **2012-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Various Agencies**

Agency Reference #: 1901

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **09/13/2011**
Examiner's approval?

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2025**

Termination Date:

Contract term: **15 years and 52 days**4. Type of contract: **MSA**Contract description: **Inmate Kiosks**

5. Purpose of contract:

This is the eleventh amendment to the original contract which provides inmate kiosks to all Nevada Department of Corrections facilities. This amendment extends the termination date from December 31, 2025 to October 31, 2026 and increases the maximum amount from \$25,000,000 to \$145,000,000 due to price increases for bulk commissary products.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,000,000.00	\$25,000,000.00	\$25,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
d. Amendment 4:	\$0.00	\$0.00	\$0.00	No
e. Amendment 5:	\$0.00	\$0.00	\$0.00	No
f. Amendment 6:	\$0.00	\$0.00	\$0.00	No
g. Amendment 7:	\$0.00	\$0.00	\$0.00	No
h. Amendment 8:	\$0.00	\$0.00	\$0.00	No
i. Amendment 9:	\$0.00	\$0.00	\$0.00	No
j. Amendment 10:	\$0.00	\$0.00	\$0.00	No

2.	Amount of current amendment (#11):	\$120,000,000.00	\$120,000,000.00	\$120,000,000.00	Yes - Action
3.	New maximum contract amount:	\$145,000,000.00			
	and/or the termination date of the original contract has changed to:	10/31/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

To improve services to the inmate population while reducing staff workload.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Department of Corrections does not have the expertise in this area.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as the best solution by the evaluation committee based on pre-determined evaluation criteria.

d. Last bid date: 03/24/2011 Anticipated re-bid date: 01/01/2015

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	11/06/2025 16:04:23 PM
Division Approval	ldeloach	11/06/2025 16:04:26 PM
Department Approval	ldeloach	11/06/2025 16:04:29 PM
Contract Manager Approval	hmoon	11/06/2025 16:04:55 PM
Budget Analyst Approval	mranki1	11/12/2025 09:05:09 AM
BOE Agenda Approval	mranki1	11/12/2025 09:05:12 AM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval #:	6350

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	ENTER STATE AGENCY NAME: Department of Corrections		
	Contact Name and Title	Phone Number	Email Address
	Brandon Lewallen (MA 2)	775-977-5673	blewallen@doc.nv.gov

2	Contractor Information:	
	Contractor Name:	Keefe Group, LLC DBA Keefe Supply Company
	Contact Name:	Terry Schroeder
	Complete Address: City, State and Zip Code	13369 Valley Blvd. Fontana California, 92335
	Phone Number:	909-427-6954
	Email Address:	tschroeder@keefegroup.com

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:	N/A	#:	
	Enter CETS Number:	#		
	Contract Amount:	\$		
	Contract Term:	Start Date:		End Date:

Purchasing Use Only:	
Approval #:	6350

4	Current Contract Information:				
	Solicitation Type, if applicable:		RFP	#:	1901
	Enter CETS Number:	#12506			
	Initial Contract Amount:	\$25,000,000			
	Contract Term:	Start Date:	9/13/2011	End Date:	7/31/2015

5	Amendment Information – List <u>all previously</u> approved amendments:			
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	1	Extend contract by 3 years	\$0	7/31/2018
	2	Extend the contract termination date	\$0	7/31/2022
	3	Data transport lines re-route kiosks	\$0	-
	4	Changes the service fees to all payments/deposits at the lobby kiosks	\$0	-
	5	Changed the vendor's name from Centric Group, LLC dba Keefe Supply Company to Keefe Group, LLC dba Keefe Supply Company	\$0	-
	6	Extend the contract term	\$0	12/31/2022
	7	Extend the contract term	\$0	7/31/2023
	8	Extend the contract termination date to complete RFP	\$0	1/31/2025
	9	Extend the contract termination date to complete RFP	\$0	10/31/2025

6	<u>Proposed</u> Amendment Information:			
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
	10	Extend the contract expiration date to allow time for an RFP.	\$0	10/31/2026

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	<i>Additional time is needed for an RFP to be completed.</i>

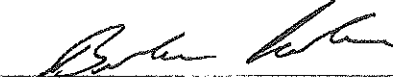
#6350

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>This contract will expire and the state will be without a contracted commissary vendor.</i>

#635@

Purchasing Use Only:**Approval #:**

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 that contracts be solicited at least every four (4) years and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. *The same individual cannot provide approval signatures in both sections.*



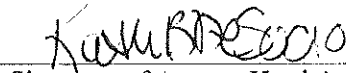
Signature of Agency Representative Initiating Request

Brandon Lewallen

Print Name of Agency Representative Initiating Request

8/12/25

Date



Signature of Agency Head Authorizing Request

8/12/25

Kitty DeSocio

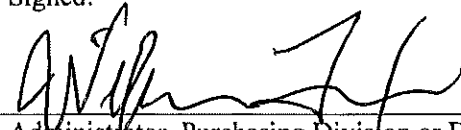
Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.

Signed:



Administrator, Purchasing Division or Designee

8.15.2025

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **26130**Amendment Number: **2**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **LIFESKILLS UNLIMITED, INC.**Agency Code: **MSA**Contractor Name: **LIFESKILLS UNLIMITED, INC.**Appropriation Unit: **9999 - All Categories**Address: **4330 W CHEYENNE AVE**Is budget authority available?: **Yes**City/State/Zip: **NORTH LAS VEGAS, NV 89032-2484**

If "No" please explain: Not Applicable

Contact/Phone: **MARY MORGAN-THOMPSON 702-364-0211**Vendor No.: **T80976181**NV Business ID: **NV19931096364**To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/14/2022**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **04/30/2026**Contract term: **3 years and 321 days**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing behavioral support, case management, disabilities support, host home and homeless youth, respite care, and supportive living arrangements services. This amendment increases the maximum amount from \$36,000,000 to \$56,000,000 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:	\$10,000,000.00	\$10,000,000.00	\$10,000,000.00	Yes - Action
a. Amendment 1:	\$26,000,000.00	\$26,000,000.00	\$26,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$20,000,000.00	\$20,000,000.00	\$20,000,000.00	Yes - Action
3. New maximum contract amount:	\$56,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. 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	10/01/2025 10:41:50 AM
Division Approval	ldeloach	10/01/2025 10:41:53 AM
Department Approval	ldeloach	10/01/2025 10:41:55 AM
Contract Manager Approval	ascaffid	10/07/2025 09:13:48 AM
Budget Analyst Approval	vfajota	10/27/2025 13:37:23 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31228**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Lloyd's Homecare Services LLC**Contractor Name: **Lloyd's Homecare Services LLC**Address: **10120 South Eastern Avenue Suite 315**City/State/Zip: **Henderson, NV 89052**Contact/Phone: **Shanise Grissett 703-386-5776**Vendor No.: **T29051282**NV Business ID: **NV20243136476**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**Agency Reference #: **S1737-RV 99SWC-VQ17236**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support, home health care, personal care, respite care, senior care, and support for the blind and visually impaired services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided 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	10/27/2025 15:08:29 PM
Division Approval	ldeloach	10/27/2025 15:08:31 PM
Department Approval	ldeloach	10/27/2025 15:08:33 PM
Contract Manager Approval	ascaffid	10/27/2025 15:58:36 PM
Budget Analyst Approval	vfajota	10/30/2025 15:57:39 PM
BOE Agenda Approval	mranki1	11/06/2025 14:04:38 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 CONTRACT1. Contract Number: **31248**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **MIJN Corporation**Contractor Name: **MIJN Corporation**Address: **3933 Captain Jon Avenue**City/State/Zip: **Las Vegas, NV 89104**Contact/Phone: **Michael Narciso 702-334-2273**Vendor No.: **T29009865**NV Business ID: **NV20061224487**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**Agency Reference #: **S3513-AS 99SWC-VQ17510**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

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-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 10:07:51 AM
Division Approval	ldeloach	10/30/2025 10:07:53 AM
Department Approval	ldeloach	10/30/2025 10:07:56 AM
Contract Manager Approval	ascaffid	10/30/2025 11:42:06 AM
Budget Analyst Approval	vfajota	11/03/2025 15:04:26 PM
BOE Agenda Approval	mranki1	11/10/2025 09:28:33 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: **26089** Amendment Number: **1**

Legal Entity Name: **MOONLIGHT EXAMINATIONS, LLC**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Contractor Name: **MOONLIGHT EXAMINATIONS, LLC**

Agency Code: **MSA** Address: **3809 TRAILS EDGE RD**

Appropriation Unit: **9999 - All Categories** City/State/Zip: **FORT WORTH, TX 76109-3428**

Is budget authority available?: **Yes** Contact/Phone: **MORGAN ADAMS 409-617-1258**

If "No" please explain: **Not Applicable** Vendor No.: **T32005591**

NV Business ID: **NV20171590440**

To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1787-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/27/2022**

Anticipated BOE meeting date **11/2025**

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **04/30/2026**Contract term: **3 years and 308 days**4. Type of contract: **MSA**
Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing medical services. This amendment increases the maximum amount from \$300,000 to \$500,000 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:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$200,000.00	\$200,000.00	\$200,000.00	Yes - Action
3. New maximum contract amount:	\$500,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing 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: 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:

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	10/01/2025 10:45:49 AM
Division Approval	ldeloach	10/01/2025 10:45:52 AM
Department Approval	ldeloach	10/01/2025 10:45:55 AM
Contract Manager Approval	ascaffid	10/07/2025 09:14:15 AM
Budget Analyst Approval	vfajota	10/27/2025 13:56:25 PM
BOE Agenda Approval	mranki1	10/30/2025 13:27:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **24829**Amendment Number: **4**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **MORRIS AG AIR & SONS, INC.**Agency Code: **MSA**Contractor Name: **MORRIS AG AIR & SONS, INC.**Appropriation Unit: **9999 - All Categories**Address: **PO BOX 209**Is budget authority available?: **Yes**City/State/Zip: **OROVADA, NV 89425**

If "No" please explain: Not Applicable

Contact/Phone: **Michael Morris 775.272.3365**Vendor No.: **T27036309**NV Business ID: **NV20101885383**To what State Fiscal Year(s) will the contract be charged? **2022-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1426 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/09/2021**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/07/2027**Contract term: **5 years and 210 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides fire fuels reduction and forest management services. This amendment increases the maximum amount from \$2,000,000 to \$7,000,000 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:	\$255,000.00	\$255,000.00	\$255,000.00	Yes - Action
a. Amendment 1:	\$745,000.00	\$745,000.00	\$745,000.00	Yes - Action
b. Amendment 2:	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	Yes - Action
c. Amendment 3:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#4):	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
3. New maximum contract amount:	\$7,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfire, fuels reduction and other services that must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 23 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date: 04/07/2025

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	Ideloach	10/27/2025 15:58:48 PM
Division Approval	Ideloach	10/27/2025 15:58:51 PM
Department Approval	Ideloach	10/27/2025 15:58:54 PM

Contract Manager Approval	hmoon	10/28/2025 05:16:22 AM
Budget Analyst Approval	vfajota	11/04/2025 11:12:14 AM
BOE Agenda Approval	mranks1	11/10/2025 15:24:58 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31237**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Mindcolor Autism LLC

Contractor Name: **Mindcolor Autism LLC**Address: **224 West 35th Street Suite 500 PMB 135**City/State/Zip: **New York, NY 10001**

Contact/Phone: James Qiu 833-646-3222

Vendor No.: T29044310

NV Business ID: NV20212051263

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17483

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/30/2030**Contract term: **3 years and 364 days**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

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-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 10:13:30 AM
Division Approval	ldeloach	10/30/2025 10:13:32 AM
Department Approval	ldeloach	10/30/2025 10:13:35 AM
Contract Manager Approval	ascaffid	10/30/2025 11:40:35 AM
Budget Analyst Approval	vfajota	11/04/2025 08:33:44 AM
BOE Agenda Approval	mranki1	11/10/2025 09:25:37 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **27280**Amendment
Number: **1**Agency Name: **MSA MASTER SERVICE
AGREEMENTS**Legal Entity
Name: **Nevada Mental Care, LLC**Agency Code: **MSA**Contractor Name: **Nevada Mental Care, LLC**Appropriation Unit: **9999 - All Categories**Address: **129 W. LAKE MEAD PKWY
Ste #1**Is budget authority
available?: **Yes**City/State/Zip: **Henderson, NV 89015**

If "No" please explain: Not Applicable

Contact/Phone: **Nnenna Olubajo 702-272-0074**Vendor No.: **T29046247**NV Business ID: **NV20181452995**To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV VQ13282**

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 **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **03/30/2027**Contract term: **3 years and 354 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing psychiatry services. This amendment increases the maximum amount from \$300,000 to \$600,000 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:	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
2. Amount of current amendment (#1):	\$300,000.00	\$300,000.00	\$300,000.00	Yes - Action
3. New maximum contract amount:	\$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	mstar2	10/07/2025 12:06:46 PM
Division Approval	mstar2	10/07/2025 12:06:50 PM
Department Approval	mstar2	10/07/2025 12:07:27 PM
Contract Manager Approval	ascaffid	10/07/2025 14:09:51 PM
Budget Analyst Approval	vfajota	10/27/2025 13:54:55 PM
BOE Agenda Approval	mranki1	10/30/2025 13:30:01 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31229**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Nudrat R. Nauman MD PC**Contractor Name: **Nudrat R. Nauman MD PC**Address: **Advanced Autism Center
2939 Lake East Drive**City/State/Zip: **Las Vegas, NV 89117**Contact/Phone: **Adam Volker 725-285-0285**Vendor No.: **T32018455**NV Business ID: **NV20071592360**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**Agency Reference #: **S1737-RV 99SWC-VQ17293**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

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 provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	10/27/2025 15:12:15 PM
Division Approval	ldeloach	10/27/2025 15:12:17 PM
Department Approval	ldeloach	10/27/2025 15:12:19 PM
Contract Manager Approval	ascaffid	10/27/2025 15:58:58 PM
Budget Analyst Approval	vfajota	10/30/2025 15:47:33 PM
BOE Agenda Approval	mranki1	11/06/2025 14:00:13 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31134**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: OneStaff Medical, LLC

Contractor Name: **OneStaff Medical, LLC**Address: **10802 Farnam Drive**City/State/Zip: **Omaha, NE 68154**

Contact/Phone: Wade Alberts 402-442-1857

Vendor No.: PENDING

NV Business ID: NV20222576783

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S1737-RV 99SWC-VQ17126

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing acute medical, assisted living, general medicine, home health care, medical, mental health, occupational therapy, ophthalmology, optometry, pediatric, physical therapy, psychiatry, psychology, radiology, rehabilitation, senior care, and speech pathology, therapy, and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided 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	10/27/2025 15:15:57 PM
Division Approval	ldeloach	10/27/2025 15:16:00 PM
Department Approval	ldeloach	10/27/2025 15:16:02 PM
Contract Manager Approval	ascaffid	10/27/2025 15:56:32 PM
Budget Analyst Approval	vfajota	10/30/2025 16:07:50 PM
BOE Agenda Approval	mranki1	11/17/2025 10:55:37 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **25835**Amendment
Number: **1**Agency Name: **MSA MASTER SERVICE
AGREEMENTS**Legal Entity
Name: **PROUD MOMENTS ABA OF NEVADA,
LLC**Agency Code: **MSA**Contractor Name: **PROUD MOMENTS ABA OF NEVADA,
LLC**Appropriation Unit: **9999 - All Categories**Address: **1707 Village Center Circle
Suite 140**Is budget authority
available?: **Yes**City/State/Zip **LAS VEGAS, NV 89134**

If "No" please explain: Not Applicable

Contact/Phone: **Mark Yost 718-215-5311**Vendor No.: **T27042723**NV Business ID: **NV20181747893**To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **05/10/2022**
Examiner's approval?Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **01/31/2026**
Termination Date:Contract term: **3 years and 267 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing applied behavioral analysis and autism treatment assistance program services. This amendment increases the maximum amount from \$1,500,000 to \$2,000,000 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:	\$1,500,000.00	\$1,500,000.00	\$1,500,000.00	Yes - Action
2. Amount of current amendment (#1):	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
3. New maximum contract amount:	\$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:
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	mstar2	10/07/2025 12:08:35 PM
Division Approval	mstar2	10/07/2025 12:08:40 PM
Department Approval	mstar2	10/07/2025 12:08:55 PM
Contract Manager Approval	ascaffid	10/07/2025 14:09:16 PM
Budget Analyst Approval	vfajota	10/27/2025 13:24:39 PM
BOE Agenda Approval	mranki1	10/30/2025 13:48:03 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: **26539** Amendment Number: **2**

Legal Entity Name: Rutledge Airborne Applications, LLC

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Contractor Name: **Rutledge Airborne Applications, LLC**

Agency Code: **MSA** Address: **1078 West Descanso Canyon Dr.**

Appropriation Unit: **9999 - All Categories** City/State/Zip: **Casa Grande, AZ 85122**

Is budget authority available?: **Yes** Contact/Phone: Michael Rutledge 360-485-7207

If "No" please explain: Not Applicable Vendor No.: T32012743

NV Business ID: NV20222425072

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: RFQ 99SWC-1979

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 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/07/2027**

Contract term: **4 years and 328 days**

4. Type of contract: **MSA**

Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing fire fuel reduction, vegetation reduction, and forest management services. This amendment increases the maximum amount from \$4,000,000 to \$9,000,000 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:	\$4,000,000.00	\$4,000,000.00	\$4,000,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
3. New maximum contract amount:	\$9,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 29 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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	10/29/2025 12:33:16 PM
Division Approval	ldeloach	10/29/2025 12:33:19 PM
Department Approval	ldeloach	10/29/2025 12:33:21 PM
Contract Manager Approval	hmoon	11/04/2025 09:10:13 AM
Budget Analyst Approval	vfajota	11/04/2025 09:16:58 AM
BOE Agenda Approval	mranki1	11/10/2025 11:13:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31233**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Sage Health Services, LLC

Contractor Name: **Sage Health Services, LLC**Address: **8936 Spanish Ridge Avenue**City/State/Zip: **Las Vegas, NV 89148**

Contact/Phone: Nathan Boyack 702-325-5928

Vendor No.: T29036951

NV Business ID: NV20111067952

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S3513-AS 99SWC-VQ17509

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/01/2026**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis and autism treatment assistance program services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/13/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	10/30/2025 10:20:25 AM
Division Approval	ldeloach	10/30/2025 10:20:27 AM
Department Approval	ldeloach	10/30/2025 10:20:30 AM
Contract Manager Approval	ascaffid	10/30/2025 11:39:30 AM
Budget Analyst Approval	vfajota	11/04/2025 08:39:03 AM
BOE Agenda Approval	mranki1	11/10/2025 11:15:55 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31230**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Summerlin ABA Services LLC

Contractor Name: **Summerlin ABA Services LLC**Address: **8551 Vegas Drive**City/State/Zip: **Las Vegas, NV 89128**

Contact/Phone: Nechama Attal 725-332-7790

Vendor No.: T32017897

NV Business ID: NV20253311122

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S1737-RV 99SWC-VQ17368

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**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 provided 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	10/27/2025 15:24:51 PM
Division Approval	ldeloach	10/27/2025 15:24:54 PM
Department Approval	ldeloach	10/27/2025 15:24:56 PM
Contract Manager Approval	ascaffid	10/27/2025 15:59:21 PM
Budget Analyst Approval	vfajota	10/30/2025 15:44:49 PM
BOE Agenda Approval	mranki1	11/06/2025 15:19:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **25837**Amendment Number: **2**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **TANCELL CARE, LLC**Agency Code: **MSA**Contractor Name: **TANCELL CARE, LLC**Appropriation Unit: **9999 - All Categories**Address: **1500 E TROPICANA AVE
SUITE 248**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89119-8325**

If "No" please explain: Not Applicable

Contact/Phone: **Louie Tandiono-Cellona 702-476-0262**Vendor No.: **T27042527**NV Business ID: **NV20181283232**To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/10/2022**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **01/31/2026**Contract term: **3 years and 267 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing autism treatment assistance programs, behavioral support, support services for the blind and visually impaired, case management, community-based living arrangements, disabilities support, respite care, and supportive living arrangement services. This amendment increases the maximum amount from \$30,000,000 to \$35,000,000 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:	\$10,000,000.00	\$10,000,000.00	\$10,000,000.00	Yes - Action
a. Amendment 1:	\$20,000,000.00	\$20,000,000.00	\$20,000,000.00	Yes - Action
2. Amount of current amendment (#2):	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
3. New maximum contract amount:	\$35,000,000.00			

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:

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	10/01/2025 10:52:38 AM
Division Approval	ldeloach	10/01/2025 10:52:40 AM
Department Approval	ldeloach	10/01/2025 10:52:49 AM
Contract Manager Approval	ascaffid	10/07/2025 09:19:35 AM
Budget Analyst Approval	vfajota	10/21/2025 08:22:29 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **25692**Amendment
Number: **2**Agency Name: **MSA MASTER SERVICE
AGREEMENTS**Legal Entity
Name: **THERAPY MANAGEMENT GROUP,
LLC**Agency Code: **MSA**Contractor Name: **THERAPY MANAGEMENT GROUP,
LLC**Appropriation Unit: **9999 - All Categories**Address: **8020 W SAHARA AVE**Is budget authority
available?: **Yes****SUITE 160**City/State/Zip **LAS VEGAS, NV 89117-7917**

If "No" please explain: Not Applicable

Contact/Phone: **Mark James 702-401-4017**Vendor No.: **T27023183**NV Business ID: **NV20031166309**To what State Fiscal Year(s) will the contract be charged? **2022-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **S1737-RV**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **04/12/2022**
Examiner's approval?Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **01/31/2026**
Termination Date:Contract term: **3 years and 295 days**4. Type of contract: **MSA**Contract description: **Direct Client Srvcs**

5. Purpose of contract:

This is the second amendment to the original contract which provides assistive technology, case management, early intervention, occupational therapy, physical therapy, speech pathology, therapy and counseling, applied behavioral analysis, and autism treatment assistance program services. This amendment increases the maximum amount from \$20,000,000 to \$25,000,000 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:	\$8,500,000.00	\$8,500,000.00	\$8,500,000.00	Yes - Action
a. Amendment 1:	\$11,500,000.00	\$11,500,000.00	\$11,500,000.00	Yes - Action
2. Amount of current amendment (#2):	\$5,000,000.00	\$5,000,000.00	\$5,000,000.00	Yes - Action
3. New maximum contract amount:	\$25,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided various direct client services.

d. Last bid date: 12/01/2021 Anticipated re-bid date: 06/01/2025

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	10/01/2025 10:13:55 AM
Division Approval	ldeloach	10/01/2025 10:14:03 AM
Department Approval	ldeloach	10/01/2025 10:14:07 AM
Contract Manager Approval	ascaffid	10/07/2025 09:20:04 AM
Budget Analyst Approval	vfajota	10/27/2025 13:52:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31227**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Wells Communication and Feeding Therapy LLC

Contractor Name: **Wells Communication and Feeding Therapy LLC**Address: **5980 South Durango Drive #131**City/State/Zip: **Las Vegas, NV 89113**

