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

Date and Time: April 7, 2026, 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

This meeting may be viewed on YouTube.
The video live stream begins at 10:00 am.
https://www.youtube.com/watch?v=5LSVhps2Jt8

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 670 631 303#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

3. Approval of the March 18, 2026 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:
Department of Corrections	95	$7,256,109

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

A. Governor's Finance Office

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Jim Wells to provide fiscal operations training for staff at various departments through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

B. Governor's Technology Office

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Kathleen McLaughlin to provide historical mainframe knowledge for the state's legacy systems through statewide contract #99SWC-NV24-21690 with GuideSoft dba Knowledge Services.

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

A. Department of Corrections – Prison Medical Care

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of $4,149,382 from the Interim Finance Contingency Account to cover outside medical treatment and pharmaceutical services within the Prison Medical Care budget account.

B. Department of Veterans Services

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of $492,884 from the Interim Finance Committee Contingency Account to fund an unanticipated shortfall at the Southern Nevada Veterans Memorial Cemetery due to a decrease in Cemetery Interment fees, a clerical error in calculating an intra-account transfer, and increased water utility costs.

C. Secretary of State's Office

Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of $233,704 from the Interim Finance Committee Contingency Account to fund a federal grant debt offset and the associated estimated interest.

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 requests for approval:

A. Claimant: Jassica Kalia
Claim No: TC21075
Settlement Amount: $180,000
Date of Loss: February 19, 2024

B. Claimant: Selina Yu Zhao
Claim No: TC21554
Settlement Amount: $120,000
Date of Loss: March 6, 2025

8. Approval of New, Extended, or Modified Collective Bargaining Agreement (For possible action)

A. Department of Administration – Division of Human Resource Management

Pursuant to NRS 288.555, subsection 1, the Department of Administration, Division of Human Resource Management acting on behalf of the Executive Department of the State of Nevada, requests approval of an amendment to the Collective Bargaining Agreement with the Fraternal Order of Police, Nevada CO, Lodge 21 for the 2025-2027 biennium for Bargaining Unit I, comprised of Category III peace officers. This amendment adds Article 20.10 to the agreement, with no expected fiscal impact.

B. Department of Administration – Division of Human Resource Management

Pursuant to NRS 288.555, subsection 1, the Department of Administration, Division of Human Resource Management acting on behalf of the Executive Department of the State of Nevada, requests approval of an amendment to the Collective Bargaining Agreement with the Fraternal Order of Police, Nevada CO, Lodge 21 for the 2025-2027 biennium for Bargaining Unit N, comprised of Category III peace officer supervisors. This amendment adds Article 12.11 to the agreement, with no expected fiscal impact.

9. Request for a Grant from the Fund to Assist School Districts in Financing Capital Improvements Pursuant to NRS 387.3335 (For possible action)

White Pine County School District – Board of School Trustees

Pursuant to NRS 387.3335, the White Pine County School District, Board of School Trustees requests approval of a grant of $98,425,276 from the Fund to Assist School Districts in Financing Capital Improvements Bond program.

10. Request for Approval of Land Lease Agreement (For possible action)

State Department of Conservation and Natural Resources – Division of State Lands

Pursuant to NRS 322.007, the department requests approval of a lease addendum to add five years to the term of the current lease for the Carson City Chamber of Commerce at the Nevada State Railroad Museum in Carson City.

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 February 7, 2026 through March 12, 2026.

15. Information Item Reports

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 March 17, 2026, for fiscal year 2026. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

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 670 631 303#. 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/2026/2026BOE/

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MEETING MINUTES

Date and Time: March 18, 2026, 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
Secretary of State Francisco V. Aguilar

STAFF PRESENT:
Tiffany Greenameyer, Clerk of the Board
David Lenzner, Deputy Director, Governor's Finance Office
Rosalie Bordelove, Board Counsel

1. Call to Order / Roll Call

Governor: Good morning, everyone. Let's call to order the State of Nevada Board of Examiners meeting scheduled for today, March 18, 2026. The time is 10:00 AM. We will start with the roll call.

David Lenzner: Governor Lombardo.

Governor: Here.

David Lenzner: Attorney General Ford.

Attorney General: Here.

David Lenzner: Secretary Aguilar.

Secretary of State: Here.

David Lenzner: 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 551 490 339#. 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: Let's move on to the first opportunity for public comment. This 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 will impose a three-minute time limit. Do we have any public comment there in Carson City?

Clerk of the Board: No, sir.

Governor: Do we have any public comment here in Las Vegas? Seeing none.

Is anybody on the phone or online?

Clerk of the Board: No, nobody is on the line.

Governor: Thank you.

3. Approval of the February 10, 2026 Meeting Minutes **(For possible action)**

Governor: Agenda item number three, *Approval of the February 10, 2026 Meeting Minutes*. Are there any corrections or concerns by any member?

Attorney General: None here. Move approval.

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

4. State Vehicle Purchases (For possible action)

Pursuant to NRS 334.010 and SAM 0304, 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 Wildlife	1	$71,000
State Department of Conservation and Natural Resources – Conservation Districts	2	$129,587
State Department of Conservation and Natural Resources – Division of Environmental Protection	2	$115,122
State Department of Conservation and Natural Resources – Division of State Parks	4	$440,280
State Department of Conservation and Natural Resources – Division of Water Resources	3	$141,378

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

Clerk of the Board: Pursuant to NRS 334.010 and SAM 0304, no vehicles 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 Wildlife. The department requests approval to purchase one vehicle for a total amount not to exceed $71,000. The next request is from the State Department of Conservation and Natural Resources, Conservation Districts. The department requests approval to purchase two vehicles for a total amount not to exceed $129,587. 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 $115,122. The next request is from the State Department of Conservation and Natural Resources, Division of State Parks. The department requests approval to purchase four vehicles for a total amount not to exceed $440,280. The last request is from the State Department of Conservation and Natural Resources, Division of Water Resources. The department requests approval to purchase three vehicles for a total amount not to exceed $141,378. Are there any questions on these items?

Governor: Do we have any questions?

Secretary of State: No questions. Motion to approve.

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

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

A. Department of Education

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 Kelli Carter to provide technical assistance and support to the department through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

B. State Public Charter School Authority

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 Jennifer Bauer to provide lead business manager and fiscal advisor services through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

Governor: Agenda item number five, *Authorization for an Emergency Contract with a Current and/or Former State Employee for Possible Action*.

Clerk of the Board: The first request is from the Department of Education. 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 Kelli Carter to provide technical assistance and support to the department through a statewide contract with Manpower.

The next request is from the State Public Charter School Authority. 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 Jennifer Bauer to provide lead business manager and fiscal advisor services through a statewide contract with Marathon Staffing Group. Are there any questions?

Governor: No questions here.

Secretary of State: None, thanks.

Attorney General: No. Move approval for both.

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

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

A. Department of Human Services – Aging and Disability Services Division

Pursuant to NRS 333.705, subsection 1, the division requests to contract with former employee Dr. Estela Racoma to reduce screening and evaluation delays by supporting ongoing clinical activities, facilitation of diagnostic evaluations, and the provision of eligibility determinations for medically fragile children through statewide contract #99SWC-NV20-5284 with Reliable Health Care Services of Southern Nevada, Inc.

B. Governor's Finance Office – Office of Project Management

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Kelli Anderson to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

C. Governor's Finance Office – Office of Project Management

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Teresa Carrillo to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

D. Governor's Finance Office – Office of Project Management

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Samantha Hill-Cruz to provide subject matter expertise in the state's legacy finance and human resources systems through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

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

Clerk of the Board: There are four requests under this agenda item pursuant to NRS 353.705, subsection 1. The first request is from the Department of Human Services, Aging and Disability Services Division. The department requests to contract with former employee Estela Racoma to provide early intervention services through a statewide contract with Reliable Health Care Services of Southern Nevada, Inc.

The next request is from the Governor's Finance Office, Office of Project Management. The office requests to contract with former employee Kelli Anderson to provide subject matter expertise in the state's legacy finance and human resources systems through a statewide contract with Manpower.

The next request is from the Governor's Finance Office, Office of Project Management. The office requests to contract with former employee Teresa Carrillo to provide subject matter expertise in the state's legacy finance and human resources systems through a statewide contract with Manpower.

The last request is from the Governor's Finance Office, Office of Project Management. The office requests to contract with former employee Samantha Hill-Cruz to provide subject matter expertise in the state's legacy finance and human resources systems through a statewide contract with Manpower. Are there any questions on any of these items?

Governor: No questions here. Are there any questions?

Secretary of State: No questions here. Motion to approve agenda item number 6.

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

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 requests for approval:

A. Claimant: Christopher Mykkanen
Claim No: TC21225
Settlement Amount: $200,000
Date of Loss: September 9, 2022

B. Claimant: Alisia Torrey
Claim No: TC21937
Settlement Amount: $100,000
Date of Loss: November 3, 2018

Governor: Agenda item seven, *Request for Approval to Pay a Tort Claim Pursuant to NRS 41.036 for Possible Action.*

Clerk of the Board: There are two requests under this agenda item from the Attorney General's Office, pursuant to NRS 41.036. The first request is for claimant Christopher Mykkanen for a settlement amount of $200,000. The second request is for claimant Alisia Torrey for a settlement amount of $100,000. Are there any questions on these items?

Governor: Are there any questions?

Attorney General: None here.

Secretary of State: No questions. Motion to approve items 7.A and 7.B.

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

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

Governor's Finance Office – Budget Division

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 3000 Federal Grant Procedures

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

Clerk of the Board: This request is from the Governor's Finance Office, Budget Division. 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 3000 Federal Grant Procedures of the State Administrative Manual. Are there any questions on this item?

Governor: None here.

Secretary of State: No questions. Motion to approve.

Governor: Alright, we have a motion for approval on agenda item number 8. All those in favor, signify by saying aye. The motion passes unanimously.

9. Approval of Proposed Leases (For possible action)

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

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

Governor: Are there any questions?

Secretary of State: No questions.

Attorney General: None here. Move to approve.

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

10. Approval of Proposed Contracts (For possible action)

Governor: Agenda item 10, *Approval of Proposed Contracts.*

Clerk of the Board: There are 47 contracts under this agenda item. Are there any questions on any of these contracts?

Governor: Yes, I have a question on contract number 38 for the Department of Corrections. I just want a clarification because the item reads for Warm Springs Correctional Center in the amount of $39 million, which is closed and seems excessive for one location. Would it be accurate that this is for all facilities?

Clerk of the Board: Yes, contract number 38 is for all correctional facilities and Warm Springs is closed and is not included in the contract.

Governor: So, why is it listed here as Warm Springs?

Clerk of the Board: I believe, in the original contract, it listed Warm Springs then, for this first amendment, we have since corrected that, removing Warm Springs from the list.

Governor: Okay. So, for the record, it's been fixed – can you state the narrative that it's been revised? Does this create an issue?

Board Counsel: I think we are okay. As long as it's still the Department of Corrections and Aramark Correctional Services, LLC, and the same amount, I am comfortable with it.

Governor: Okay.

Are there any other questions on any of the contracts? If not, I'll accept a motion.

Attorney General: Move to approve all contracts, numbers 1 through 47.

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

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

Governor: Agenda item number 11, *Approval of Proposed Master Service Agreements for Possible Action*.

Clerk of the Board: There are 33 master service agreements under this agenda item. Are there any questions on any of these?

Secretary of State: No questions. Motion to approve.

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

12. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than $100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold ($10,000 - $99,999). Attached is a list of all applicable approvals for contracts and amendments approved from January 10, 2026 through February 6, 2026.

Governor: Agenda item number 12, which is an information item of Clerk of the Board of contracts.

Clerk of the Board: There are 76 contracts within the threshold of $10,000 to $99,999 that were approved by the Clerk of the Board from January 10, 2026 through February 6, 2026. This item is informational. Are there any questions on any of these contracts?

Governor: None here.

Are there any questions?

Attorney General: No sir.

Secretary of State: No questions.

13. 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 February 12, 2026, 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, 2nd 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 October 1, 2025 through December 31, 2025.

Governor: Agenda item number 13, *Information Item Reports.* Let's take them separately please, Ms. Greenameyer.

Clerk of the Board: There are two reports under this agenda item. The first 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 February 12, 2026: Tort Claim Fund $2,693,155.74; Statutory Contingency Account $837,237.15; Stale Claims Account $2,689,429.00; Emergency Account $162,073.00; Disaster Relief Account $15,887,168.12; IFC Contingency Unrestricted General Fund $61,010,666.90; IFC Contingency Unrestricted Highway Fund $1,638,068.35; IFC Contingency Restricted General Fund $147,936,678.00; IFC Contingency Restricted Highway Fund $6,924,146.00; Extradition Coordinator, Budget Account 1002 $1,549,068.90. This item is informational. Are there any questions?

Governor: No, no questions here.

Attorney General: None here.

Secretary of State: No questions, I'm good. Thank you.

Clerk of the Board: The second report is the Statewide Quarterly Overtime Report for the second quarter of fiscal year 2026. 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. This report covers the period of October 1, 2025 through December 31, 2025. This item also is informational. Are there any questions?

Governor: No questions here.

Secretary of State: No questions. Thank you.

Attorney General: None here.

Governor: We will close item 13.

14. Public Comment This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment 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 551 490 339#. 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 14, this is the second opportunity for public comment. Do we have any public comment there in Carson City or on the phone?

Clerk of the Board: No, sir.

Governor: Do we have any public comment here in Las Vegas? Hearing none. We will close public comment.

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

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

Joe Lombardo
Governor

Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

STATE OF NEVADA
GOVERNOR'S FINANCE OFFICE
Budget Division

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

Date: March 18, 2026

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

From: Vince Young-Brown, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:
Pursuant to AB 570 of the 83rd Session of the Nevada Legislature the department requests approval to purchase 95 vehicles for a total amount not to exceed $7,256,109.

Additional Information:

The department is requesting to purchase 84 replacement transport vehicles, 3 replacement refrigerator trucks, 2 replacement buses, and 6 new ADA vehicles which will be distributed to the correctional institutions as needed. All vehicles being replaced will be in accordance with State Administrative Manual 1316.

Statutory Authority:

NRS 334.010

REVIEWED: _____

ACTION ITEM: _____

Joe Lombardo
Governor

James E. Dzurenda
Director

William C. "Bill" Quenga
Acting Deputy Director
Support Services



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

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

STATE OF NEVADA
Department of Corrections

MEMORANDUM

Date: March 16, 2026

To: Vince Young-Brown, Executive Branch Budget Officer
Governor's Finance Office, Budget Division

From: Venus B. Fajota, Administrative Services Officer 4
Nevada Department of Corrections, Support Services Division

Subject: Agency Vehicle Purchases

Pursuant to Assembly Bill (AB) 570 from the 83rd Legislative Session, the Nevada Department of Corrections (NDOC) received appropriations to purchase vehicles. We are submitting this request for Board of Examiners approval to move forward with purchasing six (6) ADA vehicles and the following replacement vehicles: 84 transport vehicles, two (2) buses, and three (3) refrigerator trucks.

The total cost of each vehicle includes the required emergency lighting kits, emergency medical kits and cage installation costs. Vehicles will be equipped with emergency lighting that allows staff or officers to rapidly respond to medical emergencies, disturbances, or escape attempts without delay. Emergency medical kits are needed for allowing officers to respond to medical situations which may occur during offender transportation so basic medical assistance can be provided until EMS arrives. The cages prevent offenders from accessing the driver, reduce assault risks and escape attempts by limiting the movement of offenders while providing controlled confinement during transport. These options align with recognized correctional transport standards and are essential to protecting correctional staff, offenders and the public during offender movement operations.

The staff vehicles are base models, the Director and Wardens are budgeted for mid-models, which extend fleet life and maximize asset use. Police interceptors are the vehicles staff utilize most frequently for offender transportation. Transportation is not limited to intrastate; interstate movement of offenders occurs between the surrounding western states. The reliability of the heavier suspension, larger cooling system and more powerful engines are more durable for daily use as opposed to standard-duty vehicles.

The refrigerator trucks are being purchased from a fleet located in Colorado, and the delivery fee is being charged to get the trucks to the Sparks dealership. The panel vans requested will be retrofitted with the cage compartments; therefore, the price is increased compared to a standard van. Upon research, it was determined to be more cost-effective as part of the initial order rather than getting the cages installed after-the-fact. These vehicles are also certified for transporting offenders.

Once approved by the Board of Examiners, replacement vehicles will be processed in accordance with State Administrative Manual 1316.

Thank you for your help and consideration with our request.

Attachments: AB 570 – 83rd Legislative Session, Request for Approval to Purchase State Vehicle (9), and Vehicle Order Information Form (27).

Assembly Bill No. 570–Committee on Ways and Means

CHAPTER.....

AN ACT making appropriations to the Department of Corrections for various purposes relating to computer hardware and software, vehicles, training, furniture and other equipment; and providing other matters properly relating thereto.

EXPLANATION – Matter in *bolded italics* is new; matter between brackets [omitted material] is material to be omitted.

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. 1. There is hereby appropriated from the State General Fund to the Department of Corrections for the Prison Medical Care budget account for the replacement of medical and dental equipment the following sums:

For the Fiscal Year 2025-2026 ..... $324,664

For the Fiscal Year 2026-2027 ..... $39,939

2. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 18, 2026, and September 17, 2027, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 18, 2026, and September 17, 2027, respectively.

Sec. 2. 1. There is hereby appropriated from the State General Fund to the Department of Corrections for the Office of the Director budget account for the replacement of vehicles the following sums:

For the Fiscal Year 2025-2026 ..... $5,154,386

For the Fiscal Year 2026-2027 ..... $43,446

2. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 18, 2026, and September 17, 2027, respectively, by

either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 18, 2026, and September 17, 2027, respectively.

Sec. 3. 1. There is hereby appropriated from the State General Fund to the Department of Corrections for the Office of the Director budget account for the replacement of equipment related to information technology networks and systems the following sums:

For the Fiscal Year 2025-2026 ..... $161,526

For the Fiscal Year 2026-2027 ..... $133,153

2. Any balance of the sums appropriated by subsection 1 remaining at the end of the respective fiscal years must not be committed for expenditure after June 30 of the respective fiscal years by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 18, 2026, and September 17, 2027, respectively, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 18, 2026, and September 17, 2027, respectively.

Sec. 4. (Deleted by amendment.)

Sec. 5. There is hereby appropriated from the State General Fund to the Department of Corrections for the Office of the Director budget account the sum of $225,750 for the replacement of refrigerator trucks.

Sec. 6. There is hereby appropriated from the State General Fund to the Department of Corrections for the Office of the Director budget account the sum of $123,308 for the replacement of office chairs and furniture for an executive office.

Sec. 7. There is hereby appropriated from the State General Fund to the Department of Corrections for the Office of the Director budget account the sum of $2,861,657 for the replacement of passenger buses and purchase of transport vans.

Sec. 8. There is hereby appropriated from the State General Fund to the Department of Corrections for the Office of the Director budget account the sum of $103,347 for the replacement of computer hardware and associated software.

Sec. 9. There is hereby appropriated from the State General Fund to the Department of Corrections for the Office of the Director budget account the sum of $1,313,733 for equipment and training for correctional officers.

SB570

Sec. 10. There is hereby appropriated from the State General Fund to the Department of Corrections for the Correctional Programs budget account the sum of $71,604 for the replacement of office chairs.

Sec. 11. Any remaining balance of an appropriation made by sections 5 to 10, inclusive, of this act must not be committed for expenditure after June 30, 2027, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 17, 2027, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 17, 2027.

Sec. 12. 1. There is hereby appropriated from the State General Fund to the Department of Corrections for the Office of the Director budget account the sum of $341,630 for the replacement of hardware, software and equipment for information technology servers.

2. Any remaining balance of the appropriation made by subsection 1 must not be committed for expenditure after June 30, 2027, by the entity to which the appropriation is made or any entity to which money from the appropriation is granted or otherwise transferred in any manner, and any portion of the appropriated money remaining must not be spent for any purpose after September 17, 2027, by either the entity to which the money was appropriated or the entity to which the money was subsequently granted or transferred, and must be reverted to the State General Fund on or before September 17, 2027.

Sec. 13. 1. This section and sections 1 to 11, inclusive, of this act become effective on July 1, 2025.

2. Section 12 of this act becomes effective on July 1, 2026.

20 ~~~~ 25

VEHICLE TYPE	UNITS	COST
ADA VEHICLES	6	$700,232.04
BUSES	2	$1,758,266.50
CHEVROLET EXPRESS	22	$1,299,566.12
FORD EXPLORERS	16	$811,708.44
FORD EXPLORERS	36	$1,753,886.60
FORD PANEL VAN	3	$321,188.25
RAM 2500 TRUCK	6	$326,482.50
RAM 3500 TRUCK	1	$73,193.75
FRIDGE TRUCK	3	$211,584.75
		$7,256,108.95

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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: 2 **Amount of the request:** $1,758,266.50

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

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

Mission of the requested vehicle(s):
Buses for offender transport

Were funds legislatively approved for the request? [X] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** AB570 **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)** [XX] 2 **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: 2002 MCI Odometer Reading: 414804 Type of Vehicle: bus Vehicle #2 Model Year: 2008 Odometer Reading: 430881 Type of Vehicle: bus *Please attach an additional sheet if necessary*	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.

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority Venus Fajota	Title ASO IV	Date 03/27/26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners ____ Date ____

Revised 1/2020

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.:	2025 MCI D4020ISTV		
Dealer Name:	MCI Inc.		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$ 853500.00	$1707000.00
SPECIFY OPTIONS: (description)			$51210.00
Tariff	2	$25605.00	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$1758210.00
DMV Title and DRS Fee's		$28.25	$56.50
GRAND TOTAL:			$1758266.50

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

AGREEMENT TO PURCHASE

Date : 10/24/2025

BUYER INFORMATION	
Complete Legal Name	NEVADA DEPARTMENT OF CORRECTIONS
Street Address	5500 Snyder Ave
City, State, Zip Code	Carson City, Nevada 89701
Telephone	725-216-6770
Legal Entity Form & Formation State	
Buyer's Garaging Location (if different than above)	

The buyer listed above ("Buyer") agrees to purchase from Motor Coach Industries, Inc. ("Seller") the new motor coach(es) listed below ("Coach" or "Coaches"), in accordance with the terms and conditions of this Agreement to Purchase ("ATP"). Seller agrees to deliver the Coach(es) to Buyer FOB _____ ("Delivery Location").

MY	MAKE	MODEL	VIN	ADDITIONAL DESCRIPTION (SEE ALSO SCHEDULE A)	PRICE (EXCLUDES TAXES)
2025	MCI	D4020 ISTV	TBD	$853,500 X 2 D4020ISTV's	$1,707,000.00
				TOTAL CASH PRICE (EXCLUDING TAXES)	$1,707,000.00
				3% Estimated Tariff ($25,605 X 2)	51,210.00
				NET TRADE-IN VALUE (IF ANY) (IF APPLICABLE, SCHEDULE D MUST BE COMPLETED AND ATTACHED)	
				SALES TAX (ENTER STATE _____ AND RATE _____%)	
				Payment Terms 100% at ATP execution (Net 30 Days)	$1,758,210.00

SUBJECT TO THE ATTACHED TERMS, CONDITIONS, AND SCHEDULES MADE A PART HEREOF.

Offered by:

_____
(Buyer's Name)

By: _____

Print Name: _____

Print Title: _____

Date of Offer: _____, 2025

Accepted by:
MOTOR COACH INDUSTRIES, INC.

By: _____

Officer Name: _____

Officer Title: _____

Date of Acceptance: _____, 2025

Name of Salesperson: _____

NOTE: BUYER'S SIGNATURE ON THIS DOCUMENT CONSTITUTES AN OFFER TO PURCHASE UPON THE TERMS STATED. IN NO EVENT WILL THIS OFFER BE BINDING UNTIL SELLER HAS ACCEPTED THIS OFFER AS EVIDENCED BY ITS OFFICER'S SIGNATURE ABOVE AND INITIALS BELOW. THE SALESPERSON IS NOT AUTHORIZED TO ACCEPT THIS OFFER.

Buyer initials _____

Seller initials _____

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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: 22 **Amount of the request:** $1,299,566.12

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

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

Mission of the requested vehicle(s):
Replacement of older and non-operative vehicles used for transportation

Were funds legislatively approved for the request? [X] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** AB570 **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)** [XX] ____ **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.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information:	Yes
Vehicle #1 Model Year:	
Odometer Reading:	
Type of Vehicle: Please see attached schedule.	
Vehicle #2 Model Year:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
Odometer Reading:	
Type of Vehicle:	
Please attach an additional sheet if necessary	

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority Venus Fajota	Title ASO IV	Date 03/27/26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

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.:	2026 Chevrolet Express 2WD 16 PSGR Van Stock number: factory build		
Dealer Name:	Michael Hohl GMC		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$ 52723.86	$105447.72
SPECIFY OPTIONS: (description)			$14454.60
Cage	2	$6376.80	
Accessory light kit	2	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$119902.32
DMV Title and DRS Fee's	2	$28.25	$56.50
GRAND TOTAL:			$119958.82

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Pershing County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Chevrolet Express van:

Year	Make	Model	Plate	VIN	Mileage
2006	CHEVY	300	EX 53267	2C3KA43R07H665451	247,061
2006	CHEVY	EXPRESS	EX 50259	1GAHG39U761197010	253,164

Michael HOHL

Nevada Dept.Of Corrections
2026 CHEVY EXPRESS 2WD 15 PSGR VAN
Stock# FACTORY BUILD
Salesperson: Robert V
10/28/2026 11:12 AM

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

CASH PURCHASE	
Market Value	56,250.00
Discount Savings	- 3,526.14
Vehicle (after Savings)	52,723.86
Taxes / Fees	28.25
Due On Delivery	52,752.11

← Out The Door

CORRECT 2026 FACTORY ORDER PRICING

PRICING IS PER UNIT ORDERED.

Interest Rates, Pricing, Rebates and Terms are estimates, subject to change and apply only on 10/28/2026.

FOR INTERNAL USE ONLY Michael Hohl Motor Company -- (775) 882-4462 01.06.78.63

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Sierra Electronics

690 E. Glendale Ave, Suite 9B, Sparks, NV 89431
(775) 359-1121 (800) 874-7515

2025 Van Cages
SALES QUOTE

TO: Nevada Department Of Corrections
Noe Calderon
Carson City, NV 89701
775-887-3289

Date: **12/3/2025**
Sales Rep: Dan Pena
Terms: Net 30
Expires: 1/2/2026

REF# DQM14323

ITEM	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
P-REAR-1	PART,REAR,GSRS,97-20	1	$1,224.80	$1,224.80
P-MFK-9	PART,REAR,FILRKIT,GSRS,97-20	1	$416.00	$416.00
WGI-C1	2006 CHEVY 3500 WINDOW GUARDS	1	$1,808.80	$1,808.80
P-MFK-4	PARTITION FILLER PANEL KIT	1	$504.00	$504.00
P-FRONT-1	FRONT PARTITION	1	$1,823.20	$1,823.20
Freight	Freight	1	$600.00	$600.00

Subtotal	$6,376.80
Sales Tax	$0.00
Total	**$6,376.80**

Notes:

For questions regarding this quote please contact:

Dan Peña
Office – 775-359-1121
Cell -775-846-6904
Toll Free – 800-874-7515
danp@sierraelectronic s.com
Sierra Electronics
690 East Glendale Ste.9B Sparks, NV 89431

THANK YOU FOR THIS OPPORTUNITY

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

		$ -
Parts	$	850.50
Freight		
Sales Tax		
Total	**$**	**850.50**

THAD CLARY
702-768-1285
t.clary@fmpco.com

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.:	2026 Chevrolet Express 2WD 16 PSGR Van Stock number: factory build		
Dealer Name:	Michael Hohl GMC		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 52723.86	$52723.86
SPECIFY OPTIONS: (description)			$850.50
		$	
Accessory light kit	1	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$53574.36
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$53602.61

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Elko County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Chevrolet Express van:

Year	Make	Model	Plate	VIN	Mileage
2004	DODGE	DURANGO	EX61486	1D4HB38N64F162056	209,205

Michael HOHL

GMC

Nevada Dept.Of Corrections
2026 CHEVY EXPRESS 2WD 15 PSGR VAN
Stock# FACTORY BUILD
Salesperson: Robert V
10/26/2026 11:12 AM

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

CASH PURCHASE	
Market Value	56,250.00
Discount Savings	- 3,526.14
Vehicle (after Savings)	52,723.86
Taxes / Fees	28.25
Due On Delivery	52,752.11

← Out The Door

CORRECT 2026 FACTORY ORDER PRICING

PRICING IS PER UNIT ORDERED. ←

Interest Rates, Pricing, Rebates and Terms are estimates, subject to change and apply only on 10/26/2026.
FOR INTERNAL USE ONLY Michael Hohl Motor Company -- (775) 882-4462 01.06.78.63

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Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120 Las Vegas NV 89120 Phone 702-459-0566

THAD CLARY
3292 East Sunset Road # 120 Las Vegas NV 89120 Cell 702-768-1285 t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

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.:	2026 Chevrolet Express 2WD 16 PSGR Van Stock number: factory build		
Dealer Name:	Michael Hohl GMC		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	13	$ 52723.86	$685410.18
SPECIFY OPTIONS: (description)			$80350.80
Cage	11	$6376.80	
Accessory light kit	12	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$765760.98
DMV Title and DRS Fee's	13	$28.25	$367.50 25
GRAND TOTAL:			$766128.23

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Chevrolet Express van:

Year	Make	Model	Plate	VIN	Mileage
2016	CHEVY	EXPRESS	EX 60921	1GAZGNFF9G1151640	176,212
2016	CHEVY	EXPRESS	EX 66605	1GAZGNFF3G1149513	127,855
2005	CHEVY	EXPRESS	EX 47142	1GAHG39U251133813	158,086
1996	FORD	E3500	EX31507	1FBHE31H9YHA79463	153,458
2006	CHEVY	EXPRESS	EX 50253	1GAHG39U661198620	200,812
2006	CHEVY	EXPRESS	EX 52092	1GAHG39U161196886	119,845
2006	DODGE	Dakota	EX 50282	1D7H28K06S616223	117,289
2006	CHEVY	EXPRESS	EX 50272	1GAHG39U761195774	287,282
2006	DODGE	Dakota	EX 50278	1D7HE28K46S596223	289,356
2006	CHEVY	EXPRESS	EX 49725	1GAHG39U561198401	256,192
2006	CHEVY	EXPRESS	EX 50264	1GAHG39U561198477	295,313
2006	CHEVY	EXPRESS	EX 50265	1GAHG39U261198341	272,276
1996	FORD	F-150	EX 32622	2FTEF14Y4TCA25944	102,658

Michael

HOHL

Nevada Dept.Of Corrections
2026 CHEVY EXPRESS 2WD 15 PSGR VAN
Stock# FACTORY BUILD
Salesperson: Robert V
10/28/2025 11:12 AM

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

CASH PURCHASE	
Market Value	56,250.00
Discount Savings	- 3,526.14
Vehicle (after Savings)	52,723.86
Taxes / Fees	28.25
Due On Delivery	52,752.11

← Out The Door

CORRECT 2026 FACTORY ORDER PRICING

PRICING IS PER UNIT ORDERED.

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Sierra Electronics
690 E. Glendale Ave, Suite 9B, Sparks, NV 89431
(775) 359-1121 (800) 874-7515

2025 Van Cages
SALES QUOTE

TO: Nevada Department Of Corrections
Noe Calderon
Carson City, NV 89701
775-887-3289

Date: **12/3/2025**
Sales Rep: Dan Pena
Terms: Net 30
Expires: 1/2/2026

REF# DQM14323

ITEM	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
P-REAR-1	PART,REAR,GSRS,97-20	1	$1,224.80	$1,224.80
P-MFK-9	PART,REAR,FILRKIT,GSRS,97-20	1	$416.00	$416.00
WGI-C1	2006 CHEVY 3500 WINDOW GUARDS	1	$1,808.80	$1,808.80
P-MFK-4	PARTITION FILLER PANEL KIT	1	$504.00	$504.00
P-FRONT-1	FRONT PARTITION	1	$1,823.20	$1,823.20
Freight	Freight	1	$600.00	$600.00

Subtotal	$6,376.80
Sales Tax	$0.00
Total	**$6,376.80**

Notes:

For questions regarding this quote please contact:

Dan Peña
Office -- 775-359-1121
Cell -775-846-6904
Toll Free -- 800-874-7515
danp@sierraelectronic s.com
Sierra Electronics
690 East Glendale Ste.9B Sparks, NV 89431

R2.1

THANK YOU FOR THIS OPPORTUNITY

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

FACTORYMOTORPARTS

The Confident Solution.

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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.:	2026 Chevrolet Express 2WD 16 PSGR Van Stock number: factory build		
Dealer Name:	Michael Hohl GMC		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	6	$ 52723.86	$316343.16
SPECIFY OPTIONS: (description)			$43363.80
cage	6	$6376.80	
Accessory light kit	6	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$359706.96
DMV Title and DRS Fee's	6	$28.25	$169.50
GRAND TOTAL:			$359876.46

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Chevrolet Express van:

Year	Make	Model	Plate	VIN	Mileage
2006	CHEVY	EXPRESS	EX 50293	1GAHG39U261198579	199,621
1997	FORD	ECON	EX 47032	1FTHS24L4VHB85935	109,442
2000	GMC	SAVANA	EX 52995	1GJGG25R3Y1255883	84,281
2006	CHEVY	EXPRESS	EX 49731	1GAHG39U261197593	191,121
2000	GMC	SAVANA	EX 38282	1GJHG39R7Y1236774	101,841
2006	CHEVY	TRAILBLAZER	EX49739	1GNDT13S562245764	217,410

Michael

HOHL

Nevada Dept.Of Corrections
2026 CHEVY EXPRESS 2WD 15 PSGR VAN
Stock# FACTORY BUILD
Salesperson: Robert V
10/28/2025 11:12 AM

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

CASH PURCHASE	
Market Value	56,250.00
Discount Savings	- 3,526.14
Vehicle (after Savings)	52,723.86
Taxes / Fees	28.25
Due On Delivery	52,752.11

← Out The Door

CORRECT 2026 FACTORY ORDER PRICING

PRICING IS PER UNIT ORDERED. ←

Interest Rates, Pricing, Rebates and Terms are estimates, subject to change and apply only on 10/28/2025.

FOR INTERNAL USE ONLY Michael Hohl Motor Company – (775) 882-4462 01.06.78.63

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Sierra Electronics

690 E. Glendale Ave, Suite 9B, Sparks, NV 89431
(775) 359-1121 (800) 874-7515

2025 Van Cages
SALES QUOTE

TO: Nevada Department Of Corrections
Noe Calderon
Carson City, NV 89701
775-887-3289

Date: **12/3/2025**
Sales Rep: Dan Pena
Terms: Net 30
Expires: 1/2/2026

REF# DQM14323

ITEM	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
P-REAR-1	PART,REAR,GSRS,97-20	1	$1,224.80	$1,224.80
P-MFK-9	PART,REAR,FILRKIT,GSRS,97-20	1	$416.00	$416.00
WGI-C1	2006 CHEVY 3500 WINDOW GUARDS	1	$1,808.80	$1,808.80
P-MFK-4	PARTITION FILLER PANEL KIT	1	$504.00	$504.00
P-FRONT-1	FRONT PARTITION	1	$1,823.20	$1,823.20
Freight	Freight	1	$600.00	$600.00

Subtotal	$6,376.80
Sales Tax	$0.00
Total	**$6,376.80**

Notes:

For questions regarding this quote please contact:

Dan Peña
Office – 775-359-1121
Cell -775-846-6904
Toll Free – 800-874-7515
danp@sierraelectronic s.com
Sierra Electronics
690 East Glendale Ste.9B Sparks, NV 89431

THANK YOU FOR THIS OPPORTUNITY

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FACTORYMOTORPARTS

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THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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: 16 **Amount of the request:** 811,708.44

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

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

Mission of the requested vehicle(s):
Replacement of older and non-operative vehicles used for transportation

Were funds legislatively approved for the request? [X] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** AB570 **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)** [XX] ____ **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.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information:	Yes
Vehicle #1 Model Year:	
Odometer Reading:	
Type of Vehicle: Please see attached schedule.	
Vehicle #2 Model Year:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
Odometer Reading:	
Type of Vehicle:	
Please attach an additional sheet if necessary	

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority Venus Fajota	Title ASO IV	Date 03/27/26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

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.:	2026 Ford Explorer STL Stock no 23456		
Dealer Name:	Capitol Ford		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Charcoal	Interior: black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 48700.00	48700.00
SPECIFY OPTIONS: (description)			$850.50
Accessory light kit	1	850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$49550.50
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$49578.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Pershing
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer:

Year	Make	Model	Plate	VIN	Mileage
2006	DODGE	DURANGO	EX 78850	1D8HB48216F157490	183,788

Explorer Director

DEAL# 59681
TO CUST# 311690

RETAIL ORDER FOR A MOTOR VEHICLE

DEALER

12/03/2025
DATE

CAPITAL FORD
3660 S. Carson St.
CARSON CITY, NV 89701
Phone (775) 882-5353

NV DEPARTMENT OF CORRECTIONS
PURCHASER'S NAME
NV DEPARTMENT OF CORRECTIONS
STREET ADDRESS
CARSON CITY NV 89703
CITY STATE
(775) 977-5594
RES. PHONE BUS. PHONE

SALESMAN'S NAME

PLEASE ENTER MY ORDER FOR THE FOLLOWING ☒ NEW ☒ CAR ☐ USED ☐ TRUCK YEAR 2026 MAKE FORD

MODEL OR SERIES EXPLORER STL BODY TYPE COLOR SERIAL NO.

TO BE DELIVERED ON OR ABOUT 12/03 20 25 STOCK NO. 23456

CASH DELIVERED PRICE OF UNIT	$	48700.00
ACCESSORIES	$	
REMARKS:		
CASH SALE PRICE OF DESCRIBED MOTOR VEHICLE	$	48700.00
STATE AND LOCAL TAXES		N/A
LICENSE, LICENSE TRANSFER, TITLE, REGISTRATION FEE		28.25
1. TOTAL PRICE OF UNIT	$	48728.25
2. DOWN PAYMENT: consisting of $ N/A in cash and/or $ N/A net trade-in allowance on trade-in; see statement in right hand column for details.	$	N/A
3. UNPAID CASH BALANCE DUE ON DELIVERY (difference between items 1 and 2)	$	48728.25

Purchaser agrees that this Order includes all of the terms and conditions on both the face and reverse side hereof, that this Order cancels and supersedes any prior agreement and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. Purchaser by his execution of this Order acknowledges that he has read its terms and conditions and has received a true copy of this Order.