Contact/Phone: Jocelyn Wells 702-381-3077

Vendor No.: PENDING

NV Business ID: NV20212189670

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**

Agency Reference #: S1737-RV 99SWC-VQ17207

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2029**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing speech pathology, therapy and counseling services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S1737 to provided 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	10/27/2025 15:28:36 PM
Division Approval	ldeloach	10/27/2025 15:28:38 PM
Department Approval	ldeloach	10/27/2025 15:28:41 PM
Contract Manager Approval	ascaffid	10/27/2025 15:58:09 PM
Budget Analyst Approval	vfajota	10/30/2025 15:56:26 PM
BOE Agenda Approval	mranki1	11/06/2025 14:04:02 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	MCNUTT LAW FIRM, A PROFESSIONAL CORPORATION	OTHER: STATUTORY CONTINGENCY	\$15,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing outside counsel services. This amendment increases the maximum amount from \$50,000 to \$65,000 due to the increased hourly rate charged.				
		Term of Contract:	03/12/2024 - 12/31/2025	Contract # 29142		
2.	030	ATTORNEY GENERAL'S OFFICE - GRANTS UNIT	KATIE SNIDER DBA JUSTICE RESEARCH, LLC	FEDERAL	\$95,550	Sole Source
	Contract Description:	This is the first amendment to the original contract which provides data analysis. This amendment extends the termination date from December 31, 2025 to January 31, 2027 and increases the maximum amount from \$202,125 to \$297,675 due to the continued need for these services.				
		Term of Contract:	08/15/2023 - 01/31/2027	Contract # 28746		
3.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	CARAHSOFT TECHNOLOGY CORP	GENERAL	\$35,199	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17504 which provides cloud services. This service agreement provides for the installation of new agency firewalls.				
		Term of Contract:	10/30/2025 - 09/15/2026	Contract # 31262		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ARBOR PROS LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$24,500	
	Contract Description:	This is a new contract to provide arborist services in northern Nevada.				
		Term of Contract:	10/20/2025 - 08/01/2029	Contract # 30963		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	EVERON, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$95,754	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-16866 which provides security and fire protection services. This service agreement provides for monitoring of numerous fire extinguishing equipment and alarms. This amendment increases the maximum amount from \$321,180 to \$416,934 due to six additional locations being added to the scope of work.				
		Term of Contract:	04/08/2025 - 06/30/2028	Contract # 30122		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	PURCELL ELECTRICAL PROF CROP DBA PK ELECTRICAL INC	GENERAL	\$30,100	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Facility Maintenance (Department of Health and Human Services) CIP Project to include will design services, bidding assistance, constructions administration, and site visits for the interior lighting upgrade at the Lake's Crossing Center: CIP Project No. 25-M02-11; SPWD Contract No. 118070.				
	Term of Contract:	10/20/2025 - 06/30/2029	Contract # 31106			
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	JENSEN ENGINEERING INC	BONDS 77% FEDERAL 23%	\$11,800	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Domestic Hot Water System and Transformer Replacement (Office of the Adjutant General) Nevada Army National Guard CIP Project to include construction administration services and bidding services related to the replacement of the existing domestic hot water system in Carson City: CIP Project No. 21-M43; SPWD Contract No. 118078.				
	Term of Contract:	10/20/2025 - 06/30/2027	Contract # 31111			
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	LR NELSON CONSULTING ENGINEERS	GENERAL	\$26,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Paving Program/Pavement Maintenance at the Lake Mead Fish Hatchery CIP Project to include design development, construction documents, bidding support services, and construction support services for maintenance and repairs to optimize paving life cycle costs, extend the pavement longevity, and maintain safe paving surfaces for employees and the public: CIP Project No. 25-S05-13; SPWD Contract No. 118041.				
	Term of Contract:	10/20/2025 - 06/30/2029	Contract # 31074			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	TANEY ENGINEERING INC	GENERAL	\$51,100	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Paving Program and Preventative Maintenance at Cathedral Gorge State Park CIP Project to include civil plans, bid documents, bidding assistance, construction administration, drawings, and surveying for the slurry, crack seal, patching, and striping of the access road and the visitor's center parking lot: CIP Project No. 25-S05-8; SPWD Contract No. 118067.				
	Term of Contract:	10/20/2025 - 06/30/2029	Contract # 31105			
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	DINTER ENGINEERING COMPANY	HIGHWAY	\$45,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Facility Maintenance (Department of Administration - Highway Funded) CIP Project to include schematic design, design development, construction documents, and bid documents for an emergency generator replacement at the northern command in Reno: CIP Project No. 25-M03H-2; SPWD Contract No. 118069.				
	Term of Contract:	10/20/2025 - 06/30/2029	Contract # 31113			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PURCELL ELECTRICAL PROF CROP PK ELECTRICAL INC	GENERAL 75% BONDS 25%	\$16,675	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Generator System Improvements (Marlette Lake Water System) CIP Project: CIP Project No. 23-M03-04; SPWD Contract No. 117603. This amendment increases the maximum amount from \$40,000 to \$56,675 due to additional architectural and structural design services for an open structure on east side of the generator building.				
	Term of Contract:	04/23/2025 - 06/30/2027	Contract # 30343			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
12.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	NEVADA PUBLIC HEALTH FOUNDATION, INC.	GENERAL	\$91,801	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides event planning services and facilitation for the department's annual conference.				
	Term of Contract:	11/05/2025 - 06/30/2026	Contract # 31309			
13.	300	DEPARTMENT OF EDUCATION - GEAR UP	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	FEDERAL	\$71,985	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV 22-10132 which provides grant-related professional services for evaluation and technical assistance. This service agreement provides a comprehensive program evaluation for GEAR UP.				
	Term of Contract:	10/16/2025 - 12/31/2025	Contract # 31149			
14.	334	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - OFFICE OF HISTORIC PRESERVATION	NEVADA BOARD OF MUSEUMS AND HISTORY	FEDERAL	\$25,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide support for travel costs for Nevada's Board of Museums and History Members to assist the National Register process.				
	Term of Contract:	11/01/2025 - 06/30/2030	Contract # 31192			
15.	400	DEPARTMENT OF HUMAN SERVICES - DIRECTOR'S OFFICE - GRANTS MANAGEMENT UNIT	CHANGE AND INNOVATION AGENCY, LLC	OTHER: FUND FOR HEALTHY NEVADA	\$98,880	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17897 which provides consulting, marketing, and education services. This service agreement provides an intensive, short-term discovery effort that will help shape Nevada's long-term strategy to deliver coordinated, client-centered services across programs.				
	Term of Contract:	11/05/2025 - 12/31/2025	Contract # 31326			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	400	DEPARTMENT OF HUMAN SERVICES - DIRECTOR'S OFFICE - GRANTS MANAGEMENT UNIT	NEVADA PUBLIC HEALTH FOUNDATION, INC.	OTHER: FUND FOR HEALTHY NEVADA	\$72,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides assistance with wellness at work coordination, workforce development support, and public health communication and outreach activities.				
	Term of Contract:	11/03/2025 - 06/30/2026	Contract # 31239			
17.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - AUTISM TREATMENT ASSISTANCE PROGRAM	SOCIAL ENTREPRENEURS, INC.	GENERAL	\$17,610	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides specialized training services to support ongoing professional development for agency staff.				
	Term of Contract:	10/16/2025 - 06/30/2027	Contract # 31159			
18.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - ADULT PROTECTIVE SERVICES & LONG-TERM CARE OMBUDSMAN	KPS/3	FEDERAL	\$50,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides marketing and outreach services.				
	Term of Contract:	10/30/2025 - 12/31/2025	Contract # 31100			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - ADULT PROTECTIVE SERVICES & LONG-TERM CARE OMBUDSMAN	SOCIAL ENTREPRENEURS, INC.	FEDERAL	\$25,990	
	Contract Description:	This is the second amendment to the original service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides the facilitation of consultation services to establish and maintain a Vulnerable Adult Fatality Review Team. This amendment extends the termination date from September 30, 2025 to June 30, 2026 and increases the maximum amount from \$67,830 to \$93,820 due to additional support needed.				
	Term of Contract:	02/13/2024 - 06/30/2026	Contract # 28807			
20.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH IMPROVEMENTS	HUMBOLDT, COUNTY /HUMBOLDT COUNTY TREASURER	GENERAL	\$76,045	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing public health services.				
	Term of Contract:	10/16/2025 - 06/30/2027	Contract # 30774			
21.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	NORTHWEST PREVENTION SCIENCE, INC.	FEDERAL	\$22,660	
	Contract Description:	This is the first amendment to the original contract which provides training, implementation, and fidelity assurance for the family Check-Up model. This amendment increases the maximum amount from \$60,640 to \$83,300 to provide training to a third cohort.				
	Term of Contract:	10/26/2023 - 07/31/2026	Contract # 27319			
22.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	SOCIAL ENTREPRENEURS, INC.	GENERAL	\$75,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides project management, communications, and technical assistance to assist with the public information services, and leadership and policy training for managers.				
	Term of Contract:	10/23/2025 - 01/31/2026	Contract # 31206			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	CARSON CITY HEALTH AND HUMAN SERVICES	OTHER: REVENUE	\$48,022	Exempt
	Contract Description:	This is the first amendment to the original revenue interlocal agreement which provides the non-federal share for medical care of indigent persons within the Medicaid County Match Program. This amendment increases the maximum amount from \$5,854,848.90 to \$5,902,870.86 due to increased medical care costs.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28553		
24.	653	DEPARTMENT OF PUBLIC SAFETY - INVESTIGATION DIVISION	CARAHSOFT TECHNOLOGY CORPORATION	FEDERAL	\$57,805	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides licensed users access to the Flashpoint Intelligence Platform.				
		Term of Contract:	08/09/2025 - 08/08/2026	Contract # 31191		
25.	690	COLORADO RIVER COMMISSION	BAKER TILLY US, LLP	FEE: POWER REVENUES	\$40,863	
	Contract Description:	This is the second amendment to the original contract which provides auditing and accounting services. This amendment increases the maximum amount from \$382,000 to \$422,863 due to the need for additional Annual Comprehensive Finance Report preparation services.				
		Term of Contract:	07/01/2025 - 06/30/2029	Contract # 30379		
26.	702	DEPARTMENT OF WILDLIFE - HABITAT	WASHOE STOREY CONSERVATION DISTRICT	FEE: HABITAT CONSERVATION FEE	\$44,353	Exempt
	Contract Description:	This is a new interlocal agreement to provide assistance in completing habitat improvement projects on private and public lands where Washoe Storey Conservation District has the technical knowledge, expertise, and experienced staff to provide this assistance.				
		Term of Contract:	11/01/2025 - 10/31/2029	Contract # 30750		
27.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CARACAL ENTERPRISES LLC	GENERAL	\$27,795	Sole Source
	Contract Description:	This is a new contract to provide self-pay station services within Nevada State Parks				
		Term of Contract:	10/23/2025 - 10/31/2026	Contract # 31135		
28.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	CARSON VALLEY STORAGE LLC	OTHER: REVENUE	\$10,000	
	Contract Description:	This is a new revenue contract to provide boat launch and retrieval services at Cave Rock State Park.				
		Term of Contract:	10/28/2025 - 11/15/2025	Contract # 31209		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TIMBERLINE ENTERPRISES LLC	OTHER: REVENUE	\$30,000	
	Contract Description:	This is a new contract to provide the use of the boat ramp at Cave Rock State Park to facilitate the transfer of equipment onto a barge.				
		Term of Contract:	10/28/2025 - 10/01/2026	Contract # 31207		
30.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS INTERPRETIVE AND EDUCATION PROGRAM	TRAILHEAD LABS, INC	OTHER: REVENUE	\$30,000	Professional Service
	Contract Description:	This is a new contract to provide services for a mobile application experience for Nevada State Parks.				
		Term of Contract:	11/04/2025 - 07/30/2026	Contract # 31259		
31.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - PARK IMPROVEMENTS-NON-EXEC	LUMOS & ASSOCIATES	BONDS	\$85,200	Professional Service
	Contract Description:	This is a new contract to provide professional surveying services at Sand Harbor State Park.				
		Term of Contract:	10/30/2025 - 03/31/2026	Contract # 31155		
32.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	STANTEC CONSULTING SERVICES	FEE: USER FEE OVERAGE	\$16,562	Professional Service
	Contract Description:	This is a new contract to provide pedestrian bridge inspections along the East Shore Trail.				
		Term of Contract:	10/16/2025 - 06/30/2026	Contract # 31077		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
33.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - FIRE SUPPRESSION	NYE COUNTY	OTHER: REVENUE	\$30,550	Exempt
		Contract Description: This is a new revenue interlocal agreement to provide ongoing wildland fire services.				
		Term of Contract:	07/01/2025 - 06/30/2027	Contract # 30877		
34.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	MATHUR, PUNAM, LLC	OTHER: WORKERS COMPENSATION AND SAFETY FUND	\$12,000	
		Contract Description: This is a new contract to provide culture facilitation services.				
		Term of Contract:	11/10/2025 - 01/31/2026	Contract # 31194		
35.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	ALL AMERICAN FENCE CO	OTHER: PENALTIES AND INTEREST	\$24,000	
		Contract Description: This is a new contract to provide fence repair and maintenance.				
		Term of Contract:	10/15/2025 - 06/30/2027	Contract # 31123		
36.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - EMPLOYMENT SECURITY - SPECIAL FUND	WESTERN DOOR AND GATE LLC	OTHER: PENALTIES AND INTEREST	\$24,000	
		Contract Description: This is a new contract to provide door and gate repair and maintenance.				
		Term of Contract:	10/21/2025 - 06/30/2029	Contract # 31153		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
37.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	HAYNIE & COMPANY	FEE: LICENSURE	\$45,000	
	Contract Description:	This is a new contract to provide ongoing auditing services.				
		Term of Contract:	11/06/2025 - 06/30/2026	Contract # 30965		
38.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	ARBOR PROS LLC	FEE: LICENSURE	\$10,000	
	Contract Description:	This is a new contract to provide ongoing snow removal services.				
		Term of Contract:	10/24/2025 - 04/30/2026	Contract # 31204		
39.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	CONWAY COMMUNICATIONS, INC.	FEE: LICENSURE	\$12,800	
	Contract Description:	This is a new contract to provide installation of hardware and software to establish a connection to the state's wide area network.				
		Term of Contract:	10/24/2025 - 10/31/2026	Contract # 31137		
40.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	JILL I GREINER	FEE: LICENSURE	\$40,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing hearing officer services.				
		Term of Contract:	01/01/2026 - 12/31/2027	Contract # 31199		
41.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	LABEEG BUILDING SERVICES, INC.	FEE: LICENSURE	\$73,000	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services at the Gateway Drive location in Reno. This amendment extends the termination date from December 31, 2025 to December 31, 2028 and increases the maximum amount from \$24,250 to \$97,250 due to the continued need for these services.				
		Term of Contract:	01/01/2025 - 12/31/2028	Contract # 29991		
42.	B015	LICENSING BOARDS AND COMMISSIONS - MEDICAL EXAMINERS	MCNUTT LAW FIRM, A PROFESSIONAL CORPORATION	FEE: LICENSURE	\$45,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides legal services. This amendment increases the maximum amount from \$45,000 to \$90,000 due to additional litigation services.				
		Term of Contract:	08/08/2025 - 06/30/2027	Contract # 30746		
43.	B032	LICENSING BOARDS AND COMMISSIONS - ALCOHOL, DRUG AND GAMBLING COUNSELORS	CAMPBELL JONES COHEN CPAS	FEE: LICENSURE	\$24,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing auditing services.				
		Term of Contract:	08/20/2025 - 12/01/2025	Contract # 31117		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	B032	LICENSING BOARDS AND COMMISSIONS - ALCOHOL, DRUG AND GAMBLING COUNSELORS	COLLEEN PLATT DBA PLATT LAW GROUP	FEE: LICENSURE	\$45,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing legal services.				
		Term of Contract:	11/10/2025 - 06/30/2027	Contract # 31241		
45.	MSA	VARIOUS STATE AGENCIES	PROGRESSIVE PEST MANAGEMENT, LLC	OTHER: VARIOUS AGENCIES	\$75,000	
	Contract Description:	This is the second amendment to the original contract which provides fire fuel reduction services for the state. This amendment increases the maximum amount from \$150,000 to \$225,000 due to the increased need for these services.				
		Term of Contract:	01/10/2023 - 06/07/2027	Contract # 26972		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29142** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **MCNUTT LAW FIRM, A PROFESSIONAL CORPORATION**

Agency Code: **030** Contractor Name: **MCNUTT LAW FIRM, A PROFESSIONAL CORPORATION**

Appropriation Unit: **1030-04** Address: **11411 ALLERTON PARK DRIVE SUITE 100**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89135**

If "No" please explain: Not Applicable Contact/Phone: **Dan R. McNutt 702-384-1170**

Vendor No.: **T32011245**

NV Business ID: **NV20041603581**

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % STATUTORY CONTINGENCY

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2025**Contract term: **1 year and 294 days**4. Type of contract: **Contract**Contract description: **Outside Counsel**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing outside counsel services. This amendment increases the maximum amount from \$50,000 to \$65,000 due to the increased hourly rate charged.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Info
2. Amount of current amendment (#1):	\$15,000.00	\$15,000.00	\$65,000.00	Yes - Info
3. New maximum contract amount:	\$65,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada is involved in ongoing litigation that requires the services of outside counsel due to a conflict.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise needed for this matter.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Attorney

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	10/21/2025 14:01:29 PM
Division Approval	jhoba2	10/21/2025 14:01:31 PM
Department Approval	jhoba2	10/21/2025 14:01:34 PM
Contract Manager Approval	cthorso1	10/21/2025 15:03:26 PM
Budget Analyst Approval	vmilazz1	10/24/2025 11:43:58 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28746** Amendment Number: **1**

Agency Name: **ATTORNEY GENERAL'S OFFICE** Legal Entity Name: **Katie Snider DBA Justice Research, LLC**

Agency Code: **030** Contractor Name: **Katie Snider DBA Justice Research, LLC**

Appropriation Unit: **1040-15** Address: **18346 SE Tibbetts Court**

Is budget authority available?: **Yes** City/State/Zip: **Gresham, OR 97030**

If "No" please explain: Not Applicable Contact/Phone: **Katie M. Snider 775 770 7321**

Vendor No.: **T29048185**

NV Business ID: **NV20232979538**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/15/2023**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2025**Contract term: **3 years and 170 days**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is the first amendment to the original contract which provides data analysis. This amendment extends the termination date from December 31, 2025 to January 31, 2027 and increases the maximum amount from \$202,125 to \$297,675 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:	\$202,125.00	\$202,125.00	\$202,125.00	Yes - Action
2. Amount of current amendment (#1):	\$95,550.00	\$95,550.00	\$95,550.00	Yes - Info
3. New maximum contract amount:	\$297,675.00			
and/or the termination date of the original contract has changed to:	01/31/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is the first contract amendment to continue to provide data analysis to support MOST, FASTT, and other deflection and diversion programs with data collection, analysis, and dissemination, and data consolidation and delivery to program evaluators for these programs and the COSSUP grant.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise needed for this matter.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 643

Approval Date: 10/07/2025

- c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jhoba2	10/21/2025 14:00:55 PM
Division Approval	jhoba2	10/21/2025 14:00:58 PM

Department Approval	jhoba2	10/21/2025 14:01:02 PM
Contract Manager Approval	cthorso1	10/21/2025 14:51:26 PM
Budget Analyst Approval	vmilazz1	10/24/2025 12:32:30 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval #:	6430

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	ENTER STATE AGENCY NAME: Attorney General's Office		
	Contact Name and Title	Phone Number	Email Address
	John Dekoekkoek, Grants Unit Manager	775-684-1110	jcdekoekkoek@ag.nv.gov
	Christine Thorson, CCM	775-684-1119	CMThorson@ag.nv.gov

2	Contractor Information:	
	Contractor Name:	Katie M. Snider, Ph. D dba Justice Research, LLC
	Contact Name:	Katie M. Snider
	Complete Address: City, State and Zip Code	18346 SE Tibbetts Court Gresham, OR 97030
	Phone Number:	775-770-7321
	Email Address:	ksnider@justiceresearch.org

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):			
	Solicitation Type, if applicable:		#:	
	Enter CETS Number:	#		
	Contract Amount:			
	Contract Term:	Start Date:		End Date:

Purchasing Use Only:	
Approval #:	6430

Current Contract Information:				
Solicitation Type, if applicable:			#:	
4	Enter CETS Number:	# C28746		
	Initial Contract Amount:	\$202,125.00		
	Contract Term:	Start Date:	8/15/2023	End Date: 12/31/2025

Amendment Information – List <u>all previously</u> approved amendments:				
5	Amd #:	Brief Synopsis of What Amendment Accomplished:	Dollar Change in Contract Amount	Change in End Date

<u>Proposed</u> Amendment Information:				
6	Amd #:	Brief Synopsis of What the Requested Amendment will Accomplish	Dollar Change in Contract Amount	Change in End Date
	1	Contractor will continue to provide data analysis to support Mobile Outreach Safety Teams, Forensic Assessment Services Triage Teams, and other deflection and diversion programs and the COSSUP grant.	\$95,550	1/31/2027

7	What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?
	<i>This contract term will not exceed the State's four (4) year re-solicitation policy with this proposed amendment.</i>

8	What are the potential consequences to the State if the contract extension request is denied?
	<i>The Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) funding through the Bureau of Justice Assistance provides funding to address substance misuse in Nevada through the enhancement of existing programs such as Forensic Assessment Services Triage Teams (FASTT), Mobile Outreach Safety Teams (MOST), the provision of naloxone, and through the development and implementation of new programing. The contracted data analyst supports MOST, FASTT, and other deflection and diversion programs with data collection, analysis, and dissemination. Without this support the following program activities would not continue as needed: (1) Prebooking or post-booking treatment alternative-to incarceration programs that serve individuals at high risk for overdose or substance abuse; (2) Law enforcement and other first responder diversion programs; (3) Prevention based education opportunities in schools and community; (4) Comprehensive, real-time, regional information collection,</i>

#643②

	<i>analysis, and dissemination; (5) Support program development and collaboration; (6) Attend regional and national conferences, Present at regional and national conferences; (7) Timely reporting and technical assistance reporting.</i>

Purchasing Use Only:	
Approval #:	643 (C)

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Sections 0305 that contracts be solicited at least every four (4) years and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. *The same individual cannot provide approval signatures in both sections.*

Christine Thorson

Signature of Agency Representative Initiating Request

Christine Thorson

10/6/2025

Print Name of Agency Representative Initiating Request

Date

Jessica Hoban

Signature of Agency Head Authorizing Request

Jessica Hoban

10/6/2025

Print Name of Agency Head Authorizing Request

Date

Please consider this memo as my support of your request to extend the identified contract beyond the current State policy period. This exemption is granted pursuant to NRS 333.135(5), SAM 0305 and SAM 0310 and may be rescinded in the event reliable information becomes available upon which the Purchasing Administrator determines the decision was based on incorrect or inaccurate facts. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

Reminder: If this box is checked, the agency must include the Technology Investment Evaluation (TIE) approval or approval update as an attachment in CETS.

Signed:

William Ziff

Administrator, Purchasing Division or Designee

10.07.2025

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31262**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1050-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARASOFT TECHNOLOGY CORP**Contractor Name: **CARASOFT TECHNOLOGY CORP**Address: **11493 Sunset Hills Rd, Ste 100**City/State/Zip: **RESTON, VA 20190**Contact/Phone: **Beau Mullenhoff 571-662-3442**Vendor No.: **T27011089**NV Business ID: **NV20151127305**To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/30/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/15/2026**Contract term: **320 days**4. Type of contract: **Contract**Contract description: **Ahead - Firewalls**

5. Purpose of contract:

This is a new contract to provide the installation and securing of new agency firewalls.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$35,198.92**

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?

These new firewalls protect all SOS servers and core infrastructure and are critical to operational security. We rely on the contracting vendor's expertise to ensure they are properly, and security implemented.

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 to perform this work.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Statewide vendor.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Vendor has done work with the state and it 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	rbennet2	10/23/2025 10:51:22 AM
Division Approval	rbennet2	10/23/2025 10:51:26 AM
Department Approval	rbennet2	10/23/2025 10:51:28 AM
Contract Manager Approval	jmckeeha	10/23/2025 11:05:37 AM
Budget Analyst Approval	mranki1	10/30/2025 11:12:29 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30963**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ARBOR PROS LLC**Contractor Name: **ARBOR PROS LLC**Address: **1350 Stardust St. Ste.D**City/State/Zip: **Reno, NV 89503**Contact/Phone: **chayce@arborprostreeco.com 775-750-1087**Vendor No.: **T29051128**NV Business ID: **NV20161405908**To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2025**

Anticipated BOE meeting date 11/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/01/2029**Contract term: **3 years and 286 days**4. Type of contract: **Contract**Contract description: **hazard tree removal**

5. Purpose of contract:

This is a new contract to provide arborist services in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,500.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Hazard tree removal or pruning as needed upon approval by Buildings and Grounds. This includes services such as tree trimming, pruning, removal, stump grinding, planting, and pest control at state-owned properties in northern Nevada, upon request by Buildings and Grounds.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not equipped with the specialized training, certifications, and equipment required for hazard tree removal, stump grinding, and complex arborist services. These tasks involve high-risk activities, including working at height, operating heavy machinery, and applying pest control treatments, which require ISA Certified Arborists and licensed professionals.

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	tbeaureg	07/29/2025 14:07:59 PM
Division Approval	nmann	09/30/2025 13:38:07 PM
Department Approval	nmann	09/30/2025 13:38:11 PM
Contract Manager Approval	ablak2	10/14/2025 09:31:58 AM
Budget Analyst Approval	bmacke1	10/20/2025 14:26:26 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30122** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **Everon, LLC**

Agency Code: **082** Contractor Name: **Everon, LLC**

Appropriation Unit: **1349-12** Address: **PO BOX 872987**

Is budget authority available?: **Yes** City/State/Zip: **Kansas City, MO 64187-2987**

If "No" please explain: Not Applicable Contact/Phone: **scottwulfurst@everonsolutions.com 775-287-8110**

Vendor No.: **T296047302B**

NV Business ID: **NV20111234098**

To what State Fiscal Year(s) will the contract be charged? **2025-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/08/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2028**Contract term: **3 years and 84 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Fire alarm**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-16866 which provides for monitoring of numerous fire extinguishing equipment and alarms. This amendment increases the maximum amount from \$321,180 to \$416,934 due to six additional locations being added to the scope of work.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$321,180.00	\$321,180.00	\$321,180.00	Yes - Action
2. Amount of current amendment (#1):	\$95,754.00	\$95,754.00	\$95,754.00	Yes - Info
3. New maximum contract amount:	\$416,934.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Perform tests and inspections for the fire alarm system, fire suppression system, monitoring, fire sprinkler system, fire extinguishers, hydrant testing, and fire pump annual inspection of diesel fire pump installed at all maintained Buildings and Grounds buildings and McCarran Center buildings. Testing and inspections are required per the State Fire Marshal.