12/03/25
PURCHASER'S SIGNATURE DATE

ACCEPTED BY:
DEALER OR HIS AUTHORIZED REPRESENTATIVE

USED CAR TRADE-IN AND/OR OTHER CREDITS

MAKE OF TRADE-IN		
YEAR MODEL BODY		
SERIAL NO.		
BALANCE OWED TO		
ADDRESS		
USED TRADE-IN ALLOWANCE	$	N/A
BALANCE OWED ON TRADE-IN		N/A
NET ALLOWANCE ON USED TRADE-IN	$	N/A
DEPOSIT OR CREDIT BALANCE		N/A
DOWN PAYMENT (Trans. to Left Col.)	$	N/A

DATE	INVOICE NO.	STOCK NO.	KEY
12/03/2025		23456	I

	COST	KEY	ACCT. NO.	SALE	KEY
		C	3		-
NEVADA TITLE FEE		C	2424		-
		C			-
		C			-
DUE BILL		C	2310		-
COST		C	4		+
		C			-
RECON		C	4		+
COST		C	4		-
		C			-
EX. WAR. N		C	5		-
EX. WAR. U		C	5		-
WAR. PDL		C	2315		-
		C			-
INS. N		C	5		-
INS. U		C	5		-
INS. PDL		C	2315		-
DOC FEE		C			-
FIN. N		C	5		+
FIN. U		C	5		-
FIN. REC.		C	12		+
► CAR DEAL NO.					I
SALES TAX			2150		-
LIEN PAYOFFS			2311		-
DEPOSITS			2300		+
CONTRACTS IN TRANSIT			10		+
CASH & VEHICLE ACCTS. REC			1110		+
			2000		+
			111		-
					-
VALUE OF TRADE STOCK NO.		I			+
STOCK NO.		I			+

THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, AS TO CONTENT OR FITNESS FOR PURPOSE OF THIS FORM. CONSULT YOUR OWN LEGAL COUNSEL

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Las Vegas NV 89120
Phone 702-459-0566

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THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

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.:	2026 Ford Explorer PIU Stock number 12345		
Dealer Name:	Capitol Ford		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: silver	Interior: black	X Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$ 48250.00	$96500.00
SPECIFY OPTIONS: (description)			$6005.40
Accessory light kit	2	$850.50	
Cage	2	$2152.20	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	
Total purchase price with options			$102505.40
DMV Title and DRS Fee's	2	$28.25	$56.50
GRAND TOTAL:			$102561.90

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Pershing
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer Police Interceptor:

Year	Make	Model	Plate	VIN	Mileage
2016	FORD	EXPLORER	EX67093	1FM5K8D85GGB88946	145,882
1997	MERCURY	SABLE	EX 34949	1MELM55U7VG621288	190,948

Interseptor

DEAL# 59680
TO CUST# 311690

RETAIL ORDER FOR A MOTOR VEHICLE

DEALER

12/02/2025
DATE

CAPITAL FORD
3660 S. Carson St.
CARSON CITY, NV 89701
Phone (775) 882-5353

NV DEPARTMENT OF CORRECTIONS
PURCHASER'S NAME
NV DEPARTMENT OF CORRECTIONS
STREET ADDRESS
CARSON CITY NV 89703
CITY STATE
(775)977-5594
RES. PHONE BUS. PHONE

SALESMAN'S NAME

PLEASE ENTER MY ORDER FOR THE FOLLOWING ☒ NEW ☒ CAR ☐ USED ☐ TRUCK YEAR 2026 MAKE FORD

MODEL OR SERIES EXPLORER BODY TYPE PIU COLOR SERIAL NO.

TO BE DELIVERED ON OR ABOUT 12/02 20 25 STOCK NO. 12345

CASH DELIVERED PRICE OF UNIT	$	48250.00
ACCESSORIES	$	
REMARKS:		
CASH SALE PRICE OF DESCRIBED MOTOR VEHICLE	$	48250.00
STATE AND LOCAL TAXES		N/A
LICENSE, LICENSE TRANSFER, TITLE, REGISTRATION FEE		28.25
1. TOTAL PRICE OF UNIT	$	48278.25
2. DOWN PAYMENT: consisting of $ N/A in cash and/or $ N/A net trade-in allowance on trade-in; see statement in right hand column for details.	$	N/A
3. UNPAID CASH BALANCE DUE ON DELIVERY (difference between items 1 and 2)	$	48278.25

Purchaser agrees that this Order includes all of the terms and conditions on both the face and reverse side hereof, that this Order cancels and supersedes any prior agreement and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. Purchaser by his execution of this Order acknowledges that he has read its terms and conditions and has received a true copy of this Order.

PURCHASER'S SIGNATURE 12/02/25 DATE

ACCEPTED BY:
DEALER OR HIS AUTHORIZED REPRESENTATIVE

USED CAR TRADE-IN AND/OR OTHER CREDITS

MAKE OF TRADE-IN		
YEAR / MODEL / BODY		
SERIAL NO.		
BALANCE OWED TO		
ADDRESS		
USED TRADE-IN ALLOWANCE	$	N/A
BALANCE OWED ON TRADE-IN		N/A
NET ALLOWANCE ON USED TRADE-IN	$	N/A
DEPOSIT OR CREDIT BALANCE		N/A
DOWN PAYMENT (Trans. to Left Col.)	$	N/A

DATE	INVOICE NO.	STOCK NO.	KEY
12/02/2025		12345	I

	COST	KEY	ACCT. NO.	SALE	KEY
		C	3		-
NEVADA TITLE FEE		C	2424		-
		C			-
		C			-
DUE BILL		C	2310		-
COST		C	4		+
		C			-
RECON		C	4		+
COST		C	4		-
		C			-
EX. WAR. N		C	5		-
EX. WAR. U		C	5		-
WAR. PBL		C	2315		-
		C			-
INS. N		C	5		-
INS. U		C	5		-
INS. PBL		C	2315		-
DOC. FEE		C			-
FIN. N		C	5		-
FIN. U		C	5		-
FIN. REC.		C	12		+
			CAR DEAL NO.		I
SALES TAX			2150		-
LIEN PAYOFFS			2311		-
DEPOSITS			2300		+
CONTRACTS IN TRANSIT			10		+
CASH & VEHICLE ACCTS. REC.			1110		+
			2000		+
			1111		-
					-
VALUE OF TRADE STOCK NO.		I			+
VALUE OF TRADE STOCK NO.		I			+

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Quote Only

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THAD CLARY
3292 East Sunset Road # 120 Las Vegas NV 89120 Cell 702-768-1285 t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL	ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL	WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL	COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD	C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD	STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD	STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD	STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

Sierra Electronics
690 E. Glendale Ave, Suite 9B, Sparks, NV 89431
(775) 359-1121 (800) 874-7515

2026 Interceptor
SALES QUOTE

TO: Nevada Department Of Corrections
Noe Calderon
Carson City, NV 89701
775-887-3289

Date: **12/3/2025**
Sales Rep: Dan Pena
Terms: Net 30
Expires: 1/2/2026

REF# DQM14333

ITEM	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
PK1137ITU20TM	#6XL UNCOATED POLY PARTITION 20-27 INTERCEPTOR UTILITY	1	$821.30	$821.30
WK0514ITU20H	Window Barrier VS Steel- Horizontal- 2025 Ford PIU Hybrid	1	$287.30	$287.30
PK0123ITU252ND	#12VS 2ND EXPANDED METAL 25-27 INTERCEPTOR UTILITY BEHIND 2ND ROW SEAT	1	$576.30	$576.30
DK0598ITU20	DOOR PANEL VS ALUMINUM 20-27 INTERCEPTOR UTILITY	1	$217.30	$217.30
Freight	Freight	1	$250.00	$250.00

Subtotal	$2,152.20
Sales Tax	$0.00
Total	**$2,152.20**

Notes:

For questions regarding this quote please contact:

Dan Peña
Office – 775-359-1121
Cell -775-846-6904
Toll Free – 800-874-7515
danp@sierraelectronics.com
Sierra Electronics
690 East Glendale Ste.9B Sparks, NV 89431

THANK YOU FOR THIS OPPORTUNITY

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.:	2025 Ford Explorer ACT Stock number: G300		
Dealer Name:	Capitol Ford		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$40750.00	$40750.00
SPECIFY OPTIONS: (description)			$850.50
cage			
Accessory light kit	1	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			
Total purchase price with options			$41600.50
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL			$41628.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Pershing
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer:

Year	Make	Model	Plate	VIN	Mileage
1996	CHEVY	CAVALIER	EX 61458	1G1JC5246T7259007	71,225

Explorer Stuff

DEAL# 60100
TO CUST# 255861

RETAIL ORDER FOR A MOTOR VEHICLE

DEALER

01/19/2026
DATE

CAPITAL FORD
3660 S. Carson St.
CARSON CITY, NV 89701
Phone (775) 882-5353

NEVADA DEPARTMENT OF CORRECTIONS
PURCHASER'S NAME
5500 SNYDER AVENUE
STREET ADDRESS
CARSON CITY NV 89701-6752
CITY STATE
(775) 882-3201
RES. PHONE BUS. PHONE

SALESMAN'S NAME

PLEASE ENTER MY ORDER FOR THE FOLLOWING ☒ NEW ☒ CAR ☐ USED ☐ TRUCK YEAR 2026 MAKE FORD TRUCK

MODEL OR SERIES EXPLORER BODY ACT TYPE COLOR SERIAL NO.

TO BE DELIVERED ON OR ABOUT 01/19 20 26 STOCK NO. G300

CASH DELIVERED PRICE OF UNIT	$	40750.00
ACCESSORIES	$	
REMARKS:		
CASH SALE PRICE OF DESCRIBED MOTOR VEHICLE	$	40750.00
STATE AND LOCAL TAXES		N/A
LICENSE, LICENSE TRANSFER, TITLE, REGISTRATION FEE		28.25
1. TOTAL PRICE OF UNIT	$	40778.25
2. DOWN PAYMENT: consisting of $ N/A in cash and/or $ N/A net trade-in allowance on trade-in; see statement in right hand column for details.	$	N/A
3. UNPAID CASH BALANCE DUE ON DELIVERY (difference between Items 1 and 2)	$	40778.25

Purchaser agrees that this Order includes all of the terms and conditions on both the face and reverse side hereof, that this Order cancels and supersedes any prior agreement and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. Purchaser by his execution of this Order acknowledges that he has read its terms and conditions and has received a true copy of this Order.

PURCHASER'S SIGNATURE 01/19/26 DATE

ACCEPTED BY: DEALER OR HIS AUTHORIZED REPRESENTATIVE

USED CAR TRADE-IN AND/OR OTHER CREDITS

MAKE OF TRADE-IN		
YEAR MODEL BODY		
SERIAL NO.		
BALANCE OWED TO		
ADDRESS		
USED TRADE-IN ALLOWANCE	$	N/A
BALANCE OWED ON TRADE-IN		N/A
NET ALLOWANCE ON USED TRADE-IN	$	N/A
DEPOSIT OR CREDIT BALANCE		N/A
DOWN PAYMENT (Trans. to Left Col.)	$	N/A

DATE	INVOICE NO	STOCK NO.	KEY
01/19/2026		G300	I

	COST	KEY	ACCT. NO.	SALE	KEY
		C	3		-
NEVADA TITLE FEE		C	2424		-
		C			-
		C			-
DUE BILL		C	2310		-
COST		C	4		+
		C			-
RECON		C	4		+
COST		C	4		-
		C			-
EX.WAR.N		C	5		-
EX.WAR.U		C	5		-
WAR.PDL		C	2315		-
		C			-
INS.N		C	5		-
INS.U		C	5		-
INS.PDL		C	2315		-
DOC.FEE		C			-
FIN.N		C	5		-
FIN.U		C	5		-
FIN.REC.		C	12		+
→ CAR DEAL NO.					I
SALES TAX			2150		-
LIEN PAYOFFS			2311		-
DEPOSITS			2300		+
CONTRACTS IN TRANSIT			10		+
CASH & VEHICLE ACCTS. REC			1110		+
			2000		+
			1111		-
					-
VALUE OF TRADE STOCK NO.		I			+
VALUE OF TRADE STOCK NO.		I			+

THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, AS TO CONTENT OR FITNESS FOR PURPOSE OF THIS FORM. CONSULT YOUR OWN LEGAL COUNSEL.

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566





THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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.:	2026 Ford Explorer PIU Stock number 12345		
Dealer Name:	Capitol Ford		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: silver	Interior: black	X Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	10	$ 48250.00	$482500.00
SPECIFY OPTIONS: (description)			$30027.00
Accessory light kit	10	$850.50	
Cage	10	$2152.20	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$512527.00
DMV Title and DRS Fee's	10	$28.25	$282.50
GRAND TOTAL:			$512809.50

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer Police Interceptor:

Year	Make	Model	Plate	VIN	Mileage
2006	CHEVY	BLAZER	EX49739	1GNDT13S562245764	217,410
2014	DODGE	AVENGER	EX 64302	1C3CDZAB5EN147628	148,497
2000	CHEVY	MALIBU	EX 38298	1G1ND52J0Y6327478	152,346
1996	FORD	F150	EX10738	1FTEF15Y3TLB82384	66,288
2006	CHEVY	E350	EX49619	1GAHG39U161178873	208,918
2006	CHEVY	TRAILBLAZER	EX49740	1GNDT135862245600	150,277
2014	CHEVY	EQUINOX	EX64321	2GNF1EEK8E6172727	113,552
2014	FORD	E350	EX65615	1FBSS3BL2EDB20527	216,373
2014	FORD	E350	EX65616	1FBSS3BL4EDB20528	251,673
2016	FORD	EXPLORER	EX67080	1FM5K8D89GGB88948	147,716

Interseptor

TO DEAL# 59680
CUST# 311690

RETAIL ORDER FOR A MOTOR VEHICLE

DEALER

12/02/2025
DATE

CAPITAL FORD
3660 S. Carson St.
CARSON CITY, NV 89701
Phone (775) 882-5353

SALESMAN'S NAME

NV DEPARTMENT OF CORRECTIONS
PURCHASER'S NAME
NV DEPARTMENT OF CORRECTIONS
STREET ADDRESS
CARSON CITY NV 89703
CITY STATE
(775)977-5594
RES. PHONE BUS. PHONE

PLEASE ENTER MY ORDER FOR THE FOLLOWING ☒ NEW ☒ CAR ☐ USED ☐ TRUCK YEAR 2026 MAKE FORD

MODEL OR SERIES EXPLORER PIU BODY TYPE COLOR SERIAL NO.

TO BE DELIVERED ON OR ABOUT 12/02 20 25 STOCK NO. 12345

CASH DELIVERED PRICE OF UNIT	$	48250.00
ACCESSORIES	$	
REMARKS:		
CASH SALE PRICE OF DESCRIBED MOTOR VEHICLE	$	48250.00
STATE AND LOCAL TAXES		N/A
LICENSE, LICENSE TRANSFER, TITLE, REGISTRATION FEE		28.25
1. TOTAL PRICE OF UNIT	$	48278.25
2. DOWN PAYMENT: consisting of $ N/A in cash and/or $ N/A net trade-in allowance on trade-in; see statement in right hand column for details.	$	N/A
3. UNPAID CASH BALANCE DUE ON DELIVERY (difference between items 1 and 2)	$	48278.25

Purchaser agrees that this Order includes all of the terms and conditions on both the face and reverse side hereof, that this Order cancels and supersedes any prior agreement and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. Purchaser by his execution of this Order acknowledges that he has read its terms and conditions and has received a true copy of this Order.

12/02/25
PURCHASER'S SIGNATURE DATE

ACCEPTED BY:
DEALER OR HIS AUTHORIZED REPRESENTATIVE

USED CAR TRADE-IN AND/OR OTHER CREDITS

MAKE OF TRADE-IN		
YEAR MODEL BODY		
SERIAL NO.		
BALANCE OWED TO		
ADDRESS		
USED TRADE-IN ALLOWANCE	$	N/A
BALANCE OWED ON TRADE-IN		N/A
NET ALLOWANCE ON USED TRADE-IN	$	N/A
DEPOSIT OR CREDIT BALANCE		N/A
DOWN PAYMENT (Trans. to Left Col.)	$	N/A

DATE	INVOICE NO.	STOCK NO.	KEY
12/02/2025		12345	I

	COST	KEY	ACCT. NO.	SALE	KEY
		C	3		-
NEVADA TITLE FEE		C	2424		-
		C			-
		C			-
DUE BILL		C	2310		=
COST		C	4		+
		C			=
RECON		C	4		+
COST		C	4		-
		C			=
EX. WAR. N		C	5		-
EX. WAR. U		C	5		-
WAR. PBL		C	2315		=
		C			=
INS. N		C	5		-
INS. U		C	5		-
INS. PBL		C	2315		=
DOC. FEE		C			-
FIN. N		C	5		-
FIN. U		C	5		-
FIN. REC.		C	12		+
→ CAR DEAL NO.					I
SALES TAX			2150		-
LIEN PAYOFFS			231		-
DEPOSITS			2300		+
CONTRACTS IN TRANSIT			10		+
CASH & VEHICLE ACCTS. REC.			1110		+
			2000		+
			1111		-
					=
VALUE OF TRADE STOCK NO.		I			+
VALUE OF TRADE STOCK NO.		I			+

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Quote Only

EMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

FACTORYMOTORPARTS

The Confident Solution

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL	ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL	WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL	COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD	C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD	STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD	STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD	STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

Sierra Electronics
690 E. Glendale Ave, Suite 9B, Sparks, NV 89431
(775) 359-1121 (800) 874-7515

2026 Interceptor
SALES QUOTE

TO: Nevada Department Of Corrections
Noe Calderon
Carson City, NV 89701
775-887-3289

Date: **12/3/2025**
Sales Rep: Dan Pena
Terms: Net 30
Expires: 1/2/2026

REF# DQM14333

ITEM	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
PK1137ITU20TM	#6XL UNCOATED POLY PARTITION 20-27 INTERCEPTOR UTILITY	1	$821.30	$821.30
WK0514ITU20H	Window Barrier VS Steel- Horizontal- 2025 Ford PIU Hybrid	1	$287.30	$287.30
PK0123ITU252ND	#12VS 2ND EXPANDED METAL 25-27 INTERCEPTOR UTILITY BEHIND 2ND ROW SEAT	1	$576.30	$576.30
DK0598ITU20	DOOR PANEL VS ALUMINUM 20-27 INTERCEPTOR UTILITY	1	$217.30	$217.30
Freight	Freight	1	$250.00	$250.00

Subtotal	$2,152.20
Sales Tax	$0.00
Total	**$2,152.20**

Notes:

For questions regarding this quote please contact:

Dan Peña
Office – 775-359-1121
Cell - 775-846-6904
Toll Free – 800-874-7515
danp@sierraelectronics.com
Sierra Electronics
690 East Glendale Ste.9B Sparks, NV 89431

THANK YOU FOR THIS OPPORTUNITY

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.:	2026 Ford Explorer PIU Stock number 12345		
Dealer Name:	Capitol Ford		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: silver	Interior: black	X Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 48250.00	$48250.00
SPECIFY OPTIONS: (description)			$7272.54
Emergency kit	1	$5120.34	
Cage	1	$2152.20	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	
Total purchase price with options			$55522.54
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$55550.79

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Washoe
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer Police Interceptor:

Year	Make	Model	Plate	VIN	Mileage
2006	CHEVY	EXPRESS	EX50270	1GAHG39U061197737	202,741

Interseptor

DEAL# 59680
TO CUST# 311690

RETAIL ORDER FOR A MOTOR VEHICLE

DEALER

12/02/2025
DATE

CAPITAL FORD
3660 S. Carson St.
CARSON CITY, NV 89701
Phone (775) 882-5353

NV DEPARTMENT OF CORRECTIONS
PURCHASER'S NAME
NV DEPARTMENT OF CORRECTIONS
STREET ADDRESS
CARSON CITY NV 89703
CITY STATE
(775)977-5594
RES. PHONE BUS. PHONE

SALESMAN'S NAME

PLEASE ENTER MY ORDER FOR THE FOLLOWING ☒ NEW ☒ CAR ☐ USED ☐ TRUCK YEAR 2026 MAKE FORD

MODEL OR SERIES EXPLORER BODY TYPE PIU COLOR SERIAL NO.

TO BE DELIVERED ON OR ABOUT 12/02 20 25 STOCK NO. 12345

CASH DELIVERED PRICE OF UNIT	$ 48250.00
ACCESSORIES	$
REMARKS:	
CASH SALE PRICE OF DESCRIBED MOTOR VEHICLE	$ 48250.00
STATE AND LOCAL TAXES	N/A
LICENSE, LICENSE TRANSFER, TITLE, REGISTRATION FEE	28.25
1. TOTAL PRICE OF UNIT	$ 48278.25
2. DOWN PAYMENT; consisting of $ N/A in cash and/or $ N/A net trade-in allowance on trade-in; see statement in right hand column for details.	$ N/A
3. UNPAID CASH BALANCE DUE ON DELIVERY (difference between items 1 and 2)	$ 48278.25

Purchaser agrees that this Order includes all of the terms and conditions on both the face and reverse side hereof, that this Order cancels and supersedes any prior agreement and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. Purchaser by his execution of this Order acknowledges that he has read its terms and conditions and has received a true copy of this Order.

12/02/25
PURCHASER'S SIGNATURE DATE

ACCEPTED BY:
DEALER OR HIS AUTHORIZED REPRESENTATIVE

USED CAR TRADE-IN AND/OR OTHER CREDITS

MAKE OF TRADE-IN			
YEAR	MODEL	BODY	
SERIAL NO.			
BALANCE OWED TO			
ADDRESS			
USED TRADE-IN ALLOWANCE		$	N/A
BALANCE OWED ON TRADE-IN			N/A
NET ALLOWANCE ON USED TRADE-IN		$	N/A
DEPOSIT OR CREDIT BALANCE			N/A
DOWN PAYMENT (Trans. to Left Col.)		$	N/A

DATE	INVOICE NO.	STOCK NO.	KEY
12/02/2025		12345	I

	COST	KEY	ACCT. NO.	SALE	KEY
		C	3		-
NEVADA TITLE FEE		C	2424		-
		C			-
		C			-
DUE BILL		C	2310		-
COST		C	4		+
		C			-
RECON		C	4		+
COST		C	4		-
		C			-
EX. WAR. N		C	5		-
EX. WAR. U.		C	5		-
WAR. PBL		C	2315		-
		C			-
INS. N		C	5		-
INS. U		C	5		-
INS. PBL		C	2315		-
DOC. FEE		C			-
FIN. N		C	5		-
FIN. U		C	5		-
FIR. REC.		C	12		+
			CAR DEAL NO.		I
SALES TAX			2150		-
LIEN PAYOFFS			2311		-
DEPOSITS			2300		+
CONTRACTS IN TRANSIT			10		+
CASH & VEHICLE ACCTS. REC.			1110		+
			2000		+
			1111		-
					-
VALUE OF TRADE STOCK NO.		I			+
VALUE OF TRADE STOCK NO.		I			+

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Defibrillator kit

McKESSON

Working Cart #179363369
Items: (3)
Subtotal: $5,120.34
Estimated taxes: $0.00
Estimated Shipping & Handling : N/A
Estimated Total*: $5,120.34
*Taxes and Shipping & Handling are estimated.

Account #58780052
NEVADA DEPARTMENT OF CORRECTIONS
PO BOX 7011
CARSON CITY, NV 89702-7011

Ship To #88323537
FLORENCE MCCLURE WCC
ATTN MEDICAL
4370 SMILEY RD
LAS VEGAS, NV 89115-1808

PO	Date	Created By
	10/28/2025	MIESPINOZA

Line	Item #	Description	Mfr	Mfr #	Stock	UOM	Price	Qty	Total
1	836329	DEFIBRILLATOR, AED + ECG DSPLYADLT PRESCRIPTION	ZOLL MEDICAL COR	2280081010201010	Stocked	EA	$1,744.42	1	$1,744.42
	Backordered, 0 stocked, balance ships as available								
2	861320	DEFIBRILLATOR, AED HEARTSTART W/C02 HS1 SLIM CARRY CASE	PHILIPS HEALTHCA	M5066A_C02	Non-Stock	EA	$1,357.12	1	$1,357.12
	Delivery typically takes 2-4 weeks.								
3	1163132	AED, POWERHEART G5 FULLY AUTO W/CPR ENG/SPAN BATTERY PADS	ZOLL MEDICAL COR	G5A-80C-S	Drop-Ship	EA	$2,018.80	1	$2,018.80
	Additional shipping charges may apply.								

$5,120.34

Sierra Electronics
690 E. Glendale Ave, Suite 9B, Sparks, NV 89431
(775) 359-1121 (800) 874-7515

2026 Interceptor
SALES QUOTE

TO: Nevada Department Of Corrections
Noe Calderon
Carson City, NV 89701
775-887-3289

Date: **12/3/2025**
Sales Rep: Dan Pena
Terms: Net 30
Expires: 1/2/2026

REF# DQM14333

ITEM	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
PK1137ITU20TM	#6XL UNCOATED POLY PARTITION 20-27 INTERCEPTOR UTILITY	1	$821.30	$821.30
WK0514ITU20H	Window Barrier VS Steel- Horizontal- 2025 Ford PIU Hybrid	1	$287.30	$287.30
PK0123ITU252ND	#12VS 2ND EXPANDED METAL 25-27 INTERCEPTOR UTILITY BEHIND 2ND ROW SEAT	1	$576.30	$576.30
DK0598ITU20	DOOR PANEL VS ALUMINUM 20-27 INTERCEPTOR UTILITY	1	$217.30	$217.30
Freight	Freight	1	$250.00	$250.00

Subtotal	$2,152.20
Sales Tax	$0.00
Total	**$2,152.20**

Notes:

For questions regarding this quote please contact:

Dan Peña
Office – 775-359-1121
Cell -775-846-6904
Toll Free – 800-874-7515
danp@sierraelectronics.com
Sierra Electronics
690 East Glendale Ste.9B Sparks, NV 89431

THANK YOU FOR THIS OPPORTUNITY

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.:	2026 Ford Explorer STL Stock no 23456		
Dealer Name:	Capitol Ford		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: charcoal	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 48700.00	$48700.00
SPECIFY OPTIONS: (description)			$850.50
Accessory light kit	1	850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$49550.50
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$49578.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer:

Year	Make	Model	Plate	VIN	Mileage
1996	FORD	F150	EX10738	1FTEF15Y3TLB82384	66,288

EXPLORER ~~DETECTIVE~~ WARDEN

DEAL# 59681
TO CUST# 311690

RETAIL ORDER FOR A MOTOR VEHICLE

DEALER

12/03/2025
DATE

CAPITAL FORD
3660 S. Carson St.
CARSON CITY, NV 89701
Phone (775) 882-5353

NV DEPARTMENT OF CORRECTIONS
PURCHASER'S NAME
NV DEPARTMENT OF CORRECTIONS
STREET ADDRESS
CARSON CITY NV 89703
CITY STATE
(775) 977-5594
RES PHONE BUS PHONE

SALESMAN'S NAME

PLEASE ENTER MY ORDER FOR THE FOLLOWING ☒ NEW ☒ CAR ☐ USED ☐ TRUCK YEAR 2026 MAKE FORD

MODEL OR SERIES EXPLORER STL BODY TYPE COLOR SERIAL NO.

TO BE DELIVERED ON OR ABOUT 12/03 20 25 STOCK NO. 23456

CASH DELIVERED PRICE OF UNIT	$	48700.00
ACCESSORIES	$	
REMARKS:		
CASH SALE PRICE OF DESCRIBED MOTOR VEHICLE	$	48700.00
STATE AND LOCAL TAXES		N/A
LICENSE, LICENSE TRANSFER, TITLE, REGISTRATION FEE		28.25
1. TOTAL PRICE OF UNIT	$	48728.25
2. DOWN PAYMENT: consisting of $ N/A in cash and/or $ N/A net trade-in allowance on trade-in; see statement in right hand column for details.	$	N/A
3. UNPAID CASH BALANCE DUE ON DELIVERY (difference between Items 1 and 2)	$	48728.25

Purchaser agrees that this Order includes all of the terms and conditions on both the face and reverse side hereof, that this Order cancels and supersedes any prior agreement and as of the date hereof comprises the complete and exclusive statement of the terms of the agreement relating to the subject matters covered hereby, and that THIS ORDER SHALL NOT BECOME BINDING UNTIL ACCEPTED BY DEALER OR HIS AUTHORIZED REPRESENTATIVE. Purchaser by his execution of this Order acknowledges that he has read all terms and conditions and has received a true copy of this Order.

12/03/25
PURCHASER'S SIGNATURE DATE

ACCEPTED BY:
DEALER OR HIS AUTHORIZED REPRESENTATIVE

USED CAR TRADE-IN AND/OR OTHER CREDITS

MAKE OF TRADE-IN		
YEAR / MODEL / BODY		
SERIAL NO.		
BALANCE OWED TO		
ADDRESS		
USED TRADE-IN ALLOWANCE	$	N/A
BALANCE OWED ON TRADE-IN		N/A
NET ALLOWANCE ON USED TRADE-IN	$	N/A
DEPOSIT OR CREDIT BALANCE		N/A
DOWN PAYMENT (Trans. to Left Col.)	$	N/A

DATE	INVOICE NO.	STOCK NO.	KEY
12/03/2025		23456	I

	COST	KEY	ACCT. NO.	SALE	KEY
		C	3		-
NEVADA TITLE FEE		C	2424		-
		C			-
		C			-
DUE BILL		C	2310		-
COST		C	4		+
		C			-
RECON		C	4		+
COST		C	4		-
		C			-
EX.WAR.N		C	5		-
EX.WAR.U		C	5		-
WAR. PDL		C	2315		-
		C			-
INS.N		C	5		-
INS.U		C	5		-
INS. PDL		C	2315		-
DOC FEE		C			-
FIN.N		C	5		-
FIN.U		C	5		-
FIN. REC.		C	12		+
► CAR DEAL NO.					I
SALES TAX			2150		-
LIEN PAYOFFS			2311		-
DEPOSITS			2300		+
CONTRACTS IN TRANSIT			10		+
CASH & VEHICLE ACCTS. REC			1110		+
			2000		+
			111		-
					-
VALUE OF TRADE STOCK NO.		I			+
VALUE OF TRADE STOCK NO.		I			+

The Reynolds and Reynolds Company GM801818_0 Q (09/17)

THERE ARE NO WARRANTIES EXPRESS OR IMPLIED, AS TO CONTENT OR FITNESS FOR PURPOSE OF THIS FORM. CONSULT YOUR OWN LEGAL COUNSEL.

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL	ETD CENTARI 100		LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL	WAIL SPEAKER		100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL	COMPACT SPEAKER		100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD	C18EW		18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD	STP196		RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD	STP198		YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD	STP197		BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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

Number of vehicles requested: 1 **Amount of the request:** $73,193.75

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

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:
Ram 3500 Truck

Mission of the requested vehicle(s):
Replacement of older and non-operative vehicles used for transportation

Were funds legislatively approved for the request? ☒ **Yes** ☐ **No**	**If yes, please provide the decision unit number:** AB570 **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.

Yes

Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) **Current Vehicle Information:** Vehicle #1 Model Year: 1996 Ford Odometer Reading: 84,408 Type of Vehicle: Pickup truck Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: *Please attach an additional sheet if necessary*	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.

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority Venus Fajota	Title ASO IV	Date 03/27/26

BOARD OF EXAMINERS' APPROVAL:

☐ Approved for Purchase ☐ Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

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.:	2026 Ram 3500 Dually Stock number: R26375		
Dealer Name:	Chapman Las Vegas		
Delivery Location:	Las Vegas		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 72315.00	$72315.00
SPECIFY OPTIONS: (description)			$850.50
		$	
Accessory light kit	1	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$73165.50
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$73193.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

3500 Dually

DATE 01/16/2026

SALESPERSON	SALES MGR.	DESK MGR.
RICHARD WILSON	RICHARD WILSON	

TITLE & REGISTER AS FOLLOWS

BUYER NAME: STATE OF NEVADA DEPT OF CORRECTION

DOB: _____

DR LIC.# N/A

ST. ADDRESS DEPARTMENT OF TAXATION 1550 COLLEGE PARKWAY # 115

CITY CARSON CITY STATE NV ZIP 89706

PHONE (H) _____ (W) _____

EMAIL _____

CO-BUYER NAME: _____

DOB: _____

DR LIC.# _____

ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____

EMAIL _____

SOLD VEHICLE DESCRIPTION:

☒ NEW ☐ USED ☐ DEMO

STOCK# STOCK# R26375 YEAR 2026 MAKE RAM MODEL 3500 VTR# _____ CYL 6

DOORS _____ MILEAGE 11 COLOR BRIGHT WHITE CLEAR COAT SERIAL# 3C63RRGL4TG228212

TRADE VEHICLE DESCRIPTION:

STOCK# _____ YEAR _____ MAKE _____ MODEL _____ VTR# _____ CYL _____

DOORS _____ MILEAGE _____ COLOR _____ SERIAL# _____

ACTUAL CASH VALUE $ _____ CUSTOMER INITIALS N/A

PAYOFF INFORMATION:

NAME _____ AMOUNT _____ GOOD TILL _____

ADDRESS _____ ACCOUNT# _____

CITY _____ STATE _____ ZIP _____ BY _____ 2ND LIEN _____

INSURANCE INFORMATION:

COMPANY 7 _____

NAME STATE OF NEVADA DEPT OF CORRECTION POLICY# _____

AGENCY _____ PHONE# _____

ADDRESS _____

CHAPMAN LAS VEGAS

CUSTOMER GUARANTEES PAY-OFF NOT TO EXCEED

$_____, IF SO, WILL PAY DIFFERENCE IN CASH

1st PAYMENT _____ DAYS.

PAYMENT: 72,952.25 X 1 MGR _____

CUSTOMER SIGNATURE: _____

PRICE	72,315.00
DEALER ADDS	~~20.00~~
VTR	
NV STATE TITLE-DOC FEE	617.25
SMOG	
SUBTOTAL	72,952.25
TAX	N/A
TRADE	
TAX CREDIT	
SUBTOTAL	72,952.25
PAYOFF	N/A
SUBTOTAL	72,952.25
TOTAL CASH	0.00
BAL TO FIN	72,952.25

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120 Las Vegas NV 89120 Phone 702-459-0566

THAD CLARY
3292 East Sunset Road # 120 Las Vegas NV 89120 Cell 702-768-1285 t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER

QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL	ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL	WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL	COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD	C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD	STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD	STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD	STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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: 3 **Amount of the request:** $211,584.75

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

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

Mission of the requested vehicle(s):
Provide transport of items requiring a constant temperature-controlled environment

Were funds legislatively approved for the request? ☒ Yes ☐ No	**If yes, please provide the decision unit number:** AB570 **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) ☒ XX ___ 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.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information:	Yes
Vehicle #1 Model Year:	
Odometer Reading:	
Type of Vehicle: Please see attached schedule.	
Vehicle #2 Model Year:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
Odometer Reading:	
Type of Vehicle:	
Please attach an additional sheet if necessary	

APPOINTING AUTHORITY APPROVAL:

[signature]	ASO IV	03/27/20
Agency Appointing Authority Venus Fajota	Title	Date

BOARD OF EXAMINERS' APPROVAL:

☐ Approved for Purchase ☐ Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

EX61451 1990 international Refer truck
Vin 1HTSDTVR2LH275559
MILES 109,467

EX50288 2006 INTERNATIONAL REFER TRUCK
VIN 1HTWNAZT36J351957
MILES 81,387

EX31300 1995 INTERNATIONAL REFER TRUCK
VIN 1HTGGAVR7TH319235
MILES 179,123

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.:	2021 International Refrigerator Truck Stock number: 169747		
Dealer Name:	International McCandless Truck Center		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: White	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$68900.00	$68900.00
SPECIFY OPTIONS: (description)			$
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	$1600.00	$1600.00
Total purchase price with options			$70500.00
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$70528.25

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

INTERNATIONAL
McCandless Truck Center

2021 INTERNATIONAL MV



USD ▾ **USD $68,900**

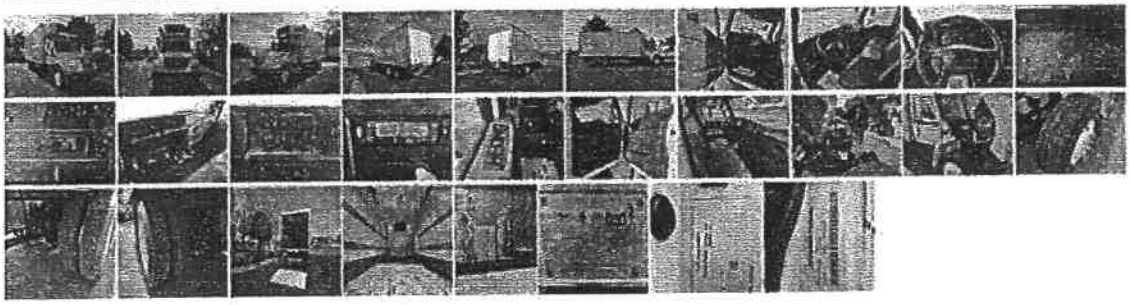
Machine Location: 16701 East 32nd Ave Aurora, Colorado 80011

Seller Information

McCandless Trucks Denver LLC
Contact: Sales Dept
Aurora, Colorado 80011

(844) 307-2406

Video Chat



Hide Thumbnails

Description

LOW MILES! 2021 International MV 22' Reefer. ONLY 70K Mile's, Cummins B6.7, Allison 2500RDS, 26,000 GVW NON-CDL, Carrier Reefer Unit With 4237 HRS, 3000 lb. Liftgate. Financing & Warranty Available!

Specifications

Year	2021	**Manufacturer**	INTERNATIONAL
Model	MV	**Mileage**	70,280 mi
VIN	3HAEUMML6ML150723	**Hours**	3,207
Condition	Used	**Stock Number**	169747
DOT	Yes	**Horsepower**	250 HP
Engine Manufacturer	CUMMINS	**Engine Model**	B6.7
Fuel Type	Diesel	**Exhaust Brake**	Yes
Turbo	Yes	**Transmission**	Automatic
Transmission Manufacturer	ALLISON	**Transmission Type**	Allison RDS
Number of Speeds	6 Spd	**Overdrive**	Yes
Ratio	5.29	**Drive**	4x2
Suspension	Spring	**Number of Rear Axles**	Single
Gross Vehicle Weight Rating	Class 6: 10,501 - 26,000 pounds	**Gross Vehicle Weight**	20,000 lb
Front Axle Weight	10,000 lb	**Rear Axle Weight**	10,000 lb
Wheels	All Steel	**Wheelbase**	236 in
Dually	Yes	**Mud Flaps**	Yes
Brake System Type	Drum	**Drive Side**	Left Hand Drive
Tilt/Telescope	Yes	**Cruise Control**	Yes
Power Locks	Yes	**Power Windows**	Both
A/C	Yes	**A/C Condition**	Good
Seats Upholstery	Vinyl	**Reefer**	Carrier
Reefer Hours	4,237	**Lift End Gate**	Yes
Lift Gate Capacity	3,000 lb	**E-Track**	Yes
Number of E-Track Rows	2	**Scuffliner**	Yes
Fuel Capacity	70 gal	**Cab**	Standard Cab
Doors	Roll up	**Side Doors**	Curbside
Number of Side Doors	1	**Insulated**	Yes
Heated Mirrors	Yes	**Body Length**	22 ft
Body Width	102 in		

Show As Paragraph

[EXT] Unknown senders

Here is a link to the website, not sure if any of these work and you either swap the rail lift you have or add a new one, they are expensive. I can ship to us in sparks from Colorado for $1,600.00 I should be able to include that in these prices. Sorry for the delay been looking all over for you to use a rail lift.

https://www.mctrux.com/inventory/?/listings/search?ScopeCategoryIDs=27&Category=16041&DSCompanyID=2308&dlr=1&SettingsCRMID=368389&Condition=USED&ExcludedCatIDs=16033%2C16044&pid=118

INTERNATIONAL
McCandless Truck Center

Ryan Parkins
Sales

Main: (775) 685-6000 Extension: 1904
Direct: (775) 355-5184 Cell: (775) 772-0568
2255 Larkin Cir, Sparks, NV, 89431
www.mctrux.com

IDEALEASE

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.:	2021 International Refrigerator Truck Stock number: 169747		
Dealer Name:	International McCandless Truck Center		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: White	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$68900.00	$68900.00
SPECIFY OPTIONS: (description)			$
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	$1600.00	$1600.00
Total purchase price with options			$70500.00
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$70528.25

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	White Pine
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

INTERNATIONAL
McCandless Truck Center

2021 INTERNATIONAL MV



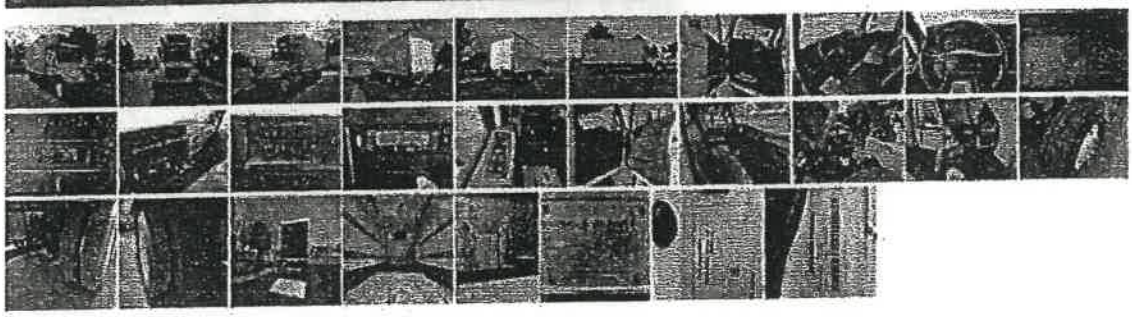
USD ▾ **USD $68,900**

Machine Location: 16704 East 32nd Ave Aurora, Colorado 80011

Seller Information

McCandless Trucks Denver LLC
Contact: Sales Dept
Aurora, Colorado 80011

(844) 367-2406
Video Chat



Hide Thumbnails

Description

LOW MILES! 2021 International MV 22' Reefer. ONLY 70K Mile's, Cummins B6.7, Allison 2500RDS, 26,000 GVW NON-CDL, Carrier Reefer Unit With 4237 HRS, 3000 lb. Liftgate. Financing & Warranty Available!