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 expertise and manpower to facilitate 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 is a statewide contract # 99SWC-NV23-16866

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	tbeaureg	09/29/2025 13:48:59 PM
Division Approval	nmann	10/01/2025 14:37:34 PM
Department Approval	nmann	10/01/2025 14:37:36 PM
Contract Manager Approval	ssands	10/14/2025 13:50:47 PM
Budget Analyst Approval	bmacke1	10/20/2025 14:47:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31106**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1535-58**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PURCELL ELECTRICAL PROF CROP DBA PK ELECTRICAL INC**Contractor Name: **PURCELL ELECTRICAL PROF CROP DBA PK ELECTRICAL INC**Address: **681 SIERRA ROSE DR. STE. B**City/State/Zip: **RENO, NV 89511-2060**Contact/Phone: **775-826-9010**Vendor No.: **T81016802**NV Business ID: **NV19961128650**To what State Fiscal Year(s) will the contract be charged? **2026-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **118070**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2025**Anticipated BOE meeting date **10/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 254 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 Facility Maintenance (Department of Health and Human Services) CIP Project to include will design services, bidding assistance, constructions administration, and site visits for the interior lighting upgrade at the Lake's Crossing Center: CIP Project No. 25-M02-11; SPWD Contract No. 118070.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,100.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Jason Aviles, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/15/2025 15:25:16 PM
Division Approval	nmann	10/15/2025 15:25:18 PM
Department Approval	nmann	10/15/2025 15:25:27 PM
Contract Manager Approval	lwildes	10/15/2025 15:30:00 PM
Budget Analyst Approval	bmacke1	10/20/2025 08:48:26 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31111**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	JENSEN ENGINEERING INC
Agency Code:	082	Contractor Name:	JENSEN ENGINEERING INC
Appropriation Unit:	1577-57	Address:	9655 GATEWAY DR. STE. A
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89521-2968
If "No" please explain:	Not Applicable	Contact/Phone:	775-852-2288
		Vendor No.:	T27007578
		NV Business ID:	NV19921070456

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	23.00 %	X Bonds	77.00 %
Highway Funds	0.00 %	Other funding	0.00 %
Agency Reference #:	118078		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2025**

Anticipated BOE meeting date 10/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 253 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 Domestic Hot Water System and Transformer Replacement (Office of the Adjutant General) Nevada Army National Guard CIP Project to include construction administration services and bidding services related to the replacement of the existing domestic hot water system in Carson City: CIP Project No. 21-M43; SPWD Contract No. 118078.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,800.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2021 Legislative approved CIP Projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Brian Bassi, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/16/2025 10:58:42 AM
Division Approval	nmann	10/16/2025 10:58:45 AM
Department Approval	nmann	10/16/2025 10:58:47 AM
Contract Manager Approval	lwildes	10/16/2025 11:04:49 AM
Budget Analyst Approval	bmacke1	10/20/2025 14:19:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31074**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	LR NELSON CONSULTING ENGINEERS
Agency Code:	082	Contractor Name:	LR NELSON CONSULTING ENGINEERS
Appropriation Unit:	1585-15	Address:	6765 W. RUSSELL RD. STE. 200
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89118
If "No" please explain:	Not Applicable	Contact/Phone:	702-798-7978
		Vendor No.:	
		NV Business ID:	NV19911044912

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 118041

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2025**

Anticipated BOE meeting date 10/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 254 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 Statewide Paving Program/Pavement Maintenance at the Lake Mead Fish Hatchery CIP Project to include design development, construction documents, bidding support services, and construction support services for maintenance and repairs to optimize paving life cycle costs, extend the pavement longevity, and maintain safe paving surfaces for employees and the public: CIP Project No. 25-S05-13; SPWD Contract No. 118041.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$26,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Mike Rife, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/06/2025 16:25:00 PM
Division Approval	nmann	10/06/2025 16:25:03 PM
Department Approval	nmann	10/06/2025 16:25:05 PM
Contract Manager Approval	lwildes	10/07/2025 08:01:05 AM
Budget Analyst Approval	bmacke1	10/20/2025 09:15:27 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31105**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	TANEY ENGINEERING INC
Agency Code:	082	Contractor Name:	TANEY ENGINEERING INC
Appropriation Unit:	1585-15	Address:	6030 S. JONES BLVD., STE. 100
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89118-2659
If "No" please explain:	Not Applicable	Contact/Phone:	702-362-8844
		Vendor No.:	T32006658
		NV Business ID:	NV20232732519

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 118067

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 254 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 Statewide Paving Program and Preventative Maintenance at Cathedral Gorge State Park CIP Project to include civil plans, bid documents, bidding assistance, construction administration, drawings, and surveying for the Slurry, crack seal, patching and striping of the access road and the visitor's center parking lot: CIP Project No. 25-S05-8; SPWD Contract No. 118067.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$51,100.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and 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:

Markus McEntee, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/08/2025 16:21:44 PM
Division Approval	nmann	10/08/2025 16:21:47 PM
Department Approval	nmann	10/08/2025 16:21:49 PM
Contract Manager Approval	lwildes	10/09/2025 11:14:11 AM
Budget Analyst Approval	bmacke1	10/20/2025 09:25:42 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31113**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1594-47**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DINTER ENGINEERING COMPANY**Contractor Name: **DINTER ENGINEERING COMPANY**Address: **385 GENTRY WAY**City/State/Zip: **RENO, NV 89502-4608**Contact/Phone: **775-826-4044**Vendor No.: **T32005949**NV Business ID: **NV19861016365**To what State Fiscal Year(s) will the contract be charged? **2026-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

X Highway Funds **100.00 %** Other funding 0.00 %

Agency Reference #: 118069

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/20/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 254 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 Facility Maintenance (Department of Administration - Highway Funded) CIP Project to include schematic design, design development, construction documents, and bid documents for an emergency generator replacement at the northern command in Reno: CIP Project No. 25-M03H-2; SPWD Contract No. 118069.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and 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:

Mikayla Miller, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/16/2025 15:52:00 PM
Division Approval	nmann	10/16/2025 15:52:02 PM
Department Approval	nmann	10/16/2025 15:52:05 PM
Contract Manager Approval	lwildes	10/16/2025 16:10:18 PM
Budget Analyst Approval	bmacke1	10/20/2025 15:29:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30343** Amendment Number: **1**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **PURCELL ELECTRICAL PROF CROP PK ELECTRICAL INC**

Agency Code: **082** Contractor Name: **PURCELL ELECTRICAL PROF CROP PK ELECTRICAL INC**

Appropriation Unit: **1594-37** Address: **681 SIERRA ROSE DR. STE. B**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89511-2060**

If "No" please explain: Not Applicable Contact/Phone: **775-826-9010**

Vendor No.: **T81016802**

NV Business ID: **NV19961128650**

To what State Fiscal Year(s) will the contract be charged? **2025-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	75.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	25.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 117603

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/23/2025**

Anticipated BOE meeting date 10/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **2 years and 68 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 Generator System Improvements (Marlette Lake Water System) CIP Project: CIP Project No. 23-M03-04; SPWD Contract No. 117603. This amendment increases the maximum amount from \$40,000 to \$56,675 due to additional architectural and structural design services for an open structure on east side of the generator building.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$40,000.00	\$40,000.00	\$40,000.00	Yes - Info
2. Amount of current amendment (#1):	\$16,675.00	\$16,675.00	\$56,675.00	Yes - Info
3. New maximum contract amount:	\$56,675.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	10/15/2025 15:48:00 PM
Division Approval	nmann	10/15/2025 15:48:03 PM
Department Approval	nmann	10/15/2025 15:48:30 PM
Contract Manager Approval	lwildes	10/15/2025 15:53:14 PM
Budget Analyst Approval	bmacke1	10/20/2025 09:20:13 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31309**Agency Name: **INDIGENT DEFENSE**Agency Code: **111**Appropriation Unit: **1008-37**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NEVADA PUBLIC HEALTH FOUNDATION, INC.**Contractor Name: **NEVADA PUBLIC HEALTH FOUNDATION, INC.**Address: **716 N. Carson Street Suite 100**City/State/Zip: **Carson City, NV 89701**Contact/Phone: **775-884-0392**Vendor No.: **T81018059**NV Business ID: **NV19961104052**To what State Fiscal Year(s) will the contract be charged? **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.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/05/2025**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **236 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **DIDS Conferemce**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides event planning services and facilitation for the department's annual conference in March 2026.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$91,800.56****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Stipulated Consent Judgment in Davis v. State, Case No. 170C002271B, as modified, requires the State to provide indigent defense attorneys with access to a systematic and comprehensive training program, specifically including a certain amount of CLE specific to criminal defense. This annual conference for indigent defense providers is a critical part of satisfying the training program requirement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of expertise9. 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?

Master Service Agreement

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	dcarlso4	11/03/2025 17:13:31 PM
Division Approval	rmill30	11/05/2025 08:48:07 AM
Department Approval	rmill30	11/05/2025 08:48:10 AM
Contract Manager Approval	ssands	11/05/2025 14:05:41 PM
Budget Analyst Approval	vmilazz1	11/05/2025 15:22:46 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31149**

Agency Name:	NDE - DEPARTMENT OF EDUCATION	Legal Entity Name:	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES
Agency Code:	300	Contractor Name:	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES
Appropriation Unit:	2678-04	Address:	PO BOX 28126
Is budget authority available?:	Yes	City/State/Zip	New York , NY 10087-8126
If "No" please explain:	Not Applicable	Contact/Phone:	202-403-5139
		Vendor No.:	T81077847
		NV Business ID:	NV201211417

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/16/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2025**Contract term: **76 days**4. Type of contract: **Contract**Contract description: **Gear Up Evaluation**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV 22-10132 which provides grant-related professional services for evaluation and technical assistance. This service agreement provides a comprehensive program evaluation for GEAR UP.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$71,985.00**

Other basis for payment: As invoiced by the vendor and accepted by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

The AIR team will collect quantitative and qualitative data to inform development of a comprehensive GEAR UP Evaluation Plan.

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 to complete this evaluation plan.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?

Statewide Contract 99SWC-NV22-10132

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:

current contracts with NDE, Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	gputna1	10/07/2025 11:07:58 AM
Division Approval	psmorr1	10/08/2025 08:54:44 AM
Department Approval	carhol1	10/08/2025 11:19:46 AM
Contract Manager Approval	khoy1	10/08/2025 14:13:08 PM
Budget Analyst Approval	vfajota	10/16/2025 13:58:07 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31192**

Agency Name: DCNR - HISTORIC PRESERVATION	Legal Entity Name: Nevada Board of Museums and History
Agency Code: 334	Contractor Name: Nevada Board of Museums and History
Appropriation Unit: 4205-17	Address: 412 E. Musser St. Suite 2
Is budget authority available?: Yes	City/State/Zip: Carson City, NV 89701
If "No" please explain: Not Applicable	Contact/Phone: 7756877340
	Vendor No.: N/A
	NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **4 years and 242 days**4. Type of contract: **Interlocal Agreement**Contract description: **NVBOMH Travel Costs**

5. Purpose of contract:

This contract will support travel costs for Nevada's Board of Museums and History Members to assist the National Register process.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Payment for services will be made at the rate of \$5,000.00 per year

Other basis for payment: N/A

II. JUSTIFICATION

7. What conditions require that this work be done?

Travel costs to support the Board of Museums and History's activities Travel support for Nevada's Board of Museums and History Members to assist the National Register process.

Allowable costs can include:

Transportation (flights, rental car, parking)

Mileage (at current state mileage reimbursement rate)

Daily Per Diem in accordance with U.S. General Services Administration (GSA) approved rates.

Lodging in accordance with U.S. General Services Administration (GSA) approved rates.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Because they do not have the expertise required to perform these tasks.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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?

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	vchrist1	10/17/2025 14:13:38 PM
Division Approval	vchrist1	10/17/2025 14:13:42 PM
Department Approval	mweyland	10/22/2025 11:42:41 AM
Contract Manager Approval	vchrist1	10/27/2025 08:40:12 AM
Budget Analyst Approval	rmayhall	10/27/2025 08:50:56 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31326**Agency Name: **DHS - HUMAN SERVICES
DIRECTOR'S OFFICE**Agency Code: **400**Appropriation Unit: **3195-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CHANGE AND INNOVATION AGENCY, LLC**Contractor Name: **CHANGE AND INNOVATION AGENCY, LLC**Address: **1305 TERRA BELLA AVE.**City/State/Zip: **MOUNTAIN VIEW, CA 94043**Contact/Phone: **BLAKE SHAW 650-704-5419**Vendor No.: **T32002127**NV Business ID: **NV20121733603**To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Fund for Healthy Nevada

Agency Reference #: **SA 10031**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/05/2025**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2025**Contract term: **56 days**4. Type of contract: **Contract**Contract description: **Program Evaluation**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17897 which provides consulting, marketing, and education services. This service agreement provides an intensive, short-term discovery effort that will help shape Nevada's long-term strategy to deliver coordinated, client-centered services across programs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,880.00**

Payment for services will be made at the rate of \$240.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Assessment and evaluation of wraparound care models and cross-agency integration efforts that dive into frontline insights, client experiences and systemic observations are necessary to better understand where intervention opportunities exist to support teens and youth as they transition into adulthood. This work will help identify barriers and challenges that may prevent clients from seeking support and will help identify how the service delivery infrastructure can be improved.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to complete this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected by Purchasing as part of a multi award solicitation 99SWC-S2340 to provide various consulting, marketing, and education services.

d. Last bid date: 04/17/2023 Anticipated re-bid date: 01/30/2027

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is currently under contract with various DHS agencies. 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	chadwic1	11/04/2025 14:13:38 PM
Division Approval	chadwic1	11/04/2025 14:13:39 PM
Department Approval	slabranc	11/05/2025 09:43:37 AM
Contract Manager Approval	chadwic1	11/05/2025 09:53:08 AM
Budget Analyst Approval	pokeefe	11/05/2025 12:02:58 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31239**Agency Name: **DHS - HUMAN SERVICES
DIRECTOR'S OFFICE**Agency Code: **400**Appropriation Unit: **3195-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NEVADA PUBLIC HEALTH
FOUNDATION, INC.**Contractor Name: **NEVADA PUBLIC HEALTH
FOUNDATION, INC.**Address: **716 NORTH CARSON STREET
SUITE 100**City/State/Zip: **CARSON CITY, NV 89701**Contact/Phone: **NATALIE GAUTEREAUX 775-884-0392**Vendor No.: **T81018059**NV Business ID: **NV19961104052**To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % FUND FOR HEALTHY NEVADA**Agency Reference #: **SA 10030**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/03/2025**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **238 days**4. Type of contract: **Contract**Contract description: **Community Building**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides consulting, marketing, and education services. This service agreement provides assistance with wellness at work coordination, workforce development support, and public health communication and outreach activities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$72,000.00**

Payment for services will be made at the rate of \$90.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Services are necessary to provide review of strategic plans, activities, and assessments for local public health boards, community human service agencies, and other community organizations to identify promising practices, key community leadership, and barriers to program development.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to complete this work.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected by Purchasing as part of a multi award solicitation 99SWC-S2340 to provide various consulting, marketing, and education services.

d. Last bid date: 04/17/2023 Anticipated re-bid date: 01/30/2027

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor is currently under contract with various DHS agencies. 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:
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	chadwic1	10/20/2025 14:44:28 PM
Division Approval	chadwic1	10/20/2025 14:44:35 PM
Department Approval	slabranc	10/21/2025 09:00:52 AM
Contract Manager Approval	chadwic1	11/03/2025 08:16:00 AM
Budget Analyst Approval	pokeefe	11/03/2025 08:27:23 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31159**

Agency Name:	DHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	SOCIAL ENTREPRENEURS, INC.
Agency Code:	402	Contractor Name:	SOCIAL ENTREPRENEURS, INC.
Appropriation Unit:	3209-16	Address:	6548 S MCCARRAN BLVD STE B
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89509-6150
If "No" please explain:	Not Applicable	Contact/Phone:	KELLY MARSCHALL 775/324-4567
		Vendor No.:	T27004599
		NV Business ID:	NV19961250456

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/16/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 257 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **ATAP Training Consul**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides specialized training services, aligned with current industry standards and agency goals, to support ongoing professional development for agency staff.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,610.00**

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 support a successful transition to the new assessment, it is critical to enhance service delivery and ensure staff are equipped with the latest best practices and methodologies. This training enables staff to confidently implement the new assessment framework, maintain consistency and quality in service provision, and uphold standards of workforce readiness and operational excellence.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The required training involves niche expertise and certifications that are not currently held by State employees. Additionally, internal resources lack the capacity to develop and deliver the volume and specialization of training needed within the required timeframe.
&#65533; Budget/Cat: 3209/16

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

MSA RFP 99SWC-S2340

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

MSA RFP 99SWC-S2340

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tric1	10/03/2025 10:40:46 AM
Division Approval	ecreceli	10/03/2025 12:59:52 PM
Department Approval	ecreceli	10/03/2025 13:00:02 PM
Contract Manager Approval	maceved1	10/03/2025 13:05:14 PM
Budget Analyst Approval	khal5	10/16/2025 14:29:50 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31100**

Agency Name:	DHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	KPS/3
Agency Code:	402	Contractor Name:	KPS/3
Appropriation Unit:	3282-27	Address:	500 RYLAND ST STE 300
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502-1662
If "No" please explain:	Not Applicable	Contact/Phone:	Rob Gaedtke 775-686-7439
		Vendor No.:	PUR0004720
		NV Business ID:	NV19941094961
To what State Fiscal Year(s) will the contract be charged?	2026		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: KPS-APS Outreach

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/30/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2025**Contract term: **62 days**4. Type of contract: **Other (include description): Service Agreement - Statewide Contract #99SWC-NV23-17886**Contract description: **KPS-APS Outreach**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides marketing and outreach services.

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?

Per original contract.

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 personnel or expertise to provide this service.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of 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

10% administrative fee on hard costs of materials.

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHS since 2019 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tric1	10/23/2025 10:10:07 AM
Division Approval	ecreceli	10/27/2025 09:51:22 AM
Department Approval	ecreceli	10/27/2025 09:51:26 AM
Contract Manager Approval	maceved1	10/27/2025 09:53:49 AM
Budget Analyst Approval	khal5	10/30/2025 10:38:49 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: **28807** Amendment Number: **2**

Agency Name: **DHS - AGING AND DISABILITY SERVICES DIVISION** Legal Entity Name: **SOCIAL ENTREPRENEURS, INC.**

Agency Code: **402** Contractor Name: **SOCIAL ENTREPRENEURS, INC.**

Appropriation Unit: **3282-19** Address: **6548 S MCCARRAN BLVD STE B**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89509-6150**

If "No" please explain: Not Applicable Contact/Phone: **KELLY MARSHALL 775/324-4567**

Vendor No.: **T27004599**

NV Business ID: **NV19961250456**

To what State Fiscal Year(s) will the contract be charged? **2024-2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2024**

Anticipated BOE meeting date 11/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2025**Contract term: **2 years and 137 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **SEI -Paul Greenwood**

5. Purpose of contract:

This is the second amendment to the original service agreement under statewide contract 99SWC-NV23-17884 which provides consulting, marketing, and education services. This amendment extends the termination date from September 30, 2025 to June 30, 2026 and increases the maximum amount from \$67,830 to \$93,820 due to additional support necessary to establish and maintain the Vulnerable Adult Fatality Review Team.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$28,250.00	\$28,250.00	\$28,250.00	Yes - Info
a. Amendment 1:	\$39,580.00	\$39,580.00	\$67,830.00	Yes - Info
2. Amount of current amendment (#2):	\$25,990.00	\$25,990.00	\$93,820.00	Yes - Info
3. New maximum contract amount:	\$93,820.00			
and/or the termination date of the original contract has changed to:	06/30/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

Aging and Disability Services Division (ADSD), Adult Protective Services (APS) receives and investigates statewide reports of abuse, neglect, self-neglect, exploitation, isolation and abandonment for vulnerable persons, age 18-59, in addition to persons 60 years and older, collectively referred to as vulnerable adults. During the 2023 legislative session, Assembly Bill 119 passed, requiring the establishment of the Vulnerable Adult Fatality Review Committee. APS is utilizing a subject matter expert in this field, Paul Greenwood, to assist with establishing and maintaining a Vulnerable Adult Fatality Review Team. Mr. Greenwood is a retired San Diego District Attorney (DA) with twenty-two years of experience heading up the Elder Abuse Prosecution Unit at the San Diego DA's Office.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees are not subject matters experts on vulnerable adult fatalities and are utilizing a state service agreement for this.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

MSA RFP 99SWC-S2340

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

DHHS - since 2019 with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tric1	10/23/2025 10:11:01 AM
Division Approval	mashcra1	10/26/2025 08:17:17 AM
Department Approval	ecreceli	10/27/2025 09:50:13 AM
Contract Manager Approval	maceved1	10/27/2025 09:53:27 AM
Budget Analyst Approval	khal5	10/30/2025 10:37:17 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30774**Agency Name: **DHS - PUBLIC AND BEHAVIORAL HEALTH**Agency Code: **406**Appropriation Unit: **3234-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **HUMBOLDT, COUNTY /HUMBOLDT COUNTY TREASURER**Contractor Name: **HUMBOLDT, COUNTY /HUMBOLDT COUNTY TREASURER**Address: **Humboldt, County of/Humboldt 50 West 5th Street, Room 102**City/State/Zip: **WINNEMUCCA, NV 89445-3258**Contact/Phone: **Don Kalkoske 775-623-6444**Vendor No.: **T40139500**NV Business ID: **Government Entity**To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **C 18590**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/16/2025**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 257 days**4. Type of contract: **Interlocal Agreement**Contract description: **Humboldt Co SPHF**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing public health services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$76,044.91****II. JUSTIFICATION**

7. What conditions require that this work be done?

Pursuant to the Governor's Executive Budget and based on SB118 of the 82nd Legislative Session, specified entities are allocated funds for the improvement of public health.

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 capacity to provide the necessary services, and the funding is specific to provide flexible public health funding for Local Health Authorities, Nevada Counties, and the Tribal Health Authority Council.

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 Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
 Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Istidha1	09/10/2025 14:57:27 PM
Division Approval	Imarant1	09/10/2025 15:02:25 PM
Department Approval	Imarant1	09/10/2025 15:02:32 PM
Contract Manager Approval	Istidha1	09/10/2025 15:04:01 PM
Budget Analyst Approval	rgiffor1	10/16/2025 13:55:56 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: **27319** Amendment Number: **1**

Agency Name: **DHS - CHILD AND FAMILY SERVICES** Legal Entity Name: **Northwest Prevention Science, INC.**

Agency Code: **409** Contractor Name: **Northwest Prevention Science, INC.**

Appropriation Unit: **3146-65** Address: **PO Box 5175**

Is budget authority available?: **Yes** City/State/Zip: **Eugene , OR 97405**

If "No" please explain: Not Applicable Contact/Phone: **Lisa Reiter 843-819-7057**

Vendor No.: **T27044995**

NV Business ID: **NV20253329111**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/26/2023**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **07/31/2026**Contract term: **2 years and 279 days**4. Type of contract: **Contract**Contract description: **Family Check Up**

5. Purpose of contract:

This is the first amendment to the original contract which provides training, implementation and fidelity assurance for the family Check-Up model. This amendment increases the maximum amount from \$60,640 to \$83,300 to provide training to a third cohort.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$60,640.00	\$60,640.00	\$60,640.00	Yes - Info
2. Amount of current amendment (#1):	\$22,660.00	\$22,660.00	\$83,300.00	Yes - Info
3. New maximum contract amount:	\$83,300.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada has opted into the Family's First Prevention Services Act and must begin to use awarded federal transition dollars to begin training and implementation of selected Prevention Models.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Family's First Prevention Service Model Family Check-up must be trained and implemented and practiced before state employees can become certified as trainers in the model.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Sole Source Waiver.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

NT7 Business License General Partnership

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dfrohlic	10/21/2025 17:11:33 PM
Division Approval	dfrohlic	10/21/2025 17:11:35 PM
Department Approval	dfrohlic	10/21/2025 17:11:37 PM
Contract Manager Approval	dfrohlic	11/04/2025 14:02:06 PM
Budget Analyst Approval	pokeefe	11/04/2025 14:36:08 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31206**

Agency Name:	NVHA - NEVADA HEALTH AUTHORITY DIRECTOR'S OFFICE	Legal Entity Name:	SOCIAL ENTREPRENEURS INC
Agency Code:	410	Contractor Name:	SOCIAL ENTREPRENEURS INC
Appropriation Unit:	3158-04	Address:	6548 S MCCARRAN BLVD STE B
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89509-6150
If "No" please explain:	Not Applicable	Contact/Phone:	775/324-4567
		Vendor No.:	T27004599
		NV Business ID:	NV19961250456

To what State Fiscal Year(s) will the contract be charged? **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.