Specifications

Year	2021	Manufacturer	INTERNATIONAL
Model	MV	Mileage	70,280 mi
VIN	3HAEUMML6ML150723	Hours	3,207
Condition	Used	Stock Number	169747
DOT	Yes	Horsepower	250 HP
Engine Manufacturer	CUMMINS	Engine Model	B6.7
Fuel Type	Diesel	Exhaust Brake	Yes
Turbo	Yes	Transmission	Automatic
Transmission Manufacturer	ALLISON	Transmission Type	Allison RDS
Number of Speeds	6 Spd	Overdrive	Yes
Ratio	5.29	Drive	4x2
Suspension	Spring	Number of Rear Axles	Single
Gross Vehicle Weight Rating	Class 6: 19,501 - 26,000 pounds	Gross Vehicle Weight	26,000 lb
Front Axle Weight	10,000 lb	Rear Axle Weight	19,000 lb
Wheels	All Steel	Wheelbase	236 in
Dually	Yes	Mud Flaps	Yes
Brake System Type	Drum	Drive Side	Left Hand Drive
Tilt/Telescope	Yes	Cruise Control	Yes
Power Locks	Yes	Power Windows	Both
A/C	Yes	A/C Condition	Good
Seats Upholstery	Vinyl	Reefer	Carrier
Reefer Hours	4,237	Lift End Gate	Yes
Lift Gate Capacity	3,000 lb	E-Track	Yes
Number of E-Track Rows	2	Scuffliner	Yes
Fuel Capacity	70 gal	Cab	Standard Cab
Doors	Roll up	Side Doors	Curbside
Number of Side Doors	1	Insulated	Yes
Heated Mirrors	Yes	Body Length	22 ft
Body Width	102 in		

Show As Paragraph

[redacted]

Here is a link to the website, not sure if any of these work and you either swap the rail lift you have or add a new one, they are expensive. I can ship to us in sparks from Colorado for $1,600.00 I should be able to include that in these prices. Sorry for the delay been looking all over for you to use a rail lift.

https://www.mctrux.com/inventory/?/listings/search?ScopeCategoryIDs=27&Category=16041&DSCompanyID=2308&dlr=1&SettingsCRMID=368389&Condition=USED&ExcludedCatIDs=16033%2C16044&pid=118

INTERNATIONAL
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www.mctrux.com

IDEALEASE

Vehicle Order Information Form

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Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2021 International Refrigerator Truck Stock number: 169747		
Dealer Name:	International McCandless Truck Center		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: White	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$68900.00	$68900.00
SPECIFY OPTIONS: (description)			$
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	$1600.00	$1600.00
Total purchase price with options			$70500.00
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$70528.25

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
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County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

INTERNATIONAL
McCandless Truck Center

2021 INTERNATIONAL MV



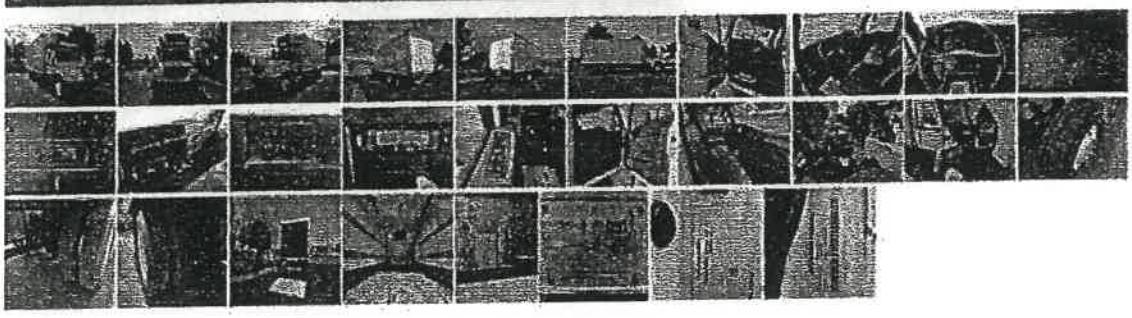
USD ▾ **USD $68,900**

Machine Location: 16704 East 32nd Ave Aurora Colorado 80011

Seller Information

McCandless Trucks Denver LLC
Contact: Sales Dept
Aurora, Colorado 80011

(844) 387-2406
Video Chat



Hide Thumbnails

Description

LOW MILES! 2021 International MV 22' Reefer. ONLY 70K Mile's, Cummins B6.7, Allison 2500RDS, 26,000 GVW NON-CDL, Carrier Reefer Unit With 4237 HRS, 3000 lb. Liftgate. Financing & Warranty Available!

Specifications

Year	2021	Manufacturer	INTERNATIONAL
Model	MV	Mileage	70,280 mi
VIN	3HAEUMML6ML150723	Hours	3,207
Condition	Used	Stock Number	169747
DOT	Yes	Horsepower	250 HP
Engine Manufacturer	CUMMINS	Engine Model	B6.7
Fuel Type	Diesel	Exhaust Brake	Yes
Turbo	Yes	Transmission	Automatic
Transmission Manufacturer	ALLISON	Transmission Type	Allison RDS
Number of Speeds	6 Spd	Overdrive	Yes
Ratio	5.29	Drive	4x2
Suspension	Spring	Number of Rear Axles	Single
Gross Vehicle Weight Rating	Class 6: 19,501 - 26,000 pounds	Gross Vehicle Weight	26,000 lb
Front Axle Weight	10,000 lb	Rear Axle Weight	19,000 lb
Wheels	All Steel	Wheelbase	236 in
Dually	Yes	Mud Flaps	Yes
Brake System Type	Drum	Drive Side	Left Hand Drive
Tilt/Telescope	Yes	Cruise Control	Yes
Power Locks	Yes	Power Windows	Both
A/C	Yes	A/C Condition	Good
Seats Upholstery	Vinyl	Reefer	Carrier
Reefer Hours	4,237	Lift End Gate	Yes
Lift Gate Capacity	3,000 lb	E-Track	Yes
Number of E-Track Rows	2	Scuffliner	Yes
Fuel Capacity	70 gal	Cab	Standard Cab
Doors	Roll up	Side Doors	Curbside
Number of Side Doors	1	Insulated	Yes
Heated Mirrors	Yes	Body Length	22 ft
Body Width	102 in		

Show As Paragraph

[redacted]

Here is a link to the website, not sure if any of these work and you either swap the rail lift you have or add a new one, they are expensive. I can ship to us in sparks from Colorado for $1,600.00 I should be able to include that in these prices. Sorry for the delay been looking all over for you to use a rail lift.

https://www.mctrux.com/inventory/?/listings/search?ScopeCategoryIDs=27&Category=16041&DSCompanyID=2308&dir=1&SettingsCRMID=368389&Condition=USED&ExcludedCatIDs=16033%2C16044&pid=118

INTERNATIONAL
McCandless Truck Center

Ryan Parkins
Sales

Main: (775) 685-6000 Extension: 1904
Direct: (775) 355-5184 Cell: (775) 772-0568
2255 Larkin Cir, Sparks, NV, 89431
www.mctrux.com

IDEALEASE

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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: $321,188.25

Number of vehicles requested: 3 **Amount of the request:** ~~$319,703.25~~

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

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

Mission of the requested vehicle(s):
Replacement of older and non-operative vehicles used for transportation

Were funds legislatively approved for the request? [X] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** AB570 **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)** [XX] ____ **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.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information:	Yes
Vehicle #1 Model Year:	
Odometer Reading:	
Type of Vehicle: Please see attached schedule.	
Vehicle #2 Model Year:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
Odometer Reading:	
Type of Vehicle:	
Please attach an additional sheet if necessary	

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority Venus Fajota	Title ASO IV	Date 03/27/26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

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.:	Ford T250 LR Cargo Stock number: Q419958		
Dealer Name:	Mobility Works Commercial		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: White	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	$104684.00	$314052.00
SPECIFY OPTIONS: (description)			$2551.50
		$	
Accessory light kit	3	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	3	$1500.00	$4500.00
Total purchase price with options			$321103.50
DMV Title and DRS Fee's	3	$28.25	$84.75
GRAND TOTAL:			$321188.25

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County/Indian Springs
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for panel vans:

Year	Make	Model	Plate	VIN	Mileage
2006	FORD	ECON	EX 48237	1FBSS31L86HA97217	129,330
2006	CHEVY	EXPRESS	EX 50261	1GAHG39U761197539	294,964
2006	CHEVY	2500	EX 49748	1GCHK24U26E190255	138,274

mobilityworks®
Commercial

Quote

Proposal #:Q419958

WMK, LLC dba MobilityWorks
3575 W. Cheyenne Ave., Suite 105
North Las Vegas, NV 89032
(702) 876-9606
EIN#: 31-1502439
fax: (702) 876-4366

Price Quote Valid for 14 Days

Mark Magnus Email: mark.magnus@mobilityworks.com Phone: (234) 230-2999

Billing Name	**State of Nevada Department of Corrections**	Buyer Name	State of Nevada Department of Corrections	Stock #	
Address	5500 Snyder Avenue	Address	5500 Snyder Avenue	Quote #	Q419958
City. State ZIP	Carson City,NV 89701	City. State ZIP	Carson City,NV 89701	Proposal Date	12/01/2025
County	CARSON CITY	County	CARSON CITY	Accepted date	

New/Used	*Make*	*Model / Trim*	*Year*	*Color*	*To Be Delivered On Or About*
	Ford	**T250 LR Cargo**	**2026**	**White**	
Type of Vehicle	*VIN*		*Mileage*	Job Reference: Customer P.O.:	
	TBD				

Chassis, Conversion and Additional Equipment (See Page 2 for detail):				~~$104,189.00~~ 104,684
Protection Products:				$0.00
			MBW Rewards	($0.00)
			Total	**~~$104,189.00~~** 104,684
			Documentary Fee	~~$495.00~~
			Delivery	$1,500.00
			Sales tax	$0.00
			Total Cash Delivered Price	**$106,184.00**
			Note 1 Rebate(s)	($0.00)
			GPC	($0.00)
			Third Party Payoi(s)	($0.00)
	Cash Down	*Check/PO*	-	
	Payment	*Deposit Amount + Cash Down Payment*		($0.00)
			Total Credits	**($0.00)**

Trade-In(s)

Year	*Make*	*Model*	*Vin*	*Payoff Amount*	*Allowance*	
ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.				**Amount Due Upon Delivery**		**$106,184.00**

The first and second pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning this purchase has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vechicle except as appears in writing on the face of this a greement.

I have read and understand the second page of this agreement and agree to it as a part of this order the same as if it were printed above my signature.I certify that I am of legal age, or older, that I have legal capacity and authority to execute this agreement on behalf of my company, and hereby ack nowledge receipt of a copy of this order.

Buyer's Signature State of Nevada Department of Corrections

Approved By: Mark Magnus

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days

Note 1 *OEM incentives and availability are subject to change and the end user must meet qualifications by OEM to qualify.*

mobilityworks®
Commercial

WMK, LLC dba MobilityWorks
3575 W. Cheyenne Ave., Suite 105
North Las Vegas, NV 89032
(702) 876-9606
EIN#: 31-1502439
fax: (702) 876-4366

Quote

Proposal #:Q419958

Price Quote Valid for 14 Days

Mark Magnus Email: mark.magnus@mobilityworks.com Phone: (234) 230-2999

Billing Name	**State of Nevada Department of Corrections**	Buyer Name	State of Nevada Department of Corrections	Stock #	
Address	5500 Snyder Avenue	Address	5500 Snyder Avenue	Quote #	Q419958
City, State ZIP	Carson City,NV 89701	City, State ZIP	Carson City,NV 89701	Proposal Date	12/01/2025
County	CARSON CITY	County	CARSON CITY		

New/Used	*Make*	*Model / Trim*	*Year*	*Color*	*To Be Delivered On Or About*
	Ford	**T250 LR Cargo**	**2026**	**White**	
Type of Vehicle	*VIN*		*Mileage*	Job Reference: Customer P.O.:	
	TBD				

Additional Equipment Summary

-	VIN#	
1	HAVIS PRISONER TRANSPORT 3 SECTION	

Buyer's Signature State of Nevada Department of Corrections

Approved By: Mark Magnus

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days.

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

FACTORYMOTORPARTS

FVP The Confident Solution.

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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: $326,482.50

Number of vehicles requested: 6 **Amount of the request:** ~~$326,512.50~~

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

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:
Ram 2500 Truck

Mission of the requested vehicle(s):
Replacement of older and non-operative vehicles used for transportation

Were funds legislatively approved for the request? [X] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** AB570 **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)** [XX] ____ **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.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information:	Yes
Vehicle #1 Model Year:	
Odometer Reading:	
Type of Vehicle: Please see attached schedule.	
Vehicle #2 Model Year:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
Odometer Reading:	Lights are essential to protecting correctional staff, offenders and the public during use. The 3/4 ton trucks are built to handle payloads reducing strain on vehicles for safer operations reducing long term fleet costs.
Type of Vehicle:	
Please attach an additional sheet if necessary	

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority Venus Fajota	Title ASO IV	Date 03/27/26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

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.:	2025 Ram 2500 Stock number: R25803		
Dealer Name:	Chapman Las Vegas		
Delivery Location:	Las Vegas		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$ 53535.00	$107070.00
SPECIFY OPTIONS: (description)			$1701.00
		$	
Accessory light kit	2	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$108771.00
DMV Title and DRS Fee's	2	$28.25	$56.50
GRAND TOTAL:			~~$108277.50~~ $ 108,827.50

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for 2500 Ram trucks:

Year	Make	Model	Plate	VIN	Mileage
2014	CHEVY	Silverado	EX 64320	1GCNCPEH3EZ212169	114,426
1997	FORD	E-250	EX 47002	IFTFS24L3VHB93001	85,880

2500 Short bed

DATE 01/16/2026

SALESPERSON	SALES MGR.	DESK MGR.
RICHARD WILSON		

TITLE & REGISTER AS FOLLOWS:

BUYER NAME: CO-BUYER NAME:

DOB: DOB:

DR LIC.# DR LIC.#

ST. ADDRESS ST. ADDRESS

CITY STATE ZIP CITY STATE ZIP

PHONE (H) (W) PHONE (H) (W)

EMAIL EMAIL

SOLD VEHICLE DESCRIPTION: ☒NEW ☐USED ☐DEMO

STOCK# STOCK# R25003 YEAR 2025 MAKE RAM MODEL 2500 VTR# CYL 8

DOORS MILEAGE 1 COLOR SERIAL# 3C6UR5CJXSG572353

TRADE VEHICLE DESCRIPTION:

STOCK# YEAR MAKE MODEL VTR# CYL

DOORS MILEAGE COLOR SERIAL#

ACTUAL CASH VALUE $ CUSTOMER INITIALS

PAYOFF INFORMATION:

NAME AMOUNT GOOD TILL

ADDRESS ACCOUNT#

CITY STATE ZIP BY 2ND LIEN

INSURANCE INFORMATION:

COMPANY

NAME POLICY#

AGENCY PHONE#

ADDRESS

CHAPMAN LAS VEGAS

CUSTOMER GUARANTEES PAY-OFF NOT TO EXCEED

$, IF SO, WILL PAY DIFFERENCE IN CASH

1st PAYMENT DAYS

PAYMENT: 54,172.25 X 1 MOR

PRICE	53,535.00
DEALER ADDS	~~20.00~~
VTR	
NV STATE TITLE-DOC FEE	617.25
SMOG	
SUBTOTAL	54,172.25
TAX	N/A
TRADE	
TAX CREDIT	
SUBTOTAL	54,172.25
PAYOFF	N/A
SUBTOTAL	54,172.25
TOTAL CASH	0.00
BAL TO FIN	54,172.25

CUSTOMER SIGNATURE:

Quote Only

EMP LAS VEGAS
3292 East Sunset Road # 120 Las Vegas NV 89120 Phone 702-459-0566

FACTORYMOTORPARTS

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THAD CLARY
3292 East Sunset Road # 120 Las Vegas NV 89120 Cell 702-768-1285 t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER #
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS $ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

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.:	2025 Ram 2500 Stock number: R25803		
Dealer Name:	Chapman Las Vegas		
Delivery Location:	Las Vegas		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 53535.00	$53535.00
SPECIFY OPTIONS: (description)			$850.50
		$	
Accessory light kit	1	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$54385.50
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$54413.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	White Pine
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for 2500 Ram trucks:

Year	Make	Model	Plate	VIN	Mileage
1996	GMC	FLATBED	EX 33011	1GDJC34RZTES55041	202,902

2500 Short bed

DATE 01/16/2026

SALESPERSON	SALES MGR.	DESK MGR.
RICHARD WILSON		

TITLE & REGISTER AS FOLLOWS

BUYER NAME: _____ CO-BUYER NAME: _____

DOB: _____ DOB: _____

DR LIC.# _____ DR LIC.# _____

ST. ADDRESS _____ ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ PHONE (H) _____ (W) _____

EMAIL _____ EMAIL _____

SOLD VEHICLE DESCRIPTION: ☒ NEW ☐ USED ☐ DEMO

STOCK# STOCK# R25803 YEAR 2025 MAKE RAM MODEL 2500 VTR# _____ CYL 8

DOORS _____ MILEAGE 1 COLOR GRANITE CRYSTAL MET. CLEAR COAT SERIAL# 3C6UR5CJXSG572353

TRADE VEHICLE DESCRIPTION:

STOCK# _____ YEAR _____ MAKE _____ MODEL _____ VTR# _____ CYL _____

DOORS _____ MILEAGE _____ COLOR _____ SERIAL# _____

ACTUAL CASH VALUE $ _____ CUSTOMER INITIALS _____

PAYOFF INFORMATION:

NAME _____ AMOUNT _____ GOOD TILL _____

ADDRESS _____ ACCOUNT# _____

CITY _____ STATE _____ ZIP _____ BY _____ 2ND LIEN _____

INSURANCE INFORMATION:

COMPANY _____

NAME _____ POLICY# _____

AGENCY _____ PHONE# _____

ADDRESS _____

CHAPMAN LAS VEGAS

CUSTOMER GUARANTEES PAY-OFF NOT TO EXCEED

$ _____, IF SO, WILL PAY DIFFERENCE IN CASH

1st PAYMENT _____ DAYS.

PAYMENT: 54,172.25 X 1 MGR _____

PRICE	53,535.00
DEALER ADDS	~~20.00~~
VTR	
NY STATE TITLE-DOC FEE	617.25
SMOG	
SUBTOTAL	54,172.25
TAX	N/A
TRADE	
TAX CREDIT	
SUBTOTAL	54,172.25
PAYOFF	N/A
SUBTOTAL	54,172.25
TOTAL CASH	0.00
BAL TO FIN	54,172.25

CUSTOMER SIGNATURE: _____

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120 Las Vegas NV 89120 Phone 702-459-0566

THAD CLARY
3292 East Sunset Road # 120 Las Vegas NV 89120 Cell 702-768-1285 t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER #
QUOTE

Order	Ship	Brand	Long Part#	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

THAD CLARY
702-768-1285
t.clary@fmpco.com

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.:	2025 Ram 2500 Stock number: R25803		
Dealer Name:	Chapman Las Vegas		
Delivery Location:	Las Vegas		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$ 53535.00	$107070.00
SPECIFY OPTIONS: (description)			$1701.00
		$	
Accessory light kit	2	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$108771.00
DMV Title and DRS Fee's	2	$28.25	$56.50
GRAND TOTAL:			$108827.50

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for 2500 Ram trucks:

Year	Make	Model	Plate	VIN	Mileage
2013	FORD	ECON	EX 65550	1D8HB48216F157490	186,635
2006	CHEVY	2500	EX 49746	1GCHK24U86E190146	173,112

2500 Short bed

DATE 01/16/2026

SALESPERSON	SALES MGR.	DESK MGR.
RICHARD WILSON		

TITLE & REGISTER AS FOLLOWS:

BUYER NAME:

DOB:

DR LIC#

ST. ADDRESS

CITY STATE ZIP

PHONE (H) (W)

EMAIL

CO-BUYER NAME:

DOB:

DR LIC#

ST. ADDRESS

CITY STATE ZIP

PHONE (H) (W)

EMAIL

SOLD VEHICLE DESCRIPTION: ☒NEW ☐USED ☐DEMO

STOCK# STOCK# R25803 YEAR 2025 MAKE RAM MODEL 2500 VTR# CYL 6

DOORS MILEAGE 1 COLOR SERIAL# 3C6UR5CJXSG572353

TRADE VEHICLE DESCRIPTION:

STOCK# YEAR MAKE MODEL VTR# CYL

DOORS MILEAGE COLOR SERIAL#

ACTUAL CASH VALUE $ CUSTOMER INITIALS

PAYOFF INFORMATION:

NAME AMOUNT GOOD TILL

ADDRESS ACCOUNT#

CITY STATE ZIP BY 2ND LIEN

INSURANCE INFORMATION:

COMPANY #

NAME POLICY#

AGENCY PHONE#

ADDRESS

CHAPMAN LAS VEGAS

CUSTOMER GUARANTEES PAY-OFF NOT TO EXCEED

$, IF SO, WILL PAY DIFFERENCE IN CASH

1st PAYMENT DAYS

PAYMENT: 54,172.25 X 1 MGR

PRICE	53,535.00
DEALER ADDS	~~20.00~~
VTR	
NY STATE TITLE-DOC FEE	617.25
SMOG	
SUBTOTAL	54,172.25
TAX	N/A
TRADE	
TAX CREDIT	
SUBTOTAL	54,172.25
PAYOFF	N/A
SUBTOTAL	54,172.25
TOTAL CASH	0.00
BAL TO FIN	54,172.25

CUSTOMER SIGNATURE:

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

FACTORY MOTOR PARTS

The Confident Solution

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER

QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL	ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL	WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL	COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD	C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD	STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD	STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD	STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

THAD CLARY
702-768-1285
t.clary@fmpco.com

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.:	2025 Ram 2500 Stock number: R25803		
Dealer Name:	Chapman Las Vegas		
Delivery Location:	Las Vegas		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$ 53535.00	$53535.00
SPECIFY OPTIONS: (description)			$850.50
		$	
Accessory light kit	1	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		$	$0
Total purchase price with options			$54385.50
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			~~$54443.75~~ $ 54,413.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Elko County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for 2500 Ram trucks:

Year	Make	Model	Plate	VIN	Mileage
1997	FORD	F-150	EX 47003	1FTDF1727VKD31649	103,116

2500 Short bed

DATE 01/16/2026

SALESPERSON	SALES MGR.	DESK MGR.
RICHARD WILSON		

TITLE & REGISTER AS FOLLOWS

BUYER NAME: _____ CO-BUYER NAME: _____

DOB: _____ DOB: _____

DR LIC.# _____ DR LIC.# _____

ST. ADDRESS _____ ST. ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ PHONE (H) _____ (W) _____

EMAIL _____ EMAIL _____

SOLD VEHICLE DESCRIPTION: ☒NEW ☐ USED ☐ DEMO

STOCK# STOCK# R25803 YEAR 2025 MAKE RAM MODEL 2500 VTR# _____ CYL 8

DOORS _____ MILEAGE 1 COLOR GRANITE CRYSTAL MET. CLEAR COAT SERIAL# 3C6UR5CJXSG572353

TRADE VEHICLE DESCRIPTION:

STOCK# _____ YEAR _____ MAKE _____ MODEL _____ VTR# _____ CYL _____

DOORS _____ MILEAGE _____ COLOR _____ SERIAL# _____

ACTUAL CASH VALUE $ _____ CUSTOMER INITIALS _____

PAYOFF INFORMATION:

NAME _____ AMOUNT _____ GOOD TILL _____

ADDRESS _____ ACCOUNT# _____

CITY _____ STATE _____ ZIP _____ BY _____ 2ND LIEN _____

INSURANCE INFORMATION:

COMPANY 7 _____

NAME _____ POLICY# _____

AGENCY _____ PHONE# _____

ADDRESS _____

CHAPMAN LAS VEGAS

CUSTOMER GUARANTEES PAY-OFF NOT TO EXCEED

$_____, IF SO, WILL PAY DIFFERENCE IN CASH

1st PAYMENT _____ DAYS.

PAYMENT: 54,172.25 X 1 _____ MGR _____

PRICE	53,535.00
DEALER ADDS	~~20.00~~
VTR	
NV STATE TITLE-DOC FEE	617.25
SMOG	
SUBTOTAL	54,172.25
TAX	N/A
TRADE	
TAX CREDIT	
SUBTOTAL	54,172.25
PAYOFF	N/A
SUBTOTAL	54,172.25
TOTAL CASH	0.00
BAL TO FIN	54,172.25

CUSTOMER SIGNATURE: _____

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566





THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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: 6 **Amount of the request:** ~~$697,262.04~~ $700,232.04

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

Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.:
ADA equipped vans agency wide per the attached.

Mission of the requested vehicle(s):
Provide ADA vehicles to transport disabled/injured offenders.

Were funds legislatively approved for the request? [X] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** AB570 **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):

[XX] **Addition(s)** [ ] **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.)	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced.
Current Vehicle Information:	
Vehicle #1 Model Year:	
Odometer Reading:	
Type of Vehicle:	
Vehicle #2 Model Year:	If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
Odometer Reading:	lights, cages and emergency kits align with recognized correctional transport standards and are essential to protecting correctional staff, offenders and the public during offender movement operations.
Type of Vehicle:	
Please attach an additional sheet if necessary	

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority Venus Fajota	Title ASO IV	Date 03/27/26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners	Date

Revised 1/2020

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.:	Ford 2026 T350 Wagon Mid Roof Stock number: Q419139		
Dealer Name:	Mobility Works Commercial		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: White	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	$97170.00	$291510.00
SPECIFY OPTIONS: (description)			$17912.52
		$	
Accessory light kit	3	$850.50	
Emergency kit	3	$5120.34	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	3	$1500.00	$4500.00
Total purchase price with options			$313922.52
DMV Title and DRS Fee's	3	$28.25	$84.75
GRAND TOTAL:			$314007.27

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County/Indian Springs
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

ADA VAN

mobilityworks® Commercial

Quote

Proposal #:Q419139

WMK, LLC dba MobilityWorks
3575 W. Cheyenne Ave., Suite 105
North Las Vegas, NV 89032
(702) 876-9606
EIN#: 31-1502439
fax: (702) 876-4366

Price Quote Valid for 14 Days

Mark Magnus Email: mark.magnus@mobilityworks.com Phone: (234) 230-2999

Billing Name	State of Nevada Department of Corrections	Buyer Name	State of Nevada Department of Corrections	Stock #	
Address	5500 Snyder Avenue	Address	5500 Snyder Avenue	Quote #	Q419139
City, State ZIP	Carson City,NV 89701	City State ZIP	Carson City,NV 89701	Proposal Date	10/03/2025
County	CARSON CITY	County	CARSON CITY	Accepted date	

New/Used	Make	Model / Trim	Year	Color	To Be Delivered On Or About
	Ford	T350 Wagon Mid Roof	2026	White	
Type of Vehicle	VIN		Mileage	Job Reference: Customer P.O.:	

Chassis, Conversion and Additional Equipment (See Page 2 for detail):		~~$96,675.00~~ 97,170.00
Protection Products:		$0.00
	MBW Rewards	($0.00)
	Total	$96,675.00 97,170.00
	Documentary Fee	~~$495.00~~
	Delivery	$1,500.00
	Sales tax	$0.00
	Total Cash Delivered Price	$98,670.00
	Note 1 Rebate(s)	($1,000.00)
	GPC	($0.00)
	Third Party Payor(s)	($0.00)
Cash Down	Check/PO -	-
Payment	Deposit Amount + Cash Down Payment	($0.00)
	Total Credits	($1,000.00)

Trade-In(s)

Year	Make	Model	Vin	Payoff Amount	Allowance

ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.	**Amount Due Upon Delivery** $97,670.00

The first and second pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning this purchase has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vechicle except as appears in writing on the face of this a greement.

I have read and understand the second page of this agreement and agree to it as a part of this order the same as if it were printed above my signature.I certify that I am of legal age, or older, that I have legal capacity and authority to execute this agreement on behalf of my company, and hereby ack nowledge receipt of a copy of this order.

Buyer's Signature State of Nevada Department of Corrections

Approved By: Mark Magnus

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days.

Note 1 *OEM incentives and availability are subject to change and the end user must meet qualifications by OEM to qualify.*

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120 Las Vegas NV 89120 Phone 702-459-0566

FACTORYMOTORPARTS

FVP The Confident Solution.

THAD CLARY
3292 East Sunset Road # 120 Las Vegas NV 89120 Cell 702-768-1285 t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

	$ -
Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

THAD CLARY
702-768-1285
t.clary@fmpco.com

Defibrillator kit

McKESSON

Working Cart #179363369
Items: (3)
Subtotal: $5,120.34
Estimated taxes: $0.00
Estimated Shipping & Handling : N/A
Estimated Total*: $5,120.34
***Taxes and Shipping & Handling are estimated.**

Account #58780052
NEVADA DEPARTMENT OF CORRECTIONS
PO BOX 7011
CARSON CITY, NV 89702-7011

Ship To #88323537
FLORENCE MCCLURE WCC
ATTN MEDICAL
4370 SMILEY RD
LAS VEGAS, NV 89115-1808

PO	Date	Created By
	10/28/2025	MIESPINOZA

Line	Item #	Description	Mfr	Mfr #	Stock	UOM	Price	Qty	Total
1	836329	DEFIBRILLATOR, AED + ECG DSPLYADLT PRESCRIPTION	ZOLL MEDICAL COR	2280081010201010	Stocked	EA	$1,744.42	1	$1,744.42
	Backordered, 0 stocked, balance ships as available								
2	861320	DEFIBRILLATOR, AED HEARTSTART W/C02 HS1 SLIM CARRY CASE	PHILIPS HEALTHCA	M5066A_C02	Non-Stock	EA	$1,357.12	1	$1,357.12
	Delivery typically takes 2-4 weeks.								
3	1163132	AED, POWERHEART G5 FULLY AUTO W/CPR ENG/SPAN BATTERY PADS	ZOLL MEDICAL COR	G5A-80C-S	Drop-Ship	EA	$2,018.80	1	$2,018.80
	Additional shipping charges may apply.								

$5120.34

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.:	Ford 2026 T350 Wagon Mid Roof Stock number: Q419139		
Dealer Name:	Mobility Works Commercial		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: White	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	3	$97170.00	$291510.00
SPECIFY OPTIONS: (description)			$90130.02
		$	
Gurney kit	3	$24,923.00	
Emergency kit	3	$5120.34	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	3	$1500.00	$4500.00
Total purchase price with options			$386140.02
DMV Title and DRS Fee's	3	$28.25	$84.75
GRAND TOTAL:			$386224.77

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County/IndianSprings
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

ADA VAN

mobilityworks Commercial

Quote

Proposal #:Q419139

WMK, LLC dba MobilityWorks
3575 W. Cheyenne Ave., Suite 105
North Las Vegas, NV 89032
(702) 876-9606
EIN#: 31-1502439
fax: (702) 876-4366

Price Quote Valid for 14 Days

Mark Magnus Email: mark.magnus@mobilityworks.com Phone: (234) 230-2999

Billing Name	**State of Nevada Department of Corrections**	Buyer Name	State of Nevada Department of Corrections	Stock #	
Address	5500 Snyder Avenue	Address	5500 Snyder Avenue	Quote #	Q419139
City, State ZIP	Carson City,NV 89701	City State ZIP	Carson City,NV 89701	Proposal Date	10/03/2025
County	CARSON CITY	County	CARSON CITY	Accepted date	

New/Used	Make	Model / Trim	Year	Color	To Be Delivered On Or About
	Ford	**T350 Wagon Mid Roof**	**2026**	**White**	
Type of Vehicle	VIN		Mileage	Job Reference: Customer P.O.:	

Chassis, Conversion and Additional Equipment (See Page 2 for detail):				~~$96,675.00~~ 97,170.00
Protection Products:				$0.00
			MBW Rewards	($0.00)
			Total	**$96,675.00** 97,170.00
			Documentary Fee	~~$495.00~~
			Delivery	$1,500.00
			Sales tax	$0.00
			Total Cash Delivered Price	**$98,670.00**
			Note 1 Rebate(s)	($1,000.00)
			GPC	($0.00)
			Third Party Payor(s)	($0.00)
	Cash Down		Check/PO	-
	Payment		Deposit Amount + Cash Down Payment	($0.00)
			Total Credits	**($1,000.00)**
Trade-In(s)				

Year	Make	Model	Vin	Payoff Amount	Allowance

ONLY THOSE ITEMS AND SERVICES SPECIFICALLY WRITTEN ON THIS ORDER ARE INCLUDED IN THE STATED PRICE. ANY OTHER AGREEMENTS, UNLESS IN WRITING, ARE NOT BINDING ON SELLER.	**Amount Due Upon Delivery** **$97,670.00**

The first and second pages of this Order comprise the entire agreement affecting this purchase and no other agreement or understanding of any nature concerning this purchase has been made or entered into, or will be recognized. I hereby certify that no credit has been extended to me for the purchase of this motor vehicle except as appears in writing on the face of this agreement.

I have read and understand the second page of this agreement and agree to it as a part of this order the same as if it were printed above my signature.I certify that I am of legal age, or older, that I have legal capacity and authority to execute this agreement on behalf of my company, and hereby acknowledge receipt of a copy of this order.

Buyer's Signature State of Nevada Department of Corrections

Approved By: Mark Magnus

Co-Buyer's Signature

This order is not valid unless signed and accepted by dealer and is only valid for 14 days.

Note 1 *OEM incentives and availability are subject to change and the end user must meet qualifications by OEM to qualify.*

stryker

Nevada DOC Cots

Quote Number: 11202780

Version: 1

Prepared For: Nevada Department of Corrections

Attn:

Remit to: Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

Rep: George Carter III

Email: george.carter@stryker.com

Phone Number:

Quote Date: 10/24/2025

Expiration Date: 01/22/2026

Contract Start: 10/24/2025

Contract End: 10/23/2026

Delivery Address		Sold To - Shipping		Bill To Account	
Name:	Nevada Department of Corrections	Name:	Nevada Department of Corrections	Name:	Nevada Department of Corrections
Account #:		Account #:		Account #:	
Address:	22010 Cold Creek Rd, Indian Springs, NV 89070	Address:	22010 Cold Creek Rd, Indian Springs, NV 89070	Address:	22010 Cold Creek Rd, Indian Springs, NV 89070
	Indian Springs		Indian Springs		Indian Springs
	Nevada 89018		Nevada 89018		Nevada 89018

Equipment Products:

#	Product	Description	Qty	List Price	Discount %	Sell Price	Total
1.0	6086000000	Performance-PRO	3	$12,513.00	10.0%	$11,261.70	$33,785.10
1.1	6085033000	PR Cot Retaining Post		$0.01	100.0%	$0.00	$0.00
1.2	6086026000	Performance Pro Std Components		$0.01	100.0%	$0.00	$0.00
1.3	0054032000	Domestic Boxed Ship Option		$0.01	100.0%	$0.00	$0.00
1.4	6086600000	Domestic Manual		$0.01	100.0%	$0.00	$0.00
1.5	6085032000	Knee-Gatch/Trendelenburg		$1,348.00	0.0%	$1,348.00	$4,044.00
1.6	6092036018	J Hook		$0.01	100.0%	$0.00	$0.00
1.7	6086055000	Power-Load Compatible		$1,802.00	0.0%	$1,802.00	$5,406.00
1.8	6506041000	GREY XPS MATTRESS OPTION		$0.01	100.0%	$0.00	$0.00
1.9	6086032000	XPS OPTION		$3,100.00	0.0%	$3,100.00	$9,300.00
1.10	6086029000	LT Handel Release - Standard		$0.01	100.0%	$0.00	$0.00
1.11	6085046000	Retractable Head Section O2		$282.00	0.0%	$282.00	$846.00
1.12	6506039000	Additional Packaging (Runner)		$0.01	100.0%	$0.00	$0.00
1.13	6500001430	X-RESTRAINT PACKAGE		$0.01	100.0%	$0.00	$0.00

This is not an Invoice

stryker

Nevada DOC Cots

Quote Number: 11202780

Remit to: Stryker Sales, LLC
21343 NETWORK PLACE
CHICAGO IL 60673-1213
USA

Version: 1

Prepared For: Nevada Department of Corrections

Attn:

Rep: George Carter III

Email: george.carter@stryker.com

Phone Number:

Quote Date: 10/24/2025

Expiration Date: 01/22/2026

Contract Start: 10/24/2025

Contract End: 10/23/2026

#	Product	Description	Qty	List Price	Discount %	Sell Price	Total
1.14	6500147000	Equipment Hook		$82.00	0.0%	$82.00	$246.00
1.15	6500315000	3 Stage IV Pole PR Option		$559.00	0.0%	$559.00	$1,677.00
2.0	6392000002	PERFORMANCELOAD W/PLATE	1	$4,769.00	0.0%	$4,769.00	$4,769.00
2.1	6392026000	STANDARD COMPONENTS		$0.01	100.0%	$0.00	$0.00
2.2	6392001902	LABEL, 6392-000-002 SPEC		$0.01	100.0%	$0.00	$0.00
2.3	639207000001	FLOOR PLATE, ASSEMBLY KIT		$0.01	100.0%	$0.00	$0.00
2.4	639200200000	ONE PER UNIT, MANUAL, ENGLISH		$0.01	100.0%	$0.00	$0.00
					Equipment Total:		$60,073.10

ProCare Products:

#	Product	Description	Qty	Sell Price	Total
3.1	MANUAL-COT-PROCARE	MX Pro for Performance-PRO *10/25/2025 - 10/24/2030* √Preventative Maintenance	3	$1,645.00	$4,935.00
3.2	POWERLOAD-PROCARE	Power Load for Power-Load Compatible *10/25/2025 - 10/24/2030* √Preventative Maintenance	3	$2,625.00	$7,875.00
3.3	MANU-FAST-PROCARE	Antler Fastener for PERFORMANCELOAD W/PLATE *10/25/2025 - 10/24/2030* √Preventative Maintenance	1	$1,135.00	$1,135.00
			ProCare Total:		$13,945.00

This is not an Invoice

stryker

Nevada DOC Cots

Quote Number:	11202780	Remit to:	Stryker Sales, LLC 21343 NETWORK PLACE CHICAGO IL 60673-1213 USA
Version:	1		
Prepared For:	Nevada Department of Corrections	Rep:	George Carter III
	Attn:	Email:	george.carter@stryker.com
		Phone Number:	
Quote Date:	10/24/2025		
Expiration Date:	01/22/2026		
Contract Start:	10/24/2025		
Contract End:	10/23/2026		

Price Totals:

Estimated Sales Tax (0.000%):	$0.00
Shipping and Handling:	$750.90
Grand Total:	$74,769.00

$24923.00 ea

Prices: In effect for 30 days

Terms: Net 30 Days

Shipping & Handling Includes:
Standard freight, special packaging, semi rigging cranes, labor & delivery of equipment to final location, removal of all packaging, pre-delivery site check, education/training

Terms and Conditions:
Deal Consummation: This is a quote and not a commitment. This quote is subject to final credit, pricing, and documentation approval. Legal documentation must be signed before your equipment can be delivered. Documentation will be provided upon completion of our review process and your selection of a payment schedule. Confidentiality Notice: Recipient will not disclose to any third party the terms of this quote or any other information, including any pricing or discounts, offered to be provided by Stryker to Recipient in connection with this quote, without Stryker's prior written approval, except as may be requested by law or by lawful order of any applicable government agency. A copy of Stryker Medical's terms and conditions can be found at https://techweb.stryker.com/Terms_Conditions/index.html.

defibrillator kit

McKESSON

Working Cart #179363369
Items: (3)
Subtotal: $5,120.34
Estimated taxes: $0.00
Estimated Shipping & Handling : N/A
Estimated Total*: $5,120.34
*Taxes and Shipping & Handling are estimated.