X	General Funds	100.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/23/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2026**Contract term: **100 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Consulting**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides project management, communications, and technical assistance to assist with the public information services and may include leadership and policy training to managers.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$75,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Multiple contracts awarded in conjunction with RFQ, as determined in the best interests of the State for Statewide use, to provide Marketing, Conference Planning, Facilitation, Community Building, Program Evaluation, Training Needs Assessments, Project Management, Data Analysis, and Report Development on an as needed basis, in accordance with a service agreement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or resources to provide these services9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tcash	10/21/2025 09:40:04 AM
Division Approval	trich	10/21/2025 10:07:32 AM
Department Approval	staciew5	10/21/2025 10:50:54 AM
Contract Manager Approval	ijanssen	10/21/2025 10:59:24 AM
Budget Analyst Approval	khawkin1	10/23/2025 13:50:19 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: **28553** Amendment Number: **1**

Agency Name: **NEVADA MEDICAID** Legal Entity Name: **Carson City Health and Human Services**

Agency Code: **414** Contractor Name: **Carson City Health and Human Services**

Appropriation Unit: **3243-00** Address: **900 E. Long Street**

Is budget authority available?: **Yes** City/State/Zip: **Carson City, NV 89706**

If "No" please explain: Not Applicable Contact/Phone: **Mary Jane Ostrander 775-887-2110**

Vendor No.: **T80990941J**

NV Business ID: **Governmental Entity**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 10/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **County Match**

5. Purpose of contract:

This is the first amendment to the original revenue interlocal agreement which provides the non-federal share for medical care of indigent persons within the Medicaid County Match Program. This amendment increases the maximum amount from \$5,854,848.90 to \$5,902,870.86 due to increased medical care cost.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$5,854,848.90	\$5,854,848.90	\$5,854,848.90	Yes - Action
2. Amount of current amendment (#1):	\$48,021.96	\$48,021.96	\$48,021.96	Yes - Info
3. New maximum contract amount:	\$5,902,870.86			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

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 since 2015 to present. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	ghilgar	08/05/2025 11:50:27 AM
Division Approval	ttilto1	08/06/2025 08:54:20 AM
Department Approval	trich	08/06/2025 16:19:48 PM
Contract Manager Approval	trya4	10/21/2025 11:22:34 AM
Budget Analyst Approval	khawkin1	11/04/2025 11:21:48 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31191**

Agency Name:	DPS-INVESTIGATION DIVISION	Legal Entity Name:	CARASOFT TECHNOLOGY CORPORATION
Agency Code:	653	Contractor Name:	CARASOFT TECHNOLOGY CORPORATION
Appropriation Unit:	3743-44	Address:	11493 SUNSET HILLS RD, STE 100
Is budget authority available?:	Yes	City/State/Zip	RESTON, VA 20190-5230
If "No" please explain:	Not Applicable	Contact/Phone:	CIGI SHEPARD 571-662-4744
		Vendor No.:	PUR0004357
		NV Business ID:	NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/09/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **Yes**

If "Yes", please explain

The negotiation on the renewal took longer than anticipated. The federal government delayed issuing the 2025 Notice of Funding Opportunity until July 2025. NTAC needed to have information on the HSGP 2025 funding allocation and our approved Investment Justification to evaluate planned expenditures.

3. Termination Date: **08/08/2026**Contract term: **364 days**4. Type of contract: **Other (include description): Service Agreement**Contract description: **Flashpoint**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides licensed users access to the Flashpoint Intelligence Platform.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,804.81****II. JUSTIFICATION**

7. What conditions require that this work be done?

NTAC is the Department of Homeland Security recognized state of Nevada fusion center. NTAC utilizes open source intelligence (OSINT) to identify threats, risk, and vulnerabilities that impact public safety, law enforcement, and the protection of critical infrastructure, including cyber security. Flashpoint provides real-time, large data OSINT collection and awareness to identify threats, risks, and vulnerabilities.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Carahsoft has a statewide contract, #99SWC-NV24-17504.

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:

Carahsoft is used by the Office of Traffic Safety and is currently used by Investigations/NTAC as well. The 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:

Selby Marks, Deputy Director, NTAC Ph: 775-687-0313

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	10/15/2025 11:44:41 AM
Division Approval	cjackson	10/15/2025 11:44:44 AM
Department Approval	mcosenti	10/16/2025 14:19:52 PM
Contract Manager Approval	mcosenti	10/16/2025 14:21:37 PM
EITS Approval	ljeon	10/16/2025 14:42:53 PM
Budget Analyst Approval	tsmorra	10/21/2025 13:14:38 PM



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Coley McCann, Captain, Investigation Division, DPS
Connie Chambers, ASO II, Investigation Division, DPS
Selby Marks, Deputy Director, NTAC, DPS
Rick Brown, Information Security Officer, DPS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIN Administrator, GTO

SUBJECT: TIN Completion Memo – DPS – TIN 900 – *Flashpoint* – Update A – BA 3743

DATE: July 15, 2025

We have completed our review for the Department of Public Safety (DPS), Investigation Division's – *Flashpoint* – TIN 900, update A.

The submitted TIN, for an estimated value of \$57,804.81 in the FY26/FY27 biennium (100% Federal Grant funding), is to update cost information for *Flashpoint* analytical tools.

Flashpoint is an open-source intelligence with geospatial data that is designed to support national and homeland security teams. It aggregates real-time data along with comprehensive intelligence from a variety of online sources such as social media, forums, decentralized networks, and messaging applications, which enables rapid searching, observing, translating, and filtering of vast amounts of information. Notably, it uses Natural Language Processing (NLP) and precise geolocation mapping to

enhance global situational awareness and provide essential context during evolving events on the ground.

The Nevada Threat Analysis Center (NTAC), recognized by the U.S. Department of Homeland Security as the intelligence fusion center for Nevada, aims to be the central hub for gathering, analyzing, and sharing threat-related information across various sectors. The NTAC is legally empowered to collect and analyze intelligence on threats to public safety and disseminate findings as necessary to prevent criminal activities and terrorism.

Flashpoint serves as a crucial tool for NTAC, offering a platform that can effectively gather and analyze data from global sources to enhance situational awareness. This capability supports federal, state, and local law enforcement as well as tribal entities in safeguarding the public and preventing terrorism. During a trial period in December 2023, which included major holidays such as New Year's Eve, Flashpoint proved instrumental in identifying potential criminal activities and public safety concerns, with the findings being shared with relevant agencies.

The service is cloud-hosted, thus not requiring state infrastructure, and will be accessed through a state contract with Carahsoft. Flashpoint also includes comprehensive training for users, covering advanced queries, feature navigation, and interactive skill-building, which equips users to fully leverage the platform's features and functionalities.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify GTO 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



George Togliatti
Director

Kristi Defer
Deputy Director

Coley McCann
Chief

Investigation Division

555 Wright Way
Carson City, Nevada 89711
Telephone (775) 684-7412 - Fax (775) 684-7409

Memorandum

DATE: September 22, 2025

TO: Governor's Finance Office, Clerk of the Board of Examiners

FROM: Selby Marks, Deputy Director, Nevada Threat Analysis Center

SUBJECT: Retroactive Contract Submittal

Attached is a contract between the Department of Public Safety (DPS), Investigation Division, Nevada Threat Analysis Center and Carahsoft Technology Corp., for the renewal of Flashpoint Intelligence Platform, for which we are requesting retroactive approval to August 9, 2025. The negotiation on the renewal took longer than anticipated. Additionally, ahead of the August 9, 2025, date, NTAC was evaluating the status of the federal Homeland Security Grant Program funding used to pay the cost of this product. The federal government delayed issuing the 2025 Notice of Funding Opportunity (grant guidance) until July 2025. NTAC needed to have information on the HSGP 2025 funding allocation and our approved Investment Justification to evaluate planned expenditures.

Your consideration of this contract is greatly appreciated. Please contact me if you have any questions or if I can be of any assistance.

Sincerely,

Selby H. Marks,
Ph.D.

Digitally signed by Selby H.
Marks, Ph.D.
Date: 2025.10.20 11:59:16 -07'00'

Selby H. Marks, Deputy Director
Nevada Threat Analysis Center
Office: 775-687-0313
Cell: 775-434-9372
Email: smarks@dps.state.nv.us

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30379** Amendment Number: **2**

Agency Name: **COLORADO RIVER COMMISSION** Legal Entity Name: **BAKER TILLY US, LLP**

Agency Code: **690** Contractor Name: **BAKER TILLY US, LLP**

Appropriation Unit: **4490-04** Address: **805 SW BROADWAY, SUITE 1200**

Is budget authority available?: **Yes** City/State/Zip: **PORTLAND, OR 97205**

If "No" please explain: Not Applicable Contact/Phone: Keith Simovic 503-478-2284

Vendor No.: T32011083

NV Business ID: NV20141705974

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Power Revenues
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: RFP # 69CRC-S3110

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2029**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Accounting Services**

5. Purpose of contract:

This is the second amendment to the original contract which provides auditing and accounting services. This amendment increases the maximum amount from \$382,000 to \$422,863 due to the need for additional Annual Comprehensive Finance Report preparation services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$382,000.00	\$382,000.00	\$382,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$40,863.00	\$40,863.00	\$40,863.00	Yes - Info
3. New maximum contract amount:	\$422,863.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Bond covenants require an annual external audit and publication of an Annual Comprehensive Financial Report. The Fiscal 2024 financial statements were not completed during the duration of the prior audit contract and are expected to be completed within the time frame of this contract.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Independent annual audit must be accomplished by an outside independent accounting firm

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):

Baker Tilly US, LLP
Specialty Audit Service, LLC
Eide Bailly, LLP

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #69CRC-S3110, 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: 01/03/2025 Anticipated re-bid date: 01/02/2029

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over \$50,000?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or 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	dbeatty	10/02/2025 15:33:21 PM
Division Approval	dbeatty	10/02/2025 15:33:24 PM
Department Approval	dbeatty	10/02/2025 15:33:27 PM

Contract Manager Approval
Budget Analyst Approval

dbeatty
spowel3

10/02/2025 15:33:32 PM
10/15/2025 10:04:09 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30750**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4467-14**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Washoe Storey Conservation District

Contractor Name: **Washoe Storey Conservation District**Address: **405 S. 21st Street**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Alisa Kim 775-722-6302

Vendor No.: T80994836

NV Business ID: Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2030**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 %	Habitat Conservation Fee
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 25-79

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2029**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **Habitat Improvement**

5. Purpose of contract:

This is a new interlocal agreement to provide a working mechanism to accomplish habitat improvement projects on private and public lands where WSCD has the technical knowledge, expertise, and experienced staff to accomplish the work.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$44,353.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Department has a need to address habitat degradation within the jurisdiction of the WSCD.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW employees do not have the knowledge or certifications for much of the work such as herbicide application, use of chainsaws for PJ treatments, stream bank restoration, and relationships with private landowners where habitat degradation has occurred. NDOW also does not have the capacity to conduct the habitat improvement projects.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 Applicableb. 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:

Yes, FY21-current with NDOW. 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:
Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

Graham Mills, Habitat Biologist III Ph: 775-567-8521

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	07/03/2025 10:51:34 AM
Division Approval	nroble1	07/03/2025 10:51:37 AM
Department Approval	jneubau2	09/18/2025 16:34:35 PM
Contract Manager Approval	nnarkhe1	09/18/2025 16:34:56 PM
Budget Analyst Approval	dspeed1	10/16/2025 17:20:37 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31135**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARACAL ENTERPRISES LLC DBA**Contractor Name: **CARACAL ENTERPRISES LLC DBA**Address: **VENTEK INTERNATIONAL
1260 HOLM RD STE A**City/State/Zip: **PETALUMA, CA 94954-7152**Contact/Phone: **707/773-3373**Vendor No.: **T27042360**NV Business ID: **NV20121296579**To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/23/2025**

Anticipated BOE meeting date 11/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2026**Contract term: **1 year and 8 days**4. Type of contract: **Contract**Contract description: **VENTEK**

5. Purpose of contract:

This is a new contract to provide self-pay station services within Nevada State Parks

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,795.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This service provides an additional payment option to park visitors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This service is in addition to park employee fee collection.

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 #: 250902****Approval Date: 09/23/2025**

c. Why was this contractor chosen in preference to other?

VenTek International is the only vendor capable of providing the subscription services required to process transactions on the self-pay machines currently installed in Nevada State Parks. Due to staff oversight, the previous contract lapsed. Approval of a single-source exemption for a short-term bridge contract will ensure continued service to the public while allowing staff the necessary time to properly conduct an RFP solicitation for a long-term agreement.

d. Last bid date: Anticipated re-bid date: 12/01/2025

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDSP 2022-2025 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:
 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	10/01/2025 07:35:46 AM
Division Approval	ethick1	10/01/2025 07:35:49 AM
Department Approval	ethick1	10/01/2025 07:35:51 AM
Contract Manager Approval	ethick1	10/01/2025 07:35:55 AM
Budget Analyst Approval	rmayhall	10/23/2025 11:50:59 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31209**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: **CARSON VALLEY STORAGE LLC**Contractor Name: **CARSON VALLEY STORAGE LLC**Address: **PO BOX 2950**City/State/Zip: **MINDEN, NV 89423**Contact/Phone: **775-430-2772**

Vendor No.:

NV Business ID: **NV20201978279**To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % REVENUE

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/28/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/15/2025**Contract term: **18 days**4. Type of contract: **Revenue Contract**Contract description: **SCUP CR Boat launch**

5. Purpose of contract:

This is a new revenue contract to provide boat launch and retrieval services at Cave Rock State Park.

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?

SPECIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL USE PERMIT9. 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 Applicableb. 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	10/14/2025 08:51:49 AM
Division Approval	ethick1	10/14/2025 08:51:51 AM
Department Approval	ethick1	10/14/2025 08:51:52 AM
Contract Manager Approval	ethick1	10/14/2025 08:51:54 AM
Budget Analyst Approval	rmayhall	10/28/2025 12:43:43 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31207**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: **Timberline Enterprises LLC**Contractor Name: **Timberline Enterprises LLC**Address: **3011 PINE VALLEY RD**City/State/Zip: **GARDNERVILLE, NV 89410**Contact/Phone: **775-770-4415**

Vendor No.:

NV Business ID: **NV200814770**To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % REVENUE

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/28/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/01/2026**Contract term: **338 days**4. Type of contract: **Revenue Contract**Contract description: **SCUP CR Barge**

5. Purpose of contract:

This is a new contract for the use of the boat ramp at Cave Rock State Park to facilitate the transfer of equipment onto a barge.

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?

SPECIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL USE PERMIT

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 Applicableb. 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	10/14/2025 08:25:28 AM
Division Approval	ethick1	10/14/2025 08:25:30 AM
Department Approval	ethick1	10/14/2025 08:25:31 AM
Contract Manager Approval	ethick1	10/14/2025 08:25:33 AM
Budget Analyst Approval	rmayhall	10/28/2025 12:57:01 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31259**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4165-18**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Trailhead Labs, Inc

Contractor Name: **Trailhead Labs, Inc**Address: **95 Third Street 2nd Floor**City/State/Zip **SAN FRANCISCO, CA 94103**

Contact/Phone: 415-890-5575

Vendor No.:

NV Business ID: NV20222430439

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % ST PRKS INTRP & ED PRG &CN OP

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/04/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/30/2026**Contract term: **267 days**4. Type of contract: **Contract**Contract description: **Mobile App**

5. Purpose of contract:

This is a new contract to provide services for a mobile app experience for Nevada State Parks.

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?

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:

State employees do not possess the necessary skills or expertise9. 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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Solicitation waiver approval # 251004

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:

NDSP 2022-2025 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:
 Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	11/04/2025 08:30:00 AM
Division Approval	ethick1	11/04/2025 08:30:03 AM
Department Approval	ethick1	11/04/2025 08:30:05 AM
Contract Manager Approval	ethick1	11/04/2025 08:30:06 AM
Budget Analyst Approval	rmayhall	11/04/2025 14:11:22 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31155**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4168-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LUMOS & ASSOCIATES**Contractor Name: **LUMOS & ASSOCIATES**Address: **950 SANDHILL RD STE 100**City/State/Zip: **RENO, NV 89521**Contact/Phone: **775/827-6111**Vendor No.: **T80912843**NV Business ID: **NV19791006982**To what State Fiscal Year(s) will the contract be charged? **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 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/30/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **03/31/2026**Contract term: **152 days**4. Type of contract: **Contract**Contract description: **SH Survey**

5. Purpose of contract:

This is a new contract to provide professional surveying services at Sand Harbor State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,200.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Professional surveying services are needed to facilitate the design of improvements specified in the Sand Harbor Master Plan.

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 qualifications

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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NDSP 2024 & 2025 - 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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	10/02/2025 14:22:01 PM
Division Approval	ethick1	10/02/2025 14:22:03 PM
Department Approval	ethick1	10/02/2025 14:22:13 PM
Contract Manager Approval	ethick1	10/30/2025 11:02:32 AM
Budget Analyst Approval	rmayhall	10/30/2025 11:03:29 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31077**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4605-06**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **STANTEC CONSULTING SERVICES**Contractor Name: **STANTEC CONSULTING SERVICES**Address: **INC****5390 KIETZKE LANE, SUITE 103**City/State/Zip: **RENO, NV 89511-2302**Contact/Phone: **775-413-4105**Vendor No.: **T81023418B**NV Business ID: **NV20101021081**To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % 4605- User Fee overage
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/16/2025**

Anticipated BOE meeting date 10/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **257 days**4. Type of contract: **Contract**Contract description: **Bridge Inspections**

5. Purpose of contract:

This is a new contract to provide pedestrian bridge inspections along the East Shore Trail.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,562.50****II. JUSTIFICATION**

7. What conditions require that this work be done?

Attached please find contract between the Nevada Division of State Parks and Stantec for your review and/or approval for Bridge Inspections along the East Shore Trail. Tahoe Transportation District (TTD) on behalf of the Corridor Management Team (CMT) for SR-28 has directed the Nevada Division of State Parks to manage this contract to ensure park visitors and the public remain safe on the various bridges along the EST.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess expertise

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	10/09/2025 07:06:27 AM
Division Approval	ethick1	10/09/2025 07:06:29 AM
Department Approval	ethick1	10/09/2025 07:06:31 AM
Contract Manager Approval	ethick1	10/16/2025 08:26:01 AM
Budget Analyst Approval	rmayhall	10/16/2025 08:28:45 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30877**

Agency Name: DCNR - FORESTRY DIVISION	Legal Entity Name: Nye County
Agency Code: 706	Contractor Name: Nye County
Appropriation Unit: 4196-00	Address: 1510 E. Siri Lane
Is budget authority available?: Yes	City/State/Zip: Pahrump, NV 89060
If "No" please explain: Not Applicable	Contact/Phone: Scott Lewis 775-727-5658
	Vendor No.:
	NV Business ID: Governmental Entity
To what State Fiscal Year(s) will the contract be charged? 2026-2027	

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Revenue

Agency Reference #: **WFPP-023**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2025**Anticipated BOE meeting date **09/2025**Retroactive? **Yes**

If "Yes", please explain

NDF and Nye County have been in negotiation for continued participation in the Wildland Fire Protection Program for several months. It has always been the intention of both parties for this agreement to be effective on July 1, 2025 as the current contract for this service expires on June 30, 2025.

3. Termination Date: **06/30/2027**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **WFPP Agreement**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing wildland fire services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,550.00**

Payment for services will be made at the rate of \$3,818.75 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of Forestry and Nye County will work closely together to maintain effective wildfire management to quickly suppress wildland fire regardless of jurisdiction and/or ownership. It is considered mutually beneficial to all parties to jointly take action as necessary to safely and effectively contain all wildland fires.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract to the Division of Forestry. State employees will be utilized to perform work for which the county will make payment to the Division.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 - Interlocal Agreement

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

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:

Ron Bollier, FMO Ph: 775-684-2556

Maria Munoz, MAII Ph: 775-684-2516

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hedmonds	10/06/2025 14:02:33 PM
Division Approval	hedmonds	10/06/2025 14:02:36 PM
Department Approval	hedmonds	10/06/2025 14:02:39 PM
Contract Manager Approval	mmcdani5	10/06/2025 14:21:11 PM
Budget Analyst Approval	rmayhall	10/16/2025 12:57:58 PM



NEVADA DIVISION OF FORESTRY

STATE OF NEVADA
Department of Conservation & Natural Resources

Joe Lombardo, Governor
James A. Settelmeyer, Director
Kacey KC, State Forester/Firewarden

DATE: 7/18/2025

MEMORANDUM

TO: Rosa Rogula
Budget Officer
Governor's Finance Office

FROM: Kacey KC
State Forester / Fire Marshall
Nevada Division of Forestry

SUBJECT: REQUEST FOR RETROACTIVE START DATE OF CONTRACT – WFPP-023
(CETS #30877)

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- **Name of Vendor:** Nevada Division of Forestry
- **Services to be provided:** This is a renewed interlocal agreement to provide services under the Wildland Fire Protection Program for Nye County
- **Funding source and expenditure category:** BA 4196 – CAT 00 Revenue
- **Requested start date of work:** July 1, 2025
- **Expected execution date of agreement (BOE approvals):** October 14, 2025
- **Detailed explanation as to why a retroactive agreement is necessary, including: Reason(s) why the agreement was not submitted timely:** The finalization of the contract scope of work language was delayed due to multiple revisions to NDF's wildfire suppression account at the end of the 83rd session of the Nevada Legislature both through SB 499 and NDF's overall budget approval. SB 19 and AB 57 also required contractual changes. The WFPP contract modifications ensure the agreements follow all state, local and federal policies and guidelines regarding incident billing, including compliance with the 13 recommendations identified in LA26-04. In addition, it ensures understanding of NDF's newly designed Out-of-State budget account, BA 4193. NDF began the modification process immediately upon final approval in early June, allowing for discussion and language clarification with participating entities. On July 16th, NDF sent all participating entities the final agreed upon contract for signature. Some entities can sign immediately, others have boards that must approve, which will cause further delays. It is NDF's intent to cover the costs of suppression back to July 1, 2025, as we have in the past, to match the last agreement for all that continue participation in this biennium.
- **Describe the impact to the program/services if this work is not started prior to the execution of the agreement:** These contracts are renewed on a biennial basis. It is imperative to the counties/fire protection districts budgets to cover these costs back to July 1 to ensure fire suppression continues in and out of state by the closest available resources to reduce catastrophic loss of homes, lives and ecosystems.
- **Explain how the program/bureau will prevent future retroactive requests:** NDF and members of the WFPP will continue to improve the program throughout the next two years. NDF will continue to work with the executive committee, as outlined in the agreement. The executive committee will be responsible for updating the WFPP formula, agreement revisions, and other matters pertaining to the WFPP partnership. The executive committee must have a final updated draft WFPP agreement template for membership review no later than January 31 of the renewal year. This timeline should allow for all agreements to be signed and in place prior to July 1 in future biennia, barring any changes in legislature that require immediate updates.

If you have any questions, please contact Matthew McDaniel at (775) 684-2506 or NDFContracts@forestry.nv.gov.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31194**

Agency Name: **B&I - INDUSTRIAL RELATIONS DIV**
 Agency Code: **742**
 Appropriation Unit: **4682-30**
 Is budget authority available?: **Yes**
 If "No" please explain: Not Applicable

Legal Entity Name: **MATHUR, PUNAM, LLC**
 Contractor Name: **MATHUR, PUNAM, LLC**
 Address: **2406 ALPINE MEADOWS AVENUE**
 City/State/Zip: **HENDERSON, NV 89014**
 Contact/Phone: **702-232-2281**
 Vendor No.: **T91101096**
 NV Business ID: **NV20121329475**

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % WORKERS COMPENSATION AND SAFETY FUND

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2025**

Anticipated BOE meeting date 12/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/31/2026**Contract term: **82 days**4. Type of contract: **Contract**Contract description: **Culture Sessions**

5. Purpose of contract:

Vendor to provide facilitation services for the NV OSHA Team Culture Sessions.

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 \$12,000.00 per Completion of all sessions

II. JUSTIFICATION

7. What conditions require that this work be done?

Recent challenges in the NV OSHA agency have affected morale and team culture. An outside facilitator is requested to hold sessions with OSHA staff and provide a perspective reset.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The state does not have 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):

Vianova Consulting Group
 Change Agents Training
 Effective Flow Connections
 Punam Mathur, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

&#65533; Strong alignment with the solicitation&#65533;s goals of morale-building, trust, and cultural reset
&#65533; Lowest cost proposal at \$12,000
&#65533; No travel costs and immediate availability
&#65533; Deep Nevada-based experience and facilitation style rooted in emotional intelligence and storytelling
&#65533; Offers a personalized, values-driven approach that complements recent efforts to improve culture at Nevada OSHA

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	lpined3	10/15/2025 15:41:20 PM
Division Approval	lpined3	10/15/2025 15:41:23 PM
Department Approval	ecerv1	10/29/2025 11:24:19 AM
Contract Manager Approval	vmende	10/29/2025 11:31:40 AM
Budget Analyst Approval	njohnst3	11/10/2025 08:55:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31123**Agency Name: **DETR - EMPLOYMENT SECURITY**Agency Code: **902**Appropriation Unit: **4771-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: All American Fence CO

Contractor Name: **All American Fence CO**Address: **4845 W Reno Ave**City/State/Zip: **Las Vegas, NV 89118**

Contact/Phone: Lisa Lundstrom 702-454-4279

Vendor No.: T29045864

NV Business ID: NV20021424491

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 235-902-7060-4771-07-LVADMN

Agency Reference #: 3991-27-OM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/15/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 258 days**4. Type of contract: **Contract**Contract description: **Southern Fence**

5. Purpose of contract:

This is a new contract to provide fence repair and maintenance at the DETR building located at the St. Louis Avenue location in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: As invoiced by the Contractor and approved for payment by the State. Contract not to exceed: \$24,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The department requires the current fencing at this location to be mended/repared due to vagrant activity cutting into the fence to gain access to our facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or equipment to perform this work.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

The Tiberti Fence Co
A1 Fence
Canyon Electric
Beem Constructors
Las Vegas Fence
The Las Vegas Fence Co.
All-American Fence Co dba All-Star Fence Co

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 08/21/2025 Anticipated re-bid date: 05/03/2027

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:

DETR has worked with this vendor previously as a result of contact# 3889-25-OM. DETR was happy with the outcome of the contract and found the vendors work to be 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	eparra	10/14/2025 13:58:54 PM
Division Approval	rkin5	10/14/2025 14:13:59 PM
Department Approval	zhoeffin	10/14/2025 15:33:23 PM
Contract Manager Approval	wcune1	10/14/2025 15:35:02 PM
Budget Analyst Approval	Iramire7	10/15/2025 12:06:46 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31153**Agency Name: **DETR - EMPLOYMENT SECURITY**Agency Code: **902**Appropriation Unit: **4771-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WESTERN DOOR AND GATE LLC**Contractor Name: **WESTERN DOOR AND GATE LLC**Address: **675 GRIER DR**City/State/Zip: **LAS VEGAS, NV 89119-3738**Contact/Phone: **Bryan O'Roarke 702/839-3600**Vendor No.: **T32005857**NV Business ID: **NV20071385088**To what State Fiscal Year(s) will the contract be charged? **2026-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % 235-902-7060-4771-07-LVADMN

Agency Reference #: **3996-29-OM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/21/2025**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **3 years and 253 days**4. Type of contract: **Contract**Contract description: **Southern Gate**

5. Purpose of contract:

This is a new contract to provide door and gate repair maintenance at the St. Louis Avenue location in Las Vegas, Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Other basis for payment: As invoiced by the contractor and approved for payment by the State. Total Contract not to exceed: \$24,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The department requires maintenance as needed on the electronic gate system for our southern location. These services are on a as needed basis when issue arise.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or equipment to perform this work.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

DNG Automatic Gates LLC
Strictly Doors and Gates
Gate Access Services
Las Vegas Fence
Silver State Automatic Gates
Western Door and Gate
Canyon Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest cost vendor

d. Last bid date: 08/22/2025 Anticipated re-bid date: 02/01/2029

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory services to DETR since April 2021.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	eparra	10/20/2025 07:41:53 AM
Division Approval	zhoefflin	10/20/2025 08:06:03 AM
Department Approval	zhoefflin	10/20/2025 08:06:06 AM
Contract Manager Approval	wcune1	10/20/2025 11:50:39 AM
Budget Analyst Approval	lramire7	10/21/2025 15:52:28 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30965**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B007 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Haynie & Company

Contractor Name: **Haynie & Company**Address: **6026 S. Durango Drive**City/State/Zip **Las Vegas , NV 89113**

Contact/Phone: John Bufete 702-242-3444

Vendor No.:

NV Business ID: NV20191201212

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/06/2025**

Anticipated BOE meeting date 08/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2026**Contract term: **235 days**4. Type of contract: **Contract**Contract description: **Financial Auditing**

5. Purpose of contract:

This is a new contract to provide ongoing auditing services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$375.00 per hour

Other basis for payment: Partner - \$375hr / Sr. Manager - \$325hr / Manager - \$300hr / Senior - \$230hr / Intern/Staff - \$150-200hr

II. JUSTIFICATION

7. What conditions require that this work be done?

Required for LCB annual reporting

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Required per the need for an independent audit

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):

WSRP
Booth Management Consulting
Haynie & Company

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #BRDCOM-S3344 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/22/2025 Anticipated re-bid date: 04/22/2026

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:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	adamhigg	07/29/2025 14:33:11 PM
Division Approval	adamhigg	07/29/2025 14:33:15 PM
Department Approval	adamhig9	10/10/2025 10:56:26 AM
Contract Manager Approval	sbarjon8	10/10/2025 10:58:41 AM
Budget Analyst Approval	dlenzner	11/06/2025 15:02:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31204**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	ARBOR PROS LLC
Agency Code:	BDC	Contractor Name:	ARBOR PROS LLC
Appropriation Unit:	B015 - All Categories	Address:	1350 STARDUST ST., STE D
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89503
If "No" please explain:	Not Applicable	Contact/Phone:	HEATHER MAKRDICHIAN 775/2113827
		Vendor No.:	T27042266A
		NV Business ID:	NV20161405908

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/24/2025**

Anticipated BOE meeting date 10/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2026**Contract term: **188 days**4. Type of contract: **Contract**Contract description: **Arbor Pros 25/26**

5. Purpose of contract:

This is a new contract to provide ongoing snow removal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000.00**

Payment for services will be made at the rate of \$83.00 per Hour

Other basis for payment: \$110/hour mandatory marking of obstacles, \$96.50/hr hand detailed for sidewalks, \$262.50/hr mechanized for parking lots

II. JUSTIFICATION

7. What conditions require that this work be done?

Snow removal is required to protect property and the safety of individuals employed by the Board.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The employees of the Board do not have the expertise or equipment to perform the work.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Arbor Pros
Action Lawn & Landscape
Reno Green Landscaping

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Price and services provided.

d. Last bid date: 10/08/2025 Anticipated re-bid date: 10/01/2026

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Medical Examiners, October 2024 to April 2025, work satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	djenkin9	10/13/2025 10:17:47 AM
Division Approval	djenkin9	10/13/2025 10:17:50 AM
Department Approval	djenkin9	10/13/2025 10:17:53 AM
Contract Manager Approval	djenkin9	10/13/2025 10:17:56 AM
Budget Analyst Approval	dlenzner	10/24/2025 16:54:44 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31137**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B015 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CONWAY COMMUNICATIONS, INC.**Contractor Name: **CONWAY COMMUNICATIONS, INC.**Address: **3370 EXECUTIVE POINT WAY
SUITE 40**City/State/Zip: **CARSON CITY, NV 89706-7975**Contact/Phone: **Adam Conway 775/883-6610**Vendor No.: **T80829320**NV Business ID: **NV19901023176**To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/24/2025**

Anticipated BOE meeting date 11/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2026**Contract term: **1 year and 7 days**4. Type of contract: **Contract**Contract description: **Conway Network**

5. Purpose of contract:

This is a new contract to provide installation of hardware and software to establish a connection to the state's wide area network.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$12,800.00**

Payment for services will be made at the rate of \$200.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The Governor's Technology Office (GTO) is no longer managing agency LAN connections, and our old network equipment is at end of life.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board staff does not have the expertise required to complete the necessary 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):

**Amplify SI
CTS
Conway Communications, Inc.**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Experience and knowledge.

d. Last bid date: 09/17/2025 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:

Nevada State Board of Medical Examiners, work satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	djenkin9	10/09/2025 17:35:27 PM
Division Approval	djenkin9	10/09/2025 17:35:29 PM
Department Approval	djenkin9	10/09/2025 17:35:32 PM
Contract Manager Approval	djenkin9	10/09/2025 17:35:36 PM
EITS Approval	ljean	10/10/2025 08:55:19 AM
Budget Analyst Approval	dlenzner	10/24/2025 18:00:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31199**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B015 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Jill I Greiner**Contractor Name: **Jill I Greiner**Address: **2915 SAGITTARIUS DRIVE**City/State/Zip: **RENO, NV 89509**Contact/Phone: **Jill Greiner 775/322-8443**Vendor No.: **T29010968A**NV Business ID: **NV20222392621**To what State Fiscal Year(s) will the contract be charged? **2026-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2026**Anticipated BOE meeting date **12/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2027**Contract term: **1 year and 364 days**4. Type of contract: **Contract**Contract description: **Jill I Greiner 25/26**

5. Purpose of contract:

This is a new contract to provide ongoing hearing officer services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$200.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 630.106 and 630.470 authorize the Board to hire and utilize hearing officers to hold hearings regarding complaints filed pursuant to NRS 630.311. The purpose of this contract is to continue with a hearing officer that is currently on the list of Board of available officers.

Contractor is responsible for assigned disciplinary matters, ensuring that the hearing procedures contained in NRS and NAC Chapter 630 are followed, as well as those contained in the Administrative Procedure Act and NRS Chapters 622 and 622A. Issuing scheduling orders, decide pending motions, and draft orders regarding the same, preside over administrative hearings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Hearing officers need to be independent from the Board staff in order to ensure due process for the respondents in the hearing.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Medical Examiners, 2007 to present, work satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

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	djenkin9	10/16/2025 09:15:07 AM
Division Approval	djenkin9	10/16/2025 09:15:10 AM
Department Approval	djenkin9	10/16/2025 09:15:12 AM
Contract Manager Approval	djenkin9	10/16/2025 09:15:14 AM
Budget Analyst Approval	dlenzner	10/24/2025 17:07:29 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: **29991** Amendment Number: **1**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **LABEEG BUILDING SERVICES, INC.**

Agency Code: **BDC** Contractor Name: **LABEEG BUILDING SERVICES, INC.**

Appropriation Unit: **B015 - All Categories** Address: **225 KEYSTONE AVE**

Is budget authority available?: **Yes** City/State/Zip: **RENO, NV 89503**

If "No" please explain: Not Applicable Contact/Phone: **SETH LAVOY 775/348-4805**

Vendor No.: **T27029360**

NV Business ID: **NV20071295199**

To what State Fiscal Year(s) will the contract be charged? **2025-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/01/2025**

Anticipated BOE meeting date 11/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2025**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Labeeg 2025**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services at the Gateway Drive location in Reno. This amendment extends the termination date from December 31, 2025 to December 31, 2028 and increases the maximum amount from \$24,250 to \$97,250 due to the continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$24,250.00	\$24,250.00	\$24,250.00	Yes - Info
2. Amount of current amendment (#1):	\$73,000.00	\$73,000.00	\$97,250.00	Yes - Info
3. New maximum contract amount:	\$97,250.00			
and/or the termination date of the original contract has changed to:	12/31/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Weekly janitorial services are required for the building where the Board conducts business in Reno. 9600 Gateway Drive, Reno, NV.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Current employees lack the skill and training to properly clean and maintain the interior of the building.

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):

Tropical Breeze
System 4
Labeeg Building Services

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Price and availability

d. Last bid date: 10/16/2024 Anticipated re-bid date: 10/01/2028

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Veterans Affairs, Work Satisfactory, Nevada State Board of Medical Examiners, Work Satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	djenkin9	10/09/2025 17:43:57 PM
Division Approval	djenkin9	10/09/2025 17:44:00 PM
Department Approval	djenkin9	10/09/2025 17:44:02 PM
Contract Manager Approval	djenkin9	10/09/2025 17:44:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30746** Amendment Number: **1**

Agency Name: **BDC LICENSING BOARDS & COMMISSIONS** Legal Entity Name: **MCNUTT LAW FIRM, A PROFESSIONAL CORPORATION**

Agency Code: **BDC** Contractor Name: **MCNUTT LAW FIRM, A PROFESSIONAL CORPORATION**

Appropriation Unit: **B015 - All Categories** Address: **11441 Allerton Park Dr., #100**

Is budget authority available?: **Yes** City/State/Zip: **Las Vegas, NV 89135**

If "No" please explain: Not Applicable Contact/Phone: **Dan McNutt 702/384-1170**

Vendor No.: NV Business ID: **NV20041603581**

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/08/2025**

Anticipated BOE meeting date 10/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **1 year and 326 days**4. Type of contract: **Contract**Contract description: **McNutt 2025**

5. Purpose of contract:

This is the first amendment to the original contract which provides legal services. This amendment increases the maximum amount from \$45,000 to \$90,000 due to additional litigation services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,000.00	\$45,000.00	\$45,000.00	Yes - Info
2. Amount of current amendment (#1):	\$45,000.00	\$45,000.00	\$90,000.00	Yes - Info
3. New maximum contract amount:	\$90,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

In certain situations it is necessary to engage independent legal counsel to represent the Board

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The contractor is a subject matter expert in complex civil litigation

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada State Board of Medical Examiners, present, work satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	djenkin9	10/15/2025 16:09:38 PM
Division Approval	djenkin9	10/15/2025 16:09:40 PM
Department Approval	djenkin9	10/15/2025 16:09:42 PM
Contract Manager Approval	djenkin9	10/15/2025 16:09:44 PM
Budget Analyst Approval	dlenzner	10/28/2025 12:50:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31117**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	CAMPBELL JONES COHEN CPAS
Agency Code:	BDC	Contractor Name:	CAMPBELL JONES COHEN CPAS
Appropriation Unit:	B032 - All Categories	Address:	6920 S CIMARRON RD STE 100
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89113
If "No" please explain:	Not Applicable	Contact/Phone:	Kay See 702-255-2330
		Vendor No.:	
		NV Business ID:	NV19941051471

To what State Fiscal Year(s) will the contract be charged? **2026**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/20/2025**

Anticipated BOE meeting date 10/2025

Retroactive? **Yes**

If "Yes", please explain

The delay was caused by the directions from Business & Industry, the time it took to obtain Board approval, and finally to create the CETS approval.

3. Termination Date: **12/01/2025**Contract term: **103 days**4. Type of contract: **Contract**Contract description: **Auditor**

5. Purpose of contract:

This is a new contract to provide ongoing auditing services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$12,000.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 218G.400(b) the Board must engage with a CPA to audit all fiscal records for each fiscal year.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Pursuant to NRS 218G.400(b) the Board must engage with a CPA to audit all fiscal records for each fiscal year.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

No b. If "No", is an exemption on file with the Nevada Secretary of State's Office?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jstrand2	09/25/2025 11:25:03 AM
Division Approval	jstrand2	09/25/2025 11:25:06 AM
Department Approval	jstrand2	09/25/2025 11:25:10 AM
Contract Manager Approval	jstrand2	09/25/2025 12:10:30 PM
Budget Analyst Approval	dlenzner	11/06/2025 15:27:52 PM

STATE OF NEVADA

JOE LOMBARDO
Governor



DR. KRISTOPHER SANCHEZ
Director

PERRY FAIGIN
NIKKI HAAG
MARCEL F. SCHAEERER
Deputy Directors

AGATA GAWRONSKI
Executive Director

**DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS' STANDARDS
BOARD OF EXAMINERS FOR ALCOHOL, DRUG, & GAMBLING COUNSELORS
4600 Kietzke Lane, B 115, Reno, NV 89502
EMAIL: agawronski@adgc.nv.gov**

MEMORANDUM

To: Tiffany Greenmeyer, Director
Governor's Finance Office

From: Agata Gawronski, Executive Director

Date: October 27, 2025

Subject: Retroactive Memo

This is the Board's initial contract with Campbell Jones Cohen to provide audit services. The delay was caused by the directions from Business & Industry, the time it took to obtain Board approval, and finally to create the CETS approval. The Board requires an annual audit pursuant to NRS 218G.400 to ensure the Boards' interests are protected.

We therefore request that this contract be accepted with a retroactive start date of August 20, 2025.

Thank you for your consideration.

Sincerely

Agata Gawronski

Executive Director

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31241**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B032 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Colleen Platt DBA Platt Law Group

Contractor Name: **Colleen Platt DBA Platt Law Group**Address: **11025 Bondshire Drive**City/State/Zip: **Reno, NV 89511**

Contact/Phone: Colleen Platt 775-848-2810

Vendor No.:

NV Business ID: NV20151428689

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Licensure
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2025**

Anticipated BOE meeting date 12/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **1 year and 231 days**4. Type of contract: **Contract**Contract description: **Legal Services**

5. Purpose of contract:

This is a new contract to provide ongoing legal services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$125.00 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board finds it necessary to engage an Independent Contractor for the purpose of accomplishing work of the Board under statutory authority. NRS 333.700 authorizes the Board to hire independent legal counsel.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There is no legal expertise on staff with the Board. Legal services provided by the contractor pertain to a specific area of expertise

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

The Independent Contractor has provided legal services for the Board for several years and possesses the necessary expertise resulting in continuity of knowledge, which provide effectiveness and efficiencies for the Board.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	jstrand2	10/21/2025 07:43:31 AM
Division Approval	jstrand2	10/21/2025 07:43:33 AM
Department Approval	jstrand2	10/21/2025 07:43:35 AM
Contract Manager Approval	jstrand2	10/21/2025 07:43:37 AM
Budget Analyst Approval	dlenzner	11/10/2025 16:38:32 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: **26972** Amendment Number: **2**

Agency Name: **MSA MASTER SERVICE AGREEMENTS** Legal Entity Name: **Progressive Pest Management, LLC**

Agency Code: **MSA** Contractor Name: **Progressive Pest Management, LLC**

Appropriation Unit: **9999 - All Categories** Address: **911 Linda Way**

Is budget authority available?: **Yes** City/State/Zip: **Sparks, NV 89431**

If "No" please explain: Not Applicable Contact/Phone: **Manford Glock 775-322-7378**

Vendor No.: **T32012359**

NV Business ID: **NV20243257276**

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1979 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/10/2023**Anticipated BOE meeting date **11/2025**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/07/2027**Contract term: **4 years and 148 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is the second amendment to the original contract which provides fire fuels services for the state. This amendment increases the maximum amount from \$150,000 to \$225,000 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:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$75,000.00	\$75,000.00	\$75,000.00	Yes - Info
3. New maximum contract amount:	\$225,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels reduction and other services must be completed in various locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 28 vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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, the vendor has a current contract under Fire Fuels, and is in good standing with the state.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	10/29/2025 12:29:45 PM
Division Approval	ldeloach	10/29/2025 12:29:50 PM
Department Approval	ldeloach	10/29/2025 12:29:54 PM
Contract Manager Approval	hmoon	11/04/2025 09:08:33 AM
Budget Analyst Approval	vfajota	11/04/2025 09:29:56 AM

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701-4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: November 10, 2025
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Tiffany Day, Budget Division
Governor's Finance Office *Day*
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

GOVERNOR'S FINANCE OFFICE – BUDGET DIVISION

Agenda Item Write-up:

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of November 7, 2025, for State Fiscal Year 2026. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

Additional Information:

The Tort Claim Fund is the State Treasury Fund for Insurance Premiums. The Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund supplement funding for eligible agencies within statutory authority.

Below is the available balance for each account including claims not processed:

Tort Claim Fund	\$	2,313,063.37
Statutory Contingency Account	\$	2,631,390.60
Stale Claims Account	\$	3,511,049.98
Emergency Account	\$	202,338.00
Disaster Relief Account	\$	7,912,115.00
IFC Contingency Unrestricted General Fund	\$	2,947,277.20
IFC Contingency Unrestricted Highway Fund	\$	1,638,068.35
IFC Contingency Restricted General Fund	\$	139,917,945.00
IFC Contingency Restricted Highway Fund	\$	6,924,146.00
Extradition Coordinator – Budget Account 1002	\$	1,646,134.24

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735, 179.225.

REVIEWED: Bm
INFO ITEM: _____

Fiscal Year	2026	Tort Claim Fund Balance Sheet November 7, 2025	
Fund	715		
Agency	030		
Budget Account	1348		
Statutory Authority NRS	333.187		
Receipts/Funding		Balance	
Beginning Cash	\$ 268,283.00		
Revenue from Boards	\$ 164,358.90		
Cost Allocation	\$ 4,103,725.00		
Loan Repayment	\$ -		
Total Receipts/Funding		\$ 4,536,366.90	
Operating Expenditures - Non Claims			
Operating Expenditures	\$ 79,266.80		
Tort Claims Overhead	\$ 45,829.14		
Risk Management Insurance Policy	\$ -		
Total Operating Expenditures		\$ 125,095.94	
Net Receipts less Operating		\$ 4,411,270.96	
Tort Claims			
Tort Claims - AGO Approved	\$ 649,707.59		
Tort Claims - Board of Examiners Approved	\$ 1,448,500.00		
Total Tort Claims		\$ 2,098,207.59	
REALIZED FUNDING AVAILABLE		\$ 2,313,063.37	
Projected Claims			
	\$ -		
Total Projected Claims		\$ -	
Projected Realized Funding Available		\$ 2,313,063.37	
NOTES - Paid from Statutory Contingency Fund			
October BOE Walker		\$ 4,600,000.00	

Fiscal Year	2026	Statutory Contingency Fund Balance Sheet November 7, 2025	
Fund	101		
Agency	930		
Budget Account	4892		
Statutory Authority NRS	353.264		
Receipts/Funding		Balance	
Beginning Cash	\$ 7,355,586.00		
Total Receipts/Funding		\$	7,355,586.00
Claims			
Claims - Clerk Approved	\$ 109,643.32		
Claims - Board of Examiners Approved	\$ 4,599,500.00		
Outside Counsel	\$ 15,052.08		
Total Claims		\$	4,724,195.40
Transfers to Agencies			
	\$ -		
	\$ -		
Total Transfers		\$	-
REALIZED FUNDING AVAILABLE		\$	2,631,390.60
Projected Claims			
	\$ -		
Total Projected Claims		\$	-
Projected Realized Funding Available		\$	2,631,390.60
NOTES - Tort Claims Paid from Statutory Contingency Fund			
October BOE Walker		\$	4,600,000.00

Fiscal Year	2026	Stale Claims Account Balance Sheet November 7, 2025	
Fund	101		
Agency	930		
Budget Account	4888		
Statutory Authority NRS	353.097		
Receipts/Funding		Balance	
Beginning Cash	\$ 4,066,187.00		
Total Receipts/Funding		\$	4,066,187.00
Stale Claims			
Child and Family Division	\$ 110,325.00		
Corrections	\$ 109,678.72		
Education	\$ 285,346.57		
Ethics	\$ 565.83		
Forestry	\$ 2,471.04		
Governor's Finance Office	\$ 145.00		
Governor's Finance Office - BOE	\$ 43.03		
Human Resources	\$ 3,182.50		
Judicial	\$ 600.00		
Library and Archives	\$ 1.51		
Lieutenant Governor	\$ 33.59		
Nevada Health Authority	\$ 15,662.32		
Office for New Americans	\$ 2,128.26		
Secretary of State	\$ 19,865.82		
State Printing	\$ 5,087.83		
Total Claims		\$	555,137.02
REALIZED FUNDING AVAILABLE		\$	3,511,049.98

Fiscal Year	2026	Emergency Fund Balance Sheet November 7, 2025	
Fund	101		
Agency	930		
Budget Account	4889		
Statutory Authority NRS	353.263		
Receipts/Funding		Balance	
Beginning Cash	\$ 452,338.00		
Total Receipts/Funding		\$	452,338.00
Emergency Fund Expenditures			
Incident Insurance Deductible	\$ 250,000.00		
	\$ -		
Total Claims		\$	250,000.00
REALIZED FUNDING AVAILABLE		\$	202,338.00

Fiscal Year	2026	Disaster Relief Fund Balance Sheet November 7, 2025	
Fund	101		
Agency	170		
Budget Account	1335		
Statutory Authority NRS	353.2735		
Receipts/Funding		Balance	
Beginning Cash	\$ 14,712,115.00		
Quarterly Transfer from General Fund	\$ 500,000.00		
Treasurers Interest	\$ -		
Total Receipts/Funding		\$	15,212,115.00
Disaster Relief Fund Expenditures			
	\$ -		
Total Claims		\$	-
REALIZED FUNDING AVAILABLE		\$	15,212,115.00
Approved claims not processed			
OEM to DPBH - WIC	\$ 7,300,000.00		
Total Approved claims not processed		\$	7,300,000.00
Disaster Relief Fund Available		\$	7,912,115.00

Fiscal Year	2026	IFC Contingency Unrestricted Balance Sheet November 7, 2025	
Fund	101		
Agency	170		
Budget Account	2630		
Statutory Authority NRS	353.268		
UNRESTRICTED GENERAL FUND			
Unrestricted General Fund Revenue		Balance	
Beginning Cash	\$ 31,461,759.69		
Balance Forward	\$ 4,793,691.17		
Total Receipts/Funding		\$ 36,255,450.86	
Unrestricted General Fund Expenditures			
LCB Meeting Costs	\$ 12,457.66		
Governor's Finance Office	\$ 30,000,000.00		
Office of the Military	\$ 200,000.00		
Total Unrestricted General Fund Expenditures		\$ 30,212,457.66	
Unrestricted General Fund Realized Funding Available		\$ 6,042,993.20	
Approved claims not processed			
Department of Corrections	\$ 349,125.00		
Department of Taxation	\$ 1,124,750.00		
Division of Forestry	\$ 1,290,000.00		
Division of Water Resources	\$ 331,841.00		
Total Approved Claims Not Processed		\$ 3,095,716.00	
Unrestricted General Fund Available		\$ 2,947,277.20	

UNRESTRICTED HIGHWAY FUND			
Unrestricted Highway Fund Revenue		Balance	
Beginning Cash	\$ 1,638,068.35		
Total Receipts/Funding		\$ 1,638,068.35	
Unrestricted Highway Fund Expenditures			
	\$ -		
Total Unrestricted Highway Fund Expenditures		\$ -	
Unrestricted Highway Fund Available		\$ 1,638,068.35	

Fiscal Year	2026	IFC Contingency Restricted Balance Sheet November 7, 2025	
Fund	101		
Agency	170		
Budget Account	2630		
Statutory Authority NRS	353.268		
RESTRICTED GENERAL FUND			
Restricted General Fund Revenue		Balance	
Beginning Cash	\$ 182,946,535.00		
Total Receipts/Funding		\$	182,946,535.00
Restricted General Fund Expenditures			
CoreNV	\$ 11,270,594.00		
Total Restricted General Fund Expenditures		\$	11,270,594.00
Restricted General Fund Realized Funding Available		\$	171,675,941.00
Approved claims not processed			
State Public Charter School Authority	\$ 19,112,325.00		
CoreNV	\$ 12,645,671.00		
Total Approved claims not processed		\$	31,757,996.00
Restricted General Fund Available		\$	139,917,945.00

RESTRICTED HIGHWAY FUND			
Restricted Highway Fund Revenue		Balance	
Beginning Cash	\$ 12,534,135.00		
Total Receipts/Funding		\$	12,534,135.00
Restricted Highway Fund Expenditures			
CoreNV	\$ 2,643,720.00		
Total Restricted General Fund Expenditures		\$	2,643,720.00
Restricted Highway Fund Realized Funding Available		\$	9,890,415.00
Approved claims not processed			
CoreNV	\$ 2,966,269.00		
Total Approved claims not processed		\$	2,966,269.00
Restricted Highway Fund Available		\$	6,924,146.00

Fiscal Year	2026	Extradition Coordinator Balance Sheet November 7, 2025	
Fund	101		
Agency	030		
Budget Account	1002		
Statutory Authority NRS	179.225		
Receipts/Funding		Balance	
Appropriations	\$ 1,676,123.00		
Recoveries	\$ 10,207.50		
Total Receipts/Funding		\$	1,686,330.50
Extradition Coordinator Expenditures			
Operating Expenses	\$ 40,196.26		
Extradition Expenses	\$ -		
Total Expenditures		\$	40,196.26
Realized Funding Available		\$	1,646,134.24

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

**STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division**

209 E. Musser Street, Suite 200 | Carson City, NV 89701- 4298
Phone: (775) 684-0222 | www.budget.nv.gov | Fax: (775) 684-0260

Date: November 25, 2025

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Tiffany Day, Budget Division
Governor's Finance Office 

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:

FISCAL YEAR 2026 – 1st QUARTER OVERTIME REPORT

Agenda Item Write-up:

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. The Budget Division submits the 1st Quarter Overtime Report and analysis for fiscal year 2026.