Account #58780052
NEVADA DEPARTMENT OF CORRECTIONS
PO BOX 7011
CARSON CITY, NV 89702-7011

Ship To #88323537
FLORENCE MCCLURE WCC
ATTN MEDICAL
4370 SMILEY RD
LAS VEGAS, NV 89115-1808

PO	Date	Created By
	10/28/2025	MIESPINOZA

Line	Item #	Description	Mfr	Mfr #	Stock	UOM	Price	Qty	Total
1	836329	DEFIBRILLATOR, AED + ECG DSPLYADLT PRESCRIPTION	ZOLL MEDICAL COR	2280081010201010	Stocked	EA	$1,744.42	1	$1,744.42
	Backordered, 0 stocked, balance ships as available								
2	861320	DEFIBRILLATOR, AED HEARTSTART W/C02 HS1 SLIM CARRY CASE	PHILIPS HEALTHCA	M5066A_C02	Non-Stock	EA	$1,357.12	1	$1,357.12
	Delivery typically takes 2-4 weeks.								
3	1163132	AED, POWERHEART G5 FULLY AUTO W/CPR ENG/SPAN BATTERY PADS	ZOLL MEDICAL COR	G5A-80C-S	Drop-Ship	EA	$2,018.80	1	$2,018.80
	Additional shipping charges may apply.								

5120.34

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

Agency Name: Nevada Department of Corrections 440	**Budget Account #:** 3714
Contact Name: Venus Fajota	**Telephone Number:** 775-977-5007

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: 36 **Amount of the request:** $1,753,886.60 ~~$1,753,886.10~~

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

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

Mission of the requested vehicle(s):
Replacement of older and non-operative vehicles used for transportation

Were funds legislatively approved for the request? [X] **Yes** [ ] **No**	**If yes, please provide the decision unit number:** AB570 **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)** [XX] ____ **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: Odometer Reading: Type of Vehicle: Please see attached schedule. Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: *Please attach an additional sheet if necessary*	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. lights, cages and emergency kits align with recognized correctional transport standards and are essential to protecting correctional staff, offenders and the public during transport. Mid-models are executive staff; police interceptors are utilized for offender transportation heavier duty vehicles more durable for daily

APPOINTING AUTHORITY APPROVAL:

Agency Appointing Authority: Venus Fajota | Title: ASO IV | Date: 03/27/26

BOARD OF EXAMINERS' APPROVAL:

[ ] Approved for Purchase [ ] Not Approved for Purchase

Board of Examiners | Date

Revised 1/2020

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.:	2026 Ford Explorer Sales code F71168		
Dealer Name:	Ford Country Las Vegas		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$39790.00	$39790.00
SPECIFY OPTIONS: (description)			$3480.50
cage	1	$2630.00	
Accessory light kit	1	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	$1695	$1695.00
Total purchase price with options			$44965.50
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$44993.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	White Pine
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer:

Year	Make	Model	Plate	VIN	Mileage
2013	FORD	ECON	EX 65621	1FBSS3BL6DDA56037	213,438

Base Model

Preview Order 5395 - K7D - Active RWD: Order Summary Time of Preview: 09/22/2025 09:49:02 Receipt: NA

Dealership Name: Ford Country Sales Code: F71168

Dealer Rep.	Thomas Craddock	Type	Fleet	Vehicle Line	Explorer	Order Code	5395
Customer Name	DOC	Priority Code	M1	Model Year	2026	Price Level	625

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K7D0 EXPLORER ACTIVE RWD	$40585	.P255/65R18 A/S BSW TIRES	$0
.119 INCH WHEELBASE	$0	18" SPARE WHL AND JACK KIT	$400
TOTAL BASE VEHICLE	$40585	FORD CONNECTIVITY -1YR TRIAL	$0
AGATE BLACK METALLIC	$0	FRONT LICENSE PLATE BRACKET	$0
CLOTH TRIMMED SEATS	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
SPACE GRAY INTERIOR	$0	FUEL CHARGE	$0
EQUIPMENT GROUP 200A	$0	PRICED DORA	$0
.18" SILVER PAINTED ALUM WHLS	$0	ADVERTISING ASSESSMENT	$0
.2.3L ECOBOOST I-4 ENGINE	$0	DESTINATION & DELIVERY	$1695
.10-SPEED AUTO TRANSMISSION	$0		

$41,485.00
28.25 title
$41,513.25 total

	MSRP
TOTAL BASE AND OPTIONS	$42680
DISCOUNTS	NA
TOTAL	$42680

ORDERING FIN: QS062 END USER FIN: QS062

As per State Bid # 995WC-NV25-25623

Customer Name:
Customer Address:

Customer Email:
Customer Phone:

Tom Craddock
09/22/25

Customer Signature Date

This order has not been submitted to the order bank.
This is not an invoice.

McINTOSH COMMUNICATIONS INC.
CELEBRATING OVER 35 YEARS

4640 S. Arville, Suite E
Las Vegas, NV 89103
(702)253-5390•Fax (702)253-9140

QUOTE

25092409

DATE September 24, 2025
CUSTOMER ID

EXPIRATION DATE October 24, 2025

To: Dept. of Corrections
Attn: Noe

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Myron W.	2025+ Ford PIU	N30	10/24/25

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Prisoner Containment		
1	#10XL C Coated Poly Front Partition	$ 942.00	$ 942.00
1	#12VS 2nd Expanded Metal Rear Partition	$ 540.00	$ 540.00
1	Window Barrier VS Steel Vertical	$ 270.00	$ 270.00
	Shop Supplies	$ 63.00	$ 63.00
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -

DUE TO RECENT MARKET CONDITIONS, THIS PRICING IS VALID FOR 30 DAYS FROM DATE OF QUOTE - PRICING SUBJECT TO CHANGE BEYOND 30 DAYS. PLEASE CONTACT YOUR SALES REPRESENTITIVE FOR RE-QUOTE

SUBTOTAL	$ 1,815.00
S & H	$ 55.00
Tax	Exempt
Labor	$ 760.00
TOTAL	$ 2,630.00

Customer Signature: _____

THANK YOU FOR YOUR BUSINESS!

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120 Las Vegas NV 89120 Phone 702-459-0566

FACTORYMOTORPARTS

FVP The Confident Solution.

THAD CLARY
3292 East Sunset Road # 120 Las Vegas NV 89120 Cell 702-768-1285 t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

		$ -
Parts	$	850.50
Freight		
Sales Tax		
Total	$	**850.50**

THAD CLARY
702-768-1285
t.clary@fmpco.com

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.:	2026 Ford Explorer Sales code F71168		
Dealer Name:	Ford Country Las Vegas		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: Charcoal	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	$45947.00	$45947.00
SPECIFY OPTIONS: (description)			$850.50
Accessory light kit	1	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	1	$1695.00	$1695.00
Total purchase price with options			$48492.50
DMV Title and DRS Fee's	1	$28.25	$28.25
GRAND TOTAL:			$48520.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	White Pine
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer:

Year	Make	Model	Plate	VIN	Mileage
2007	CHEVY	IMPALA	EX 73118	2G1WC58R379113998	175,746

Preview Order 5409 - K8J- Tremor 4WD: Order Summary Time of Preview: 11/04/2025 11:55:39 Receipt: NA

Dealership Name: Ford Country

Sales Code : F71168

Dealer Rep.	Thomas Craddock	**Type**	Fleet	**Vehicle Line**	Explorer	**Order Code**	5409
Customer Name	DOC	**Priority Code**	A3	**Model Year**	2026	**Price Level**	625

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K8J0 EXPLORER TREMOR AWD	$48465	FLR LNERS RW 1&2/NO CRPET MAT	$0
.119 INCH WHEELBASE	$0	SECOND ROW HEATED SEATS	$0
TOTAL BASE VEHICLE	$48465	18" SPARE WHL AND JACK KIT	$400
AGATE BLACK METALLIC	$0	110V/150W AC POWER OUTLET	$0
MIKO INSERTS	$0	FORD CONNECTIVITY -1YR TRIAL	$0
ONYX INTERIOR	$0	SPECIAL DEALER ACCOUNT ADJUSTM	$0
EQUIPMENT GROUP 800A	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
.18" BLK-PNTD ALUM WHLS	$0	FUEL CHARGE	$0
.2.3L ECOBOOST I-4 ENGINE	$0	NET INVOICE FLEET OPTION (B4A)	$0
.10-SPEED AUTO TRANSMISSION	$0	PRICED DORA	$0
.P265/65R18 A/T BSW TIRES	$0	ADVERTISING ASSESSMENT	$0
FORD FLEET SPECIAL ADJUSTMENT	$0	DESTINATION & DELIVERY	$1695

$47,642.00
28.25 + title
$47,670.25 + title

	MSRP
TOTAL BASE AND OPTIONS	$50560
DISCOUNTS	NA
TOTAL	$50560

ORDERING FIN: QS062 **END USER FIN:** QS062

Customer Name:
Customer Address:

Customer Email: Tom Craddock

Customer Phone: 11/04/25

Customer Signature Date

This order has not been submitted to the order bank.

This is not an invoice.

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

FACTORY MOTOR PARTS

FVP The Confident Solution

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER #
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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.:	2026 Ford Explorer Sales code F71168		
Dealer Name:	Ford Country Las Vegas		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	9	$47350.00	$426150.00
SPECIFY OPTIONS: (description)			$31324.50
cage	9	$2630.00	
Accessory light kit	9	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	9	$1695.00	$15255.00
Total purchase price with options			$472729.50
DMV Title and DRS Fee's	9	$28.25	$254.25
GRAND TOTAL:			$472983.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer Police Interceptor:

Year	Make	Model	Plate	VIN	Mileage
2009	FORD	TAURUS	EX 87615	1FAHP26W19G111138	76,425
2013	SUBARU	Forester	EX 85185	JF2SJAAC9EH464404	126,065
2007	CHEVY	TRAIL BLAZER	EX 75544	1GNDT13S372121932	23,153
2004	DODGE	DURANGO	EX 74886	1D4HB48D84F157082	154,174
2006	CHEVY	EXPRESS	EX 49628	1GAHG39U261196198	271,199
1997	JEEP	CHEROKEE	EX 61360	1J4FJ28S5VL554658	228,128
2006	CHEVY	EXPRESS	EX 50257	1GAHG39UX61197096	141,173
2006	CHEVY	EXPRESS	EX 50294	1GAHG39UX61197440	199,977
2000	GMC	SAVANA	EX 86927	1GJHG39R4Y1107276	105,000

Preview Order 5396 - K8A - Police Inter Utility AWD: Order Summary Time of Preview: 09/22/2025 10:05:53 Receipt: NA

Dealership Name: Ford Country Sales Code : F71168

Dealer Rep.	Thomas Craddock	Type	Fleet	Vehicle Line	Explorer	Order Code	5396
Customer Name	DOC	Priority Code	M1	Model Year	2026	Price Level	615

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K8A0 POLICE INTER UTILITY AWD	$48550	FORD FLEET SPECIAL ADJUSTMENT	$0
.119 INCH WHEELBASE	$0	50 STATE EMISSIONS	$0
TOTAL BASE VEHICLE	$48550	REAR DR HNDL AND LOCKS INOPR	$80
SILVER GREY METALLIC	$0	SPECIAL DEALER ACCOUNT ADJUSTM	$0
CLOTH BUCKETS/VINYL REAR SEATS	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
ONYX INTERIOR	$0	FUEL CHARGE	$0
EQUIPMENT GROUP 500A	$0	NET INVOICE FLEET OPTION (B4A)	$0
.FM STEREO	$0	PRICED DORA	$0
3.3L TI-VCT V6 ENGINE	$0	ADVERTISING ASSESSMENT	$0
10-SPEED AUTO TRANSMISSION	$0	DESTINATION & DELIVERY	$1695

$49,045.60
2,630.00 McIntosh quote #25092409
28.25 title
$51,703.25 total

	MSRP
TOTAL BASE AND OPTIONS	$50325
DISCOUNTS	NA
TOTAL	$50325

ORDERING FIN: QS062 END USER FIN: QS062

As per State Bid # 998WC-NV25-25623

Customer Name:
Customer Address:

Customer Email: Tom Craddock

Customer Phone:

10/07/25

Customer Signature Date

This order has not been submitted to the order bank.
This is not an invoice.

McINTOSH COMMUNICATIONS INC.
CELEBRATING OVER 35 YEARS

4640 S. Arville, Suite E
Las Vegas, NV 89103
(702)253-5390-Fax (702)253-9140

QUOTE

25092409

DATE September 24, 2025
CUSTOMER ID

EXPIRATION DATE October 24, 2025

To: Dept. of Corrections
Attn: Noe

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Myron W.	2025+ Ford PIU	N30	10/24/25

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Prisoner Containment		
1	//10XL C Coated Poly Front Partition	$ 942.00	$ 942.00
1	//12VS 2nd Expanded Metal Rear Partition	$ 540.00	$ 540.00
1	Window Barrier VS Steel Vertical	$ 270.00	$ 270.00
	Shop Supplies	$ 63.00	$ 63.00
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -

DUE TO RECENT MARKET CONDITIONS, THIS PRICING IS VALID FOR 30 DAYS FROM DATE OF QUOTE - PRICING SUBJECT TO CHANGE BEYOND 30 DAYS. PLEASE CONTACT YOUR SALES REPRESENTITIVE FOR RE-QUOTE

SUBTOTAL	$ 1,815.00
S & H	$ 55.00
Tax	Exempt
Labor	$ 760.00
TOTAL	$ 2,630.00

Customer Signature: _____

THANK YOU FOR YOUR BUSINESS!

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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.:	2026 Ford Explorer Sales code F71168		
Dealer Name:	Ford Country Las Vegas		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$47350.00	$94700.00
SPECIFY OPTIONS: (description)			$14454.60
cage	2	$6376.80	
Accessory light kit	2	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	2	$1695.00	$3390.00
Total purchase price with options			$112544.60
DMV Title and DRS Fee's	2	$28.25	$56.50
GRAND TOTAL:			$112601.10

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer Police Interceptor:

Year	Make	Model	Plate	VIN	Mileage
1996	JEEP	CHEROKEE	EX 66044	1J4FJ28S9TL230965	201,555
2007	CHEVY	EXPRESS	EX 51825	1GAHG39U471119026	269,786

Preview Order 5396 - K8A - Police Inter Utility AWD: Order Summary Time of Preview: 09/22/2025 10:05:53 Receipt: NA

Dealership Name: Ford Country

Sales Code : F71168

Dealer Rep.	Thomas Craddock	Type	Fleet	Vehicle Line	Explorer	Order Code	5396
Customer Name	DOC	Priority Code	M1	Model Year	2026	Price Level	615

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K8A0 POLICE INTER UTILITY AWD	$48550	FORD FLEET SPECIAL ADJUSTMENT	$0
.119 INCH WHEELBASE	$0	50 STATE EMISSIONS	$0
TOTAL BASE VEHICLE	$48550	REAR DR HNDL AND LOCKS INOPR	$80
SILVER GREY METALLIC	$0	SPECIAL DEALER ACCOUNT ADJUSTM	$0
CLOTH BUCKETS/VINYL REAR SEATS	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
ONYX INTERIOR	$0	FUEL CHARGE	$0
EQUIPMENT GROUP 500A	$0	NET INVOICE FLEET OPTION (B4A)	$0
.FM STEREO	$0	PRICED DORA	$0
3.3L TI-VCT V6 ENGINE	$0	ADVERTISING ASSESSMENT	$0
10-SPEED AUTO TRANSMISSION	$0	DESTINATION & DELIVERY	$1695

$49,045.60
2,630.00 McIntosh quote #25092409
28.25 title
$51,703.25 total

	MSRP
TOTAL BASE AND OPTIONS	$50325
DISCOUNTS	NA
TOTAL	$50325

ORDERING FIN: QS062 END USER FIN: QS062

As per State Bid # 898WC-NW25-25623

Customer Name:
Customer Address:

Customer Email: Tom Craddock

Customer Phone:

10/07/25

Customer Signature Date

This order has not been submitted to the order bank.
This is not an invoice.

Sierra Electronics
690 E. Glendale Ave, Suite 9B, Sparks, NV 89431
(775) 359-1121 (800) 874-7515

2025 Van Cages
SALES QUOTE

TO: Nevada Department Of Corrections
Noe Calderon
Carson City, NV 89701
775-887-3289

Date: **12/3/2025**
Sales Rep: Dan Pena
Terms: Net 30
Expires: 1/2/2026

REF# DQM14323

ITEM	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
P-REAR-1	PART,REAR,GSRS,97-20	1	$1,224.80	$1,224.80
P-MFK-9	PART,REAR,FILRKIT,GSRS,97-20	1	$416.00	$416.00
WGI-C1	2006 CHEVY 3500 WINDOW GUARDS	1	$1,808.80	$1,808.80
P-MFK-4	PARTITION FILLER PANEL KIT	1	$504.00	$504.00
P-FRONT-1	FRONT PARTITION	1	$1,823.20	$1,823.20
Freight	Freight	1	$600.00	$600.00

Subtotal	$6,376.80
Sales Tax	$0.00
Total	**$6,376.80**

Notes:

For questions regarding this quote please contact:

Dan Peña
Office – 775-359-1121
Cell -775-846-6904
Toll Free – 800-874-7515
danp@sierraelectronic s.com
Sierra Electronics
690 East Glendale Ste.9B Sparks, NV 89431

THANK YOU FOR THIS OPPORTUNITY

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

FACTORYMOTORPARTS

FVP The Confident Solution.

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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.:	2026 Ford Explorer Sales code F71168		
Dealer Name:	Ford Country Las Vegas		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	4	$39790.00	$159160.00
SPECIFY OPTIONS: (description)			$3402.00
Accessory light kit	4	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	4	$1695.00	~~$6708.00~~ $6,780.00
Total purchase price with options			~~$169270.00~~ $169,342.00
DMV Title and DRS Fee's	4	$28.25	$113.00
GRAND TOTAL:			$169455.00

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Carson City
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer:

Year	Make	Model	Plate	VIN	Mileage
2013	FORD	EXPLORER	EX 85184	1FM5K8B87DGA45964	109,301
2013	SUBARU	Outback	EX 85158	4S4BRBAC8D3309556	107,905
2013	DODGE	AVENGER	EX64303	1CCDZAB2EN104557	145,687
2017	FORD	EXPLORER	EX 77677	1FM5K8AR1HGC91036	197,782

Base Model

Preview Order 5395 - K7D - Active RWD: Order Summary Time of Preview: 09/22/2025 09:49:02 Receipt: NA

Dealership Name: Ford Country Sales Code : F71168

Dealer Rep.	Thomas Craddock	Type	Fleet	Vehicle Line	Explorer	Order Code	5395
Customer Name	DOC	Priority Code	M1	Model Year	2026	Price Level	625

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K7D0 EXPLORER ACTIVE RWD	$40585	.P255/65R18 A/S BSW TIRES	$0
.119 INCH WHEELBASE	$0	18" SPARE WHL AND JACK KIT	$400
TOTAL BASE VEHICLE	$40585	FORD CONNECTIVITY -1YR TRIAL	$0
AGATE BLACK METALLIC	$0	FRONT LICENSE PLATE BRACKET	$0
CLOTH TRIMMED SEATS	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
SPACE GRAY INTERIOR	$0	FUEL CHARGE	$0
EQUIPMENT GROUP 200A	$0	PRICED DORA	$0
.18" SILVER PAINTED ALUM WHLS	$0	ADVERTISING ASSESSMENT	$0
.2.3L ECOBOOST I-4 ENGINE	$0	DESTINATION & DELIVERY	$1695
.10-SPEED AUTO TRANSMISSION	$0		

$41,485.00
28.25 title
$41,513.25 total

	MSRP
TOTAL BASE AND OPTIONS	$42680
DISCOUNTS	NA
TOTAL	$42680

ORDERING FIN: QS062 END USER FIN: QS062

As per State Bid # 99SWC-NV25-25623

Customer Name:
Customer Address:

Customer Email:
Customer Phone:

Tom Craddock
09/22/25

Customer Signature Date

This order has not been submitted to the order bank.
This is not an invoice.

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

FACTORYMOTORPARTS

FVP The Confident Solution.

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER

QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

	$ -
Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

THAD CLARY
702-768-1285
t.clary@fmpco.com

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.:	2026 Ford Explorer Sales code F71168		
Dealer Name:	Ford Country Las Vegas		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: 11-Charcoal 2-Black	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	13	$45947.00	$597311.00
SPECIFY OPTIONS: (description)			$11056.50
Accessory light kit	13	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	13	$1695.00	$22035.00
Total purchase price with options			$630402.50
DMV Title and DRS Fee's	13	$28.25	$367.25
GRAND TOTAL:			$630769.75

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer:

Year	Make	Model	Plate	VIN	Mileage
2006	CHEVY	EXPRESS	EX50268	1GAHG39U261196122	259,272
2006	CHEVY	EXPRESS	EX 50251	1GAHG39U861197310	178,640
2006	CHEVY	EXPRESS	EX 49719	1GAHG39U361196260	205,051
2014	CHEVY	TRAVERSE	EX 64322	1GNKVFEDOEJ245673	204,864
2004	BUICK	CENTURY	EX 68209	2G4WS52J141236704	121,102
2004	FORD	FOCUS	EX 60190	1FAFP33P64W204200	126,077
1997	FORD	F-150	EX 47003	1FTDF1727VKD31649	103,116
2014	CHEVY	TRAVERSE	EX79334	1GNKCFED9EJ251861	157,996
2008	FORD	EXPEDITION	EX74856	1FMFU16587LA60524	197,734
2014	CHEVY	TRAVERSE	EX78993	1GNKVFED3GJ244715	217,984
2007	CHEVY	YUKON	EX77674	1GKFK130337R287852	257,596
2006	CHEVY	COBALT	EX49620	1GAL58F967736932	190,000
2006	CHEVY	EXPRESS	EX 51806	1GCHG35V171110631	97,161

Preview Order 5409 - K8J- Tremor 4WD: Order Summary Time of Preview: 11/04/2025 11:55:39 Receipt: NA

Dealership Name: Ford Country

Sales Code : F71168

Dealer Rep.	Thomas Craddock	Type	Fleet	Vehicle Line	Explorer	Order Code	5409
Customer Name	DOC	Priority Code	A3	Model Year	2026	Price Level	625

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K8J0 EXPLORER TREMOR AWD	$48465	FLR LNERS RW 1&2/NO CRPET MAT	$0
.119 INCH WHEELBASE	$0	SECOND ROW HEATED SEATS	$0
TOTAL BASE VEHICLE	$48465	18" SPARE WHL AND JACK KIT	$400
AGATE BLACK METALLIC	$0	110V/150W AC POWER OUTLET	$0
MIKO INSERTS	$0	FORD CONNECTIVITY -1YR TRIAL	$0
ONYX INTERIOR	$0	SPECIAL DEALER ACCOUNT ADJUSTM	$0
EQUIPMENT GROUP 800A	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
.18" BLK-PNTD ALUM WHLS	$0	FUEL CHARGE	$0
.2.3L ECOBOOST I-4 ENGINE	$0	NET INVOICE FLEET OPTION (B4A)	$0
.10-SPEED AUTO TRANSMISSION	$0	PRICED DORA	$0
.P265/65R18 A/T BSW TIRES	$0	ADVERTISING ASSESSMENT	$0
FORD FLEET SPECIAL ADJUSTMENT	$0	DESTINATION & DELIVERY	$1695

$47,642.00
28.25 + title

		MSRP
TOTAL BASE AND OPTIONS		$50560
DISCOUNTS		NA
TOTAL	$47,670.25 + title	$50560

ORDERING FIN: QS062 END USER FIN: QS062

Customer Name:
Customer Address:

Customer Email: Tom Craddock

Customer Phone: 11/04/25

Customer Signature Date

This order has not been submitted to the order bank.

This is not an invoice.

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

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.:	2026 Ford Explorer Sales code F71168		
Dealer Name:	Ford Country Las Vegas		
Delivery Location:	~~Las Vegas~~ INDIAN SPRINGS		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth ☐ Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	$47350.00	$94700.00
SPECIFY OPTIONS: (description)			$6961.00
cage	2	$2630.00	
Accessory light kit	2	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	2	$1695.00	$3390.00
Total purchase price with options			$105051.00
DMV Title and DRS Fee's	2	$28.25	$56.50
GRAND TOTAL:			$105107.50

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	White Pine
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer Police Interceptor:

Year	Make	Model	Plate	VIN	Mileage
2006	CHEVY	EXPRESS	EX 50260	AGAHG39U361197120	342,168
2006	CHEVY	EXPRESS	EX 49718	1GAHG39U861196397	157,847

Preview Order 5396 - K8A - Police Inter Utility AWD: Order Summary Time of Preview: 09/22/2025 10:05:53 Receipt: NA

Dealership Name: Ford Country Sales Code : F71168

Dealer Rep.	Thomas Craddock	Type	Fleet	Vehicle Line	Explorer	Order Code	5396
Customer Name	DOC	Priority Code	M1	Model Year	2026	Price Level	615

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K8A0 POLICE INTER UTILITY AWD	$48550	FORD FLEET SPECIAL ADJUSTMENT	$0
.119 INCH WHEELBASE	$0	50 STATE EMISSIONS	$0
TOTAL BASE VEHICLE	$48550	REAR DR HNDL AND LOCKS INOPR	$80
SILVER GREY METALLIC	$0	SPECIAL DEALER ACCOUNT ADJUSTM	$0
CLOTH BUCKETS/VINYL REAR SEATS	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
ONYX INTERIOR	$0	FUEL CHARGE	$0
EQUIPMENT GROUP 500A	$0	NET INVOICE FLEET OPTION (B4A)	$0
.FM STEREO	$0	PRICED DORA	$0
3.3L TI-VCT V6 ENGINE	$0	ADVERTISING ASSESSMENT	$0
10-SPEED AUTO TRANSMISSION	$0	DESTINATION & DELIVERY	$1695

$49,045.60
2,630.00 McIntosh quote #25092409
28.25 title
$51,703.25 total

	MSRP
TOTAL BASE AND OPTIONS	$50325
DISCOUNTS	NA
TOTAL	$50325

ORDERING FIN: QS062 END USER FIN: QS062

As per State Bid # 998WC-NW25-25623

Customer Name:
Customer Address:

Customer Email: Tom Craddock

Customer Phone:

10/07/25

Customer Signature Date

This order has not been submitted to the order bank.
This is not an invoice.

McINTOSH COMMUNICATIONS INC.
CELEBRATING OVER 35 YEARS

4640 S. Arville, Suite E
Las Vegas, NV 89103
(702)253-5390•Fax (702)253-9140

QUOTE

25092409

DATE September 24, 2025
CUSTOMER ID

EXPIRATION DATE October 24, 2025

To: Dept. of Corrections
Attn: Noe

SALESPERSON	JOB	PAYMENT TERMS	DUE DATE
Myron W.	2025+ Ford PIU	N30	10/24/25

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
	Prisoner Containment		
1	#10XL C Coated Poly Front Partition	$ 942.00	$ 942.00
1	#12VS 2nd Expanded Metal Rear Partition	$ 540.00	$ 540.00
1	Window Barrier VS Steel Vertical	$ 270.00	$ 270.00
1	Shop Supplies	$ 63.00	$ 63.00
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -

DUE TO RECENT MARKET CONDITIONS, THIS PRICING IS VALID FOR 30 DAYS FROM DATE OF QUOTE - PRICING SUBJECT TO CHANGE BEYOND 30 DAYS. PLEASE CONTACT YOUR SALES REPRESENTITIVE FOR RE-QUOTE

SUBTOTAL	$ 1,815.00
S & H	$ 55.00
Tax	Exempt
Labor	$ 760.00
TOTAL	$ 2,630.00

Customer Signature: _____

THANK YOU FOR YOUR BUSINESS!

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

FACTORYMOTORPARTS

FVP The Confident Solution.

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

$ -

THAD CLARY
702-768-1285
t.clary@fmpco.com

Parts	$ 850.50
Freight	
Sales Tax	
Total	$ 850.50

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.:	2026 Ford Explorer Sales code F71168		
Dealer Name:	Ford Country Las Vegas		
Delivery Location:	Indian Springs		
Vehicle Colors:	Exterior: Silver	Interior: Black	x Cloth Vinyl

	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	4	$39790.00	$159160.00
SPECIFY OPTIONS: (description)			$3402.00
Accessory light kit	4	$850.50	
		$	
		$	
		$	
		$	
		$	
		$	
		$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	4	$1695.00	$6780.00
Total purchase price with options			$169342.00
DMV Title and DRS Fee's	4	$28.25	$113.00
GRAND TOTAL:			$169455.00

Registered Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Dept of Corrections 5500 Snyder Ave, Building 89 Carson City, NV 89701
County Vehicle Based In:	Clark County
Name & Phone of Person to contact when vehicle is ready for delivery:	Noe Bolanos-Calderon 725-216-6714

Replacement vehicles for Ford Explorer:

Year	Make	Model	Plate	VIN	Mileage
2016	Ford	Escape	EX 79343	1FMCU9J98GUC12050	113,741
2014	DODGE	AVENGER	EX 64301	1C3CDZAB6EN104562	143,799
2014	DODGE	AVENGER	EX64304	IC3CDZAB4EN104558	180,009
2009	TOYOTA	YARIS	EX 57495	JTDBT903291308891	240,236

Base Model

Preview Order 5395 - K7D - Active RWD: Order Summary Time of Preview: 09/22/2025 09:49:02 Receipt: NA

Dealership Name: Ford Country Sales Code : F71168

Dealer Rep.	Thomas Craddock	Type	Fleet	Vehicle Line	Explorer	Order Code	5395
Customer Name	DOC	Priority Code	M1	Model Year	2026	Price Level	625

DESCRIPTION	MSRP	DESCRIPTION	MSRP
K7D0 EXPLORER ACTIVE RWD	$40585	.P255/65R18 A/S BSW TIRES	$0
.119 INCH WHEELBASE	$0	18" SPARE WHL AND JACK KIT	$400
TOTAL BASE VEHICLE	$40585	FORD CONNECTIVITY -1YR TRIAL	$0
AGATE BLACK METALLIC	$0	FRONT LICENSE PLATE BRACKET	$0
CLOTH TRIMMED SEATS	$0	SPECIAL FLEET ACCOUNT CREDIT	$0
SPACE GRAY INTERIOR	$0	FUEL CHARGE	$0
EQUIPMENT GROUP 200A	$0	PRICED DORA	$0
.18" SILVER PAINTED ALUM WHLS	$0	ADVERTISING ASSESSMENT	$0
.2.3L ECOBOOST I-4 ENGINE	$0	DESTINATION & DELIVERY	$1695
.10-SPEED AUTO TRANSMISSION	$0		

$41,485.00
28.25 title
$41,513.25 total

	MSRP
TOTAL BASE AND OPTIONS	$42680
DISCOUNTS	NA
TOTAL	$42680

ORDERING FIN: QS062 END USER FIN: QS062

As per State Bid # 995WC-NV25-25623

Customer Name:
Customer Address:

Customer Email:
Customer Phone:

Tom Craddock
09/22/25

Customer Signature Date

This order has not been submitted to the order bank.
This is not an invoice.

Quote Only

FMP LAS VEGAS
3292 East Sunset Road # 120
Las Vegas NV 89120
Phone 702-459-0566

THAD CLARY
3292 East Sunset Road # 120
Las Vegas NV 89120
Cell 702-768-1285
t.clary@fmpco.com

Date	Quote #	Account #	ACCOUNT
3/9/2026		LV1251	HIGH DESERT PRISON

PURCHASE ORDER
QUOTE

Order	Ship	Brand	Long Part #	Short Part #	Description	Net	Amount
1		EXTREME TACTICAL		ETD CENTARI 100	LED VEHICLE LIGHT BUNDLE	$ 499.95	$ 499.95
1		EXTREME TACTICAL		WAIL SPEAKER	100 WATT WAIL SIREN AND SPEAKER	$ 236.15	$ 236.00
1		EXTREME TACTICAL		COMPACT SPEAKER	100 WATT COMPACT SPEAKER	$ 94.95	$ 94.95
1		STANDARD		C18EW	18 GAUGE WHITE PRIMARY WIRE	$ 16.00	$ 16.00
16		STANDARD		STP196	RED 18-22 GAUGE BUTT CONNECTOR(50PACK)	$ 0.17	$ 1.20
16		STANDARD		STP198	YELLOW 10-12 GAUGE BUTT CONNECTOR(25PACK)	$ 0.25	$ 1.20
16		STANDARD		STP197	BLUE 14-16 GAUGE BUTT CONNECTOR(50PACK)	$ 0.20	$ 1.20

QUOTE IS GOOD FOR 10 DAYS
NO RETURN ON SPECIAL ORDERS

	$ -
Parts	$ 850.50
Freight	
Sales Tax	
Total	**$ 850.50**

THAD CLARY
702-768-1285
t.clary@fmpco.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: March 10, 2026

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.

GOVERNOR'S FINANCE OFFICE

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Jim Wells to provide fiscal operations training for staff at various departments through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

Additional Information:

Mr. Wells retired from the Governor's Office on January 4, 2025 and is receiving pension benefits. The first request to contract with Mr. Wells was approved for the period of October 14, 2025 to April 14, 2026. This is the second request to contract with Mr. Wells for the period of April 15, 2026 to October 15, 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:	James Wells			
Former Employee ID Number:	010256			
Former Job Title:	Deputy Chief of Staff			
Former Employee Agency:	Governor's Office			
Former Class and Grade:	**Class:**	88.888	**Grade:**	Non classified
Former Employment Dates:	**From:**	01/06/1992	**To:**	7/14/2018
	From:	01/03/2023	**To:**	01/04/2025
Requesting Agency:	Department of Corrections			
Vendor:	Manpower			

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.
	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.**
	Mr. Wells will provide fiscal consulting and training to fiscal staff at various offices and departments on a part-time basis for up to 15 hours per week.
B	**Document former job description.**
	Mr. Wells formerly served as Deputy Chief of Staff within the Governor's Office, Director of the Governor's Office of Finance, Executive Officer of the Public Employees' Benefits Program, and Deputy Superintendent of Fiscal Services at the Department of Education, and possesses knowledge of state fiscal processes, procedures, and laws and regulations.
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?**
	The former employee is being hired due to his specialized knowledge of state fiscal operations. The current timeframe is for up to six months.
D	**Explain why existing State employees within your agency cannot perform this function.**

	Staff at various state agencies are in need of fiscal training and the state currently does not contain the resources to provide this function.
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.**
	N/A
F	**List contractors' hourly rate and employee's hourly rate.**
	Contractors' hourly rate: $129.15; and employee's hourly rate: $105.
G	**List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.**
	This is comparable to non-classified staff.
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 state does not have the resources available to perform the requested consulting and training.
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)**
	04/15/26 to 10/15/26
L	**Will the former employee be working full time or part time? If part time, how many hours?**
	Part-time 10 to 15 hours per week.
M	**Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).**
	The former employee serves on the Public Employees Benefits Program board.

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Signature of Agency Head Authorizing Request — Date: 3/10/26

N/A

Purchasing Administrator Signature (if a Statewide Contract) — Date

Budget Analyst Signature — Date: 3/10/26

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: March 11, 2026

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

From: Lesley Volkov, 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.

GOVERNORS' TECHNOLOGY OFFICE

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the office requests to contract with former employee Kathleen McLaughlin to provide historical mainframe knowledge for the state's legacy systems through statewide contract #99SWC-NV24-21690 with GuideSoft dba Knowledge Services.

Additional Information:

Ms. McLaughlin retired from the Governors' Technology Office on August 30, 2025 and is receiving pension benefits. Her experience with the state's current platform will assist the agency with stability and security for the mainframe and provide system management until it can be fully retired. The office intends to contract with Ms. McLaughlin from May 4, 2026 through October 31, 2026 on a part-time basis.

Statutory Authority:
NRS 333.705(1)

REVIEWED: ARF
ACTION ITEM: _____

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO / COO

David Axtell
Deputy CIO / CTO

STATE OF NEVADA
GOVERNOR'S OFFICE
Governors' Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | it.nv.gov | CIO@it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

DATE: March 11, 2026

TO: Lesley Volkov, Executive Branch Budget Officer
Governor's Finance Office

FROM: Joanna Bryan, Management Analyst

SUBJECT: Board of Examiner's Request to Contract with a Former Employee
99SWC-NV25-21690 - GuideSoft Inc. dba Knowledge Services

We respectfully request the Board of Examiner's approval to contract with a former employee, Kathleen McLaughlin. Due to retirements and medical leaves our current employees are short staffed and lack the necessary combination of historical mainframe knowledge, lifecycle management, and bandwidth to execute the work required. Ms McLaughlin's is uniquely qualified due to her direct experience with the legacy systems in question and their comprehensive understanding of the State's current platform. Ms McLaughlins' involvement is essential as she will provide expert guidance with patching and support lifecycle tracking which will help us maintain stability and security for the mainframe until we fully retire it. It is expected we will need to work with Ms McLaughlin approximately 40 hours per month.

GuideSoft Inc. dba Knowledge Services is aware they will not be able hire Ms McLaughlin until Board of Examiners' approval.

If you have any questions, please feel free to contact me at joannabryan@it.nv.gov.