Additional Information:

As of the 1st quarter of fiscal year 2026, year to date overtime pay and accrued compensatory leave accounted for a total of approximately \$28 million, or 7.36% of total pay, a 0.81% decrease from fiscal year 2025.

The 5 agencies with the highest dollar amount of overtime and accrued comp time for the quarter accounted for 52.66% of the statewide total:

1. Department of Corrections – \$14.50 million
2. Department of Human Services – \$4.78 million
3. Department of Public Safety – \$3.23 million
4. Department of Conservation & Natural Resources – \$1.83 million
5. Department of Transportation – \$1.16 million

The 5 agencies with the highest percentage of overtime and accrued comp-time as a share of total pay for the 1st quarter of FY26 were:

1. Corrections – 23.61%
2. Veterans Services – 12.67%
3. Public Safety – 10.73%
4. Conservation & Natural Resources – 10.50%
5. Governor's Office – 6.93%

The Department of Corrections overtime and comp time increased by \$2.93 million or 25.4% from the prior quarter and continued to be driven by correctional centers and medical personnel. Overtime and comp time for the 1st quarter of FY26 were highest at these 6 locations in addition to medical care expenses, which accounted for 93.3% of the total overtime for the department:

1. High Desert State Prison – \$4.75 million
2. Northern Nevada Correctional Center – \$2.21 million
3. Lovelock Correctional Center – \$1.83 million
4. Ely State Prison – \$1.79 million
5. Southern Desert Correctional Center – \$1.46 million
6. McClure Women's Correctional Center – \$1.17 million
7. Prison Medical Care – \$318 thousand

The Department of Corrections highest four causes of overtime accounted for 72.0% by the following event codes:

1. Muster Pay – \$3.89 million
2. Vacancy Coverage – \$3.40 million
3. Medical Supervision – \$1.70 million
4. Sick Leave Coverage – \$1.32 million

The Department of Human Services' total overtime of \$4.78 million for the 1st quarter of FY26 is a composite of its three divisions:

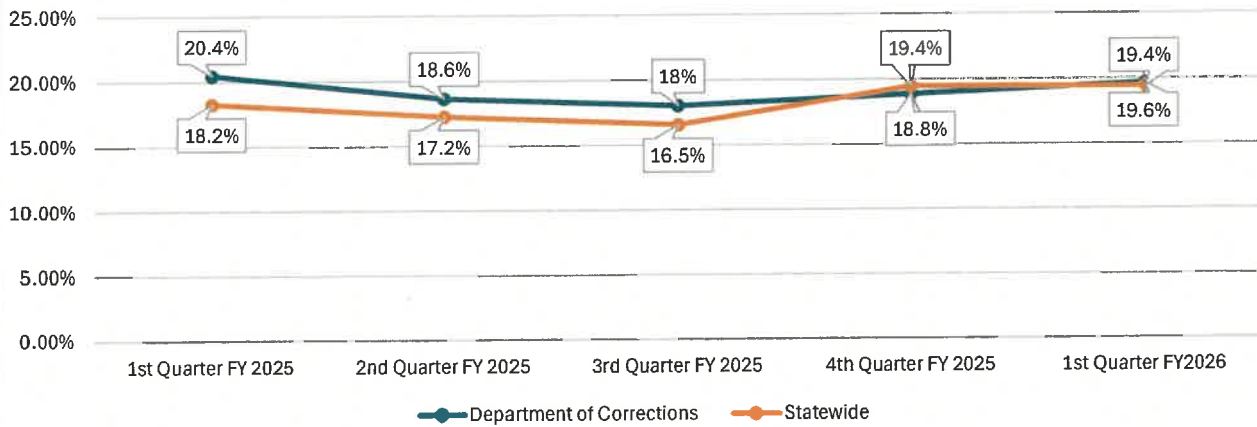
1. Division of Public and Behavioral Health – \$2.26 million
2. Division of Child and Family Services – \$1.52 million
3. Aging and Disability Services Division – \$699 thousand

The Department of Human Services highest four causes of overtime accounted for 75.32% by the following event codes:

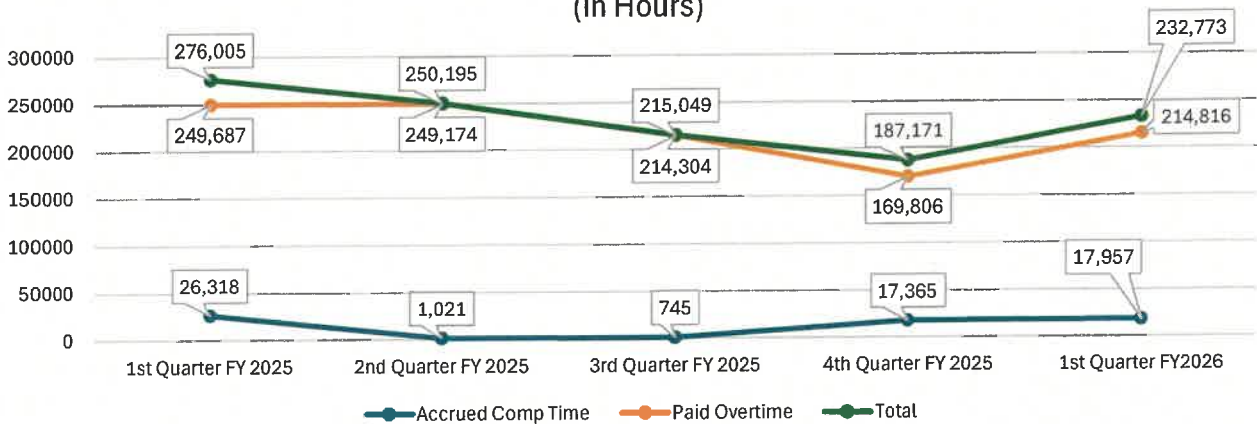
1. 24-Hour Coverage – \$2.31 million
2. Increased Patient Activity – \$604 thousand
3. Holiday & Weekend Coverage – \$417 thousand
4. Vacancy Coverage – \$269 thousand

REVIEWED: <u>BM</u>
INFO ITEM: _____

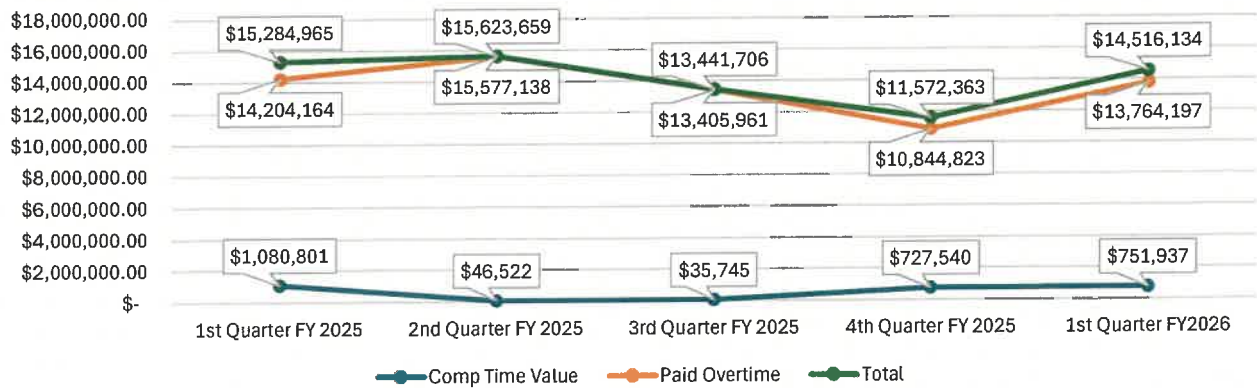
Department of Corrections Vacancy Rates



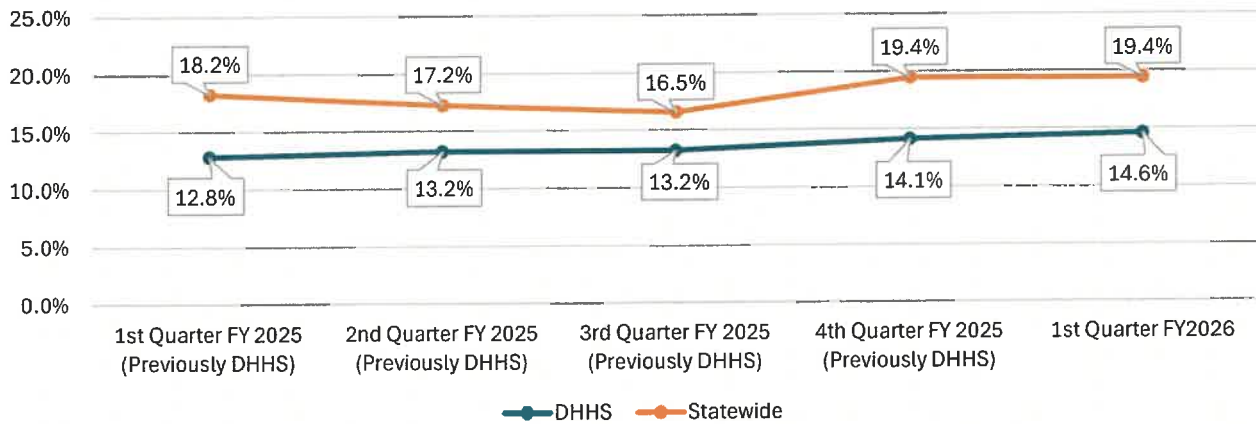
Department of Corrections Accrued Overtime & Comp Time (in Hours)



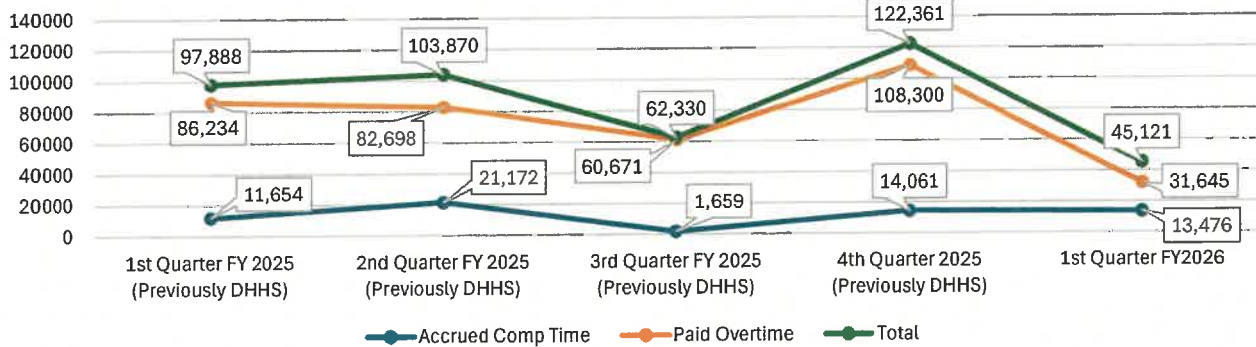
Department of Corrections Accrued Overtime & Comp Time (in Dollars)



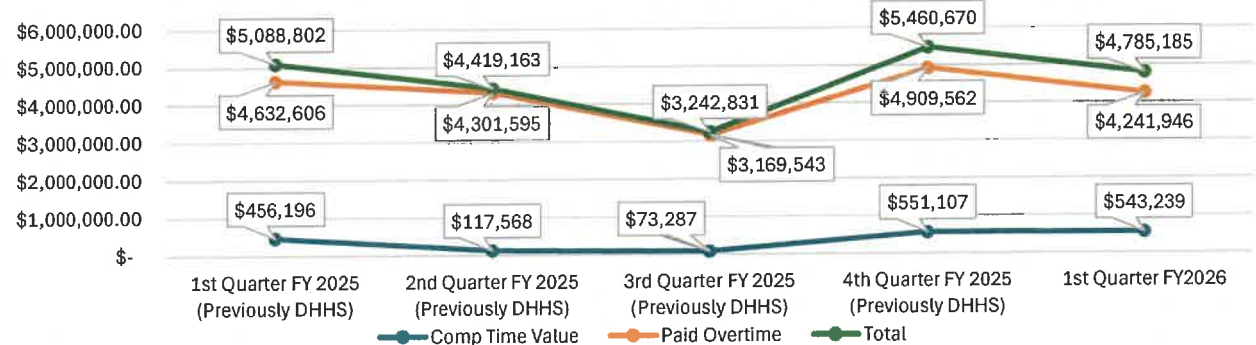
Department of Human Services Vacancy Rates



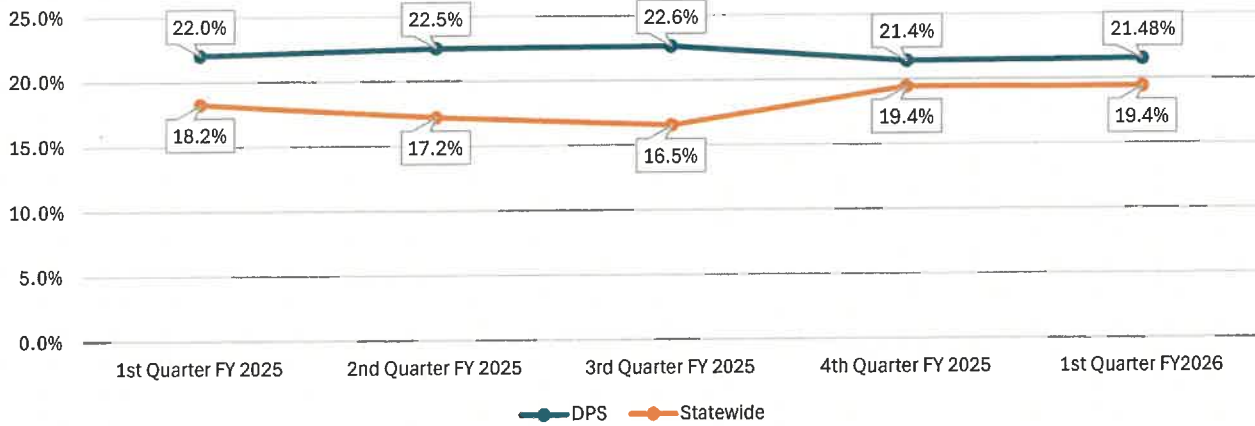
Department of Human Services Accrued Overtime & Comp Time (in Hours)



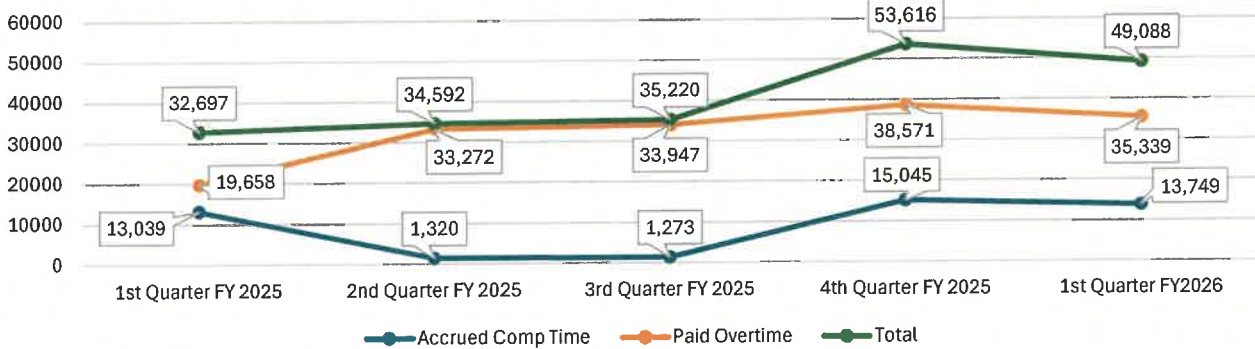
Department of Human Services Accrued Overtime & Comp Time (in Dollars)



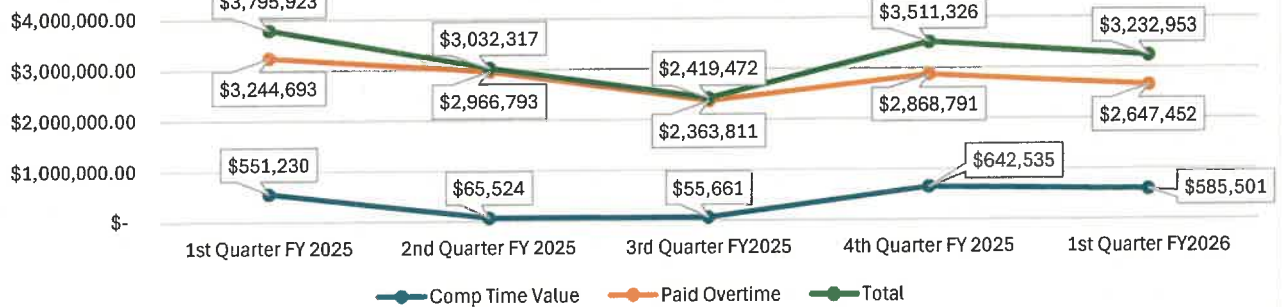
Department of Public Safety Vacancy Rates



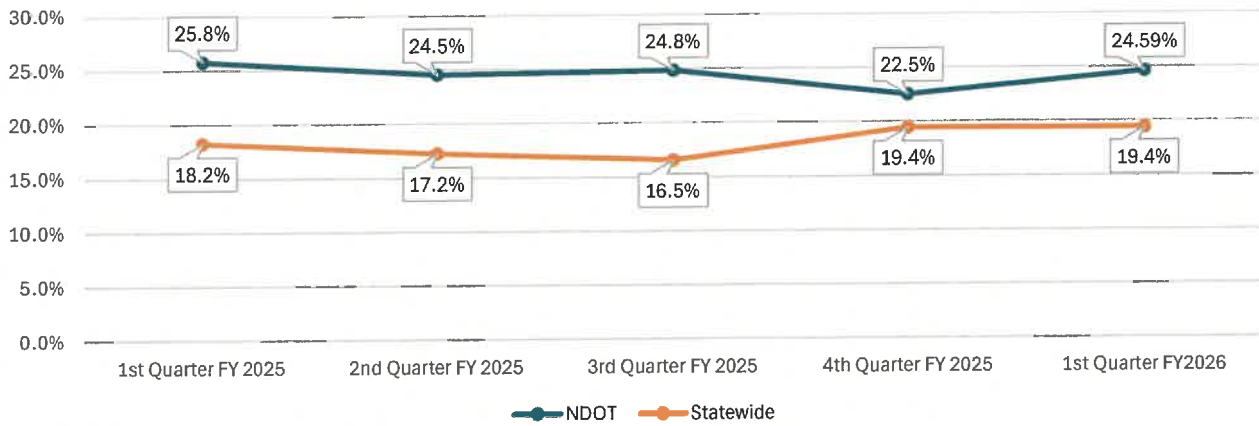
Department Public Safety Accrued Overtime & Comp Time (in Hours)



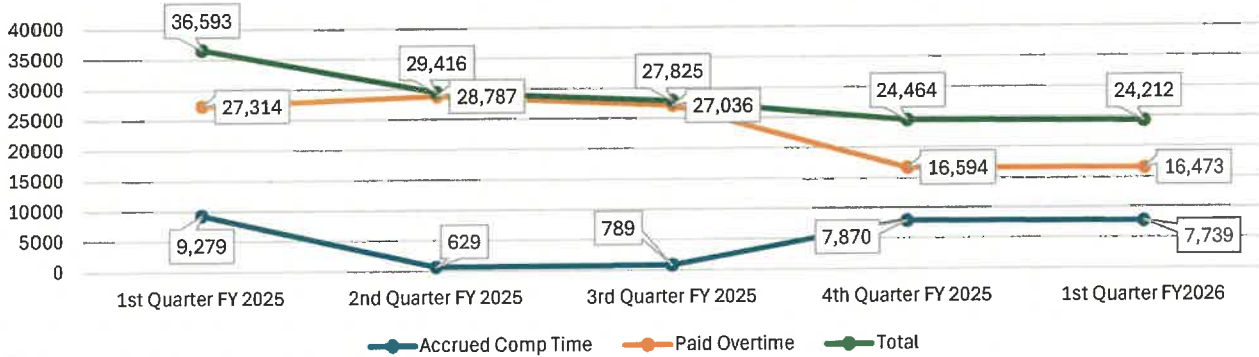
Department of Public Safety Accrued Overtime & Comp Time (in Dollars)



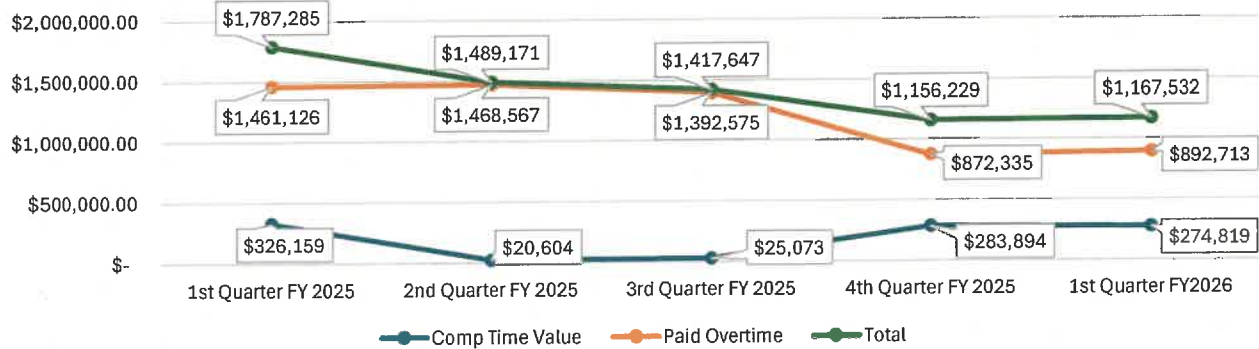
Department of Transportation Vacancy Rates