Thank you,

Joanna Bryan
Management Analyst
Governors' Technology Office

| 775-531-3029 |

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:	Kathleen McLaughlin			
Former Employee ID Number:	006677			
Former Job Title:	IT Manager 2			
Former Employee Agency:	Governors Technology Office – Computing			
Former Class and Grade:	**Class:**	07.906	**Grade:**	43
Former Employment Dates:	**From:**	12/01/1997	**To:**	8/30/2025
Requesting Agency:	Governors Technology Office – Computing			
Vendor:	Knowledge Services			

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.
	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.**
	Establish knowledge base of historical systems, interfaces, and dependencies. Work with vendors to implement ongoing system management (patching, support lifecycle tracking) until retirement.
B	**Document former job description.**
	supervising subordinate supervisors and staff, organizational leadership, assisting with the development of the section's budget, and project planning. Advanced technical system support of the State's IBM zBC12 mainframe platform and the ability to manage vendors and project management tasks.
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?**
	28 Years of experience with the system and the operation of the department.
D	**Explain why existing State employees within your agency cannot perform this function.**

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 and employee's hourly rate.**
	$66.25 per hour based on Knowledge Services rate card for mainframe systems programmer 1. Employee's previous hourly rate was Grade 43, Step 10. $66.07/hr ($137,954.16 per year). Knowledge Service rate 24% of hourly rate =$81.93 total
G	**List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.**
	Master IT Professional 2 (Grade 44) Step 9 would be equivalent to former pay rate.
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.**
	Short staffed due to attrition, retirement, medical issues, and our unique environment. As well as currently having to lean on managed services to complete upgrades is creating some challenges.
J	**Will the employee be collecting PERS at any time during the contract?**
	Yes – Full PERS
K	**What is the duration of the contract with the former employee? (Include start and end date)**
	5 months beginning May 4, 2026 through October 31, 2026
L	**Will the former employee be working full time or part time? If part time, how many hours?**
	It is expected that agency will be part-time for approximately 40 hours per month depending on the workflow for patching and upgrades to mainframe system.
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:
The mainframe is an older system, that is not widely used creating a limited talent pool to begin with. Our environment unique to the state of Nevada, and as such it has been difficult over the years to find candidates with the skillset to run and operate a mainframe system. Our current talent pool is aging out and retiring and it would be difficult to recruit to a system that is in the process of being phased out.

Approval for Authorization to Contract with a Former Employee:

Sean Montieth — 3/3/26

Signature of Agency Head Authorizing Request — Date

Budget Analyst Signature — 3/24/26 — 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: March 16, 2026

To: Tiffany Greenameyer, Director
Governor's Finance Office

From: Vince Young-Brown, Executive Budget Officer I
Governor's Finance Office, Budget Division

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF CORRECTIONS -
PRISON MEDICAL CARE

Agenda Item Write-up:

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of $4,149,382 from the Interim Finance Contingency Account to cover outside medical treatment and pharmaceutical services within the Prison Medical Care budget account.

Additional Information:

The cost of outside medical treatment continues to increase annually and has outpaced projected totals established in the SFY24 budget build by nearly 130% overall, with some diagnosis treatment nearing 150% from previous years. Additionally, the frequency of transporting offenders to outside medical providers has increased from previous years by a similar amount.

Statutory Authority:
NRS 353.268

REVIEWED: KL

ACTION ITEM: _____

Joe Lombardo
Governor

James E. Dzurenda
Director

Carson City, NV 89701
(775) 977-5500

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

MEMORANDUM

Date: March 9, 2026

To: Tiffany Greenameyer, Director, Governor's Finance Office

Subject: Request for IFC Contingency Funds – BA 3706 Prison Medical Care

The Nevada Department of Corrections (NDOC) seeks approval of $4,149,382 from the Interim Finance Committee (IFC) Contingency Fund to pay outside medical treatment and pharmaceutical services in State Fiscal Year (SFY) 2026.

The cost of outside medical treatment continues to increase annually and has outpaced projected totals established in the SFY24 budget build by nearly 130% overall, with some diagnoses treatment nearing 150% from previous years. Additionally, the frequency of transporting offenders to outside medical providers has increased from previous years by a similar amount.

Pharmaceutical costs continue to trend with general medical costs, and increases have impeded the cost savings measures implemented by NDOC to combat the cycle. Specialty medications are included in the calculated amounts. Despite the implementation of measures and programs initiated by NDOC to mitigate pharmaceutical cost increases, a deficit still exists.

Approval of this request enables NDOC to fully fund anticipated costs associated with the above-referenced expenditures through the end of SFY26. Without this resolution, Prison Medical will be unable to process outside medical and pharmaceutical billing timely, effectively reducing the available resources available and willing to treat offenders with community providers and medical specialists.

The NDOC has pursued and continues to pursue all efforts to reduce the cost of outside medical treatment and seek impactful cost reduction programs to counterbalance the increasing costs of medication. These efforts include negotiations with available programs to obtain HRSA-eligible organization status for NDOC's in-house pharmacy. While NDOC continues to seek the least expensive ways to meet its obligations to provide health care, NDOC does not have the ability to fund treatment in its legislatively approved budget, in accordance with the legislatively approved intent, without the additional funds requested. The current legislatively approved funding for outside medical treatment and pharmaceutical services will be exhausted in April 2026.

Thank you for your time and consideration of this matter.

James E. Dzurenda, Director
Nevada Department of Corrections

State of Nevada Work Program

WP Number: C81294

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
03/05/26	101	440	3706	NDOC - PRISON MEDICAL CARE

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	4,149,382	0	4,149,382
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		4,149,382		4,149,382
			Total Budgetary & Revenue GLs		4,149,382		

Expenditures

CAT	Amount	CAT	Amount
50	4,149,382		

Sub Total Category Expenditures 4,149,382

Remarks

The purpose of this work program is to request a transfer from the Interim Finance Contingency fund to the Nevada Department of Corrections Budget Account 3706 Prison Medical Care to provide additional funding for outside medical treatments and pharmaceutical services. Additional Work Programs have been submitted to partially fund the anticipated shortfall for the remainder of the fiscal year.

Total Budgetary General Ledgers and Category Expenditures (AP) 4,149,382

vfajota
Authorized Signature

03/16/26
Date

Controller's Office Approval

Does not require Interim Finance approval since This work program supports an Action item request for appropriation from the Interim Finance Committee Contingency Fund

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: March 3, 2026

To: Tiffany Greenameyer, Director
Governor's Finance Office

From: Tiffany Day, Executive Branch Budget Officer I
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 VETERANS SERVICES

Agenda Item Write-up:

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of $492,884 from the Interim Finance Committee Contingency Account to fund an unanticipated shortfall at the Southern Nevada Veterans Memorial Cemetery due to a decrease in Cemetery Interment fees, a clerical error in calculating an intra-account transfer, and increased water utility costs.

Additional Information:

The department is projecting a cemetery interment revenue shortfall of $327,999 for fiscal year 2026. This variance is primarily due to revenue modeling assumptions used during the budget development cycle. The budget incorporated a higher anticipated annual rate increase of 1.04808% with a new projected rate of $1,042 per interment, than the actual fee adjustment implemented in October 2025 of $1,002, resulting in $40 less per interment revenue. An additional revenue deficit of $85,737 was identified due to a clerical error during the budget build. Specifically, the figures entered in the budget system did not align with the approved documentation, which resulted in an incorrect intra-account transfer amount being recorded.

The Southern Nevada Veterans Memorial Cemetery is anticipating a fiscal year 2026 expense shortfall of $79,148. This shortfall is driven by increased water utility costs required to maintain federal and state standards for cemetery grounds and higher contractual service costs necessary to support ongoing operations.

Statutory Authority:

NRS 353.268

REVIEWED: DL
ACTION ITEM: _____

Joe Lombardo
Governor

STATE OF NEVADA
NEVADA DEPARTMENT OF VETERANS SERVICES
9400 Gateway Dr., Suite A
Reno, Nevada 89509
(775) 688-1653 • Fax (775) 688-1656

March 3, 2026

To: Tiffany Greenameyer, Director
Governor's Finance Office

From: Mary Devine, Director
Nevada Department of Veterans Services

Subject: Request for IFC Unrestricted Contingency Funds – Work Program #C81075

Pursuant to NRS 353.268, the Department of Veterans Services is requesting an allocation by the Interim Finance Committee from the Contingency Account to provide funds for budget shortfalls in the sum of $492,884.

The department is projecting a cemetery interment revenue shortfall of $327,999 for FY26. This variance is primarily due to revenue modeling assumptions used during the budget development cycle. The budget incorporated a higher anticipated annual rate increase of 1.04808% with a new projected rate of $1,042.00 per interment, than the actual fee adjustment implemented in October 2025, of $1,002 resulting in $40 less per interment revenue. An additional revenue deficit of $85,737 was identified due to a clerical error during the budget build. Specifically, the figures entered in the budget system did not align with the approved documentation- which resulted in an incorrect intra-account transfer amount being recorded. The Southern Nevada Veterans Memorial Cemetery is anticipating FY26 expense shortfall of $79,148. This shortfall is driven by increased water utility costs required to maintain federal and state standards for cemetery grounds, secondarily higher contractual service costs necessary to support ongoing operations.

We kindly request $492,884 in IFC unrestricted contingency funds to solve these budgetary shortfalls.

Mary Devine
Director
Nevada Department of Veterans Services
(775) 825-9850
www.veterans.nv.gov
"Serving Nevada's Heroes"

State of Nevada Work Program

WP Number: C81075

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
02/26/26	101	240	2560	NDVS - DEPARTMENT OF VETERANS SERVICES

Funds Available

Budgetary GLs (2501 - 2599)	Description	WP Amount	Revenue GLs (3000 - 4999)	Description	WP Amount	Current Authority	Revised Authority
			3731	CEMETERY/INTERMENT FEES	(327,999)	2,360,473	2,032,474
			4654	TRANSFER FROM INTERIM FINANCE	492,884	0	492,884
			4669	TRANS FROM OTHER B/A SAME FUND	(85,737)	1,535,860	1,450,123
Subtotal Budgetary General Ledgers		**0**	**Subtotal Revenue General Ledgers(RB)**		**79,148**		**3,975,481**
			Total Budgetary & Revenue GLs		**79,148**		

Expenditures

CAT	Amount	CAT	Amount
15	79,148		
Sub Total Category Expenditures	79,148		

Remarks

This work program requests a new funding source for IFC Contingency Funds to cover revenue shortfalls and for expenditures at the Southern Nevada Veterans Memorial Cemetery.

Total Budgetary General Ledgers and Category Expenditures (AP) **79,148**

jtheil1
Authorized Signature

03/02/26
Date

Controller's Office Approval

Does not require Interim Finance approval since Action item submitted for the April Interim Finance Committee meeting per NRS 353.268

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: March 5, 2026

To: Tiffany Greenameyer, Director
Governor's Finance Office

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

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE SECRETARY OF STATE

Agenda Item Write-up:

Pursuant to NRS 353.268, the office requests a recommendation to the Interim Finance Committee for an allocation of $233,704 from the Interim Finance Committee Contingency Account to fund a federal grant debt offset and the associated estimated interest.

Additional Information:

On May 6, 2024, the Secretary of State received notice of award adding $1,000,000 to the existing Help America Vote Act Security grant. On May 6, 2024, the SOS received correspondence from the Internal Revenue Service indicating that a portion of the award had been applied to a delinquent debt through the Treasury Offset Program. Due to federal grant requirements, failure to deposit the full award amount and earn interest on those funds could result in an audit finding.

Statutory Authority:
NRS 353.268

REVIEWED: KF
ACTION ITEM: _____

FRANCISCO V. AGUILAR
NEVADA
SECRETARY of STATE

101 N Carson Street, Suite 3
Carson City, NV 89701
775.684.5708

To: Michael Rankin, Executive Budget Officer
From: Ashley Griffitts, Administrative Services Officer III *ag*
Date: February 26, 2026
Subj: IFC Contingency – HAVA Debt Offset

The Office of the Secretary of State (SOS) respectfully requests the Board of Examiners to recommend to the Interim Finance Committee (IFC) an allocation of $233,704 from the IFC Contingency Account to Unit 1051. These funds are needed to cover a federal grant debt offset and the associated estimated interest.

In 2018, the SOS was awarded the Help America Vote Act (HAVA) – Election Security grant. In accordance with grant requirements, "All Federal funds and state cash matching funds must be deposited in the state election fund as described in Section 104(d) of HAVA. Interest earned on these funds and any net program income shall be retained in the election fund and used for allowable activities described in Section 101 of HAVA."

On April 25, 2024, the SOS received a Notice of Award adding $1,000,000 to the existing HAVA Election Security grant. A work program to increase budget authority was subsequently submitted to and approved by the Governor's Finance Office on May 22, 2024. However, the ACH payment received on May 8, 2024, totaled $789,078.80—$213,921.20 less than the awarded amount.

On May 6, 2024, the SOS received correspondence from the Internal Revenue Service indicating that a portion of the award had been applied to a delinquent debt through the Treasury Offset Program. The SOS was not aware of any outstanding federal debt. Staff contacted the Treasury Offset Program as directed in the notice but were unable to obtain additional information. The federal awarding agency, the U.S. Election Assistance Commission (EAC), also attempted to obtain clarification on the SOS's behalf but was similarly unsuccessful. Subsequent outreach to other state agencies resulted in notification that the Governor's Finance Office had been assigned to address the matter.

Due to federal grant requirements, the EAC advised that failure to deposit the full award amount and earn interest on those funds could result in an audit finding. The SOS is currently undergoing a federal audit of its HAVA grant and must demonstrate corrective action. Approval of this request

101 N Carson Street, Suite 3
Carson City, NV
775.684.5708

will ensure the election fund is made whole, including estimated interest, and will allow the SOS to document that appropriate corrective measures have been taken.

If the account is not made whole, the SOS risks audit findings, potential repayment obligations, increased federal scrutiny, disruption to election security programs, and long-term compliance and reputational consequences. The requested corrective action mitigates these risks and demonstrates good-faith compliance with federal grant requirements.

Thank you for your consideration.

State of Nevada Work Program

WP Number: C81156

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
02/27/26	101	040	1051	SOS - HELP AMERICA VOTE ACT ELECTION REFORM

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	233,704	0	233,704
Subtotal Budgetary General Ledgers		0	Subtotal Revenue General Ledgers(RB)		233,704		233,704
			Total Budgetary & Revenue GLs		233,704		

Expenditures

CAT	Amount	CAT	Amount
84	233,704		
Sub Total Category Expenditures	233,704		

Remarks

This work program requests a transfer from the Interim Finance Committee Contingency Account to fund a federal grant debt offset and the associated estimated interest.

Total Budgetary General Ledgers and Category Expenditures (AP) 233,704

rbennet2
Authorized Signature

03/05/26
Date

Controller's Office Approval

Does not require Interim Finance approval since IFC Contingency Request

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: March 2, 2026

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

From: Budd Milazzo, Executive Branch Budget Officer II
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: Jassica Kalia
Claim No: TC21075
Settlement Amount: $180,000
Date of Loss: February 19, 2024

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

Friedman & Throop, PLLC
300 S Arlington Ave
Reno, NV 89501

Additional Information:

A settlement agreement and full and final release of further claims has been entered into for the total amount of $180,000 for claimants. A total of $180,000 will be paid from the Tort Claim Fund.

Statutory Authority:
NRS 41.036

REVIEWED: _____
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: March 2, 2026

Subject: BOE submittal for Tort Claim TC 21075, Jassica Kalia

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Please place the following item on the April 14, 2026, Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348/15.

Plaintiff: Jassica Kalia

Claim No.: TC 21075

Payment: $180,000.00

Payable to: Friedman & Throop, PLLC
300 S Arlington Ave
Reno NV 89501

TORT CLAIM RECOMMENDATION

DATE:	February 11, 2026
CLAIMANT:	Jassica Kalia
CLAIM NUMBER:	TC21075
DATE OF LOSS:	February 19, 2024
DAMAGES CLAIMED:	$200,000
AGENCY:	NSHE/UNR
AGENCY EMPLOYEE:	Jorge Rodruguez

DISCUSSION

In the administrative claim and then lawsuit filed against the NSHE/UNR, the claimant alleges that a UNR officer entered the intersection of N Virginia and 8th Street against a red light. He did not have his emergency lights or siren activated. The plaintiff was in the intersection on a green light and was unable to avoid hitting the UNR employee. This payment recommendation is for personal injuries, lost wages and property damage to her 2010 Volkswagen Jetta. Please also see TC 21077 for damages to a business which the UNR employee crashed into. That claim was settled in the amount of $10,090.

The investigation found that the UNR Police Department employee was attempting to overtake 2 speeding vehicles and entered the intersection against a red light. The UNR vehicle was hit by the claimant and the UNR vehicle then hit the business. The UNR employee was found to be at fault for the incident.

Information was obtained that the UNR Police Department employee was in the course and scope of his employment and was driving a UNR vehicle. It appears the State is liable for the damage. Payment is pending BOE approval.

RECOMMENDATION

It is recommended that the claim be paid in the amount of $180,000.00

RECOMMENDATION: PAY

G/L **7352**

Friedman & Throop, PLLC
300 S Arlington Ave
Reno NV 89501

Approved:

Nancy Katafias

February 11, 2026

NANCY KATAFIAS, CLAIMS MANAGER — DATE

Sophia G. Long for Leslie Nino Piro

2/19/2026

LESLIE NINO PIRO, GENERAL COUNSEL — DATE

SETTLEMENT AGREEMENT

This Settlement Agreement (the "Agreement") is entered into by and between Jassica Kalia ("Kalia") and the Board of Regents of the Nevada System of Higher Education, on behalf of the University of Nevada, Reno ("UNR") (collectively, the "Parties").

1. **Recitals.**

   1.1. On or about February 19, 2024, Kalia was injured in a motor vehicle accident involving a UNR Police Officer (the "Accident").

   1.2. On or about December 16, 2025, Kalia brought a lawsuit concerning the Accident against UNR and other unnamed fictitious persons and entities (collectively, the "Defendants") in the Second Judicial District Court of Nevada as Case No. CV25-02235 (the "Lawsuit").

   1.3. The Parties desire to resolve all existing or potential claims and disputes asserted in or arising out of the Accident and Lawsuit, including personal injury, wage loss, and property damage claims, to avoid further litigation.

2. **Settlement Terms.** In settling this case, the Parties agree to the following terms and exchanges of consideration:

   2.1. **Settlement Amount.** UNR will pay Kalia the lump sum of $180,000.00 in the form of a check from the Nevada State Tort Claim Fund (the "Payment") made out to and delivered to Jassica Kalia and Kalia's counsel at Friedman & Throop, PLLC at 300 South Arlington Avenue, Reno, Nevada 89501. UNR makes no representations or warranties with respect to the tax consequences of the Payment.

   2.2. **Approvals & Funding.** The Parties understand and agree that funding of the Payment is subject to and conditioned upon any approvals required by law or policy for payment of state tort settlements, including approval by the Nevada Board of Examiners ("BOE"). Payment shall be made within 45 calendar days after final approval by the BOE.

   2.3. **Dismissal of the Lawsuit.** Within 5 business days of receiving the $180,000.00 payment, Kalia will file a notice with the Second Judicial Court dismissing the Lawsuit against all Defendants with prejudice. UNR agrees to undertake any actions reasonably necessary to facilitate the dismissal.

   2.4. **Release.** Upon receipt of the $180,000.00 and in consideration of UNR's undertakings in this Agreement, Kalia releases and forever discharges all Defendants—including, but not limited to, the State of Nevada, the Board of Regents of the Nevada System of Higher Education, and UNR—as well as their officers, employees, and agents from any and all claims, demands, costs, expenses, benefits,

damages, and rights to compensation whatsoever, including but not limited to attorney fees and litigation costs which arise from or are related to the Accident or Lawsuit.

Kalia further releases the State of Nevada from any past, current or future lien asserted on her behalf for any Medicare benefits that may be payable on her behalf regarding this claim and she will be responsible for fulfilling any lien imposed by Medicare regarding this claim.

Kalia further releases the State of Nevada from any past, current or future lien asserted on her behalf for any other insurance benefits, including but not limited to private health insurance that may be payable on her behalf regarding this claim and she will be responsible for fulfilling any lien imposed by any other insurer regarding this claim.

2.5. **Attorney Fees & Costs.** The Parties agree that neither party will be responsible for the other Party's attorney fees or costs concerning the Accident or Lawsuit, including the preparation of this Agreement.

2.6. **Nondisclosure of Settlement and Terms.** In further consideration of UNR's undertaking as set forth above, Kalia agrees and warrants that she will not seek to publicize this Agreement or disclose the terms of this Agreement except as required by law or by court order.

2.7. **No Admission of Liability.** This Agreement is not to be construed as an admission of liability or wrongdoing on the part of either Party.

2.8. **Entire Agreement.** The terms of this Agreement are contractual and not a mere recital and constitute the entire agreement between Kalia and UNR. No terms, conditions, understanding or agreement not expressly stated herein shall be of any effect or validity whatsoever.

2.9. **Severability.** It is the belief of the Parties that this Agreement does not contain any provision contrary to law. However, if any provision of this Agreement is found to be contrary to law, then the remainder of the Agreement shall be considered valid and enforceable.

2.10. **Successors & Assigns.** This Agreement is binding upon and shall inure to the benefit of the Parties, as well as their respective successors and assigns, as may be the case.

2.11. **No Drafting Presumption.** This Agreement is the result of negotiations between the Parties and is a product of the Parties. Accordingly, this Agreement shall not be construed against any Party because of the involvement of that Party or the Party's counsel in the preparation of this Agreement.

2.12. Acknowledgment of Opportunity to Consult with Counsel. The Parties acknowledge that they have had the opportunity to consult with their respective attorneys concerning this Agreement and have been full advised by such attorneys with respect to their rights and obligations.

2.13. Counterparts. This Agreement may be executed in several counterparts—including electronic forms—and all such executed counterparts shall constitute a single agreement binding all Parties thereto.

2.14. No Third-Party Beneficiaries. Nothing in this Agreement, express or implied, is intended to confer upon any person other than the two Parties hereto, and their respective successors and assigns, any rights or remedies under or by reason of this Agreement.

2.15. Governing Law and Venue. This Agreement shall be interpreted and governed by the laws of the State of Nevada. Any litigation or claim to enforce any provision of this Agreement shall be brought in the Second Judicial District Court in and for the County of Washoe, State of Nevada.

JASSICA KALIA

Jassica Kalia — DATE: 02/20/2026

BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION ON BEHALF OF THE UNIVERSITY OF NEVADA, RENO

Brian Sandoval — DATE: 2.25.26

President, University of Nevada, Reno

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: March 3, 2026

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

From: Budd Milazzo, Executive Branch Budget Officer II
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: Selina Yu Zhao
Claim No: TC21554
Settlement Amount: $120,000
Date of Loss: March 6, 2025

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

Zhengyi Law Group
3815 S Jones Blvd Ste 1A
Las Vegas, NV 89103

Additional Information:

A settlement agreement and full and final release of further claims has been entered into for the total amount of $120,000 for claimants. A total of $120,000 will be paid from the Tort Claim Fund.

Statutory Authority:
NRS 41.036

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: March 3, 2026

Subject: BOE Submittal for Tort Claim TC 21554, Zhao

Please place the following item on the April 14, 2026, Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348/15.

Plaintiff: Selina Yu Zhao

Claim No.: TC 21554

Payment: $120,000.00

Payable to: Zhengyi Law Group
3815 S Jones Blvd Ste 1A
Las Vegas NV 89103

TORT CLAIM RECOMMENDATION

DATE:	February 6, 2026
CLAIMANT:	Selina Yu Zhao
CLAIM NUMBER:	TC21554
DATE OF LOSS:	March 6, 2025
DAMAGES CLAIMED:	$1,500.00
AGENCY:	NDOC/NNCC
AGENCY EMPLOYEE:	John Henley

DISCUSSION

In the administrative claim filed against the State, through counsel, the claimant alleged that she was traveling south on Paradise when the NDOC vehicle made a sudden lane change. Her vehicle struck to left side of the NDOC vehicle. This claim is submitted for personal injury damages. Please see TC 21573 for the out-of-pocket expenses related to the totaled 2022 Toyota Sienna. A subrogation claim for property damage has not been submitted by the insurer.

The investigation found that the NHP responded to the scene and cited the State employee for an unsafe lane change.

Because the State employee was in the course and scope of employment and was driving a State vehicle, it appears the State is liable for the damage. Settlement in the amount of $120,000 was reached. Pursuant to SAM 2905, payment approval is pending BOE approval.

RECOMMENDATION

It is recommended that the claim be paid in the amount of $120,000.00

RECOMMENDATION: PAY

G/L 7352

Zhengyi Law Group
3815 S Jones Blvd, Ste 1A
Las Vegas NV 89103

Approved:

Nancy Katafias

February 6, 2026

NANCY KATAFIAS, CLAIMS MANAGER DATE

Sophia G. Long for Leslie Nino Piro 2/19/2026

LESLIE NINO PIRO, GENERAL COUNSEL DATE

RELEASE OF ALL PERSONAL INJURY CLAIMS

FOR AND IN CONSIDERATION of payment of the sum of ONE HUNDRED TWENTY THOUSAND DOLLARS and NO/100 ($120,000.00), I, SELINA YU ZHAO, on behalf of myself, my heirs, executors, administrators, successors, subrogees, and assigns, except to the extent of claims subject to subrogation, do hereby release and forever discharge the STATE OF NEVADA, and each and all of its agents, contractors, officers, and employees from any and all claims for personal injury which I now have or which may hereafter accrue on account of, or in any way as the result of, the accident or event which occurred on or about MARCH 6, 2025, as described in Claim No. TC 21554 filed with the Tort Claims Administrator on or about MARCH 24, 2025.

I further release the STATE OF NEVADA from any past, current or future lien asserted on my behalf for any Medicare benefits that may be payable on my behalf regarding this claim and I will be responsible for fulfilling any lien imposed by Medicare regarding this claim.

I further release the STATE OF NEVADA from any past, current or future lien asserted on my behalf for any other insurance benefits, including but not limited to private health insurance that may be payable on my behalf regarding this claim and I will be responsible for fulfilling any lien imposed by any other insurer regarding this claim.

I further declare and represent that this Release of All Personal Injury Claims is the entire, sole, complete, and only understanding and agreement of, by, and between the undersigned claimant and the STATE OF NEVADA, and that no promise, inducement, agreement, or representation not herein contained and expressed has been made in order to secure this release, and that the sole consideration for this Release is the payment of the above-mentioned sum.

I acknowledge that neither the payment of the above-mentioned sum, nor the acceptance of this release, does nor shall constitute in any manner whatsoever any admission of fault, negligence, or liability on the part of the STATE OF NEVADA, or of its agents, contractors, officers, or employees released hereby, but is instead a compromise settlement of a disputed personal injury claim.

Office of the
Attorney General
100 N. Carson St.
Carson City, NV
89701-4717

I, SELINA YU ZHAO, am represented in the matter by counsel: ZHENGYI LAW GROUP. My counsel and I have separately negotiated and agreed upon an apportionment of the settlement amount. The State of Nevada will disburse the settlement amount as instructed by my counsel. The following apportionment of the settlement amount of ONE HUNDRED TWENTY THOUSAND DOLLARS and NO/100 ($120,000.00) is reported to fulfill the parties' obligations under NRS 41.0375(1)(b):

A. $37,984.82 disbursed to claimant and paid to counsel

B. $40,000.00 in attorney fees to be disbursed to counsel

C. $42,015.18 in costs to be disbursed to counsel

I, THE UNDERSIGNED, HAVE CAREFULLY READ THIS ENTIRE RELEASE AND UNDERSTAND THAT IT IS A FULL AND FINAL COMPROMISE, SETTLEMENT, RELEASE, AND DISCHARGE OF ANY AND ALL CLAIMS, ACTIONS, CAUSES OF ACTION, AND SUITS I MAY HAVE AGAINST THE STATE OF NEVADA OR ITS AGENTS, CONTRACTORS, OFFICERS, OR EMPLOYEES FOR PERSONAL INJURY, ARISING OUT OF CLAIM NO. TC 21554.

FINALLY, I UNDERSTAND THIS RELEASE BECOMES EFFECTIVE ONLY UPON RECEIPT OF PAYMENT OF THE ABOVE-MENTIONED SUM, ONE HUNDRED TWENTY THOUSAND DOLLARS and NO/100 ($120,000.00).

DATED this 2 day of March, 2026.

SELINA YU ZHAO

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

On this 2 day of March, 2026 before me, a Notary Public, personally appeared SELINA YU ZHAO, known to me to be the person who executed the above and foregoing instrument, and who acknowledged to me that he or she did so for the purposes therein mentioned.

MONICA S MACATANGAY
Notary Public-State of Nevada
APPT. NO. 19-1544-1
My Appt. Expires 12-13-2026

NOTARY PUBLIC

Office of the Attorney General
100 N Carson St
Carson City, NV
89701-4717

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: March 9, 2026

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

From: Shauna Tilley, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION –
DIVISION OF HUMAN RESOURCE MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 288.555, subsection 1, the Department of Administration, Division of Human Resource Management acting on behalf of the Executive Department of the State of Nevada, requests approval of an amendment to the Collective Bargaining Agreement (CBA) with the Fraternal Order of Police, Nevada CO, Lodge 21 for the 2025-2027 biennium for Bargaining Unit I, comprised of Category III peace officers. This amendment adds Article 20.10 to the agreement, with no expected fiscal impact.

Additional Information:

NRS 288, through Senate Bill 135 of the 2019 Legislature, grants certain state employees the right to organize and collectively bargain, requiring the State to recognize and negotiate terms and conditions of employment with labor organizations that represent state employees and to enter into written agreements evidencing the result of collective bargaining, and requires that a new, extended, or modified CBA be approved by the Board of Examiners at a public hearing. Fraternal Order of Police, Nevada CO, Lodge 21 was certified as the exclusive representative for the state employees in Bargaining Unit I and this agreement is the result of negotiations on their behalf.

Pursuant to a settlement agreement between the parties regarding hearing rights for employees under probation or trial period, the parties have agreed to this amendment to provide for hearing rights for such employees prior to rejection from service.

Statutory Authority:

NRS 288.555 (1)

REVIEWED: KL

ACTION ITEM: _____

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Bachera Washington
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Division of Human Resource Management

515 E. Musser Street, Suite 101 | Carson City, Nevada 89701 7251
Amigo Street, Suite 120, Las Vegas, NV 89119
Phone: (775) 684-0150 | http://hr.nv.gov | Fax: (775) 684-0122

MEMORANDUM

TO: Clerk of the Board of Examiners

THROUGH: Joy Grimmer, Director, Department of Administration

FROM: Bachera Washington, Division Administrator,
Division of Human Resource Management

SUBJECT: Consideration and Approval of Amendments to the 2025-2027 Collective Bargaining Agreements of the Fraternal Order of Police Nevada C. O. Lodge 21, Bargaining Units I and N Regarding Probationary and Trial Service Employees

DATE: February 11, 2026

On July 1, 2025, The Executive Department of the State of Nevada ("Executive Department") entered into Collective Bargaining Agreements ("CBAs") with the Fraternal Order of Police Nevada C. O. Lodge 21 ("FOP"), Bargaining Unit I (Category III Peace Officers) and Bargaining Unit N (Category III Peace Officer Supervisors). These CBAs are effective through June 30, 2027. In 2025, several FOP members filed grievances with the Executive Department alleging that the Executive Department was failing to comply with NRS 289.020(2) when it released employees during their Probationary Period or Trial Service Period, as defined in the FOP Unit I CBA and the FOP Unit N CBA. NRS 289.020(2) states: "If a peace officer is denied a promotion on grounds other than merit or other punitive action is used against the peace officer, a law enforcement agency shall provide the peace officer with an opportunity for a hearing." NRS 289.010(6) defines "punitive action" as any action which may lead to dismissal, demotion, suspension, reduction in salary, written reprimand or transfer of a peace officer for purposes of punishment. The FOP grievances alleged that the Executive Department was not providing the required NRS 289.020(2) hearing when employees were released during their Probationary or Trial Service Period.

On September 17, 2025, the Executive Department and FOP entered into a Settlement Agreement that: 1) Provided NRS 289.020(2) hearings for certain employees released during their Probationary or Trial Service Periods, and; 2) Required the Executive Department and FOP to negotiate amendments to the FOP Unit I CBA and the FOP Unit N CBA to incorporate a hearing

process for employees released during their Probationary or Trial Service Period. In December 2025, the Executive Department and FOP agreed to amendments to the FOP Unit I CBA and FOP Unit N CBA that incorporate a hearing process in compliance with NRS 289.020(2). These amendments are attached to this memorandum.

Request in Front of the Board

NRS 288.555(1) requires that any new, extended or modified CBA between the Executive Department and a State bargaining unit be approved by the Board of Examiners ("Board") at a public hearing. If the attached amendments are approved by the Board, the FOP Unit I CBA and FOP Unit N CBA will be amended to include the changes attached to this memorandum.

Material Changes to the 2025-2027 FOP Unit I CBA and the FOP Unit N CBA

- A new subsection to the CBA will be added titled "Hearing Rights and Procedures for Probationary and Trial Service Employees"
- The new subsection will be found in Article 20.10 of the FOP Unit I CBA and Article 12.11 of the FOP Unit N CBA.
- Any employee serving a Probationary or Trial Service Period who is recommended for rejection from their Probationary or Trial Service Period shall be entitled to a hearing prior to the effective date of any such rejection.
- Not less than forty-eight (48) hours prior to such hearing, the employee serving the Probationary or Trial Service Period will be served with a written Notice informing the employee as to the reason(s) for the proposed release and the location, date and time of the hearing and their right to bring up to two (2) representatives.
- The hearing shall be an informal proceeding conducted by either the Director of NDOC, or the Director of NDHHS, or their designee(s) who shall be a Deputy Director or an Administrator.
- The scope of the hearing shall be limited to whether or not the Probationary employee or Trial Service Period employee should be released from their applicable Probationary or Trial Service Period.
- Claims involving unlawful discrimination, improper classification of positions, refusal to certify an applicant for an open position, denial of Catastrophic Leave and whistleblower complaints are outside of the scope of these hearings, as they have a specific process outlined in the CBA or a Nevada statute.
- Discipline imposed on the employee that could have been grieved pursuant to the CBA is outside of the scope of these hearings.
- During the hearing the employee shall be afforded an opportunity to explain why they should not be released from their Probationary or Trial Service Period.
- The employee shall not be provided with any Administrative Leave to prepare for the hearing.
- No witnesses may attend the hearing.
- The employee who is the subject of the hearing and FOP will be informed in writing as to the decision of the Director or designee no later than seven (7) calendar days after the hearing.

- The decision of the Director or designee to confirm the release of the employee from their Probationary or Trial Service Period is final and binding and shall not be subject to the grievance or arbitration mechanisms of the CBA.

Fiscal Impact

The Executive Department has determined that there will be no fiscal impact caused by the proposed amendments to the FOP Unit I CBA and the FOP Unit N CBA. The new hearing process will take an employee's appeal of a being released during their Probationary or Trial Service Period outside of the grievance process in the CBA, which requires that grievances be resolved through final and binding arbitration. These arbitrations can cost the Executive Department anywhere from $2,000 to $5,000, not including the cost of any appeal of an arbitrator's decision in district court.

Thank you for your consideration.

Attachments: Proposed Amendments to the FOP Unit I and FOP Unit N CBAs
FOP Unit I CBA for 2025 – 2027
FOP Unit N CBA for 2025 – 2027

AMENDMENTS TO THE COLLECTIVE-BARGAINING AGREEMENTS FOR BARGAINING UNITS "I" AND "N" REGARDING HEARING RIGHTS FOR PROBATIONARY AND TRIAL SERVICE EMPLOYEES

Pursuant to Article IV of the Settlement Agreement and Release of All Claims Regarding Pre-Release Hearings For Probationary and Trial Service Employees entered into between the Executive Department of the State of Nevada and Fraternal Order of Police Nevada C. O. Lodge 21 on behalf of Bargaining Units "I" and "N" (hereafter "the Parties"), the collective-bargaining agreements between the parties shall be amended as follows:

New subsections of shall be added to the collective bargaining agreement between the Parties for the 2025-2027 biennium which shall be designated **"HEARING RIGHTS AND PROCEDURES FOR PROBATIONARY AND TRIAL SERVICE EMPLOYEES"** and which shall state:

> Any employee serving a Probationary or Trial Service Period who is recommended for rejection from their Probationary Period or Trial Service Period shall be entitled to a hearing prior to the effective date of any such rejection. Not less than forty-eight (48) hours prior to such hearing, the employee serving the Probationary or Trial Service Period will be served with a written Notice informing the employee as to the reason(s) for the proposed release and the location, date and time of the hearing. The Notice shall further inform the employee that they have the right to two (2) representatives of their own choosing consistent with the provisions of NRS 289.080.
>
> The hearing shall be an informal proceeding conducted by either the Director of NDOC, or the Director of NDHHS, or their designee(s) who shall be a Deputy Director or an Administrator. In the event that the Director designates a designee to conduct the hearing on their behalf, that designee may not be the NDOC Deputy Director, NDHHS Deputy Director or Administrator that approved the recommendation for the employee's release from their Probationary Period or Trial Service Period.
>
> The scope of the hearing shall be limited to whether or not the Probationary employee or Trial Service Period employee should be released from their applicable Probationary or Trial Service Period. [For the Unit I CBA] The matters outlined in Article 21.3 are outside the scope of the hearing. Discipline imposed on the Probationary or Trial Service Employee that could be grieved pursuant to Article 20.9 is outside of the scope of the hearing. [For the Unit N CBA] The matters outlined in Article 13.3 are outside the scope of the hearing. Discipline imposed on the Probationary or Trial Service Employee that could be grieved

pursuant to Article 12.10 is outside of the scope of the hearing. During the hearing the employee shall be afforded an opportunity to explain why they should not be released from their Probationary Period or Trial Service Period. The employee shall not be provided any Administrative Leave to prepare for the hearing. No witnesses may attend the hearing.

The employee who is the subject of the hearing and FOP will be informed in writing as to the decision of the Director or designee no later than seven (7) calendar days after the hearing. The decision of the Director or designee to confirm the release of the employee from their Probationary or Trial Service Period is final and binding and shall not be subject to the grievance or arbitration mechanisms of the CBA.

This new subsection shall be designated Article 20.10 of the Unit "I" collective bargaining agreement and Article 12.11 of the Unit "N" collective bargaining agreement.

BOARD OF EXAMINERS DATE OF APPROVAL:

_____

TIFFANY GREENAMEYER
Clerk of the Board of Examiners

DATED this ____ day of _____, 2025

Paul Lunkwitz

Authorized Representative on behalf of the
Fraternal Order of Police, Correctional Officers
Lodge 21

DATED this 1st day of December, 2025

Authorized Representative on behalf of
the State of Nevada, Executive Department

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: March 9, 2026

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

From: Shauna Tilley, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF ADMINISTRATION –
DIVISION OF HUMAN RESOURCE MANAGEMENT

Agenda Item Write-up:

Pursuant to NRS 288.555, subsection 1, the Department of Administration, Division of Human Resource Management acting on behalf of the Executive Department of the State of Nevada, requests approval of an amendment to the Collective Bargaining Agreement (CBA) with the Fraternal Order of Police, Nevada CO, Lodge 21 for the 2025-2027 biennium for Bargaining Unit N, comprised of Category III peace officer supervisors. This amendment adds Article 12.11 to the agreement, with no expected fiscal impact.

Additional Information:

NRS 288, through Senate Bill 135 of the 2019 Legislature, grants certain state employees the right to organize and collectively bargain, requiring the State to recognize and negotiate terms and conditions of employment with labor organizations that represent state employees and to enter into written agreements evidencing the result of collective bargaining, and requires that a new, extended, or modified CBA be approved by the Board of Examiners at a public hearing. Fraternal Order of Police, Nevada CO, Lodge 21 was certified as the exclusive representative for the state employees in Bargaining Unit N and this agreement is the result of negotiations on their behalf.

Pursuant to a settlement agreement between the parties regarding hearing rights for employees under probation or trial period, the parties have agreed to this amendment to provide for hearing rights for such employees prior to rejection from service.

Statutory Authority:

NRS 288.555 (1)

REVIEWED: KC

ACTION ITEM:_____

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Bachera Washington
Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Division of Human Resource Management

515 E. Musser Street, Suite 101 | Carson City, Nevada 89701 7251
Amigo Street, Suite 120, Las Vegas, NV 89119
Phone: (775) 684-0150 | http://hr.nv.gov | Fax: (775) 684-0122

MEMORANDUM

TO: Clerk of the Board of Examiners

THROUGH: Joy Grimmer, Director, Department of Administration

FROM: Bachera Washington, Division Administrator,
Division of Human Resource Management

SUBJECT: Consideration and Approval of Amendments to the 2025-2027 Collective Bargaining Agreements of the Fraternal Order of Police Nevada C. O. Lodge 21, Bargaining Units I and N Regarding Probationary and Trial Service Employees

DATE: February 11, 2026

On July 1, 2025, The Executive Department of the State of Nevada ("Executive Department") entered into Collective Bargaining Agreements ("CBAs") with the Fraternal Order of Police Nevada C. O. Lodge 21 ("FOP"), Bargaining Unit I (Category III Peace Officers) and Bargaining Unit N (Category III Peace Officer Supervisors). These CBAs are effective through June 30, 2027. In 2025, several FOP members filed grievances with the Executive Department alleging that the Executive Department was failing to comply with NRS 289.020(2) when it released employees during their Probationary Period or Trial Service Period, as defined in the FOP Unit I CBA and the FOP Unit N CBA. NRS 289.020(2) states: "If a peace officer is denied a promotion on grounds other than merit or other punitive action is used against the peace officer, a law enforcement agency shall provide the peace officer with an opportunity for a hearing." NRS 289.010(6) defines "punitive action" as any action which may lead to dismissal, demotion, suspension, reduction in salary, written reprimand or transfer of a peace officer for purposes of punishment. The FOP grievances alleged that the Executive Department was not providing the required NRS 289.020(2) hearing when employees were released during their Probationary or Trial Service Period.

On September 17, 2025, the Executive Department and FOP entered into a Settlement Agreement that: 1) Provided NRS 289.020(2) hearings for certain employees released during their Probationary or Trial Service Periods, and; 2) Required the Executive Department and FOP to negotiate amendments to the FOP Unit I CBA and the FOP Unit N CBA to incorporate a hearing

process for employees released during their Probationary or Trial Service Period. In December 2025, the Executive Department and FOP agreed to amendments to the FOP Unit I CBA and FOP Unit N CBA that incorporate a hearing process in compliance with NRS 289.020(2). These amendments are attached to this memorandum.

Request in Front of the Board

NRS 288.555(1) requires that any new, extended or modified CBA between the Executive Department and a State bargaining unit be approved by the Board of Examiners ("Board") at a public hearing. If the attached amendments are approved by the Board, the FOP Unit I CBA and FOP Unit N CBA will be amended to include the changes attached to this memorandum.

Material Changes to the 2025-2027 FOP Unit I CBA and the FOP Unit N CBA

- A new subsection to the CBA will be added titled "Hearing Rights and Procedures for Probationary and Trial Service Employees"
- The new subsection will be found in Article 20.10 of the FOP Unit I CBA and Article 12.11 of the FOP Unit N CBA.
- Any employee serving a Probationary or Trial Service Period who is recommended for rejection from their Probationary or Trial Service Period shall be entitled to a hearing prior to the effective date of any such rejection.
- Not less than forty-eight (48) hours prior to such hearing, the employee serving the Probationary or Trial Service Period will be served with a written Notice informing the employee as to the reason(s) for the proposed release and the location, date and time of the hearing and their right to bring up to two (2) representatives.
- The hearing shall be an informal proceeding conducted by either the Director of NDOC, or the Director of NDHHS, or their designee(s) who shall be a Deputy Director or an Administrator.
- The scope of the hearing shall be limited to whether or not the Probationary employee or Trial Service Period employee should be released from their applicable Probationary or Trial Service Period.
- Claims involving unlawful discrimination, improper classification of positions, refusal to certify an applicant for an open position, denial of Catastrophic Leave and whistleblower complaints are outside of the scope of these hearings, as they have a specific process outlined in the CBA or a Nevada statute.
- Discipline imposed on the employee that could have been grieved pursuant to the CBA is outside of the scope of these hearings.
- During the hearing the employee shall be afforded an opportunity to explain why they should not be released from their Probationary or Trial Service Period.
- The employee shall not be provided with any Administrative Leave to prepare for the hearing.
- No witnesses may attend the hearing.
- The employee who is the subject of the hearing and FOP will be informed in writing as to the decision of the Director or designee no later than seven (7) calendar days after the hearing.

- The decision of the Director or designee to confirm the release of the employee from their Probationary or Trial Service Period is final and binding and shall not be subject to the grievance or arbitration mechanisms of the CBA.

Fiscal Impact

The Executive Department has determined that there will be no fiscal impact caused by the proposed amendments to the FOP Unit I CBA and the FOP Unit N CBA. The new hearing process will take an employee's appeal of a being released during their Probationary or Trial Service Period outside of the grievance process in the CBA, which requires that grievances be resolved through final and binding arbitration. These arbitrations can cost the Executive Department anywhere from $2,000 to $5,000, not including the cost of any appeal of an arbitrator's decision in district court.

Thank you for your consideration.

Attachments: Proposed Amendments to the FOP Unit I and FOP Unit N CBAs
FOP Unit I CBA for 2025 – 2027
FOP Unit N CBA for 2025 – 2027

AMENDMENTS TO THE COLLECTIVE-BARGAINING AGREEMENTS FOR BARGAINING UNITS "I" AND "N" REGARDING HEARING RIGHTS FOR PROBATIONARY AND TRIAL SERVICE EMPLOYEES

Pursuant to Article IV of the Settlement Agreement and Release of All Claims Regarding Pre-Release Hearings For Probationary and Trial Service Employees entered into between the Executive Department of the State of Nevada and Fraternal Order of Police Nevada C. O. Lodge 21 on behalf of Bargaining Units "I" and "N" (hereafter "the Parties"), the collective-bargaining agreements between the parties shall be amended as follows:

New subsections of shall be added to the collective bargaining agreement between the Parties for the 2025-2027 biennium which shall be designated **"HEARING RIGHTS AND PROCEDURES FOR PROBATIONARY AND TRIAL SERVICE EMPLOYEES"** and which shall state:

> Any employee serving a Probationary or Trial Service Period who is recommended for rejection from their Probationary Period or Trial Service Period shall be entitled to a hearing prior to the effective date of any such rejection. Not less than forty-eight (48) hours prior to such hearing, the employee serving the Probationary or Trial Service Period will be served with a written Notice informing the employee as to the reason(s) for the proposed release and the location, date and time of the hearing. The Notice shall further inform the employee that they have the right to two (2) representatives of their own choosing consistent with the provisions of NRS 289.080.
>
> The hearing shall be an informal proceeding conducted by either the Director of NDOC, or the Director of NDHHS, or their designee(s) who shall be a Deputy Director or an Administrator. In the event that the Director designates a designee to conduct the hearing on their behalf, that designee may not be the NDOC Deputy Director, NDHHS Deputy Director or Administrator that approved the recommendation for the employee's release from their Probationary Period or Trial Service Period.
>
> The scope of the hearing shall be limited to whether or not the Probationary employee or Trial Service Period employee should be released from their applicable Probationary or Trial Service Period. [For the Unit I CBA] The matters outlined in Article 21.3 are outside the scope of the hearing. Discipline imposed on the Probationary or Trial Service Employee that could be grieved pursuant to Article 20.9 is outside of the scope of the hearing. [For the Unit N CBA] The matters outlined in Article 13.3 are outside the scope of the hearing. Discipline imposed on the Probationary or Trial Service Employee that could be grieved

pursuant to Article 12.10 is outside of the scope of the hearing. During the hearing the employee shall be afforded an opportunity to explain why they should not be released from their Probationary Period or Trial Service Period. The employee shall not be provided any Administrative Leave to prepare for the hearing. No witnesses may attend the hearing.

The employee who is the subject of the hearing and FOP will be informed in writing as to the decision of the Director or designee no later than seven (7) calendar days after the hearing. The decision of the Director or designee to confirm the release of the employee from their Probationary or Trial Service Period is final and binding and shall not be subject to the grievance or arbitration mechanisms of the CBA.

This new subsection shall be designated Article 20.10 of the Unit "I" collective bargaining agreement and Article 12.11 of the Unit "N" collective bargaining agreement.

BOARD OF EXAMINERS DATE OF APPROVAL:

_____

TIFFANY GREENAMEYER
Clerk of the Board of Examiners

DATED this ____ day of _____, 2025

Paul Lunkwitz
_____
Authorized Representative on behalf of the
Fraternal Order of Police, Correctional Officers
Lodge 21

DATED this 1st day of December, 2025

_____
Authorized Representative on behalf of
the State of Nevada, Executive Department

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: February 18, 2026

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

From: Tiffany Day, Executive Branch Budget Officer I
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.

WHITE PINE COUNTY SCHOOL DISTRICT - BOARD OF SCHOOL TRUSTEES

Agenda Item Write-up:

Pursuant to NRS 387.3335, the White Pine County School District, Board of School Trustees requests approval of a grant of $98,425,276 from the Fund to Assist School Districts in Financing Capital Improvements Bond program.

Additional Information:

Under NRS 387.3335, a school district's board of trustees may apply to the Director of the Office of Finance for grant funding from the Fund to Assist School Districts in Financing Capital Improvements Bond program. The request must be accompanied by proof that emergency conditions exist as per statue within the school district.

Upon receipt of the application, the Director of the Governor's Office shall forward the application to the Department of Taxation and the State Public Works Division for their determination that the application satisfies NRS 387.3335 2.(a) and 2.(b). requirements. After the Department of Taxation and State Public Works Division submit their written determinations, the Director of the Office of Finance shall submit the application to the State Board of Examiners for approval.

Attached to this request is the application from the White Pine County School District and the determinations from the Department of Taxation and the State Public Works Division that NRS 387.3335 2.(a) and 2.(b) conditions have been met.

Statutory Authority:

NRS 387.3335

REVIEWED: _____

ACTION ITEM: _____

STATE OF NEVADA

DEPARTMENT OF TAXATION

MAIN OFFICE
3850 Arrowhead Drive
Carson City, Nevada 89706

JOE LOMBARDO
Governor

GEORGE KELESIS
Chair, Nevada Tax Commission

SHELLIE HUGHES
Executive Director

January 22, 2026

RE: Determinations of the Department of Taxation in accordance with NRS 387.3335(2)(a)

To whom it may concern:

Under NRS 387.3335, a board of trustees of a school district may apply to the Director of the Office of Finance for a grant of money from the Fund created pursuant to NRS 387.333. Upon receipt of an application, the Director of the Office of Finance shall forward a copy of the application to the Department of Taxation who shall make a determination as to whether or not:

(1) The application satisfies the showing of proof required pursuant to the application, that the combined ad valorem tax rate of the county is at the limit imposed by NRS 361.453; and

(2) The board of county commissioners in the county in which the school district is located has imposed a tax of more than one-eighth (1/8) of one (1) percent pursuant to NRS 377B.100

Upon due diligence and research, it is concluded that the application satisfies the showing of proof that for fiscal year 2026-2027 the combined ad valorem tax rate of the county is at the limit imposed by NRS 361.453, which is supported by the Property Tax Rates for the Nevada Local Governments Manual published by the Department.

Further it is also found that the board of county commissioners in White Pine County has imposed a tax of more than one-eighth (1/8) of one (1) percent pursuant to NRS 377B,100 as approved by Ordinance 403, passed in 2007 by White Pine Board of County Commissioners.

If there are any further questions or inquiries, please contact Jeffrey Mitchell at (775) 684-2095.

Sincerely,

Jeffrey Mitchell
Deputy Executive Director of Local Government Services
Nevada Department of Taxation

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

February 5, 2026

RE: White Pine County School District Grant Application – NRS 387.3335 / AB 224

On Friday, January 30th, I toured White Pine Middle School and David E. Norman Elementary with a representative of the school district. From my observations, I believe section 2, page 6 of the grant application, indicating the numerous qualifying criteria to be accurate.

Structural defects are readily observable in both locations with the most concerning items found at White Pine Middle School. Barriers to accessibility are found at both locations with WPMS being the least accessible of the two. Due to the nature and style of construction, the accessibility issues cannot be remedied at either location without major renovations and structural changes.

Environmental hazards are found throughout both campuses ranging from improper ventilation, water infiltration and asbestos containing materials throughout. It appears the school district is committed to the encapsulation of asbestos materials, however, given the age of the structures and systems, it is virtually impossible to ensure continued safe operation with these materials in place. At WPMS, the lack of fire suppression, unenclosed stairways and excessive travel distance significantly elevate the risk to life of students, faculty and first responders in the event of a fire.

Upon review of the cost estimates provided by the condition report of both schools, I would concur that the cost of renovation would exceed 40% of the cost of constructing a new facility or facilities. I believe both campuses meet the qualifying criteria found in NRS 387.3335 Subsection 1, paragraph b.

Regards,

Craig Peterson
Interim Deputy Administrator, Building Official
capeterson@admin.nv.gov

State of Nevada
Director of the Office of Finance

AB224- Rural School District Capital Improvement Bond Program

FY26-RS-BOND-001

Submitted by:

White Pine County School District
1135 Avenue C
Ely, Nevada 89301

Prepared by:

Dr. Adam Young, Superintendent
Terrill Trask, Chief Financial Officer
(775) 289-4851 x7107 or x7108
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2025-08-15

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1. Project Narrative

In 1993, voters in White Pine County approved the construction of a new middle school and high school to replace older, outdated facilities. A new White Pine County High School was eventually completed, but a new middle school was never built because the District could not afford the cost to construct both facilities. The District has been trying for approximately two decades to figure out a way to honor the voters' request from 1993 to build a new school to replace its now 109-year-old facility that is currently being used as a middle school. Unfortunately, this has remained an elusive endeavor. In addition, this school is not the only facility that needs replacement in the school district. The 113-year-old David E. Norman Elementary School is also in need of replacement. These two schools are perhaps the oldest active school facilities in the State of Nevada.

The District hired the architecture firm of Lombard Conrad Architects (L/C) to provide feasibility studies in order to obtain an objective assessment of the condition of both schools. The study concluded that the school conditions merited replacement or major renovations. In addition, the estimated cost to renovate the middle school was approximately 99% of constructing a new facility, and the cost to renovate Norman Elementary was approximately 61% of the cost to construct a new one. These are clear indications that it would be better to build new facilities instead of renovating them.

Facilities of this age and condition put the students and staff who attend them at a disadvantage academically and present an increased public safety risk as each year passes. Below is a list of the conditions that demonstrate these deficiencies regarding structural, accessibility, and hazards to life, health, and safety:

- No fire and life safety suppression systems
- Limited and noncompliant ADA accessibility conditions or none to major parts of the facilities
- Non-existent elevators for ADA access to floors 2 and 3 above ground level
- Poor indoor air quality and inadequate systems to allow fresh outside air
- Inadequate and obsolete, or piecemeal, air conditioning systems
- Inconsistent and unreliable cooling and heating systems
- Asbestos-containing materials in the floors, walls, plumbing, and ceilings
- No outdoor parking or outside student playground (White Pine Middle School only)
- Unreinforced masonry construction poses a potential catastrophic situation
- Lack of facility features designed to improve school security, student and faculty safety
- Lack of facility features that enhance the learning environment for students and staff
- Failing structural systems
- Recurring water damage
- Non-existent energy, conservation, or environmental systems
- Inadequate natural daylighting and windows in classroom learning spaces

Despite attempts over the past 20 years to identify grants and explore other possibilities to secure funding, including public/private partnerships, the District has not been able to identify sufficient sources to support the cost of constructing a new combined K-8 school.

Based on an opinion of probable cost from O'Connor Construction Management, Inc. (OCMI), a K-8 School facility for up to 1,000 students would cost approximately $100 million, depending on the size and scope of the project.

The District is seeking assistance from the State of Nevada pursuant to NRS 387.3335 through The Fund to Assist Schools in Financing Capital Improvements to construct a new kindergarten through eighth grade facility to replace the David E. Norman Elementary School and White Pine Middle School in Ely, Nevada.

a. Background

The Fund to Assist Schools with Capital Improvements has remained and seems to be the only plausible remedy with respect to school construction in White Pine. The District has explored grants and private/public partnerships, but these efforts have not been sufficient to construct a new school. The District simply does not have a revenue source that would afford the debt sufficient to build a new facility. Because of this, the White Pine County School District is respectfully submitting the ensuing application to the Department of Administration to request financial assistance with capital improvements for the construction of a kindergarten through eighth grade facility to replace the David E. Norman Elementary (DEN) School (established in 1909) and the White Pine Middle School (WPMS) (established in 1913).

Both schools have served the community of Ely in excess of 110 years and may be the two oldest, active schools in Nevada, according to an appraisal report from the Nevada Public Agency Insurance Pool. Although we take great pride in the history of these two facilities, they have served our communities well and are now in need of replacement.

Opinions of Probable Cost provided by OCMI indicate that it will cost approximately $100 million to construct a new school for a K-8 facility for up to approximately 1,000 students. Enrollment for the two schools for the first quarter of the 2024-25 school year is as follows:

School	Enrollment – Q1
David E. Norman Elementary (DEN)	346
White Pine Middle School (WPMS)	233.8

Building a school for 1,000 students should provide sufficient room for future growth. In 1997, the school district was near maximum capacity at each of the schools. At that time, the student population for these schools totaled 917. After intermittent mine closures and the construction of a new K-8 charter school, the student population has decreased. Enrollment factors to take into consideration are that the charter school enrolls approximately 180 students who formerly attended district schools before FY2014, and McGill Elementary enrolls approximately 160 students. In the event that the charter school ceases to operate, the District would be required to absorb the impact and provide services. McGill Elementary currently has a condemned portion of the school, along with another aging building, which may force the District to absorb these students in the new K-8 school.

b. Facility Assessment and Feasibility Studies

A thorough and objective evaluation was conducted of both facilities by the firm of Lombard Conrad Architects (L/C) in 2015, updated in 2021. The focus of this analysis was to examine the existing condition of architectural systems, building structure, mechanical and electrical systems, and site conditions for each school. The physical condition analysis was conducted with the use of Building Assessment Systems (BASYS).

The BASYS system operates through the following methodologies:

- The system evaluated up to 22 component building systems, producing an individual score scaled to reflect the relative contribution of the system condition to the overall cost of building renewal.
- The system uses a standardized, commonly defined set of questions and condition statements with which persons with sufficient technical training can make an accurate appraisal of the building system. The specific nature of the statements, combined with evaluator training, aids in assuring consistent evaluations.
- The system is designed to allow the evaluator to address instances of multiple conditions within one system in a building, such as roof areas of differing age and condition.
- Evaluation begins with one or more statements describing a sound system in good to excellent condition, and identifies possible negative answers that affect the score awarded to the overall condition of the system.
- For complex systems, the evaluation utilizes numerous statements wherein each negative answer is ranked both in terms of relative severity and its degree of contribution to a "fair", "poor", or unsatisfactory" condition.

The outcomes of the system include:

- The system provides information on the physical condition of individual building systems and the overall condition of buildings through the use of a scoring system that supports comparisons and facilitates the development of priority lists.
- The scoring not only provides an indicator of the condition of each system and each building and the relative degree of severity, but also provides a basis for budget estimates of the cost of repair and renovation. This is done through comparison of the score to a scale of 100; e.g., a score of 75 indicates a need for investment of approximately 25 percent of replacement cost.

For this study, L/C utilized the following scale to evaluate the BASYS score and provide recommendations for each facility:

- 80 - 100 No renovation necessary
- 60 - 79 Minor renovation needed
- 40 - 59 Major renovation needed
- Below 40 Replacements recommended.

The studies for both schools indicated that major renovation, bordering replacement is recommended.

The construction of a new K-8 facility would help remove barriers with respect to educational services, employee morale, and economic development while, at the same time, realize an economic benefit and operating efficiency.

Links to the full feasibility studies: DEN Feasibility Report WPMS Feasibility Report

2. Eligibility Documentation

a. Population Data

Source: Local Government Finance (LGF) Publications. Final Revenue Projections FY 2025/26. (D-57)

	July 18	July 22	July 23	July 24
	FY19/20	FY23/24	FY24/25	FY25/26
	ESTIMATED	ESTIMATED	ESTIMATED	ESTIMATED
	POPULATION	POPULATION	POPULATION	POPULATION
WHITE PINE CO	10,678	10,001	10,005	10,209
ELY	4,149	4,015	3,954	4,032
LUND	206	207	205	214
MCGILL	1,186	1,184	1,148	1,167
RUTH	448	430	416	423

2020 Census Data

Source Table: DECENNIALPL2020.P1	
Geographic Area Name	Total:
White Pine County, Nevada	9,080

U.S. Census Bureau. "RACE." Decennial Census, DEC Redistricting Data (PL 94-171), Table P1, https://data.census.gov/table/DECENNIALPL2020.P1?g=050XX00US32033. Accessed on 17 Jul 2025.

b. Proof of Tax Rate

The combined ad valorem tax rate of the county is at the limit imposed by [NRS 361.453]

Janet VanCamp, Chairman
Paula Carman, Vice Chairman
Commissioner Monti Vogler
Commissioner Pat Robison
Commissioner Tim Pauley

1786 Great Basin Blvd., Suite 3
Ely, Nevada 89301
(775) 293-6509
Fax (775) 289-2544

Melanie Stapley, Ex-officio Clerk of the Board

White Pine County
Board of County Commissioners

RESOLUTION # 2025-11

RESOLUTION TO LEVY AD VALOREM TAX RATES FOR COUNTY FUNDS FOR FISCAL YEAR 2025-2026

WHEREAS, White Pine County has established its 2025-2026 budgeted expenditures for certain funds to provide services to its citizens;

WHEREAS, these certain funds require Ad Valorem revenue for their operation,

WHEREAS, the Ad Valorem revenues are assessed by tax rates on real and personal property and certified by the Nevada State Tax Commission,

NOW THEREFORE BE IT RESOLVED that White Pine County shall levy the following tax rates for the funds specified. The tax rates will be effective for the Fiscal Period beginning July 1, 2025, and are stated by the number of cents for each $100 of assessed value of property levied for the following funds.

General Fund	1.6199
Emergency Medical Service	0.0350
Senior Citizen Center	0.0500
Accident Indigent	0.0150
Agriculture District #13	0.0350
Agriculture Extension	0.0100
China Springs Youth Facility	0.0050
County Indigent	0.0450
State of Nevada Indigent	0.0250
Capital Improvements	0.0500
Economic Development	0.0611
TOTAL COUNTY	1.9510
White Pine School District - Operating	0.7500
White Pine School District - Debt	0.2490
TOTAL SCHOOL	0.9990
Hospital	0.5400
State	0.1700
TOTAL COUNTY OVERALL	3.6600

City of Ely	0.0000
Lund Town	0.0000
Luth Town	0.0000
McGill Town	0.0000
GRAND TOTAL TAX RATE	3.6600

Resolution 2025-11 page 1

TOTAL PROPERTY TAX RATES - FY 2025-2026
BY TAXING UNIT

WHITE PINE COUNTY
OVERLAPPING TAXING DISTRICTS

ENTITY	TAXING DISTRICT	OVERLAPPING DISTRICTS	TOTAL PROPERTY TAX RATE
Ely	0010 - 0015	10+20+100+201+301	3.6600
McGill Town	0020	10+20+100+252+301	3.6600
Lund Town	0030	10+20+100+251+301	3.6600
Ruth Town	0040	10+20+100+253+301	3.6600
White Pine County (unincorporated)	0050	10+20+100+301	3.6600

ENTITY CODE	ENTITY	ENTITY RATE
10	State of Nevada #	0.1700
20	White Pine County School District	0.9990
100	White Pine County	1.9510
201	Ely	0.0000
251	Lund Town	0.0000
252	McGill Town	0.0000
253	Ruth Town	0.0000
301	White Pine County Hospital District	0.5400

PURSUANT TO SB502 (2023, 30th Special Session), 2¢ ADDED TO STATE TAX RATE, $0.0118 FOR CAPITAL PROJECTS & $0.0082 FOR CONSERVATION OF NATURAL RESOURCES. OUTSIDE PROPERTY TAX RATE CAP.

c. Evidence of Emergency Conditions

Reference: NRS 387.3335
Section 1. (b) At least:

(1) One building that is located on the grounds of a school within the school district has been condemned;

(2) One of the facilities that is located on the grounds of a school within the school district is unsuitable for use as a result of:

(I) Structural defects;

(II) Barriers to accessibility; or

(III) Hazards to life, health, or safety, including, without limitation, environmental hazards and the operation of the facility in an unsafe manner; **or**

(3) One of the facilities that is located on the grounds of a school within the school district is in such a condition that the cost of renovating the facility would exceed 40% of the cost of constructing a new facility.

(2) Structural Defects, Barriers to Accessibility, and Hazards:

Structural defects, barriers to accessibility, and hazards to life, health, or safety are evident in both schools despite the District's attempts to mitigate them. Although the White Pine Middle School (WPMS) has not been condemned, it should be noted that students were temporarily relocated for one school year to two different schools in 2005 to accommodate material improvements funded through NRS 387.333. This short-term accommodation stressed the occupancy limits of the two schools while capital improvements were made to the middle school. The Nevada Department of Public Works recommended that further improvements be made before the facility was occupied, but funding was never provided, so the improvements were never implemented. The District was granted its right to reoccupy the school by Governor Guinn against the Department of Public Works' desires. Currently, structural defects in the gymnasium floor are severe enough that engineers from L/C have recommended that large gatherings, such as graduations, for example, no longer be performed in the gym for fear of catastrophic failure. There are limited handicap accessible entryways on the first floor and no elevator to provide access to the two upper floors. This means there is no ADA accessibility to approximately two-thirds of the building. If students with special needs require services on the second floor, staff must hand carry the student up the stairs. The David E. Norman Elementary (DEN) school also has poor ADA access and does not have multiple levels.

Both schools were built when asbestos-containing materials were prevalent in construction. Asbestos was used in the flooring, walls, plumbing, and ceiling. The District has to have its maintenance personnel trained and certified to remove hazardous materials because of the asbestos. Smaller amounts can be removed by District personnel, while larger quantities require removal by commercial vendors, which can be quite costly. The presence of asbestos-containing material represents a public health and safety concern.

The physical location and design of WPMS are hazardous and logistically difficult to manage and supervise students. The facility is located next to the business district, bordered by streets and a highway (Highway 50). There is no parking area for staff and visitors, no outdoor recreation area, or playground. In order for the students to enjoy outdoor recreation for physical education, lunch, or free time, they must cross Highway 50 to access a small, county-owned, public park. Traffic must be halted by staff in order for students to cross back and forth. During inclement weather, the vast

majority of students are unable to leave the facility and spend the entire day inside. The campus ends as the students leave the facility. Faculty must park along public streets in front of private residences throughout the neighborhood and must navigate light traffic to get to the facility. There are no secure parking areas surrounding the facility to protect staff and help secure access to the facility. The three-story interior is host to several staircases and areas that are hidden from view (i.e., blind spots), making student supervision difficult. Also, if an intruder were to breach the facility, the staircases and blind spots make it difficult to locate an intruder, costing precious time in a crisis.

The structural and hazardous issues identified at DEN and WPMS, we believe that conditions in section (b) have been met.

(3) The cost of renovating exceeds 40 percent of the cost of constructing a new facility.
To provide support for this section, the District has provided a summary of prior facilities assessments conducted by Lombard Conrad Architects (L/C) in association with The Matrix Group. The following table provides a summary of the results.

White Pine County School District
Facilities Assessments
Prepared by: Lombard-Conrad Architects in Association with the Matrix Group, February 2015

Description	Report Date	Estimated Cost of Renovation	Estimated Cost (Renovation) in 2025[1]	Estimated Cost of New Construction	Estimated Cost (New Construction) in 2025[1]	% Renovation /New
White Pine Middle School	Nov - 97	$22,302,478	$53,165,116	$22,534,472	$53,714,037	98.97%
David E. Norman Elementary	Mar - 03	$ 5,168,000	$10,719,200	$ 8,436,000	$17,495,700	61.26%

1. Using the ENR Construction Cost Index (CCI) historical data, we can calculate the inflation factor from the original report dates to 2025.

Although these reports are dated, these facilities have virtually remained unchanged from the dates of the report (November 1997 and March 2003). The District has lacked sufficient funding to materially alter, change, or improve the facilities, and therefore, we are confident the facilities still exceed the 40% threshold. Over the last two decades, the construction industry has seen an over 200% increase in building costs primarily due to inflation, escalation, rising labor rates, post-COVID impacts, and recent increases of foreign goods from elevated tariffs.

Based on the criteria provided in NRS 387.3335, the White Pine County School District meets the emergency conditions to qualify for financial assistance from The Fund to Assist School Districts in Financing Capital Improvements. The District is seeking approximately $100 million to construct a new K-8 school to replace two of the oldest schools (DEN & WPMS) in the State of Nevada. The replacement of these two 110+ year-old schools with one new code-compliant facility will reduce the district's operating costs, freeing up more funds for instructional services.

3. Budget & Financial Plan

a. Itemized Project Costs

WPCSD NEW K-8 SCHOOL PROJECT ESTIMATE

Site Improvements	$15,000,000
Building Structure	$9,000,000
Building Enclosure	$7,000,000
Building Interiors	$9,500,000
Building Mechanical	$11,000,000
Building Electrical	$7,500,000
Direct Total Cost Estimate	$59,000,000
Design Evolution Contingency	$5,900,000
Market Escalation Contingency	$2,271,500
Contractor Construction Contingency	$2,015,145
Contingency Total	$10,186,645
General Conditions	$2,880,000
General Requirements	$2,075,599
Bonds & Insurance	$2,398,132
Contractor Fees	$3,397,354
General Contractor Total	$10,751,085
Construction Estimate Total	**$79,937,730**
Approx. Cost per SF - Direct Construction Cost	$799
Architectural & Engineering Fees	$5,595,641
Fixtures, Furnishings & Equipment	$2,500,000
Owner Soft Costs & Misc. Fees	$7,993,773
Owner Contingency	$2,398,132
Total Estimated Project Cost	**$98,425,276**

b. Expected Use of Funds

All allocated funds will be used to pay for the educational program development, school design, bidding, permitting, construction, and required FFE for the development of an approximate 80,000 to 100,000 SF new K-8 (combined elementary and middle) school for White Pine County School District. This new school will replace both the David E. Norman Elementary School and the White Pine Middle School, each respective school is well over 100 years old.

4. Timeline & Readiness

a. Key Milestones and Anticipated Construction Dates

WPCSD NEW K-8 SCHOOL PROJECT TIMELINE

Preliminary Architectural Design Work Complete		2025 Summer
Allocation of Project Funding		2025 Fall
Contract with Architect to Finalize Design (execute design agreement)	2025 Fall	
Contract with General Contractor/CMAR (execute preconstruction agreement)	2025 Fall	
Design/Preconstruction Phase (approx. 8 months)		2025 Fall to 2026 Spring
Bidding Phase/Issue GMP		2027 Summer
WPCSD Approval & Construction NTP (execute construction agreement)	2026 Fall	
New School Construction Phase (approx. 22 months)		2026 Fall to 2028 Summer
Rough Site Construction	2026 Fall	
Building Structure Construction	2027 Spring to Summer	
Interior Construction	2027/2028 Winter	
Building Systems Construction	2028 Winter to Spring	
Finish Site Construction	2028 Sprint to Summer	
New School 100% Complete & Ready for Faculty & Students		2028 Fall

5. Certifications

a. **White Pine County School District Approval**
b. **Compliance Acknowledgements**

For additional information or questions concerning this application for assistance, please contact Adam Young, Superintendent, or Terrill Trask, Chief Financial Officer, at (775) 289-4851.

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: February 20, 2026

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 & NATURAL RESOURCES – DIVISION OF STATE LANDS

Agenda Item Write-up:

Pursuant to NRS 322.007, the department requests approval of a lease addendum to add five years to the term of the current lease for the Carson City Chamber of Commerce at the Nevada State Railroad Museum in Carson City.

Additional Information:

This addendum to the lease would authorize the Nevada State Railroad Museum use of the shared parking area while in the process of constructing the Carson Adventure Center. With this addition, the lease would expire on May 20, 2033.

Statutory Authority:

NRS 322.007

REVIEWED: DL

ACTION ITEM: _____

Nevada Division of
STATE LANDS

STATE OF NEVADA
Department of Conservation & Natural Resources
Joe Lombardo, *Governor*
James A. Settelmeyer, *Director*
Charles Donohue, *Administrator*

MEMORANDUM

Date: December 12, 2025

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

From: Ellery Stahler, Deputy Administrator

Subject: BOE Agenda Item for April 2026: Carson City Chamber of Commerce – Lease Addendum

---

Please include the attached Lease Addendum to the Board of Examiners' April 2026 agenda.

This Lease Addendum is to add five (5) years to the term of the current lease between the Division of State Lands and the Carson City Chamber of Commerce at the Nevada State Railroad Museum, Carson City. With this addition, the lease would expire on May 20, 2033. No other amendments or modifications are proposed.

Pursuant to NRS 322.007, we are seeking BOE and IFC approval of this Lease Addendum.

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

REAL PROPERTY LEASE SUMMARY
(FOR BOARDS - COMMISSIONS - STORAGE)

1. Tenant: Carson City Chamber of Commerce
1900 South Carson Street
Carson City, NV 89701

Remarks: This is an addendum to the Carson City Chamber of Commerce Lease at the Nevada State Railroad Museum, Carson City to add five (5) years to the term, expiring May 20, 2033.

Exceptions/Special notes:

2. Name of Lessor: Nevada Division of State Lands
3. Address of Lessor: 901 S. Stewart St. Suite 5003
Carson City, NV 89701
4. Property Contact: Ellery Stahler, NDSL
(775) 684-2711
5. Address of Lease property: 1900 South Carson Street, Carson City Nevada 89701

a. Square Footage: ☑ Rentable ☑ Usable 27,000sf

b. Cost:

cost per month	# of months in time frame	revenue per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	*Actual or Approximate* cost per square foot
$ 150.00	12	$ 1,800.00	May 20, 2025 - May 19, 2026			
$ 150.00	84	$ 12,600.00	May 20, 2026 - May 20, 2033			
		$ -				
		$ -				
		$ -				
		$ -				
		$ -				
		$ -				
		$ -				

c. Total Lease Consideration: 96 $ 14,400.00

d. Total Improvement Cost: $0.00

e. Option to renew: ☐ Yes ☑ No Renewal terms:

f. Holdover notice: # of Days required Holdover terms: None

g. Term: 8 Years **Rental reevaluation to be performed in 2026 & every 5 years after**

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: Based on NDSL's internal valuation

m. Specific termination clause in lease: Breach

n. Lease will be paid for by Agency Budget Account Number: N/A - revenue lease

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)**
- ☐ Other

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

REAL PROPERTY LEASE SUMMARY
(FOR BOARDS - COMMISSIONS - STORAGE)

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 ___N/A_____

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

Ellery Stahl 12/12/25
Authorized Agency Signature Date
staff count

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.... Lessor is the State. Lessee is a Chamber of Commerce		
c.	Does the Lessor have a current Nevada State Business License?	☐ YES	☑ NO
	**If No, explain.... Lessor is the State.		
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..): N/A		
f.	Nevada Business ID Number: N/A	Exp:	
g.	Is the Lessor's Name the same as the Legal Entity Name?	☐ YES	☐ NO
	**If No, explain.... N/A		
h.	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

For Board of Examiners ☐ YES ☑ NO

MUS-3, ES
Interest: 11203-5
Project: 8314
Contract: 2003
Carson City
APN: 003-302-01

Recording Requested by and Return To:
DIVISION OF STATE LANDS
901 S. STEWART STREET, SUITE 5003
CARSON CITY, NV 89701-5246

LEASE ADDENDUM #5

CARSON CITY CHAMBER OF COMMMERCE
NV STATE RAILROAD MUSEUM CARSON CITY

THIS FIFTH LEASE ADDENDUM ("Fifth Addendum") is issued this 11th day of December, 2025 by and between the STATE OF NEVADA, acting through the NEVADA DIVISION OF STATE LANDS and the STATE LAND REGISTRAR on behalf of the DIVISION OF MUSEUMS AND HISTORY, hereinafter referred to as LESSOR, and the CARSON CITY CHAMBER OF COMMERCE, hereinafter referred to as the LESSEE.

WITNESSETH:

WHEREAS, the LESSOR and LESSEE entered into a Lease on May 20, 1988, for the LESSEE to occupy a portion of the State's property to construct and utilize a Chamber of Commerce building and associated parking; and

WHEREAS, the Lease term was TWENTY (20) years, and

WHEREAS, pursuant to section 2, the Lease was renegotiated with the consent of all signatory parties to extend the term an additional TWENTY (20) years; and

WHEREAS, the LESSOR and LESSE desire to extend the lease term an additional FIVE (5) years to expire on May 20, 2033; and

NOW THEREFORE, in consideration of the above recitals, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, LESSOR and LESSEE agree to extend the Lease as follows:

The period of this Lease shall be renewed for an additional FIVE (5) years and expire on May 20, 2033.

All other terms and conditions of the Lease and its addenda remain in full force and effect with no other changes, modifications or amendments hereto.

{The balance of this page intentionally left blank}

IN WITNESS WHEREOF, the parties hereto have executed this Fifth Addendum as of the day and year first above written.

LESSOR:
STATE OF NEVADA
Division of State Lands

By: Charles Donohue Date 12/4/2025
CHARLES DONOHUE
Administrator and State Land Registrar

APPROVED as to LEGAL FORM:
AARON D. FORD
Attorney General

By: Dakota Peterson Date 12/8/2025
DAKOTA PETERSON
Deputy Attorney General

APPROVED:
STATE OF NEVADA
Department of Tourism and Cultural Affairs

By: 

BRENDA SCOLARI
Director

Date 12-09-2025

LESSEE:
CARSON CITY CHAMBER OF COMMERCE

By: R Hannaman Date 12-10-25
RONNI HANNAMAN
Executive Director

STATE OF NEVADA
~~COUNTY OF~~ Carson City

This instrument was acknowledged before me on December 10, 2025, by Ronnie Hannaman as Executive Director of the Carson City Chamber of Commerce.