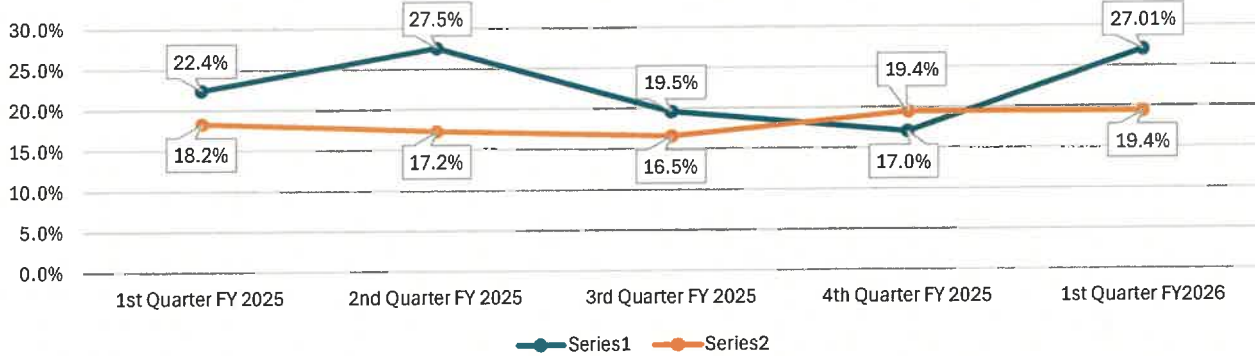
Department of Transportation Accrued Overtime & Comp Time (in Hours)



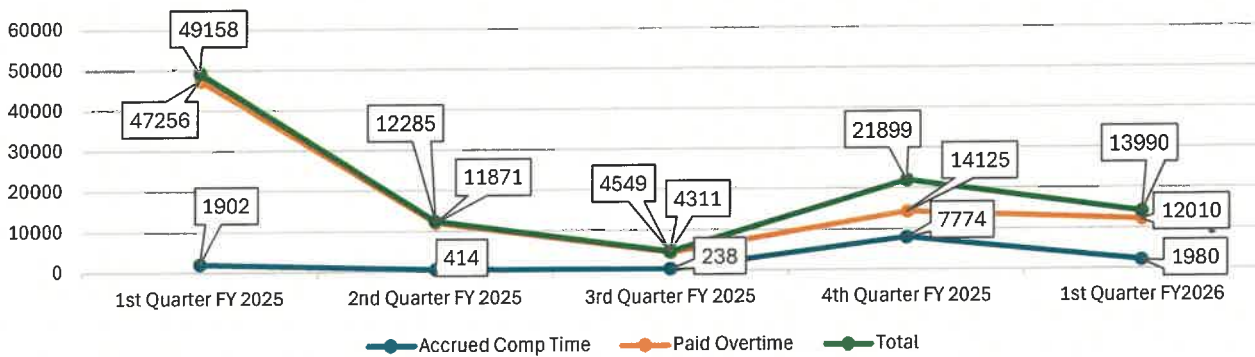
Department of Transportation Accrued Overtime & Comp Time (in Dollars)



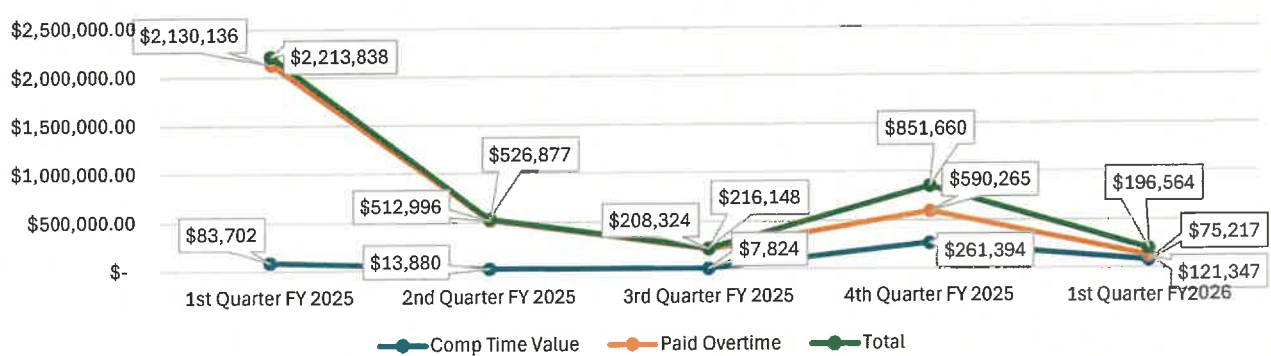
Nevada Department of Conservation & Natural Resources Vacancy Rates (With Seasonal Vacancies)



Nevada Department of Conservation & Natural Resources Accrued Overtime & Comp Time (in Hours)



Nevada Department of Conservation & Natural Resources Accrued Overtime & Comp Time (in Dollars)



OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2026 SUMMARY (QTR 1)
NEVADA DEPARTMENT OF ADMINISTRATION

CUMULATIVE STATEWIDE TOTALS (QTR 1)

	2024	2025	2026
BASE PAY	\$255,346,955	\$348,143,278	\$354,863,647
OVERTIME PAY + ACCRUED COMP	\$30,041,385	\$30,982,387	\$28,211,469
TOTAL PAY	\$285,388,340	\$379,125,665	\$383,075,115
OT/COMP AS A SHARE OF TOTAL PAY	10.53%	8.17%	7.36%

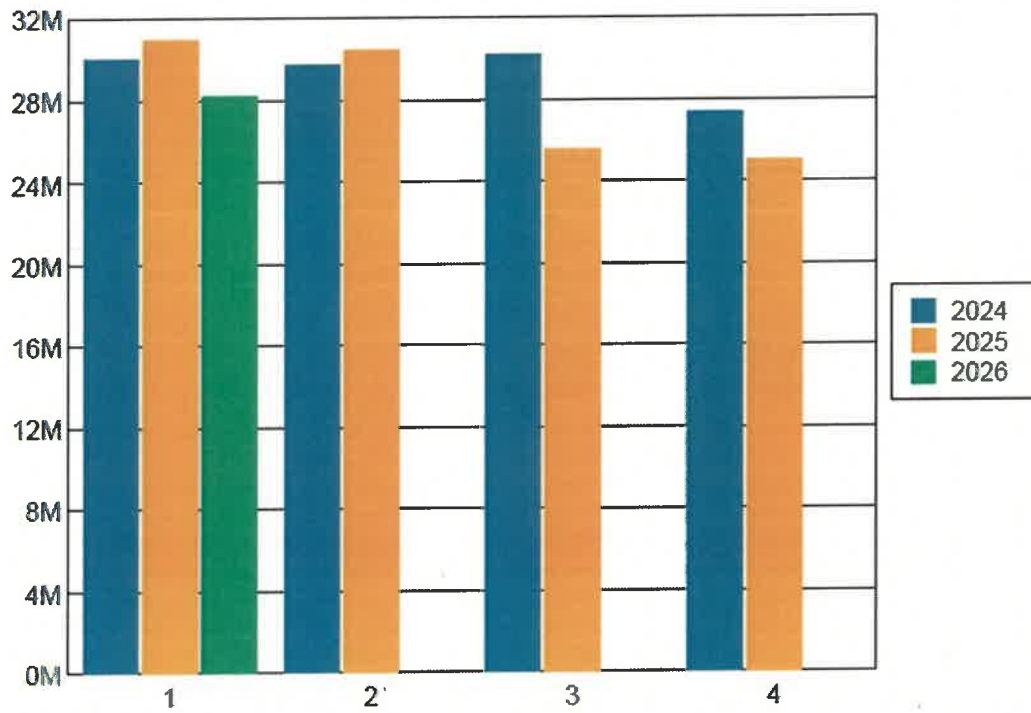
Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$14,506,453	23.61%
40	DEPARTMENT OF HUMAN SERVICES	\$4,783,032	4.41%
65	DEPARTMENT OF PUBLIC SAFETY	\$3,232,996	10.73%
70	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESO	\$1,831,403	10.50%
80	DEPARTMENT OF TRANSPORTATION	\$1,166,300	3.41%

Highest percentages of OT/Comp as a share of Total Pay

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$14,506,453	23.61%
24	DEPARTMENT OF VETERANS SERVICE	\$549,563	12.67%
65	DEPARTMENT OF PUBLIC SAFETY	\$3,232,996	10.73%
70	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESO	\$1,831,403	10.50%
01	GOVERNOR'S OFFICE	\$603,622	6.93%

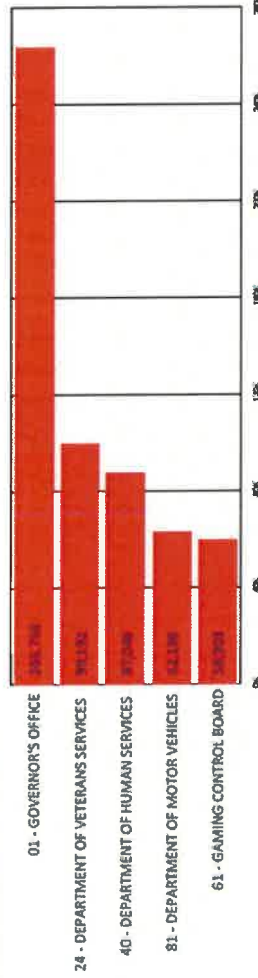
Statewide OT/Comp Distribution by Quarter



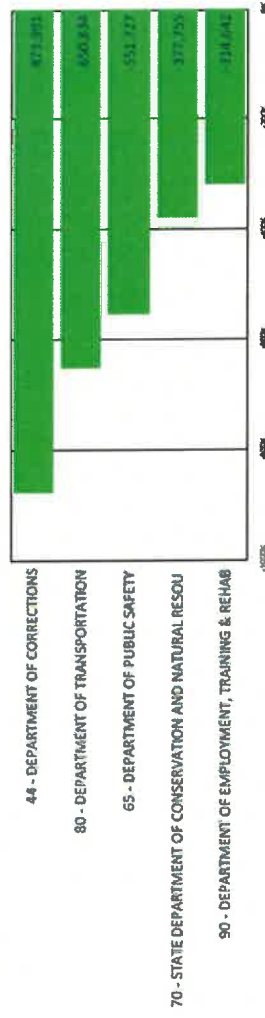
	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2024	\$255,346,955	\$310,941,764	\$318,531,282	\$307,632,440
2025	\$348,143,278	\$337,313,650	\$371,098,657	\$362,177,586
2026	\$354,863,647	\$0	\$0	\$0

FY2026 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2025



Greatest reductions in OT/Comp expenditure vs FY2025





OVERTIME/ACCURUED COMP USE BY DEPARTMENT
FISCAL YEAR 2026 QUARTERLY DETAILED ANALYSIS
NEVADA DEPARTMENT OF ADMINISTRATION

	FY2026QTR1		FY2026 QTR1-QTR1					
	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2025	Overtime Pay and Accrued Comp (YTD)	Total Pay (YTD)	OT/Comp as a Share of Total Pay (YTD)	Difference in OT Pay/Comp versus FY2025 (YTD)
01 - GOVERNOR'S OFFICE	\$603,622	\$8,714,060	6.93%	\$263,758	\$603,621.67	\$8,714,059.68	6.93%	\$263,758
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$125,613	0.00%	\$0	\$0.00	\$125,613.23	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$28,854	\$9,196,145	0.31%	\$-80,797	\$28,853.79	\$9,196,145.00	0.31%	\$-80,797
04 - SECRETARY OF STATE'S OFFICE	\$20,216	\$2,701,045	0.75%	\$-25,893	\$20,215.34	\$2,701,045.02	0.75%	\$-25,893
05 - TREASURER'S OFFICE	\$23,318	\$1,214,620	1.92%	\$-8,336	\$23,318.37	\$1,214,620.06	1.92%	\$-8,336
06 - CONTROLLER'S OFFICE	\$52,184	\$1,059,434	4.93%	\$-7,314	\$52,184.38	\$1,059,434.01	4.93%	\$-7,314
08 - DEPARTMENT OF ADMINISTRATION	\$126,491	\$7,841,174	1.61%	\$-68,492	\$126,491.14	\$7,841,174.43	1.61%	\$-68,492
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$19,621	\$2,114,896	0.93%	\$-7,526	\$19,620.89	\$2,114,895.89	0.93%	\$-7,526
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$0	\$546,479	0.00%	\$0	\$0.00	\$546,478.64	0.00%	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$931,254	0.00%	\$-126	\$0.00	\$931,253.60	0.00%	\$-126
13 - DEPARTMENT OF TAXATION	\$48,561	\$6,234,714	0.78%	\$-74,875	\$48,560.87	\$6,234,713.55	0.78%	\$-74,875
14 - DEPARTMENT OF NATIVE AMERICAN AFFAIRS	\$0	\$136,951	0.00%	\$-157	\$0.00	\$136,951.20	0.00%	\$-157
15 - COMMISSION ON ETHICS	\$0	\$147,126	0.00%	\$0	\$0.00	\$147,126.30	0.00%	\$0
16 - DEPARTMENT OF SENTENCING POLICY	\$0	\$136,540	0.00%	\$0	\$0.00	\$136,540.48	0.00%	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$152,473	0.00%	\$0	\$0.00	\$152,473.28	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$629	\$320,647	0.20%	\$24	\$628.74	\$320,646.54	0.20%	\$24
24 - DEPARTMENT OF VETERANS SERVICES	\$549,563	\$4,336,697	12.67%	\$99,192	\$549,563.17	\$4,336,696.81	12.67%	\$99,192
27 - CANNABIS COMPLIANCE BOARD	\$68,095	\$4,194,833	1.62%	\$-76,873	\$68,095.40	\$4,194,832.98	1.62%	\$-76,873
30 - DEPARTMENT OF EDUCATION	\$11,630	\$803,192	1.45%	\$-9,386	\$11,629.55	\$803,191.71	1.45%	\$-9,386
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$4,783,032	\$108,480,734	4.41%	\$87,046	\$4,783,032.13	\$108,480,733.93	4.41%	\$87,046
40 - DEPARTMENT OF HUMAN SERVICES	\$19,889	\$8,185,287	0.24%	\$19,889	\$19,888.74	\$8,185,287.04	0.24%	\$19,889
41 - NEVADA HEALTH AUTHORITY	\$97,739	\$7,688,751	3.64%	\$-138,433	\$97,738.86	\$7,688,751.21	3.64%	\$-138,433
43 - ADJUTANT GENERAL	\$14,506,453	\$61,435,309	23.61%	\$-873,991	\$14,506,452.63	\$61,435,308.52	23.61%	\$-873,991
44 - DEPARTMENT OF CORRECTIONS	\$17,954	\$336,766	5.33%	\$2,171	\$17,953.54	\$336,766.12	5.33%	\$2,171
50 - COMMISSION ON MINERAL RESOURCES	\$16,658	\$3,143,617	0.53%	\$-17,124	\$16,657.76	\$3,143,617.17	0.53%	\$-17,124
55 - STATE DEPARTMENT OF AGRICULTURE	\$0	\$2,753,971	0.00%	\$0	\$0.00	\$2,753,971.28	0.00%	\$0
58 - PUBLIC UTILITIES COMMISSION	\$197,117	\$8,502,854	2.32%	\$58,803	\$197,116.81	\$8,502,854.14	2.32%	\$58,803
65 - DEPARTMENT OF PUBLIC SAFETY	\$3,232,596	\$30,116,667	10.73%	\$-551,727	\$3,232,596.45	\$30,116,667.45	10.73%	\$-551,727
69 - COLORADO RIVER COMMISSION	\$1,951	\$1,076,877	0.18%	\$-1,612	\$1,951.32	\$1,076,877.44	0.18%	\$-1,612
70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL	\$1,831,403	\$17,435,344	10.50%	\$-377,755	\$1,831,403.48	\$17,435,343.85	10.50%	\$-377,755
72 - DEPARTMENT OF WILDLIFE	\$106,566	\$5,097,829	2.09%	\$7,080	\$106,565.87	\$5,097,829.34	2.09%	\$7,080
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$58,222	\$13,534,860	0.46%	\$-78,142	\$58,222.37	\$13,534,860.49	0.46%	\$-78,142
80 - DEPARTMENT OF TRANSPORTATION	\$1,166,300	\$34,181,522	3.41%	\$-650,834	\$1,166,300.32	\$34,181,522.01	3.41%	\$-650,834
81 - DEPARTMENT OF MOTOR VEHICLES	\$263,725	\$19,096,753	1.38%	\$62,186	\$263,724.64	\$19,096,752.61	1.38%	\$62,186
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$350,979	\$15,412,268	2.28%	\$-314,642	\$350,979.40	\$15,412,267.57	2.28%	\$-314,642
Total	\$28,211,469	\$385,075,115	7.36%	\$-2,764,991	\$28,211,469	\$385,075,115	7.36%	\$-2,764,991

OVERTIME/ACCRUED COMP USE BY DEPARTMENT
FISCAL YEAR 2026 COMPARATIVE YEAR-TO-DATE ANALYSIS (QTR1-QTR1) VS FY2024-FY2025
NEVADA DEPARTMENT OF ADMINISTRATION



	FY 2024 QTR1-QTR1			FY 2025 QTR1-QTR1			FY 2026 QTR1-QTR1		
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp
01 - GOVERNOR'S OFFICE	\$120,715	\$5,484,100	2.20%	\$44,178	\$339,864	\$7,934,374	4.28%	\$219,149	\$603,622
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$136,272	0.00%	\$0	\$0	\$186,902	0.00%	\$0	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$99,223	\$6,919,028	1.43%	\$74,430	\$109,651	\$9,569,829	1.15%	\$10,428	\$28,854
04 - SECRETARY OF STATE'S OFFICE	\$29,909	\$1,748,320	1.71%	\$-11,931	\$46,109	\$2,682,852	1.72%	\$16,199	\$20,216
05 - TREASURER'S OFFICE	\$20,568	\$742,125	2.77%	\$16,902	\$31,654	\$1,174,584	2.69%	\$11,066	\$23,318
06 - COMPTROLLER'S OFFICE	\$31,594	\$733,682	4.31%	\$-1,784	\$59,499	\$984,842	6.00%	\$27,905	\$52,184
08 - DEPARTMENT OF ADMINISTRATION	\$86,701	\$5,267,222	1.65%	\$-54,470	\$194,984	\$7,464,055	2.61%	\$108,283	\$126,491
09 - JUDICIAL BRANCH	\$0	\$0	0.84%	\$-8,440	\$0	\$0	0.00%	\$0	\$0
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$12,411	\$1,485,418	0.00%	\$-14,123	\$27,147	\$2,082,402	1.30%	\$14,737	\$19,621
11 - DEPARTMENT OF INDIGENOUS DEFENSE SERVICES	\$0	\$236,564	0.00%	\$0	\$0	\$378,146	0.00%	\$0	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$672,878	0.00%	\$-100	\$126	\$958,794	0.01%	\$126	\$0
13 - DEPARTMENT OF TAXATION	\$54,387	\$4,571,357	1.19%	\$17,037	\$123,456	\$6,416,759	1.92%	\$69,049	\$48,561
14 - DEPARTMENT OF NATIVE AFFAIRS	\$0	\$0	0.00%	\$0	\$157	\$72,328	0.22%	\$157	\$0
14 - DEPARTMENT OF NATIVE AMERICAN AFFAIRS	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0
15 - COMMISSION ON ETHICS	\$0	\$107,588	0.00%	\$0	\$0	\$146,826	0.00%	\$0	\$0
16 - DEPARTMENT OF SENTENCING POLICY	\$0	\$81,228	0.00%	\$0	\$0	\$138,658	0.00%	\$0	\$0
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$135,947	0.00%	\$0	\$0	\$179,639	0.00%	\$0	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$123	\$241,145	0.05%	\$-555	\$605	\$323,634	0.19%	\$482	\$629
24 - DEPARTMENT OF VETERANS SERVICES	\$516,514	\$3,197,105	16.16%	\$89,057	\$450,371	\$4,056,865	11.10%	\$-66,143	\$549,563
27 - CANNABIS COMPLIANCE BOARD	\$34,380	\$1,228,738	2.80%	\$-5,323	\$9,005	\$1,674,271	0.54%	\$-25,375	\$7,801
30 - DEPARTMENT OF EDUCATION	\$42,580	\$2,941,565	1.45%	\$-4,681	\$144,968	\$4,207,808	3.45%	\$102,388	\$68,095
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$5,455	\$470,584	1.18%	\$-5,958	\$21,016	\$790,592	2.66%	\$15,561	\$11,630
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$6,504,584	\$84,733,232	7.68%	\$2,857,733	\$4,695,986	\$113,759,162	4.13%	\$-1,808,598	\$0
40 - DEPARTMENT OF HUMAN SERVICES	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0
41 - NEVADA HEALTH AUTHORITY	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$0
43 - ADJUTANT GENERAL	\$215,836	\$2,333,115	9.25%	\$100,752	\$246,172	\$3,547,034	6.68%	\$20,336	\$97,739
44 - DEPARTMENT OF CORRECTIONS	\$13,639,098	\$44,301,094	30.79%	\$6,980,335	\$15,380,444	\$60,869,334	25.27%	\$1,741,346	\$14,506,453
50 - COMMISSION ON MINERAL RESOURCES	\$7,749	\$216,111	3.59%	\$4,211	\$15,782	\$322,052	4.90%	\$8,034	\$17,954
55 - STATE DEPARTMENT OF AGRICULTURE	\$39,669	\$2,158,285	1.84%	\$21,617	\$33,781	\$2,789,056	1.21%	\$-5,888	\$16,658
58 - PUBLIC UTILITIES COMMISSION	\$0	\$1,898,846	0.00%	\$0	\$0	\$2,680,226	0.00%	\$0	\$0
61 - GAMING CONTROL BOARD	\$126,821	\$6,222,070	2.04%	\$26,672	\$138,214	\$8,477,099	1.03%	\$11,393	\$19,117
65 - DEPARTMENT OF PUBLIC SAFETY	\$3,785,767	\$22,461,848	16.8%	\$1,508,530	\$3,794,724	\$29,261,716	12.93%	\$-1,043	\$3,232,996
69 - COLORADO RIVER COMMISSION	\$5,505	\$704,594	0.78%	\$1,472	\$3,563	\$945,887	0.38%	\$-1,941	\$1,951
70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES	\$1,425,147	\$12,849,681	11.09%	\$87,808	\$2,209,159	\$17,361,582	12.72%	\$784,012	\$1,831,403
72 - DEPARTMENT OF WILDLIFE	\$66,463	\$5,783,457	1.76%	\$-38,572	\$99,486	\$4,930,205	2.02%	\$33,023	\$106,566
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$113,434	\$9,017,470	1.26%	\$14,634	\$136,385	\$12,619,035	1.08%	\$22,931	\$58,222
80 - DEPARTMENT OF TRANSPORTATION	\$2,157,168	\$29,276,278	7.37%	\$809,495	\$1,871,134	\$34,035,443	5.34%	\$-340,034	\$1,166,300
81 - DEPARTMENT OF MOTOR VEHICLES	\$227,995	\$13,589,266	1.68%	\$-25,151	\$701,539	\$18,704,026	1.08%	\$-26,456	\$483,725
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$665,199	\$14,783,887	4.50%	\$23,865	\$665,521	\$16,277,561	4.09%	\$322	\$350,879
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$5,550	\$321,465	1.73%	\$3,104	\$4,903	\$576,189	0.85%	\$-447	\$0
96 - SILVER STATE HEALTH INSURANCE EXCHANGE	\$843	\$339,175	0.25%	\$-618	\$1,023	\$549,877	0.19%	\$180	\$0
Total	\$30,041,385	\$285,388,340.00	10.59%	\$12,909,127	\$90,982,387	\$379,125,664.80	8.17%	\$941,001	\$383,075,115.20