Breana Coons
NOTARY PUBLIC

BREANA COONS
NOTARY PUBLIC
STATE OF NEVADA
My Commission Expires: 05-26-27
Certificate No: 15-1849-3

LEASES SUMMARY

BOE #	LESSEE	LESSOR	AMOUNT
1.	COLORADO RIVER COMMISSION OF NEVADA	SOUTHERN NEVADA WATER AUTHORITY	$1,195,251
	This is an extension of an existing lease.		
	Term of Lease: **07/01/2026 – 06/30/2030**	**Located in Las Vegas**	
2.	DEPARTMENT OF BUSINESS AND INDUSTRY – NEVADA ATTORNEY FOR INJURED WORKERS	ABH1, LLC	$167,512
	This is an amendment to modify the lessor.		
	Term of Lease: **09/01/2025 – 07/31/2027**	**Located in Carson City**	
3.	DEPARTMENT OF EMPLOYMENT, TRAINING AND REHABILITATION	POKER PALACE LAND, LLC, OPERATED BY POKER PALACE INVESTMENTS, LLC	$399,693
	This is an amendment to modify the lessor.		
	Term of Lease: **10/01/2025 – 06/30/2027**	**Located in North Las Vegas**	
4.	DEPARTMENT OF HUMAN SERVICES – AGING AND DISABILITY SERVICES DIVISION	FELETTO DEVELOPMENT, LLC	$6,917,354
	This is an amendment to modify the lessor.		
	Term of Lease: **07/01/2025 – 08/31/2031**	**Located in Carson City**	
5.	DEPARTMENT OF HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – RADIATION CONTROL PROGRAM	BOWERS FAMILY INVESTMENTS, LLC	$233,084
	This is an amendment to reduce current facilities.		
	Term of Lease: **02/01/2026 – 07/31/2029**	**Located in Carson City**	
6.	DEPARTMENT OF HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	FORTRESS LV HQ LLC	$580,866
	This is an extension of an existing lease.		
	Term of Lease: **05/01/2026 – 03/31/2034**	**Located in Las Vegas**	

LEASES SUMMARY

BOE #	LESSEE			LESSOR	AMOUNT
7.	DEPARTMENT OF HUMAN SERVICES – DIVISION OF PUBLIC AND BEHAVIORAL HEALTH – SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES			WALTER H KNOLL	$164,851
		This is an extension of an existing lease.			
		Term of Lease:	**04/01/2026 – 03/31/2029**	**Located in Laughlin**	
8.	DEPARTMENT OF PUBLIC SAFETY – NEVADA HIGHWAY PATROL			NATHAN WOOD & YUKO WOOD	$101,424
		This is an extension of an existing lease.			
		Term of Lease:	**06/01/2026 – 05/31/2031**	**Located in Hawthorne**	
9.	NEVADA STATE PUBLIC DEFENDER			T.G. SHEPPARD 1995 FAMILY LIMITED PARTNERSHIP	$145,880
		This is an extension of an existing lease.			
		Term of Lease:	**02/01/2026 – 01/31/2028**	**Located in Winnemucca**	
10.	OFFICE OF THE MILITARY – NEVADA ARMY NATIONAL GUARD			ABH1, LLC	$425,235
		This is an amendment to modify the lessor.			
		Term of Lease:	**09/01/2025 – 12/31/2027**	**Located in Carson City**	
11.	PUBLIC UTILITIES COMMISSION OF NEVADA			ABH1, LLC	$1,345,626
		This is an amendment to modify the lessor.			
		Term of Lease:	**09/01/2025 – 06/30/2028**	**Located in Carson City**	

For Budget Division Use Only	
Reviewed by:	3/12/26
Reviewed by:	
Reviewed by:	

REAL PROPERTY LEASE SUMMARY
(FOR BOARDS - COMMISSIONS - STORAGE)

1. Tenant: Colorado River Commission of Nevada (CRC)
100 N. City Parkway, Suite 1100
Las Vegas, Nevada, 89106-4617
Eric Witkoski
T: 725-246-0436 E: ewitkoski@crc.nv.gov

Remarks: This amendment to the existing lease, (which will expire on June 30, 2026) provides for the CRC to continue to occupy the existing space for an additional two years (from July 1, 2026 to June 30, 2028) with an option to extend the lease for up to an additional two years (from July 1, 2028 through June 30, 2030). The additional two-year extension requires a formal notice to extend annually for each of the additional years. This amendment will provide for an increase in base rental costs of 4% from the original lease, effective for two years and then an additional 4% for the first extended period after June 30, 2028 for the additional two years of the extension. The gross amount of the lease for office space is $3.33, for the first two years and then $3.46 for the last two years but the lessor is a contractor of the CRC for both water and power delivery and will reduce the actual invoice for base rental by 50%. Thus, the actual invoiced net lease cost per square foot is $1.66, and $1.73 respectively. With the inclusion of the cost of parking the net invoiced cost is is $2.00 and $2.08 respectively. The current market rate is over $2.63. The Commission and SNWA have shared interest in the Colorado River operations and negotiations, shared interest in the Commission's Power Delivery Group operations and the Commission already has five employees at the SNWA location as part of its work with Silver State Energy Association. The location at SNWA is near the Clark County Chambers meeting room where the Commission has held its Commission meetings for the last few years and expects to in the future. Thus, the agecny believes that this lease amendment xontinues to fulfills its needs.

Exceptions/Special notes:

2. Name of Lessor: Southern Nevada Water Authority
3. Address of Lessor: 100 N. City Parkway, Las Vegas, NV, Suite 700, 89106
4. Property Contact: Southern Nevada Water Authority
Doa Ross
T: 702-258-3976 E: Doa.Ross@lvvwd.com
5. Address of Lease property: 100 N.City Parkway, Las Vegas, NV Suite 1100, 89106

a. Square Footage: ☑ Rentable ☐ Usable — 12,220

b. Cost:

	Gross cost per month	Net cost per month	# of months in time frame	Gross cost per year	Net Cost per Year	time frame	Annual Parking cost = 26 spaces @160/mo	Gross Rent cost per square foot	Net Rent cost per square foot
	$ 40,668.16	$ 20,334.08	12	$ 488,017.92	$ 244,008.96	July 1,2026 -June 30,2027	$49,920.00	$3.33	$1.66
0%	$ 40,668.16	$ 20,334.08	12	$ 488,017.92	$ 244,008.96	July 1,2027 -June 30,2028	$49,920.00	$3.33	$1.66
4%	$ 42,294.89	$ 21,147.45	12	$ 507,538.68	$ 253,769.34	July 1,2028 -June 30,2029	$49,920.00	$3.46	$1.73
0%	$ 42,294.89	$ 21,147.45	12	$ 507,538.68	$ 253,769.34	July 1,2029 -June 30,2030	$49,920.00	$3.46	$1.73
			48	$1,991,113.20	$ 995,556.60		$ 199,693.58		
				$2,190,806.78	$ 1,195,250.18				

c. Annual Consideration:
d. Total Cost (with parking):
e. Option to renew: ☐ Yes ☑ No — Renewal terms:
f. Holdover notice: # of Days required — Holdover terms:
g. Term: 48 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: Current Market Rate $2.63.
m. Specific termination clause in lease: Breach/Default/lack of funding
n. Lease will be paid for by Agency Budget Account Number: 4490 & 4501

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**)
☐ Other

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

REAL PROPERTY LEASE SUMMARY
(FOR BOARDS - COMMISSIONS - STORAGE)

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 _____

Emily [illegible] 3-10-2026
Authorized Agency Signature Date
staff count

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....		
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 ☐ IN☐	CORP☐ LP ☐
e. Ownership Type (Domestic, Foreign, Government, etc..):	Government	
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 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

For Board of Examiners ☑ YES ☐ NO

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Business and Industry
Nevada Attorney for Injured Workers
1000 East Willliam Street, Suite 208
Carson City, Nevada 89701
Maria Atkinson
T: 702.486.2830 E: matkinson@naiw.nv.gov

Remarks: This first lease amendment is to reflect the change of ownership from Sierra Medical Complex, LP to ABH1, LLC. Sierra Medical Complex, LP sold the leased premises to Carson City NV I SGF, LLC July 23, 2021. The leased premises was sold again on August 25, 2025 from Carson City NV I SGF, LLC to ABH1, LLC. This first lease amendment retroactively commences September 1, 2025.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: ABH1, LLC
4. Address of Lessor: P.O. Box 49626
Los Angeles, California 90049
5. Property contact: Nicolette Dixon
T: 775.313.3472 E: nicolette.dixon@cushwake.com
6. Address of Lease property: 1000 East William Street, Suites 202, 205, 206, 208, 210 and 212
Carson City, Nevada 89701

a. Square Footage: ☐ Rentable ☑ Usable 4,621

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	$ 7,162.55	11	$ 78,788.05	September 1, 2025 - July 31, 2026	$0.00	$0.00	$1.55
3%	$ 7,393.60	12	$ 88,723.20	August 1, 2026 - July 31, 2027	$0.00	$0.00	$1.60

c. Total Lease Consideration: 23 $ 167,511.25
d. Total Improvement Cost: $0.00
e. Option to renew: ☑ Yes ☐ No 90 Renewal terms: One Identical Term
f. Holdover notice: # of Days required 30 Holdover terms: 5%/90
g. Term: Twenty Three (23) 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 Average: $1.74
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 1013

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
_____

Maria C. Atkinson 2/2/2026

Authorized Agency Signature Date

13

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? *If Yes, explain....	☐ YES	☑ NO	
c.	Does the Lessor have a current Nevada State Business License? **If No, explain....	☑ YES	☐ NO	
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:	NV20253418694	Exp: 8/31/2026	
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	☑ YES	☐ NO	
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑ YES	☐ NO	
i.	State of Nevada Vendor number:	T29051318		
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	☑ YES	☐ NO	

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

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

02/24/2026

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:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

Date: February 24, 2026

To: Nicolette Johnston, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on April's, 2026 BOE agenda

RECEIVED
FEB 25 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Projected BOE Date: April 14, 2026 BOE Deadline Date: March 6, 2026

Lessor: ABH1, LLC
Tenant: Department of Business and Industry, Nevada Attorney for Injured Workers
Property Location: 1000 East William Street, Suites 202, 205, 206, 208, 210, and 212, Carson City, Nevada 89701

This memo is a clarification for a retroactive start date of September 1, 2025, for the lease referenced above, which houses the Department of Business and Industry, Nevada Attorney for Injured Workers.

An urgent Project Authorization Request affecting the IT/DATA closet at this location had to be completed immediately to prevent loss of connectivity for the agencies onsite. As a result, the submission to BOE was delayed and could not be completed prior to the September 1, 2025 start date.

This lease is for placement on the April 14th, 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:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Employment, Training and Rehabilitation
500 East Third Street
Carson City, Nevada 89701
Miles Bruinekool
T: 775.684.3854 E: mgbruinekool@detr.nv.gov

Remarks: This First Lease Amendment is to reflect the change of ownership. William Coleman Investments, LLC sold the property to Poker Palace Land, LLC October 1, 2025. The Lessor is Poker Palace Land, LLC, operated by Poker Palace Investments, LLC. We will be referencing the parcel number 139-13-601-007 in this amendment. The Clark County Assessor's website has 2827 Van Der Meer Street, our records have the address listed as 2827 Las Vegas Boulevard North. The Assessor will not change the address on their website. The Assessor's justification is that the parcel does not sit on Las Vegas Boulevard North, there are parcels that sit in front of it that have frontage on Las Vegas Boulevard North. This First Lease Amendment retroactively commences October 1, 2025.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Poker Palace Land, LLC, operated by Poker Palace Investments, LLC
4. Address of Lessor: P.O. Box 160
Verdi, Nevada 89439
5. Property contact: Cory Uyesono
T: 702.353.0196 E: cuyesono@clubfortunecasino.com
6. Address of Lease property: Parcel Number 139-13-601-007
2827 Las Vegas Boulevard North
North Las Vegas, Nevada 89030

a. Square Footage: ☐ Rentable ☑ Usable 9,450

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approximate cost per square foot
	$ 18,765.00	9	$ 168,885.00	October 1, 2025 - June 30, 2026	$0.00	$0.00	$1.99
2.5%	$ 19,234.00	12	$ 230,808.00	July 1, 2026 - June 30, 2027	$0.00	$0.00	$2.04
		21	$ 399,693.00				

c. Total Lease Consideration:
d. Total Improvement Cost: $0.00
e. Option to renew: ☑ Yes ☐ No Renewal terms: One (1) Identical Term
f. Holdover notice: # of Days required Holdover terms: 5%/90
g. Term: Twenty-One (21) 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: $2.03
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 4770 - 80.17%
3265 - 19.83%

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
_____

Kristine Nelson
ESD Administrator 02.02.2026

Authorized Agency Signature Date
27

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? *If Yes, explain....	☐ YES	☑ NO	
c.	Does the Lessor have a current Nevada State Business License? **If No, explain....	☑ YES	☐ NO	
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: NV20253350718		Exp: 5/31/2026	
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	☑ YES	☐ NO	
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑ YES	☐ NO	
i.	State of Nevada Vendor number: T32018431			
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	☑ YES	☐ NO	

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

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

02/03/2026
Authorized Signature Date
Public Works Division

jw
For Board of Examiners ☑ YES ☐ NO

Rev. 08/08/2023

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED
FEB 11 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: February 8, 2026

To: Lesley Volkov, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on April's 2026 BOE agenda

Projected BOE Date: April 14, 2026 BOE Deadline Date: March 6, 2026

Lessor: Poker Palace Land, LLC, operated by Poker Palace Investments, LLC
Tenant: Department of Employment, Training and Rehabilitation
Property Location: Parcel Number 139-13-601-007

This memo is a clarification for a retroactive start date of October 1, 2025, for the lease referenced above, which houses the Department of Employment, Training and Rehabilitation.

An error was identified on the Clark County Assessor's website regarding the address for Parcel 139-13-601-007. The Assessor's records list the street address as 2827 Van Der Meer Street, North Las Vegas, Nevada 89030. Our records have the property listed as 2827 Las Vegas Boulevard North, North Las Vegas, Nevada 89030. However, the Clark County Assessor has declined to update their records due to other parcels located in front of Parcel 139-13-601-007 that have frontage on Las Vegas Boulevard North. We will be referencing the parcel number in this amendment. This issue resulted in a delay in submission to BOE prior to the October 1, 2025 start date.

This lease is for placement on the April 14th, 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:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:

Department of Human Services
Aging and Disability Services Division
1550 College Parkway
Carson City, Nevada 89706
Mariana Acevedo
T: 775.687.0545 E: macevedo@adsd.nv.gov

Remarks: This first amendment is to reflect the change of ownership from 1994 Johnston Family Trust to Feletto Development, LLC. The property sold on June 12, 2025. This first amendment retroactively commences July 1, 2025.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Feletto Development, LLC
4. Address of Lessor: 1020 45th Street, Sacramento, California 95819
5. Property contact: SVN-Gold Dust Commercial Associates, Dan Shaheen, 305 North Carson Street, Suit 200, Carson City, Nevada 89701, T: 775.720.0075 E: dan.shaheen@svn.com
6. Address of Lease property: 1550 College Parkway, Carson City, Nevada 89706

a. Square Footage: ☑ Rentable ☐ Usable 44,456

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
	$ 84,466.40	2	$ 168,932.80	July 1, 2025 - August 31, 2025	$0.00	$0.00	$1.90
3%	$ 87,133.76	12	$ 1,045,605.12	September 1, 2025 - August 31, 2026	$0.00	$0.00	$1.96
3%	$ 89,801.12	12	$ 1,077,613.44	September 1, 2025 - August 31, 2027	$0.00	$0.00	$2.02
2%	$ 92,023.92	12	$ 1,104,287.04	September 1, 2025 - August 31, 2028	$0.00	$0.00	$2.07
3%	$ 95,135.84	12	$ 1,141,630.08	September 1, 2025 - August 31, 2029	$0.00	$0.00	$2.14
3%	$ 97,803.20	12	$ 1,173,638.40	September 1, 2025 - August 31, 2030	$0.00	$0.00	$2.20
3%	$ 100,470.56	12	$ 1,205,646.72	September 1, 2025 - August 31, 2031	$0.00	$0.00	$2.26

c. Total Lease Consideration: 74 $6,917,353.60

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

g. Term: Seventy-Four 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: N/A No comparable comps within 10 miles

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

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

3151 - 28%
3167 - 18%
3204 - 2%
3206 -.75%
3208 - 18%
3209 - 6.75%
3266 - 10%
3278 - 5%
3283 - .75%
3282 - 10.75%

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

Rev. 08/08/2023

STATEWIDE LEASE INFORMATION

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

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.
Yes_____ No _____ Dec Unit _____

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

Ellen M Crecelius 2/27/2026
Authorized Agency Signature Date

staff count here 150

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? *If Yes, explain....	☐ YES	☑ NO	
c.	Does the Lessor have a current Nevada State Business License? **If No, explain....	☑ YES	☐ NO	
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:	NV20253304597	Exp: 3/31/2027	
g.	Is the Lessor's Name the same as the Legal Entity Name? **If No, explain....	☑ YES	☐ NO	
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑ YES	☐ NO	
i.	State of Nevada Vendor number:	T29050750		
j.	Is this an Arms Length Transaction (No Conflict of Interest) **If No, explain....	☑ YES	☐ NO	

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

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

03/02/2026
Authorized Signature Date

your initials here jw ☑ YES ☐ NO

Rev. 08/08/2023

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED
MAR 02 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: March 2, 2026

To: Karen Hall, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on April's, 2026 BOE agenda

Projected BOE Date: April 14, 2026 BOE Deadline Date: March 6, 2026

Lessor: Feletto Development, LLC
Tenant: Department of Human Services, Aging and Disability Services Division
Property Location: 1550 College Parkway, Carson City, Nevada 89706

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

Due to an unanticipated delay with gathering the new owner's information this created a delay for submittal to BOE prior to the July, 1, 2025 start date.

This lease is for placement on the April, 14th, Board of Examiners meeting.

Thank You,
Jamie Wiest

BA
3/11/26
POR 3/11/26

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

For Budget Division Use Only	
Reviewed by	
Reviewed by	
Reviewed by	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Human Services
Division of Public and Behavioral Health, Radiation Control Program
4150 Technology Way, Third Floor
Carson City, Nevada 89706
Becky McCabe
T: 775.684.4058 E: bmccabe@health.nv.gov

Remarks: This first lease amendment is to remove Suite 239 which is 224 SF from their lease. This will bring their square footage from 3,945 SF to 3,721 SF. This amendment retroactively commences February 1, 2026.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Bowers Family Investments, LLC
4. Address of Lessor: 4785 Caughlin Parkway
Reno, Nevada 89509
5. Property contact: Coldwell Banker Select Property Management
187 Sonoma Street
Carson City, Nevada 89701
Rachelle DeLallo
T: 775.882.3211 E: rachelle.delallo@selectpropmgt.com
6. Address of Lease property: 675 Fairview Drive, Suites 218 and 244
Carson City, Nevada 89701

a. Square Footage: ☐ Rentable ☑ Usable 3,721

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
	$ 5,283.82	6	$ 31,702.92	February 1, 2026 - July 31, 2026	$0.00	$0.00	$1.42
3%	$ 5,432.66	12	$ 65,191.92	August 1, 2026 - July 31, 2027	$0.00	$0.00	$1.46
3%	$ 5,581.50	12	$ 66,978.00	August 1, 2027 - July 31, 2028	$0.00	$0.00	$1.50
3%	$ 5,767.55	12	$ 69,210.60	August 1, 2028 - July 31, 2029	$0.00	$0.00	$1.55
c. Total Lease Consideration:		42	$ 233,083.44				
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
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: $1.70
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 3101

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
_____

3/6/2026
Authorized Agency Signature Date
staff count here 14

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 Company		
f.	Nevada Business ID Number: NV20091559201		Exp: 11/30/2026	
g.	Is the Lessor's Name the same as the Legal Entity Name?	☒ YES	☑ NO	
	**If No, explain.... ~~Maupin, Cox & Legoy, A Proffesional Corporation~~			
h.	Is the Legal Entity active and in good standing with the Nevada Secretary of States	☑ YES	☐ NO	
i.	State of Nevada Vendor number: T29023142			
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

3.9.2026
Authorized Signature Date
Public Works Division

your initials here jw ☑ YES ☐ NO

Rev. 08/08/2023

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

Date: March 9, 2026

To: Roxana Gifford, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on May's, 2026 BOE agenda

RECEIVED
MAR 09 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Projected BOE Date: May 12th, 2026 BOE Deadline Date: April 3rd, 2026

Lessor: Bowers Family Investments, LLC
Tenant: Department of Human Services, Division of Public and Behavioral Health, Radiation Control Program
Property Location: 675 Fairview Drive, Suites 218 & 244, Carson City, Nevada 89701

This memo is a clarification for a retroactive start date of February 1, 2026, for the lease referenced above, which houses the Department of Human Services, Division of Public and Behavioral Health, Radiation Control Program.

We were not informed until January 31st that a new tenant had been secured. Due to the short notice from the property manager regarding the lease of Suite 239, this resulted in a delay in submitting the required documentation to BOE prior to the Februrary1, 2026 start date.

This lease is for placement on the May 12th Board of Examiners meeting.

Thank You,
Jamie Wiest

RY 3/11/26 BOE 3/18/26

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

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

STATEWIDE LEASE INFORMATION

1. Agency: Department of Human Services
Division of Public and Behavioral Health
Southern Nevada Adult Mental Health Services
1650 Community College Drive
Las Vegas, Nevada 89146
Becky McCabe
T: 775.684.4058 E: bmccabe@health.nv.gov

Remarks: This is a seven (7) year long term lease to replace an existing month to month lease for the Department of Human Services Division of Public and Behavioral Health Southern Nevada Adult Mental Health Services. We have negotiated a rate of 1.91 per SF with a 3% increase every 13th month. Terms have been approved by Governor's Office CIO Jack Robb.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: FORTRESS LV HQ LLC
4. Address of Lessor: 9500 Hillwood Drive, Suite 140
Las Vegas, Nevada 89134
5. Property contact: Dean Jalili
T: 702.777.0010 x101 C: 702.630.0329 E: djalili@fortisre.com
6. Address of Lease property: 1919 South Jones Boulevard, Suite A
Las Vegas, Nevada 89146

a. Square Footage: ☑ Rentable ☐ Usable 2,964

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
	$ 5,483.40	11	$ 60,317.40	May 1, 2026 - March 31, 2027	$0.00	$0.00	$1.85
3%	$ 5,661.24	12	$ 67,934.88	April 1, 2027 - March 31, 2028	$0.00	$0.00	$1.91
3%	$ 5,831.08	12	$ 69,972.96	April 1, 2028 - March 31, 2029	$0.00	$0.00	$1.97
3%	$ 6,006.01	12	$ 72,072.12	April 1, 2029 - March 31, 2030	$0.00	$0.00	$2.03
3%	$ 6,186.19	12	$ 74,234.28	April 1, 2030 - March 31, 2031	$0.00	$0.00	$2.09
3%	$ 6,371.78	12	$ 76,461.36	April 1, 2031 - March 31, 2032	$0.00	$0.00	$2.15
3%	$ 6,562.93	12	$ 78,755.16	April 1, 2032 - March 31, 2033	$0.00	$0.00	$2.21
3%	$ 6,759.82	12	$ 81,117.84	April 1, 2033 - March 31, 2034	$0.00	$0.00	$2.28
c. Total Lease Consideration:		95	$ 580,866.00				
d. Total Improvement Cost:					$0.00		

e. Option to renew: ☐ Yes ☑ No 90 Renewal terms: Two (2), Five (5) Year Options to Renew, 3% min
f. Holdover notice: # of Days required 30 Holdover terms: 5%/90
g. Term: Seven (7) years
h. Pass-thrus/CAM/Taxes: ☑ Landlord ☐ Tenant
i. Utilities: ☑ Landlord ☑ Tenant
j. Janitorial: ☐ Landlord ☑ Tenant ☐ 3 day ☐ 5 day ☐ Rural 3 day ☐ Rural 5 day ☐ Other (see special notes)
k. Repairs: Major: ☑ Landlord ☐ Tenant Minor: ☑ Landlord ☐ Tenant
l. Comparable Area Market Rate Average: $2.58
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 3161

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 Furnishings: $0 Data/Phones: $0

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.

Rev. 08/08/2023

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

_____

03/05/2026

Authorized Agency Signature Date

15

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				
f.	Nevada Business ID Number: NV20141769846			Exp: 12/31/2026		
g.	Is the Lessor's Name the same as the Legal Entity Name?	☑ YES		☐ NO		
	**If No, explain.... Name of Individual - Dean Jalili					
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: T32018832					
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

3.6.26

Authorized Signature Date

Public Works Division

ZT

For Board of Examiners ☑ YES ☐ NO

RD
3/11/26
Rec 3/12/26

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

For Budget Division Use Only	
Reviewed by	
Reviewed by	
Reviewed by	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Human Services
Division of Public and Behavioral Health
Southern Nevada Adult Mental Health Services
1650 Community College Dr.
Las Vegas, Nevada 89146
DPBH Contract Unit
T: 775.684.4058 E: contractunit@health.nv.gov

Remarks: This is a 3-year renewal for the Division of Public and Behavioral Health, Southern Nevada Adult Mental Health Services. Terms have been approved by Director Grimmer. Tenant improvements include spackling and paint throughout the suite and front door, remove non functioning sink and cabinets in the office, have a structural inspection for cracks on the building, adding an electrical outlet in the kitchen, replacing blinds (23) throughout the suite including the front door. No state space is available at this time.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Walter H Knoll
4. Address of Lessor: PO BOX 110546
Cambell, California 95011
5. Property contact: Walter H. Knoll or Barbara J. Knoll
T: (408) 859-1521 E: knoll1945@aol.com
6. Address of Lease property: 3650 South Pointe Circle, Suite 208
Laughlin, Nevada 89029

a. Square Footage: ☐ Rentable ☑ Usable 2,730

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
	$ 4,422.60	12	$ 53,071.20	April 1, 2026 - March 31, 2027	$0.00	$0.00	$1.62
3.5%	$ 4,577.39	12	$ 54,928.68	April 1, 2027 - March 31, 2028	$0.00	$0.00	$1.68
3.5%	$ 4,737.59	12	$ 56,851.08	April 1, 2028 - March 31, 2029	$0.00	$0.00	$1.74
c. Total Lease Consideration:		36	$ 164,850.96				
d. Total Improvement Cost:					$0.00		

e. Option to renew: ☑ Yes ☐ No 90 Renewal terms: One 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: N/A Rural Area
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 3161

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_____

Rev. 08/08/2023

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

3/6/2026

Authorized Agency Signature Date

14

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 ☐ SP ☑		
e.	Ownership Type (Domestic, Foreign, Government, etc..):	NT7 Sole Proprietor		
f.	Nevada Business ID Number:	NV20212258624	Exp: 10/31/2026	
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:	T29005798		
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

3.10.26

Authorized Signature Date

Public Works Division

ZT

For Board of Examiners ☑ YES ☐ NO

Rev 08/08/2023

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED
MAR 10 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: March 10, 2026
To: Roxanna Gifford, Executive Branch Budget Officer
From: Zuly Terrazas, Public Works Division, Leasing Services
Subject: Retroactive Memo for placement on April's, 2026 BOE agenda

Projected BOE Date: April 7th, 2026

BOE Deadline Date: May 10th, 2026

(Extension approved by budget officer)

Lessor: Walter H Knoll

Tenant: Department of Human Services, Division of Public and Behavioral Health, Southern Nevada Adult Mental Health Services

Property Location: 3650 South Pointe Circle, Suite 208, Laughlin, Nevada 89029

This memo is a clarification for a retroactive start date of April 1, 2026, for the lease referenced above, which houses the Department of Human Services, Division of Public and Behavioral Health, Southern Nevada Adult Mental Health Services. This is a 3-year renewal for DPBH, SNAMHS. Terms have been approved by Director Grimmer. Tenant improvements include spackling and paint throughout the suite and front door, remove the nonfunctioning since and cabinets in the office, have a structural inspection for cracks on the building, adding an electrical outlet in the kitchen, replacing blinds (23) throughout the suite including the front door. No state space is available at this time.

Due to an unanticipated delay during the negotiation process this created a delay for submittal to BOE prior to the April 1, 2026, start date.

This lease is for placement on the April 7th, 2026, Board of Examiners meeting.

Thank you for your time,
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:	2/25/26
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Public Safety
Nevada Highway Patrol
555 Wright Way
Carson City, Nevada 89711
Kasen Cornmesser
T: 775.684.4869 E: k.cornmesser@dps.state.nv.us

Remarks: Five (5) year lease renewal with no tenant improvements. Lease approved by Director Joy Grimmer.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: Nathan Wood & Yuko Wood
4. Address of Lessor: 197 Laurel Drive, Carmel Valley, California 93924
P.O. Box 249, Hawthorne, Nevada 89415
5. Property contact: Nathan Wood
T: 831.760.2940 E: montereybaybuilder@sbcglobal.net
6. Address of Lease property: 1085 Highway 95
Hawthorne, Nevada 89415

a. Square Footage: ☐ Rentable ☑ Usable 882

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
	$ 1,656.92	12	$ 19,883.04	June 1, 2026 - May 31, 2027	$0.00	$0.00	$1.88
1%	$ 1,673.49	12	$ 20,081.88	June 1, 2027 - May 31, 2028	$0.00	$0.00	$1.90
1%	$ 1,690.22	12	$ 20,282.64	June 1, 2028 - May 31, 2029	$0.00	$0.00	$1.92
1%	$ 1,707.12	12	$ 20,485.44	June 1, 2029 - May 31, 2030	$0.00	$0.00	$1.94
1%	$ 1,724.19	12	$ 20,690.28	June 1, 2030 - May 31, 2031	$0.00	$0.00	$1.95

c. Total Lease Consideration: 60 $ 101,423.28
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: 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: N/A Rural
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 4713

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

_____

Michael Edgell Digitally signed by Michael Edgell Date: 2026.01.29 16:43:15 -08'00' 01/29/2026

Authorized Agency Signature Date

6

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: NV20131488614	Exp: 8/31/2026	
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	☑ YES	☐ NO
i.	State of Nevada Vendor number: T29005790		
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

02/02/2026

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:	BM 2/2/26
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Nevada State Public Defender
209 E. Musser St. #104
Carson City, Nevada 89701
Melanie LaChapelle
T: 775.684.1080 E: malachapelle@nspd.nv.gov

Remarks: This is a 2-year long term lease to take over for a month-to-month agreement. Lease terms and funding have been approved by Governor's Office CIO Jack Robb and Governor's Finance Office Director Tiffany Greenameyer. There is no state space available at this time.

Exceptions/Special notes: 1- day rural janitorial agreement.

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: T.G. Sheppard 1995 Family Limited Partnership
4. Address of Lessor: 475 West Haskell Street, Unit 1
Winnemucca, Nevada 89445
5. Property contact: Mike Sheppard
T: 775.304.1483 E: mike@michaelclay.com
6. Address of Lease property: 861 W. 6th Street,
Winnemucca, NV 89445

a. Square Footage: ☑ Rentable ☐ Usable 2,700

b. Cost:

cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
$ 5,900.00	6	$ 35,400.00	February 1, 2026 - July 31, 2026	$0.00	$0.00	$2.19
$ 6,077.00	12	$ 72,924.00	August 1, 2026 - July 31, 2027	$0.00	$0.00	$2.25
$ 6,259.31	6	$ 37,555.86	August 1, 2027 - January 31, 2028	$0.00	$0.00	$2.32
	24	$ 145,879.86				

c. Total Lease Consideration:
d. Total Improvement Cost: $0.00
e. Option to renew: ☐ Yes ☑ No 90 Renewal terms: One Identical Term
f. Holdover notice: # of Days required 30 Holdover terms: 5%/90
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: N/A Rural Area
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 1499

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: Furnishings: $0.00 Data/Phones:

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

02/20/2026

Authorized Agency Signature — Date

9

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	
f.	Nevada Business ID Number:	NV19951040409	Exp: 12/31/2026
g.	Is the Lessor's Name the same as the Legal Entity Name?	☐ YES	☑ NO
	**If No, explain….	Name of Individual Michael C Sheppard	
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:	T41772100	
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

02/20/2026

Authorized Signature — Date

Public Works Division

ZT

For Board of Examiners ☑ YES ☐ NO

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

RECEIVED
MAR 02 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Date: March 2, 2026

To: Budd Milazzo, Executive Branch Budget Officer

From: Zuly Terrazas, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on April's, 2026 BOE agenda

Projected BOE Date: April 14, 2026 BOE Deadline Date: March 6, 2026

Lessor: T.G. Sheppard 1995 Family Limited Partnership

Tenant: Department of Indigent Defense Services, Public Defender's Office

Property Location: 861 W. 6th Street, Nevada 89445

This memo is a clarification for a retroactive start date of February 1st, 2026, for the lease referenced above, which houses the Department of Indigent Defense Services, Public Defender's office.

This is a 2-year long term lease to take over for a month-to-month agreement. Lease terms and funding have been approved by Governor's office CIO Jack Robb and Governor's Finance Office Director Tiffany Greenameyer. There is no state space available at this time.

Due to an unanticipated delay with the lessor's approval for lease language this created a delay for submittal to BOE prior to the February, 1st, 2026 deadline.

This lease is for placement on the April 14th, Board of Examiners meeting.

Thank you for your time,
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:	
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Office of the Military
Nevada Army National Guard
2460 Fairview Drive
Carson City, Nevada 89701
Devin Earl
T: 775.887.7280 E: devin.m.earl.nfg@army.mil

Remarks: This first lease amendment is to reflect the change of ownership from Carson City NV I SGF, LLC to ABH1, LLC. This amendment retroactively commences September 1, 2025.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: ABH1, LLC
4. Address of Lessor: P.O. Box 49626
Los Angeles, California 90049
5. Property contact: Nicolette Dixon
T: 775.313.3472 E: nicolette.dixon@cushwake.com
6. Address of Lease property: 1050 East William Street, Suite 100 (Office)
Carson City, Nevada 89701

a. Square Footage: ☐ Rentable ☑ Usable 10,115

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
	$ 14,666.75	4	$ 58,667.00	September 1, 2025 - December 31, 2025	$0.00	$0.00	$1.45
3%	$ 15,071.35	12	$ 180,856.20	January 1, 2026 - December 31, 2026	$0.00	$0.00	$1.49
3%	$ 15,475.95	12	$ 185,711.40	January 1, 2027 - December 31, 2027	$0.00	$0.00	$1.53
c. Total Lease Consideration:		28	$ 425,234.60				
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: Twenty Eight 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: $1.11 (limited comps 1 comparable property)
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 3650

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, Buildings and Grounds / 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
_____

Cheryl Tyler — 02/23/26
Authorized Agency Signature — Date
staff count 40

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 Liability Company		
f.	Nevada Business ID Number:	NV20253418694	Exp: 8/31/2026	
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	☑ YES	☐ NO	
i.	State of Nevada Vendor number:	T29051318		
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

3.6.26
Authorized Signature — Date
Public Works Division

leasing initials jw
For Board of Examiners ☑ YES ☐ NO

Rev. 08/08/2023

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Wilfred J. Lewis, Jr.
Administrator

Carson City Office:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

Date: March 6, 2026

To: Lesley Volkov, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on April's 2026 BOE agenda

RECEIVED
MAR 06 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Projected BOE Date: April 14, 2026 BOE Deadline Date: March 6, 2026

Lessor: ABH1, LLC
Tenant: Office of the Military, Nevada Army National Guard
Property Location: 1050 East William Street, Suite 100, Carson City, Nevada 89701

This memo is a clarification for a retroactive start date of September 1, 2025, for the lease referenced above, which houses the Office of the Military, Nevada Army National Guard.

An urgent Project Authorization Request affecting the IT/Data closet at this location had to be completed immediately to prevent loss of connectivity for the agencies onsite. As a result, submission to BOE was delayed and could not be completed prior to the September 1, 2025 start date.

This lease is for placement on the April 14th, 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:	DMS
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Public Utilities Commission of Nevada
1150 East William Street
Carson City, Nevada 89701
Bre Potter
T: 775.684.6167 E: bpotter@puc.nv.gov

Remarks: This is the second lease amendment to reflect the change of ownership from Carson City NV I SGF, LLC to ABH1, LLC. This amendment retroactively commences September 1, 2025.

Exceptions/Special notes:

2. Lessee: Department of Administration, Public Works Division, Buildings and Grounds
3. Name of Lessor: ABH1, LLC
4. Address of Lessor: P.O. Box 49626
Los Angeles, California 90049
5. Property contact: Nicolette Dixon
T: 775.313.3472 E: nicolette.dixon@cushwake.com
6. Address of Lease property: 1150 East William Street
Carson City, Nevada 89701

a. Square Footage: ☐ Rentable ☑ Usable 23,279

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Improvement cost per square foot	Base Rent cost per square foot	Approx. cost per square foot
	$ 38,751.15	10	$ 387,511.50	September 1, 2025 - June 30, 2026	$0.00	$0.00	$1.66
2%	$ 39,526.17	12	$ 474,314.04	July 1,2026 - June 30, 2027	$0.00	$0.00	$1.70
2%	$ 40,316.70	12	$ 483,800.40	July 1,2027 - June 30, 2028	$0.00	$0.00	$1.73
c. Total Lease Consideration:		34	$1,345,625.94				
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
g. Term: Thirty Four (34) 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: $1.72 (limited comps)
m. Specific termination clause in lease: Breach/Default lack of funding
n. Lease will be paid for by Agency Budget Account Number: 3920

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

_____

Brianne Lottler 1-12-26

Authorized Agency Signature Date

76

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 Liability Company		
f. Nevada Business ID Number: NV20253418694	Exp: 8/31/2026		
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	☑ YES	☐ NO	
i. State of Nevada Vendor number: T29051318			
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

02/02/2026

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:
406 E. Second Street
Carson City, Nevada 89701
Phone: (775) 684-1800

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
PUBLIC WORKS DIVISION
Buildings and Grounds Section

Las Vegas Office:
7115 Amigo Street, Suite 100
Las Vegas, Nevada 89119
Phone: (702) 486-4300

ROUTING & TRANSMITTAL SLIP

Date: February 3, 2026

To: Dustin Speed, Executive Branch Budget Officer

From: Jamie Wiest, Public Works Division, Leasing Services

Subject: Retroactive Memo for placement on April's 2026 BOE agenda

RECEIVED
FEB 11 2026
GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

Projected BOE Date: April 14, 2026 BOE Deadline Date: March 6, 2026

Lessor: ABH1, LLC
Tenant: Public Utilities Commission of Nevada
Property Location: 1150 East William Street, Carson City, Nevada 89701

This memo is a clarification for a retroactive start date of September 1, 2025, for the lease referenced above, which houses the Public Utilities Commission of Nevada.

An urgent Project Authorization Request affecting the IT/Data closet at this location had to be completed immediately to prevent loss of connectivity for the agencies onsite. As a result, submission to BOE was delayed and could not be completed prior to the September 1, 2025 start date.

This lease is for placement on the April 14th, Board of Examiners meeting.