440 DEPARTMENT OF CORRECTIONS

Code	Organization	Base Pay	Accr Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3706	HR-PRISON MEDICAL CARE	\$5,257,939.61	1130:22:00	\$57,181.28	3541:16:00	\$260,973.40	4671:38:00	\$318,154.68	3727:38:00	\$236,289.96	\$ 81,864.72
3708	HR-OFFENDERS' STORE FUND	\$695,817.89	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00:00	\$0.00	\$ -
3710	HR-DIRECTOR'S OFFICE	\$3,335,006.45	688:27:00	\$30,459.67	2436:15:00	\$176,449.33	3124:42:00	\$206,909.00	2746:10:00	\$183,610.81	\$ 23,298.19
3711	HR-CORRECTIONAL PROGRAMS	\$2,007,470.56	16:00:00	\$701.13	2:00:00	\$54.30	18:00:00	\$755.43	158:00:00	\$8,943.35	\$ (8,187.92)
3712	HR-TRAINING ACADEMY	\$726,031.44	17:10	\$2,619.22	17:45	\$121,412.88	10:55	\$124,032.10	0:00	\$0.00	\$ 124,032.10
3715	HR-SO NEVADA CORRECTIONAL CTR	\$4,216.17	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	550:17:00	\$38,001.88	\$ (38,001.88)
3716	HR-WARM SPRINGS CORRECTNL CTR	\$97,855.20	138:56:00	\$6,209.00	8:16:66:6667	\$12,747.07	13:95:55:5556	\$18,956.07	265:08:08	\$1,616,406.95	\$ (1,597,450.88)
3717	HR-NO NEVADA CORRECTNL CENTER	\$4,623,692.70	13:55	\$76,809.87	33906:15	\$2,137,676.88	35840:10	\$2,214,486.75	0:00	\$0.00	\$ 2,214,486.75
3718	HR-NEVADA STATE PRISON	\$0.00	0:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	271:15:00	\$19,783.95	\$ (19,783.95)
3719	HR-PRISON INDUSTRY	\$270,781.40	0:00:00	\$0.00	297:29:00	\$21,996.59	297:29:00	\$21,996.59	1059:32:00	\$70,035.92	\$ (48,039.33)
3722	HR-STEWART CONSERVATION CAMP	\$265,632.48	12:24	\$7,355.83	1214:00:00	\$82,214.09	1394:24:00	\$89,569.92	978:00:00	\$67,761.00	\$ 21,808.92
3723	HR-PIOCHE CONSERVATION CAMP	\$301,977.04	0:00:00	\$0.00	1615:05:00	\$107,839.70	1615:05:00	\$107,839.70	542:44:00	\$37,576.06	\$ 70,263.64
3724	HR-NO NV TRANSITIONAL HOUSING	\$224,629.20	80:36:00	\$4,545.78	479:15:00	\$35,399.37	559:51:00	\$39,945.15	2201:45:00	\$126,610.99	\$ (86,665.84)
3725	HR-THREE LAKES VLY CNSRVTN CMP	\$446,832.17	14:32	\$10,482.27	1831:15:00	\$111,623.26	2061:47:00	\$122,105.53	101:00:00	\$5,140.09	\$ 116,965.44
3727	HR-PRISON RANCH	\$84,909.74	0:00:00	\$0.00	4:45:83:3333	\$5,347.81	4:45:83:3333	\$5,347.81	24788:58	\$1,469,277.96	\$ (1,463,930.15)
3738	HR-SO DESERT CORRECTIONAL CTR	\$5,122,129.70	2368:24:00	\$98,634.12	21973:23	\$1,360,429.72	24341:47	\$1,459,063.84	1459:28:00	\$94,548.86	\$ 1,364,514.98
3739	HR-WELLS CONSERVATION CAMP	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$ -
3741	HR-HUMBOLDT CONSERVATION CAMP	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$ -
3747	HR-ELY CONSERVATION CAMP	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	1354:08:00	\$72,211.26	\$ (72,211.26)
3748	HR-JEAN CONSERVATION CAMP	\$310,971.88	17:26	\$16,457.01	17:26	\$68,667.11	10:52	\$85,124.12	0:00	\$0.00	\$ 85,124.12
3749	HR-SILVER SPRINGS CONSERVATION	\$0.00	0:00:00	\$0.00	0	\$0.00	0	\$0.00	25012:18	\$1,578,712.58	\$ (1,578,712.58)
3751	HR-ELY STATE PRISON	\$3,664,921.24	4:49	\$89,556.90	25590:26	\$1,699,711.14	27803:15	\$1,789,268.04	827:30:00	\$54,796.24	\$ 1,734,471.80
3752	HR-CARLIN CONSERVATION CAMP	\$269,129.76	0:00	\$0.00	924:45:00	\$58,618.18	924:45:00	\$58,618.18	0:00	\$0.00	\$ 58,618.18
3754	HR-TONOPAH CONSERVATION CAMP	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$ -
3759	HR-LOVELOCK CORRECTIONAL CTR	\$3,661,050.51	1756:11:00	\$65,999.89	27449:22	\$1,767,783.49	29205:33	\$1,833,783.38	27509:53	\$1,736,882.76	\$ 96,900.62
3760	HR-CASA GRANDE TRANS HOUSING	\$625,505.48	270:54:00	\$11,358.24	1343:00:00	\$87,820.71	1613:54:00	\$99,178.95	1423:42:00	\$89,711.39	\$ 9,467.56
3761	HR-F MCCLURE WOMENS COR CTR	\$3,529,990.55	2122:29:00	\$95,280.75	15819:14	\$1,071,600.89	17941:43	\$1,166,881.64	14895:46	\$92,784.62	\$ 239,097.02
3762	HR-HIGH DESERT STATE PRISON	\$11,326,844.84	4336:39:00	\$178,285.77	72599:33	\$4,575,831.24	76936:12	\$4,754,117.01	51055:12	\$3,138,276.84	\$ 1,615,840.17
3763	HR-INMATE WELFARE ACCOUNT	\$73,137.08	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00:00	\$0.00	\$0.00
		\$46,926,473.09		\$751,936.73		\$13,764,197.16		\$14,516,133.89		\$11,572,363.47	\$ 2,943,770.42
										increase or decrease	25.4%

Top 7 Correctional Centers (including Prison Medical)

3762	HR-HIGH DESERT STATE PRISON	\$ 11,326,844.84	4336:39:00	\$ 178,285.77	72599:33	\$ 4,575,831.24	76936:12	\$ 4,754,117.01	\$4.75 Million	plain english for memo
3717	HR-NO NEVADA CORRECTNL CENTER	\$ 4,623,692.70	1933:55:00	\$ 76,809.87	33906:15	\$ 2,137,676.88	35840:10	\$ 2,214,486.75	\$2.21 Million	
3759	HR-LOVELOCK CORRECTIONAL CTR	\$ 3,661,050.51	1756:11:00	\$ 65,999.89	27449:22	\$ 1,767,783.49	29205:33	\$ 1,833,783.38	\$1.83 Million	
3751	HR-ELY STATE PRISON	\$ 3,664,921.24	2212:49:00	\$ 89,556.90	25590:26	\$ 1,699,711.14	27803:15	\$ 1,789,268.04	\$1.79 Million	
3738	HR-SO DESERT CORRECTIONAL CTR	\$ 5,122,129.70	2368:24:00	\$ 98,634.12	21973:23	\$ 1,360,429.72	24341:47	\$ 1,459,063.84	\$1.46 Million	
3761	HR-F MCCLURE WOMENS COR CTR	\$ 3,529,990.55	2122:29:00	\$ 95,280.75	15819:14	\$ 1,071,600.89	17941:43	\$ 1,166,881.64	\$1.17 Million	
3706	HR-PRISON MEDICAL CARE	\$ 5,257,939.61	1130:22:00	\$ 57,181.28	3541:16:00	\$ 260,973.40	4671:38:00	\$ 318,154.68	\$0.32 Million	percent of total
								\$ 13,535,755.34		93.2%

440 DEPARTMENT OF CORRECTIONS

DOC 26Q1 RSN

Highest 4 Causes of Overtime by Event Code									
34	MUSTER	10963:26	\$	453,462.38	53767:08	\$	3,443,214.94	64730:34	\$ 3,896,677.32
17	COVER-VACANT	1731:16:00	\$	68,636.52	52096:03	\$	3,340,945.38	53827:19	\$ 3,409,581.90
63	MEDICAL	373:49:00	\$	14,922.62	25381:32	\$	1,694,416.98	25755:21	\$ 1,709,339.60
15	COVER-SICK	614:34:00	\$	26,200.76	21252:56	\$	1,302,231.51	21867:30	\$ 1,328,432.27
								\$	10,344,031.09
									72.0%

400 DEPT OF HEALTH AND HUMAN SERV

Dept	Budget Account	Organization	Accrued Comp			PAID Overtime			BA Total Hours	BA Total Dollars	Total	Comp Time			PAID Overtime			Reason	Total Hours	Total Dollars	Reason	Total Hours	Total Dollars	
			Comp Time	Hours	Base Pay	BA Accrued	BA Paid	Comp Time				Hours	Overtime	BA Paid	Comp Time	Hours	Overtime							Reason
400 - DEPT OF HEALTH AND HUMAN SERV	1460	HR-PUBLIC DEFENDER	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	2600	HR-INDIAN COMMISSION	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$353.43	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3055	HR-PATIENT PROTECTION COMMISSIO	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$353.43	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3060	HR-FUND FOR RESILIENT NEVADA	\$151,151.36	13:30	\$481.10	\$481.10	2:00	\$4,225.09	15:30	\$4,706.19	\$4,706.19	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$116.21	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3150	HR-ADMINISTRATION	\$397,102.87	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3154	HR-DEVELOPMENTAL DISABILITIES	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3195	HR-GRANTS MANAGEMENT UNIT	\$90,158.88	23:38	\$1,044.47	\$1,044.47	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$5,083.37	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3203	HR-CIA ANALYTICS	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3204	HR-CONSUMER HEALTH ASSISTANCE	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3261	HR-HEALTHY NV FUND ADMIN	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3268	HR-DISABILITY SERVICES	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	3276	HR-IDEA PART C COMPLIANCE	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	2383	HR-SR CITIZEN PROP TAX ASSIST	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3140	HR-TOBACCO SETTLEMENT PROGRAM	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3146	HR-HOME-COMMUNITY BASED PROG	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3151	HR-AGING FEDERAL PROG & ADMIN	\$1,696,797.95	0:33	\$42,671.74	257:00:00	0:00	\$0.00	0:00	\$23,607.57	\$23,607.57	\$66,276.31	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3154	HR-AGING FEDERAL PROG & ADMIN	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3156	HR-SENIOR RX AND DISABILITY RX	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3167	HR-RURAL REGIONAL CENTER	\$927,341.87	3:00	\$85.14	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3204	HR-HHS DO CONSUMER HEALTH ASSI	\$290,676.80	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3206	HR-COMMUNICATION ACCESS SVCS	\$130,155.52	3:45	\$70.89	\$0.00	0:00	\$1,352.58	1:15	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3208	HR-EARLY INTERVENTION SVCS	\$3,639,901.72	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3209	HR-AUTISM TREATMENT PROGRAM	\$931,055.36	20:15	\$3,640.77	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3252	HR-HR HOME-MAKER	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3266	HR-COMMUNITY BASED SERVICES	\$3,163,655.11	0:45	\$1,271.81	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3271	HR-FOQUIS AND MFP	\$145,531.55	0:00:00	\$0.00	\$0.00	0	\$0.00	0	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3276	HR-IDEA PART C COMPLIANCE	\$499,372.24	7:30	\$332.70	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3278	HR-PLANNING ADVOCACY AND COMM	\$407,579.21	6:23	\$3,426.67	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3279	HR-DESERT REGIONAL CENTER	\$7,515,247.00	9:47	\$30,872.20	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3280	HR-SIERRA REGIONAL CENTER	\$1,510,845.92	17:38:00	\$423.35	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3282	HR-ADULT PROTECTIVE SVCS & LO	\$2,393,899.84	0:00:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3283	HR-STATE INDEPENDENT LIVING CO	\$23,449.80	0:00:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	3158	HR-HEALTH CARE FIN & POLICY	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
403 - HEALTH CARE FINANCING & POLICY	3164	HR-PUBLIC OPTION	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
403 - HEALTH CARE FINANCING & POLICY	3178	HR-NEVADA CHECK-UP PROGRAM	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
403 - HEALTH CARE FINANCING & POLICY	3243	HR-NEVADA MEDICAID	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
403 - HEALTH CARE FINANCING & POLICY	3243	HR-NEVADA MEDICAID	\$0.00	0:00	\$0.00	\$0.00	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	01	ACCIDENTS	17:15	\$767.63	1:30	\$107.08	18:45	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	02	ACCT/FISCAL	19:09	\$475.59	0:00	\$0.00	19:09	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	03	ADMIN	0:00	\$0.00	2:00	\$63.69	2:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	05	BACKLOG REDU	2:15	\$119.90	0:00	\$0.00	2:15	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	08	BUDGET PREP	0:00	\$0.00	16:00	\$4,152.64	1:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	09	CONFERENCES	12:00	\$959.16	12:00	\$754.93	0:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	11	COVER-AJMAL	16:30	\$974.85	12:00	\$603.87	2:30	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	12	COVER-24 HR	3:14	\$25,311.19	11:39:04	\$543,965.60	12:12:18	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	13	COVER-HOLWIK	8:00	\$207.92	8:39	\$37,077.85	14:39	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	17	COVER-VACANT	4:10	\$2,823.16	18:00	\$3,235.93	22:10	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	21	OFFICE SUPPLY	15:47	\$21,110.36	0:00	\$0.00	15:47	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	22	PERSONNEL	13:30	\$499.77	0:00	\$0.00	13:30	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	0:00	\$0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	23	PROGRAM DEAD	12:00	\$901.80	0:00	\$0.00	12:00	\$0.00	0:00	\$0.00	\$0.00	\$0.00	0:00											

Dept	Budget Account	Organization	Accrued Comp				Paid Overtime				BA Total Hours	BA Total Dollars	Total	Reason				Reason				Reason							
			Base Pay	Comp Time Hours	BA Dollars	BA Paid Hours	BA Paid Dollars	Overtime Hours	Overtime Dollars	Comp Time Hours				Comp Time Dollars	Overtime Hours	Overtime Dollars	Total Hours	Total Dollars	Reason Code	Reason	Overtime Hours	Overtime Dollars	Reason Code	Reason	Overtime Hours	Overtime Dollars	Total Hours	Total Dollars	
406-PUBLIC AND BEHAVIORAL HEALTH	3101	HR-RADIATION CONTROL PROGRAM	\$428,145.92	15:00	\$1,837.59	10:00	\$653.49	1:00	\$2,891.08	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49
406-PUBLIC AND BEHAVIORAL HEALTH	3149	HR-CHILD CARE SERVICES	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3153	HR-CANCER CONTROL REGISTRY	\$132,438.84	7:30	\$275.18	0:00	\$0.00	7:30	\$275.18	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3155	HR-HHS-DPH - FAMILY PLANNING	\$15,705.20	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3161	HR-SO NEV ADULT MENTAL HEALTH	\$14,665,208.99	3:41	\$190,508.28	21927.55	\$1,242,672.15	25987.36	\$1,433,380.41	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3162	HR-UNV ADULT MENTAL HEALTH SVC	\$2,833,517.96	4:50	\$16,588.33	18.52	\$47,466.21	23:42	\$64,034.54	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3164	HR-BEHAVORIAL HLTH INFO SYSTM	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3165	HR-CRISIS RESPONSE	\$198,666.16	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3168	HR-BEHAVORIAL HEALTH ADMINSTR	\$297,605.20	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3170	HR-BEHAVORIAL HEALTH PREV & TR	\$618,626.38	14:38	\$2,653.53	0:00	\$0.00	14:38	\$2,653.53	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3190	HR-CHILD STATISTICS&PLANNING	\$221,501.48	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3194	HR-ENVIRONMENTAL HEALTH SVCS	\$18,591.84	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3200	HR-PREVENT OF PROBLEM GAMBL	\$19,117.52	12:00	\$444.24	6:30	\$448.58	18:30	\$890.80	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3203		\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3204	HR-OFFICE OF MINORITY HEALTH	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3208	HR-EARLY INTERVENTION SVCS	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3213	HR-IMMUNIZATION PROGRAM	\$236,089.23	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3214	HR-WIC FOOD SUPPLEMENT	\$322,205.31	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3215	HR-COMMUNICABLE DISEASES	\$175,883.30	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3216	HR-HEALTH CARE FACILITY REG	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3218	HR-HEALTH ALERT NETWORK	\$310,480.23	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3219	HR-HHS HD BIOSTATS & EPIDMLG	\$241,233.46	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3220	HR-CHRONIC DISEASE	\$394,555.82	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3222	HR-MATERNAL CHILD HEALTH SVCS	\$328,072.71	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3223	HR-OFF OF STATE HEALTH ADMIN	\$2,002,202.62	15:33	\$9,588.64	6:30	\$27,877.08	22:03	\$34,573.70	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3224	HR-COMMUNITY HEALTH SERVICES	\$387,746.73	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3234	HR-OPBH-PUBLIC HEALTH IMPROVEM	\$77,405.92	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3235	HR-EMERGENCY MEDICAL SERVICES	\$109,759.28	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3845	HR-FAC FOR MENTAL OFFENDER	\$1,981,316.78	18:08	\$91,248.97	0:53	\$593,484.67	11:55:59	\$884,714.64	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	3848	HR-HHS DPBH RURAL CLINICS	\$2,126,362.78	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	4543	HR-MED MARIJUANA ESTABLISHMEN	\$0.00	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
406-PUBLIC AND BEHAVIORAL HEALTH	4547	HR-MARIJUANA HEALTH REGISTRY	\$56,011.28	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3149	HR-WELFARE ADMINISTRATION	\$391,287.28	0:00	\$0.00	0:00	\$0.00	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3228	HR-WELFARE FIELD SERVICES	\$5,117,347.75	0:12	\$14,016.57	324:30:00	\$20,175.41	612:42:00	\$34,191.98	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49	01 ACCIDENTS	0:00	\$0.00	02 ACOT/FISCAL	18:45	\$594.17	4:35	\$3,061.43	23:20	\$5,141.49			
407 - DIV OF WELFARE&SUPPORTIVE SVCS	3233	HR-CHILD SPRTT ENFORCEMENT PRG	\$27,414,168.13	7:16	\$2,116.72	4320:02:00	\$210,738.08	4375:18:00	\$212,854.80	02 ACOT/FISCAL	18:45	\$																	

Overtime Analysis by Event Date
Overtime Analysis Settings
Agency: ALL
DHS Pivot 26Q1

DEPT OF HUMAN SERV

Row Labels	Sum of Overtime Reason Total Dollars
COVER-24 HR	2,311,075.65
AGENCY DEFINE	604,452.08
COVER-HOL/WK	417,639.13
COVER-VACANT	269,775.81
EMERGENCIES	249,842.02
WORKLOAD	200,919.92
COVER-AL/MIL	94,188.02
NO CODE	91,202.92
COVER-SICK	88,417.47
CLIENT SVCS	66,289.44
TRAINING	64,502.33
TRAVEL	48,685.82
COVER-TRAIN	44,331.02
PROGRAM DEAD	44,269.85
INVESTIGATE	33,388.69
CI - OT	30,458.51
OFFICE SPRT	27,481.34
BUDGET PREP	22,703.57
ADMIN	13,305.09
BACKLOG REDU	9,722.59
SPECIAL EVNT	7,895.51
SITE REPAIR	6,491.79
STAFF MEET	5,500.10
MEETINGS	4,599.92
WORKSHOPS	4,400.44
ACCT/FISCAL	4,375.69
CLIENT MEET	3,616.67
CONFERENCES	3,478.57
ACCIDENTS	2,755.40
ADMIN SUPPRT	2,133.31
SHIFT TRADE	1,382.18
PERSONNEL	1,367.59
TRAIN-PERSON	1,357.92
COVER-INJURY	884.57
COURT	365.84
(blank)	-
Grand Total	4,783,256.77

COVER-24 HR	2,311,075.65
AGENCY DEFINE	604,452.08
COVER-HOL/WK	417,639.13
COVER-VACANT	269,775.81
	3,602,942.67
	75.3240%

Row Labels	Sum of BA Total Dollars
406 -PUBLIC AND BEHAVIORAL HEALTH	2,263,255.62
HR-SO NEV ADULT MENTAL HEALTH	1,433,380.41
HR-FAC FOR MENTAL OFFENDER	684,714.64
HR-NNV ADULT MENTAL HEALTH SVC	64,034.54
HR-OFF OF STATE HEALTH ADMIN	34,573.70
HR-MATERNAL CHILD HEALTH SRVC	17,725.83
HR-CHRONIC DISEASE	13,288.06
HR-HEALTH ALERT NETWORK	4,230.12
HR-RADIATION CONTROL PROGRAM	2,691.08
HR-BEHAVIORAL HEALTH PREV & TR	2,653.53
HR-IMMUNIZATION PROGRAM	2,580.74
HR-COMMUNICABLE DISEASES	1,509.89
HR-PREVTREAT OF PROBLEM GAMBL	890.80
HR-BEHAVIORIAL HEALTH ADMINSTR	391.36
HR-CANCER CONTROL REGISTRY	275.18
HR-HHS DPBH RURAL CLINICS	245.52
HR-HHS HD BIOSTATS & EPIDMLG	70.22
HR- MARIJUANA HEALTH REGISTRY	-
HR-COMMUNITY HEALTH SERVICES	-
HR-CHILD CARE SERVICES	-
HR-HEALTH CARE FACILITY REG	-
HR-WIC FOOD SUPPLEMENT	-
HR-HEALTH STATISTICS&PLANNING	-
HR-EARLY INTERVENTION SVCS	-
HR-CRISIS RESPONSE	-
HR-OFFICE OF MINORITY HEALTH	-
HR-EMERGENCY MEDICAL SERVICES	-
HR-ENVIRONMENTAL HEALTH SRVCS	-
HR- MED MARIJUANA ESTABLISHMEN	-
HR-HHS-DPBH - FAMILY PLANNING	-
(blank)	-
HR-DPBH-PUBLIC HEALTH IMPROVEM	-
HR-BEHAVIORIAL HLTH INFO SYSTM	-
409 - CHILD AND FAMILY DIVISION	1,527,332.33
HR-SO NEV CHILD & ADLSCNT SVCS	677,590.39
HR-SUMMIT VIEW YOUTH CENTER	218,157.45
HR-NEVADA YOUTH TRAINING CTR	204,118.91
HR-RURAL CHILD WELFARE	135,256.07
HR-CALIENTE YOUTH CENTER	132,967.11
HR-NO NEV CHILD & ADLSCNT SVCS	82,252.83
HR-YOUTH PAROLE SERVICES	39,513.44
HR-CHILDREN/YOUTH/FAMILY ADMIN	19,397.93
HR-INFORMATION SERVICES	12,935.35
(blank)	4,353.51
HR-COMMUNITY JUV JUSTICE PRG	789.34
HR-VICTIMS OF CRIME	-
HR-CHILD CARE SERVICES	-
402 - AGING AND DISABILITY SERVICES	699,609.75
HR-DESERT REGIONAL CENTER	616,153.71
HR-AGING FEDERAL PROG & ADMIN	66,279.31
HR-EARLY INTERVENTION SVCS	4,152.64
HR-AUTISM TREATMENT PROGRAM	3,640.77
HR-PLANNING ADVOCACY AND COMM	3,426.97
HR-SIERRA REGIONAL CENTER	2,727.35
HR-COMMUNICATION ACCESS SRVCS	1,432.27
HR-COMMUNITY BASED SERVICES	1,271.81
HR-IDEA PART C COMPLIANCE	332.70
HR-ADULT PROTECTIVE SERVS & LO	107.08

HR-RURAL REGIONAL CENTER	85.14
HR-FOCIS AND MFP	-
HR-SR CITIZEN PROP TAX ASSIST	-
(blank)	-
HR-HHS DO CONSUMER HEALTH ASSI	-
HR-STATE INDEPENDENT LIVING CO	-
HR-TOBACCO SETTLEMENT PROGRAM	-
HR-HR HOMEMAKER	-
HR-SENIOR RX AND DISABILITY RX	-
HR-HOME&COMMUNITY BASED PROG	-
407 - DIV OF WELFARE&SUPPORTIVE SVCS	276,852.54
HR-WELFARE FIELD SERVICES	212,854.80
HR-WELFARE ADMINISTRATION	34,191.98
HR-CHILD SPRT ENFORCEMENT PRG	17,157.19
HR-CHILD CARE ASSIST & DEVEL	10,189.36
HR-ENERGY ASSISTANCE - WELFARE	2,459.21
(blank)	-
400 - DEPT OF HEALTH AND HUMAN SERV	15,981.89
HR-ADMINISTRATION	10,231.23
HR-FUND FOR RESILIENT NEVADA	4,706.19
HR-GRANTS MANAGEMENT UNIT	1,044.47
HR-PATIENT PROTECTION COMMISIO	-
HR-IDEA PART C COMPLIANCE	-
(blank)	-
HR-DEVELOPMENTAL DISABILITIES	-
HR-INDIAN COMMISSION	-
HR-DISABILITY SERVICES	-
HR-PUBLIC DEFENDER	-
HR- HEALTHY NV FUND ADMIN	-
HR-DATA ANALYTICS	-
HR-CONSUMER HEALTH ASSISTANCE	-
(blank)	-
(blank)	-
403 - HEALTH CARE FINANCING & POLICY	-
HR-PUBLIC OPTION	-
HR-HEALTH CARE FIN & POLICY	-
(blank)	-
HR-NEVADA CHECK-UP PROGRAM	-
HR-NEVADA MEDICAID	-
Grand Total	4,783,032.13