Thank you,
Jamie Wiest

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	ANDERSEN BEEDE WEISENMILLER LLC	OTHER: STATUTORY CONTINGENCY	$175,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing special counsel services.				
		Term of Contract:	10/06/2025 - 06/30/2027	Contract # 31224		
2.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	CARAHSOFT TECHNOLOGY CORPORATION	GENERAL	$409,100	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides voter outreach services through short message communications.				
		Term of Contract:	02/27/2026 - 09/15/2026	Contract # 31787		
3.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	CARAHSOFT TECHNOLOGY CORPORATION	GENERAL	$137,700	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides short message services and interactive voice response services for the business registration and filing system modernization project.				
		Term of Contract:	02/27/2026 - 09/16/2026	Contract # 31788		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	BURKE CONSTRUCTION GROUP, INC.	BONDS	$339,485,815	Professional Service
	Contract Description:	This is a new contract to provide owner-construction manager at risk services for the Southern Nevada Forensic Facility CIP Project to include construction of a 327,000 square foot maximum security facility for mentally disordered criminal offenders in Las Vegas: CIP Project No. 25-C01; SPWD Contract No. 118575.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31940		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	TMCX SOLUTIONS, LLC	BONDS	$233,500	Professional Service
	Contract Description:	This is a new contract to provide miscellaneous services for the Southern Nevada Forensic Facility CIP Project to include design phase, construction phase, and building engineering systems training for commissioning services for the upcoming construction of the Southern Nevada Forensic Facility: CIP Project No. 25-C01; SPWD Contract No. 118561.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31894		
6.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS	SLETTEN CONSTRUCTION OF NEVADA, INC.	GENERAL	$224,950	Professional Service
	Contract Description:	This is a new contract to provide owner-construction manager at-risk pre-construction services for the Evaporative Cooling Replacement for Housing Units 1-12 (HDSP) CIP Project to include design for replacement of all rooftop mechanical equipment for all buildings on the campus at High Desert State Prison: CIP Project No. 25-M06; SPWD Contract No. 118515.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31882		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	CLARK & SULLIVAN CONSTRUCTORS, INC.	GENERAL	$108,100	Professional Service
	Contract Description:	This is a new contract to provide owner-construction manager at-risk pre-construction services for the Advance Planning: State Office Buildings (Capital Complex) CIP Project to include two state office buildings and a parking structure: CIP Project No. 25-P08; SPWD Contract No. 118516.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31837		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - STATEWIDE CIP PROJECTS - NON-EXEC	KGA, INC.	GENERAL	$35,741	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Health and Human Services - Southern Nevada Forensic Facility Advanced Planning CIP Project: CIP Project No. 23-P06; SPWD Contract No. 116111. This amendment increases the maximum amount from $13,561,805 to $13,597,546 due to additional kitchen design services.				
		Term of Contract:	01/09/2024 - 06/30/2027	Contract # 28534		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - TOURISM & CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	FINNEGAN ERICKSON ASSOCIATES	GENERAL 88% BONDS 12%	$16,000	Professional Service
	Contract Description:	This is the first amendment to the original contract that provides professional architectural/engineering services for the HVAC System Replacement and Humidifier Reverse Osmosis System (Nevada State Museum, Las Vegas): CIP Project Nos. 25-M22 and 25-M25; SPWD Contract No. 117956. This amendment increases the maximum amount from $95,000 to $111,000 due to additional structural engineering design services needed to complete the existing work based on the latest mechanical drawings.				
		Term of Contract:	09/09/2025 - 06/30/2029	Contract # 31011		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	GENERAL	$200,000	Professional Service
	Contract Description:	This is the fifth amendment to the original contract which provides professional architectural/engineering services for the Las Vegas Purchased Building Improvements CIP Project: CIP Project No. 23-C36; SPWD Contract No. 115630. This amendment increases the maximum amount from $830,000 to $1,030,000 due to ongoing architectural and engineering services throughout the McCarran Center campus.				
		Term of Contract:	09/12/2023 - 06/30/2027	Contract # 28054		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CONSTRUCTION MATERIALS ENGINEERS, INC.	BONDS	$865,305	Professional Service
	Contract Description:	This is a new contract to provide professional materials testing and inspection services for the Administration Building (Fifth Street) CIP Project to include earthwork, concrete, asphalt concrete, masonry, structural steel, post-installed anchors, and laboratory testing for design and construction: CIP Project No. 23-C30; SPWD Contract No. 118579.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31967		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	GRANITE CONSTRUCTION COMPANY	BONDS	$13,984,150	Professional Service
	Contract Description:	This is a new contract to provide owner-construction manager at-risk services for the Additional Funds for Hobart Dam Rehabilitation (Marlette Lake Water System) CIP Project to include constructing structural and functional upgrades to the Hobart Reservoir Dam and is a continuation of 21-C06: CIP Project No. 25-C05; SPWD Contract No. 118599.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 32008		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	LUMOS & ASSOCIATES, INC.	BONDS 14% FEDERAL 86%	$261,735	Professional Service
	Contract Description:	This is a new contract to provide materials testing and inspection services for the Hobart Reservoir Dam Rehabilitation and the additional funds for Hobart Dam Rehabilitation CIP Projects to include earthwork inspection, laboratory testing of earthwork materials, special inspections, materials testing, final letter preparation, and administrative services to complete this project: CIP Project Nos. 21-C06 and 25-C05; SPWD Contract No. 118550.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31879		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC	OTHER: AGENCY FUNDED CIP PROJECTS	$9,371,806	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Advance Planning: Business Building (UNLV) CIP Project to include architectural design, interior design, civil engineering, landscape architecture, structural engineering, mechanical, plumbing, electrical, and technology engineering, cost estimating, fire and life safety consulting, accessibility consulting, fire alarm and fire sprinkler design, acoustical engineering, and food service design for the new building on the University Of Nevada Las Vegas campus for the Lee Business School: CIP Project No. 26-A04; SPWD Contract No. 118346.				
		Term of Contract:	Upon Approval - 06/30/2029	Contract # 31836		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	THE WHITING-TURNER CONTRACTING COMPANY	GENERAL 58% OTHER: AGENCY FUNDED CIP 42%	$4,411,960	Professional Service
	Contract Description:	This is a new contract to provide owner-construction manager at-risk services for the Anti-Ligature and Unit Hardening, the Ceiling Hardening, and the Deferred Maintenance, Anti-Ligature and Unit Hardening CIP Project at the Desert Willow Treatment Center facility located in Las Vegas: CIP Projects Nos. 22-A12, 23-A02, and 23-M02-17; SPWD Contract No. 118582.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 32076		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	WOOD RODGERS, INC.	OTHER: AGENCY FUNDED CIP	$59,600	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada Air National Guard - Aircraft Apron Expansion CIP Project: CIP Project No. 25-A08; SPWD Contract No. 117233. This amendment increases the maximum amount from $474,500 to $534,100 to provide a cost and schedule risk analysis as required for the National Guard Bureau.				
		Term of Contract:	12/11/2024 - 09/30/2026	Contract # 29951		
17.	180	GOVERNOR'S TECHNOLOGY OFFICE - DATA COMMUNICATIONS AND NETWORK ENGINEERING	CISCO SYSTEMS, INC.	GENERAL 32% OTHER: TELECOMMUNICA-TIONS CHARGES 68%	$366,872	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV20-4447 which provides data communications. This service agreement provides implementation of a secure virtual private network.				
		Term of Contract:	Upon Approval - 12/31/2028	Contract # 31977		
18.	300	DEPARTMENT OF EDUCATION - EDUCATOR EFFECTIVENESS	AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES	GENERAL	$469,772	
	Contract Description:	This is the first amendment to original service agreement under statewide contract #99SWC-NV22-10132 which provides grant-related professional services for evaluation and technical assistance. This service agreement provides studies for Nevada's Commission on Recruitment and Retention. This amendment extends the termination date from December 31, 2026 to June 30, 2027 and increases the maximum amount from $30,228 to $500,000 due to the continued need for these services.				
		Term of Contract:	12/26/2025 - 06/30/2027	Contract # 31393		
19.	300	DEPARTMENT OF EDUCATION - EDUCATOR EFFECTIVENESS	AUTHENTICA SOLUTIONS	GENERAL 59% FEDERAL 41%	$1,486,561	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides design, development, and implementation of a dashboard module for the Nevada Educator Performance Framework.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31970		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	300	DEPARTMENT OF EDUCATION - PROFICIENCY TESTING	DATA RECOGNITION CORPORATION	GENERAL 50% FEDERAL 50%	$400,000	
	Contract Description:	This is the eighteenth amendment to the original contract which provides Nevada Ready Student Assessment System services and support. This amendment increases the maximum amount from $124,458,476.45 to $124,858,476.45 due to the inclusion of district performance ratings with current student assessment data.				
		Term of Contract:	08/11/2015 - 08/31/2027	Contract # 16894		
21.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	$293,143	Exempt
	Contract Description:	This is a new interlocal agreement to provide services to expand the early childhood workforce statewide.				
		Term of Contract:	Upon Approval - 06/30/2026	Contract # 31889		
22.	300	DEPARTMENT OF EDUCATION - DATA SYSTEMS MANAGEMENT	SHI INTERNATIONAL CORP.	GENERAL 29% FEE: EDUCATOR LICENSURE 19% FEDERAL 52%	$832,787	
	Contract Description:	This is the second amendment to the original service agreement under statewide contract #99SWC-NV18-417 which provides cloud services. This service agreement provides migration of legacy applications hosting the department's authentication system and SharePoint data from on-premises systems to a cloud infrastructure. This amendment extends the termination date from June 30, 2026 to September 15, 2026 and increases the maximum amount from $440,000 to $1,272,787 to build the Nevada Educator Performance Framework data system. This contract is contingent upon IFC approval of work program #C80205.				
		Term of Contract:	02/13/2024 - 09/15/2026	Contract # 28318		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - ADULT PROTECTIVE SERVICES & LONG-TERM CARE OMBUDSMAN	KPS/3	FEDERAL	$32,000	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides marketing services to update collateral and campaign materials related to program branding. This amendment increases the maximum amount from $96,500 to $128,500 due to the revision of physical collateral and brand outreach needs.				
		Term of Contract:	09/03/2025 - 06/30/2026	Contract # 30764		
24.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	MORRISON MANAGEMENT SPECIALISTS, INC.	GENERAL	$4,518,570	
	Contract Description:	This is the third amendment to the original contract which provides food management services. This amendment extends the termination date from April 30, 2026 to February 28, 2027 and increases the maximum amount from $15,694,777.77 to $20,213,347.77 due to the continued need for these services.				
		Term of Contract:	03/01/2022 - 02/28/2027	Contract # 25340		
25.	406	DEPARTMENT OF HEALTH AND HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH ADMINISTRATION	NETSMART TECHNOLOGIES, INC.	GENERAL 84.4% FEDERAL 15.6%	$1,481,677	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides ongoing maintenance and upgrades to the myAvatar NX Electronic Health Records System. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from $5,357,470.06 to $6,839,146.88 due to the continued need for these services.				
		Term of Contract:	01/10/2023 - 06/30/2027	Contract # 27028		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
26.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	NEVADA PUBLIC HEALTH FOUNDATION, INC.	GENERAL 58% FEDERAL 42%	$180,765	
	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 2026 Bureau of Behavioral Health Wellness and Prevention Conference.				
		Term of Contract:	Upon Approval - 12/31/2026	Contract # 31606		
27.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - PUBLIC HEALTH IMPROVEMENTS	DEPARTMENT OF NATIVE AMERICAN AFFAIRS	GENERAL	$141,106	Exempt
	Contract Description:	This is a new interlocal agreement to provide support to the Tribal Health Authority Council in addressing health-related issues impacting American Indians.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31552		
28.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - CHILD CARE SERVICES	CARAHSOFT TECHNOLOGY CORPORATION	FEDERAL	$259,601	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides an electronic monitoring and inspection reporting system for the child care licensing program.				
		Term of Contract:	Upon Approval - 09/15/2026	Contract # 31534		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
29.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ADMINISTRATION	DELOITTE CONSULTING LLP	GENERAL 14.4% FEDERAL 85.6%	$4,239,400	
	Contract Description:	This is the eleventh amendment to the original contract which provides system changes and enhancements for Eligibility System updates. This amendment increases the maximum amount from $89,190,676 to $93,430,076 due to additional project management, design, and development to implement new Medicaid community engagement requirements. This amendment is contingent upon IFC approval of work program #C80636.				
		Term of Contract:	08/09/2022 - 06/30/2028	Contract # 26545		
30.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	HEALTH SERVICES ADVISORY GROUP, INC.	GENERAL 25% FEDERAL 75%	$429,574	
	Contract Description:	This is the second amendment to the original contract which provides external quality reviews of compliance with contractual service terms of the Managed Care Program, including an assessment of the quality outcomes, timelines, and access to service. This amendment increases the maximum amount from $10,677,358 to $11,106,932 due to additional costs related to the Nevada Rural Health Transformation Program.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 27450		
31.	410	NEVADA HEALTH AUTHORITY - DIRECTOR'S OFFICE - ADMINISTRATION	WASHOE COUNTY - OBO - WASHOE COUNTY HUMAN SERVICES	FEDERAL	$38,219,573	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing targeted case management and administrative services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31563		
32.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES - DIVISION OF CHILD AND FAMILY SERVICES	OTHER: REVENUE	$457,706	Exempt
	Contract Description:	This is a new interlocal agreement to provide transfer of funds from the Division of Child and Family Services to the Nevada Health Authority, Office of Analytics for four positions.				
		Term of Contract:	07/01/2025 - 06/30/2026	Contract # 31907		
33.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES	OTHER: REVENUE	$270,890	Exempt
	Contract Description:	This is a new interlocal agreement to provide transfer of funds from the Division of Social Services to the Nevada Health Authority, Office of Analytics for two positions.				
		Term of Contract:	07/01/2025 - 06/30/2026	Contract # 31786		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	BOULDER CITY FIRE DEPARTMENT	FEDERAL	$2,650,309	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31763		
35.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	CENTRAL LYON COUNTY FIRE PROTECTION DISTRICT	FEDERAL	$3,615,207	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31766		
36.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	CITY OF ELKO FIRE DEPARTMENT	FEDERAL	$1,914,781	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31768		
37.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	CITY OF MESQUITE - OBO MESQUITE FIRE AND RESCUE	FEDERAL	$1,342,858	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31792		
38.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	CLARK COUNTY - OBO DEPARTMENT OF FAMILY SERVICES	FEDERAL	$37,403,469	Exempt
	Contract Description:	This is a new interlocal agreement to provide targeted case management and administrative services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31566		
39.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	EAST FORK FIRE PROTECTION DISTRICT	FEDERAL	$3,564,081	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31774		
40.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	MASON VALLEY FIRE PROTECTION DISTRICT	FEDERAL	$558,529	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31794		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	NORTH LAKE TAHOE FIRE PROTECTION DISTRICT	FEDERAL	$1,815,927	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31791		
42.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	NORTH LYON COUNTY FIRE PROTECTION DISTRICT	FEDERAL	$2,875,528	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31790		
43.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	STOREY COUNTY FIRE PROTECTION DISTRICT	FEDERAL	$1,300,363	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31776		
44.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	TAHOE DOUGLAS FIRE PROTECTION DISTRICT	FEDERAL	$1,332,086	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31772		
45.	440	DEPARTMENT OF CORRECTIONS - PRISON MEDICAL CARE	ONMED LLC	GENERAL	$1,308,000	
	Contract Description:	This is a new contract to provide telemedicine kiosks for offenders at High Desert State Prison, Northern Nevada Correctional Center, and Lovelock Correctional Center.				
		Term of Contract:	03/17/2026 - 06/30/2027	Contract # 31990		
46.	440	DEPARTMENT OF CORRECTIONS - HIGH DESERT STATE PRISON	SOUTHERN FOLGER CONTRACTING, INC.	GENERAL	$148,485	Sole Source
	Contract Description:	This is a new contract to provide repair services for the sliding door operators. This contract is contingent upon approval of IFC work program #C81503.				
		Term of Contract:	Upon Approval - 11/30/2026	Contract # 32022		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
47.	655	DEPARTMENT OF PUBLIC SAFETY - CENTRAL REPOSITORY FOR NEVADA RECORDS OF CRIMINAL HISTORY	MANAGEMENT TECHNOLOGY GROUP, L.L.C.	GENERAL	$1,145,863	
	Contract Description:	This is the third amendment to the original contract which provides change management, quality assurance and senior advisor services for the Nevada Criminal Justice Information System modernization solution. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from $6,024,158 to $6,447,661 due to the continued need for these services.				
		Term of Contract:	07/01/2020 - 06/30/2027	Contract # 23187		
48.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	NEVADA DEPARTMENT OF WILDLIFE	GENERAL	$4,093,775	Exempt
	Contract Description:	This is a new interlocal agreement to provide implementation of landscape-scale restoration projects.				
		Term of Contract:	12/29/2025 - 05/31/2027	Contract # 31619		
49.	707	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE LANDS	WEBSOFT DEVELOPERS, INC.	GENERAL	$613,800	Sole Source
	Contract Description:	This is a new contract to provide cost-effective enhancements and modern features to the Land Management System.				
		Term of Contract:	Upon Approval - 06/30/2028	Contract # 31819		
50.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	NEVADAWORKS	OTHER: WAGE ASSESSMENT 90% FEDERAL 10%	$1,002,185	Exempt
	Contract Description:	This is a new interlocal agreement to provide tenant improvements at the Sparks location. This contract is contingent upon IFC approval of work program #C80666 and #C80966.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31835		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
51.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	SHI INTERNATIONAL CORP.	OTHER: WAGE ASSESSMENT, CAREER ENHANCEMENT PROGRAM FUNDS	$1,914,750	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-12771 which provides software licensing, maintenance, and related services. This service agreement provides software licenses for online training and career skills development courses. This amendment extends the termination date from April 30, 2026 to April 30, 2027 and increases the maximum amount from $5,559,900 to $7,474,650 due to the continued need for these services. This amendment is contingent upon IFC approval of work program #C81136.				
		Term of Contract:	05/09/2023 - 04/30/2027	Contract # 27373		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31224**

		Legal Entity Name:	Andersen Beede Weisenmiller LLC
Agency Name:	**ATTORNEY GENERAL'S OFFICE**	Contractor Name:	**Andersen Beede Weisenmiller LLC**
Agency Code:	**030**	Address:	**3199 E Warm Springs Road,**
Appropriation Unit:	**1030-04**		**Suite 400**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89120**
If "No" please explain:	Not Applicable	Contact/Phone:	Mark M. Weisenmiller 702-522-1992
		Vendor No.:	T29047325
		NV Business ID:	NV20222618736

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 %**	**Statutory Contingency**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/06/2025**

Anticipated BOE meeting date 04/2026

Retroactive? **Yes**

If "Yes", please explain

The need for special counsel arose unexpectedly as the State Defendants and Office of the Attorney General was not provided notice that the matter would be commenced. Due to the immediate need for legal services to proceed with this case and meet required litigation deadlines set by the court, the Office of the Attorney General requests retroactive contract approval of this contract pursuant to SAM 0114 B.

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 267 days**

4. Type of contract: **Contract**
   Contract description: **Special Counsel**

5. Purpose of contract:

This is a new contract to provide ongoing special counsel services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$175,000.00**

Other basis for payment: $310 - $500 per hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide outside legal counsel expertise.

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

The Attorney General and the deputies of the Attorney General lack requisite qualifications or experience to provide legal services to Clients in 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. Soliciation 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:

    Office of Attorney General contracts. Services provided have been satisfactory.
    C27659 07/07/2023 - 12/31/2023
    C29336 05/21/2024 - 12/31/2025

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

    No If "Yes", please provide details of the litigation 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	jhoba2	02/26/2026 11:43:51 AM
Division Approval	jhoba2	02/26/2026 11:43:54 AM
Department Approval	jhoba2	02/26/2026 11:43:58 AM
Contract Manager Approval	cthorso1	02/26/2026 12:16:43 PM
Budget Analyst Approval	vmilazz1	02/27/2026 13:04:45 PM
BOE Agenda Approval	vmilazz1	02/27/2026 13:04:48 PM
BOE Final Approval	Pending	

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
555 E. Washington Ave. Suite 3900
Las Vegas, Nevada 89101

TERESA BENITEZ-THOMPSON
Chief of Staff

LESLIE NINO PIRO
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

To: Budd Milazzo, Executive Branch Budget Officer, Governor's Finance Office, Budget Division

From: Leslie Nino Piro, General Counsel, ext. 6-3077, LNinoPiro@ag.nv.gov LNP

Date: October 13, 2025

Subject: Support for Approval of Retroactive Contract for special counsel **Andersen Beede Weisenmiller** per SAM 0114B

Robinhood Derivatives, LLC v. NGCB, et al., Case No. 2:25-cv-01541-APG-DJA (D. Nev.)

SAM 0114 B provides as follows,

> When an agency submits a retroactive contract for inclusion on the action item agenda, support documentation submitted to GFO and provided to Board Members must include a memorandum explaining why the proposed contract should be approved retroactively. The memorandum must be on agency letterhead and approved by the agency head or designee.

This memorandum documents the Office of Attorney General ("OAG") support for submission of a retroactive contract for Special Counsel Andersen Beede Weisenmiller ("Special Counsel"). The purpose of the contract is to assist the OAG in the representation of the Nevada Gaming Control Board, its Chair and Members, Mike Dreitzer, George Assad, and Chandeni K. Sendall, the Nevada Gaming Commission, its Chair and Members, Jennifer Togliatti, Rosa Solis-Rainey, Brian Krolicki, George Markantonis, and Abbi Silver, and Attorney General Aaron D. Ford (collectively, "State Defendants").

In August 2025, a lawsuit was commenced in the United States District Court, District of Nevada against the State Defendants. *See Robinhood Derivatives, LLC v. NGCB, et al.*, Case No. 2:25-cv-01541-APG-DJA ("*Robinhood*"). This *Robinhood* matter

is related to two existing lawsuits against the same State Defendants: *Kalshiex, LLC v. Hendrick, et al.*, Case No. 2:25-cv-00575-APG-BNW ("*Kalshiex*"), and *North American Derivatives Exchange, Inc. d/b/a Crypto.com | Derivatives North America v. Hendrick, et al.*, Case No. 2:25-cv-00978-APG-BNW ("*Crypto.com*"). The OAG retained Special Counsel Mayer Brown LLP to assist with the *Kalishiex* and *Crypto.com* matters, but the firm is unavailable to participate in the *Robinhood* matter.

The OAG is designated by statute to provide legal services to the Nevada Gaming Control Board and Nevada Gaming Commission. *See* NRS 228.110. However, no attorney employed by the OAG maintains a legal practice specializing in regulation of products and services before the U.S. Commodity Futures Trading Commission, which is necessary to provide competent legal advice in this matter. Thus, like the *Kalishiex* and *Crypto.com* matters, the Office of General Counsel has determined that Special Counsel is needed for the *Robinhood* matter because the OAG's continued representation would be impracticable and/or uneconomical. Because Mayer Brown is unavailable for the *Robinhood* matter, General Counsel has secured favorable terms with alternate Special Counsel Andersen Beede Weisenmiller.

The need for special counsel arose unexpectedly as the State Defendants and OAG were not provided notice that the *Robinhood* matter would be commenced. Due to the immediate need for legal services to proceed with this case and meet required litigation deadlines set by the court, the OAG requests retroactive contract approval for Andersen Beede Weisenmiller to October 6, 2025, pursuant to SAM 0114 B.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31787**

		Legal Entity Name:	CARAHSOFT TECHNOLOGY CORPORATION
Agency Name:	**SECRETARY OF STATE'S OFFICE**	Contractor Name:	**CARAHSOFT TECHNOLOGY CORPORATION**
Agency Code:	**040**	Address:	**1890 PRESTON WHITE DR STE 201**
Appropriation Unit:	**1050-41**		
Is budget authority available?:	**Yes**	City/State/Zip	**RESTON, VA 20191**
If "No" please explain:	Not Applicable	Contact/Phone:	ELAINE SHADID 703-889-9820
		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.

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 **02/27/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **Yes**

If "Yes", please explain

Mail ballots will be sent by county clerks to all 2.1 million active voters in less than two months so it is imperative that we begin working with the vendor to discuss messaging strategies, timelines, and technical requirements not later than February 27 and prior to the meeting of the Board of Examiners in April.

3. Termination Date: **09/15/2026**
   Contract term: **199 days**

4. Type of contract: **Contract**
   Contract description: **Community CX - Elec**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides voter outreach services through short message communications.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$409,100.00**

Payment for services will be made at the rate of $409,100.00 per null

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?

The text and chat dialogue platform provides SMS text campaigns and chatbot services will be employed as part of the Secretary of State's voter outreach and education plan in support of the 2026 election cycle. This service will be used primary as a tool to provide specific information to certain groups during critical phases of the election cycle. For example, if a certain county or jurisdiction has an issue such as a polling place closing due to a power outage, the service could be used to notify just the voters in that location. These text messages will allow us to communicate important information directly to voters and help them navigate the electoral process. Other messaging opportunities will be considered as well and the services will be an important part of both agency efforts to increase voter awareness of routine processes and timelines as well as a tool during events that warrant crisis communications to the electorate.

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? No

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

Not Applicable

b. Soliciation 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:

Contractor 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	adale	01/30/2026 14:46:13 PM
Division Approval	adale	01/30/2026 14:46:15 PM
Department Approval	rbennet2	01/30/2026 15:21:36 PM
Contract Manager Approval	jmckeeha	02/23/2026 14:07:23 PM
EITS Approval	ljean	02/26/2026 07:28:04 AM
Budget Analyst Approval	mranki1	03/12/2026 14:08:05 PM
BOE Agenda Approval	mranki1	03/12/2026 14:08:08 PM
BOE Final Approval	Pending	

FRANCISCO V. AGUILAR
NEVADA
SECRETARY of STATE

101 N Carson Street, Suite 3
Carson City, NV, 89701
775.687.8683

February 20, 2026

To: Michael Rankin, Governor's Finance Office
From: Mark Wlaschin, Deputy Secretary for Elections

Re: Retroactive Request - CommunityCX

Enclosed for your consideration is a retroactive request for the contract between the Nevada Secretary of State and CommunityCX. This contract will support communications to Nevada's 2.1 million registered voters during the 2026 election cycle providing status updates and voter information relating to both the November general election as well as the June primary election.

Of note, mail ballots will be sent by county clerks to all 2.1 million active voters in less than two months so it is imperative that we begin working with the vendor to discuss messaging strategies, timelines, and technical requirements not later than February 27 and prior to the meeting of the Board of Examiners in April.

Please consider this memorandum as justification for approval of this retroactive amendment.

Should you have any questions, please contact me at (775) 684-5709.

Thank you for your consideration.

Respectfully,

Mark Wlaschin

Mark Wlaschin
Deputy Secretary of State for Elections

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

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

MEMORANDUM

TO: Mark Wlaschin, Deputy Director for Elections, SOS
Ashley Griffitts, Administrative Services Officer, SOS
Josh Gruver, IT Director, SOS

CC: Tim Galluzi, State Chief Information Officer, OCIO
Darla Dodge, Deputy CIO - Chief Operations Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO
Adam Miller, Administrator, OCDC

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – SOS – TIN 347 – *Voter Registration and Elections Management Solution (VREMS)* – Update A – BA 1051, 1050

DATE: June 18, 2025

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

The submitted TIN, for an estimated value of $13,817,007.64 in the FY24/FY25 biennium and $30,380,458.30 in the FY26/FY27 biennium (20% Federal Grant and 80% Other), is to update cost information for implementing a COTS solution for a centralized, top-down Voter Registration and Elections Management System.

The solution is expected to provide for future integration of the technology with other agencies; minimize the number of provisional ballots cast, duplicate voter registrations, and the amount of effort for constituents who move to be registered in their new locations; reduce operational maintenance costs and

the hours spent on data management and analysis; provide for ad hoc data mining and transparency in voter registration; ensure the security of voter registration data; and provide real-time integration and updates of voter registration data.

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

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

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

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

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31788**

		Legal Entity Name:	CARAHSOFT TECHNOLOGY CORPORATION
Agency Name:	**SECRETARY OF STATE'S OFFICE**	Contractor Name:	**CARAHSOFT TECHNOLOGY CORPORATION**
Agency Code:	**040**	Address:	**1890 PRESTON WHITE DR STE 201**
Appropriation Unit:	**1050-42**		
Is budget authority available?:	**Yes**	City/State/Zip	**RESTON, VA 20191**
If "No" please explain:	Not Applicable	Contact/Phone:	ELAINE SHADID 703-889-9820
		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.

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 **02/27/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **Yes**

If "Yes", please explain

The CommunityCX timeline to implement our text messaging service needs to align with Phase 2 go-live, which means we need to start the work at the end of February to ensure we do not miss our go-live date for this critical new licensing platform. It is crucial for this work to begin on February 27th, 2026, prior to the Board of Examiners meeting to ensure the ORION modernization effort stays on track for launch on July 14th, 2026.

3. Termination Date: **09/16/2026**
Contract term: **200 days**

4. Type of contract: **Contract**
Contract description: **Community CX - CR**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides short message services and interactive voice response services for the business registration and filing system modernization project.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$137,700.00**

Payment for services will be made at the rate of $137,700.00 per null

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?

The text and chat dialogue platform provides SMS text campaigns and chatbot services will be employed as part of the Secretary of State's business licensing renewal outreach. These text messages will allow us to communicate important information directly to business owners and help them navigate the licensing process.

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. Soliciation 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:

    Vendor has done prior 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	adale	01/30/2026 14:47:42 PM
Division Approval	adale	01/30/2026 14:47:44 PM
Department Approval	rbennet2	01/30/2026 15:22:11 PM
Contract Manager Approval	jmckeeha	02/23/2026 14:10:18 PM
EITS Approval	ljean	02/26/2026 07:28:15 AM
Budget Analyst Approval	mranki1	03/12/2026 14:41:06 PM
BOE Agenda Approval	mranki1	03/12/2026 14:41:08 PM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Timothy Galluzi
State CIO

Darla Dodge
Deputy CIO

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.

FRANCISCO V. AGUILAR
NEVADA
SECRETARY of STATE

101 N Carson Street, Suite 3
Carson City, NV
775.684.5708

To: Michael Rankin, Governor's Finance Office
From: Deanna Reynolds, Deputy - Secretary of State - Commercial Recordings

Date: February 20th, 2026,
Subj: Retroactive Request CommunityCX

Enclosed for your consideration is a retroactive request for the contract between the Nevada Secretary of State, Carahsoft, and CommunityCX. The ORION modernization effort for business licensing is set to go-live with Phase 2 on July 14th, 2026 and a critical modernization piece, will be the ability to send text communications to our business owners when their business licenses or other filings are up for renewal.

The CommunityCX timeline to implement our text messaging service needs to align with Phase 2 go-live, which means we need to start the work at the end of February to ensure we do not miss our go-live date for this critical new licensing platform. We currently have 452,204 active registered businesses in Nevada. In January 2026, we had 31,096 corporate entities renew their filings and 3,878 small business entities process their renewals with our office. This large body of monthly filings produces critical revenue to the State's General Fund (in January 2026 our new entity and renewal entity filings generated just over $20M revenue which is reinvested into the State of Nevada through the State General Fund).

It is crucial for this work to begin on February 27th, 2026, prior to the Board of Examiners meeting to ensure the ORION modernization effort stays on track for launch on July 14th, 2026.

Please consider this memorandum as justification for approval of this retroactive amendment.

Should you have any questions, please contact me at 684-5714.

Thank you for your consideration.

reynoldsd@sos.nv.gov

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31940**

		Legal Entity Name:	BURKE CONSTRUCTION GROUP, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**BURKE CONSTRUCTION GROUP, INC.**
Agency Code:	**082**	Address:	**385 PILOT RD., STE. D**
Appropriation Unit:	**1535-56**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89119-3526**
If "No" please explain:	Not Applicable	Contact/Phone:	702-367-1040
		Vendor No.:	T32007101
		NV Business ID:	NV19841005880

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 #: 118575

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 91 days**

4. Type of contract: **Contract**
   Contract description: **OWNER-CMAR**

5. Purpose of contract:

   This is a new contract to provide owner-construction manager at risk services for the Southern Nevada Forensic Facility CIP Project to include construction of a 327,000 square foot maximum security facility for mentally disordered criminal offenders in Las Vegas: CIP Project No. 25-C01; SPWD Contract No. 118575.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$339,485,814.65**
   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. Soliciation 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:

    Heather Holstrom, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/05/2026 08:25:22 AM
Division Approval	nmann	03/05/2026 08:25:24 AM
Department Approval	nmann	03/05/2026 08:25:27 AM
Contract Manager Approval	lwildes	03/05/2026 08:48:01 AM
Budget Analyst Approval	bmacke1	03/17/2026 19:36:08 PM
BOE Agenda Approval	bmacke1	03/17/2026 19:36:15 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31894**

		Legal Entity Name:	TMCX SOLUTIONS, LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**TMCX SOLUTIONS, LLC**
Agency Code:	**082**	Address:	**8205 W WARM SPRINGS RD STE 110**
Appropriation Unit:	**1535-56**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89113-3647**
If "No" please explain:	Not Applicable	Contact/Phone:	702-252-7232
		Vendor No.:	T27013220
		NV Business ID:	NV20091633795

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 #: 118561

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 91 days**

4. Type of contract: **Contract**
   Contract description: **MSA**

5. Purpose of contract:

   This is a new contract to provide miscellaneous services for the Southern Nevada Forensic Facility CIP Project to include design phase, construction phase, and building engineering systems training for commissioning services for the upcoming construction of the Southern Nevada Forensic Facility: CIP Project No. 25-C01; SPWD Contract No. 118561.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$233,500.00**
   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. Soliciation 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:

    Heather Holstrom, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/04/2026 14:49:36 PM
Division Approval	nmann	03/04/2026 14:49:38 PM
Department Approval	nmann	03/04/2026 14:49:39 PM
Contract Manager Approval	lwildes	03/04/2026 15:27:36 PM
Budget Analyst Approval	bmacke1	03/19/2026 11:47:01 AM
BOE Agenda Approval	bmacke1	03/19/2026 11:47:03 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: **31882**

		Legal Entity Name:	SLETTEN CONSTRUCTION OF NEVADA, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**SLETTEN CONSTRUCTION OF NEVADA, INC.**
Agency Code:	**082**	Address:	**600 S. LAS VEGAS BLVD STE 700**
Appropriation Unit:	**1551-12**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89101**
If "No" please explain:	Not Applicable	Contact/Phone:	702-739-8770
		Vendor No.:	T32016095
		NV Business ID:	NV19861012709

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 #: 118515

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 91 days**

4. Type of contract: **Contract**
   Contract description: **OWNER-CMAR**

5. Purpose of contract:

   This is a new contract to provide owner-construction manager at-risk pre-construction services for the Evaporative Cooling Replacement for Housing Units 1-12 (HDSP) CIP Project to include design for replacement of all rooftop mechanical equipment for all buildings on the campus at High Desert State Prison: CIP Project No. 25-M06; SPWD Contract No. 118515.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$224,950.00**
   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. Soliciation 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:

    Benton Marshall, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/04/2026 12:44:32 PM
Division Approval	nmann	03/04/2026 12:44:34 PM
Department Approval	nmann	03/04/2026 12:44:36 PM
Contract Manager Approval	lwildes	03/04/2026 13:39:16 PM
Budget Analyst Approval	bmacke1	03/18/2026 15:48:59 PM
BOE Agenda Approval	bmacke1	03/18/2026 15:49:02 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31837**

		Legal Entity Name:	CLARK & SULLIVAN CONSTRUCTORS, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**CLARK & SULLIVAN CONSTRUCTORS, INC.**
Agency Code:	**082**	Address:	**905 INDUSTRIAL WAY**
Appropriation Unit:	**1558-28**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	775-355-8500
		Vendor No.:	T32014097
		NV Business ID:	NV19751002010

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 #: 118516

2. Contract start date:

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

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2029**

Contract term: **3 years and 91 days**

4. Type of contract: **Contract**

Contract description: **OWNER-CMAR PRE CON**

5. Purpose of contract:

This is a new contract to provide owner-construction manager at-risk pre-construction services for the Advance Planning: State Office Buildings (Capital Complex) CIP Project to include two state office buildings and a parking structure: CIP Project No. 25-P08; SPWD Contract No. 118516.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$108,100.00**

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. Soliciation 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:

    KyleFischer, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/25/2026 14:50:55 PM
Division Approval	nmann	02/25/2026 14:50:57 PM
Department Approval	nmann	02/25/2026 14:50:59 PM
Contract Manager Approval	lwildes	02/25/2026 15:09:23 PM
Budget Analyst Approval	bmacke1	03/17/2026 13:58:31 PM
BOE Agenda Approval	bmacke1	03/17/2026 13:58:33 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: **28534**

Amendment Number: **3**

Legal Entity Name: KGA, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **KGA, INC.**

Agency Code: **082**

Address: **9075 W. DIABLO DR., FL. 3**

Appropriation Unit: **1558-20**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89148-7604**

If "No" please explain: Not Applicable

Contact/Phone: 702-367-6900

Vendor No.: T80931708

NV Business ID: NV20201742190

To what State Fiscal Year(s) will the contract be charged? **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 #: 116111

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 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. 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 third amendment to the original contract which provides professional architectural/engineering services for the Health and Human Services - Southern Nevada Forensic Facility Advanced Planning CIP Project: CIP Project No. 23-P06; SPWD Contract No. 116111. This amendment increases the maximum amount from $13,561,805 to $13,597,546 due to additional kitchen design services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$12,797,379.00	$12,797,379.00	$12,797,379.00	Yes - Action
	a. Amendment 1:	$667,794.00	$667,794.00	$667,794.00	Yes - Action
	b. Amendment 2:	$96,632.00	$96,632.00	$96,632.00	Yes - Info
2.	Amount of current amendment (#3):	$35,741.00	$35,741.00	$132,373.00	Yes - Action
3.	New maximum contract amount:	$13,597,546.00			

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/25/2026 14:18:38 PM
Division Approval	nmann	02/25/2026 14:18:41 PM
Department Approval	nmann	02/25/2026 14:18:43 PM
Contract Manager Approval	lwildes	02/25/2026 14:57:01 PM

Budget Analyst Approval	bmacke1	03/17/2026 13:47:57 PM
BOE Agenda Approval	bmacke1	03/17/2026 13:48:04 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: **31011**

Amendment Number: **1**

Legal Entity Name: FINNEGAN ERICKSON ASSOCIATES

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **FINNEGAN ERICKSON ASSOCIATES**

Agency Code: **082**

Address: **2821 W HORIZON RIDGE PKWY #200**

Appropriation Unit: **1592-48**

Is budget authority available?: **Yes**

City/State/Zip **HENDERSON, NV 89052-4429**

If "No" please explain: Not Applicable

Contact/Phone: 702-269-6060

Vendor No.: T81086339

NV Business ID: NV20001327516

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	**88.00 %**		Fees	0.00 %
	Federal Funds	0.00 %	**X**	Bonds	**12.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 117956

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/09/2025**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2029**

Contract term: **3 years and 295 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the first amendment to the original contract that provides professional architectural/engineering services for the HVAC System Replacement and Humidifier Reverse Osmosis System (Nevada State Museum, Las Vegas): CIP Project Nos. 25-M22 and 25-M25; SPWD Contract No. 117956. This amendment increases the maximum amount from $95,000 to $111,000 due to additional structural engineering design services needed to complete the existing work based on the latest mechanical drawings.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$95,000.00	$95,000.00	$95,000.00	Yes - Info
2.	Amount of current amendment (#1):	$16,000.00	$16,000.00	$111,000.00	Yes - Action
3.	New maximum contract amount:	$111,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 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. Soliciation 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	03/04/2026 15:12:17 PM
Division Approval	nmann	03/04/2026 15:12:20 PM
Department Approval	nmann	03/04/2026 15:12:25 PM
Contract Manager Approval	lwildes	03/04/2026 15:38:09 PM
Budget Analyst Approval	bmacke1	03/19/2026 11:52:29 AM
BOE Agenda Approval	bmacke1	03/19/2026 11:52:31 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: **28054**

Amendment Number: **5**

Legal Entity Name: CARPENTER SELLERS DEL GATTO ARCHITECTS, PC

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**

Agency Code: **082**

Address: **8882 SPANISH RIDGE AVE.**

Appropriation Unit: **1594-35**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89148-1303**

If "No" please explain: Not Applicable

Contact/Phone: 702-251-8896

Vendor No.: T80997582

NV Business ID: NV19871041301

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

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

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 #: 115630

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/12/2023**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **3 years and 292 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the fifth amendment to the original contract which provides professional architectural/engineering services for the Las Vegas Purchased Building Improvements CIP Project: CIP Project No. 23-C36; SPWD Contract No. 115630. This amendment increases the maximum amount from $830,000 to $1,030,000 due to ongoing architectural and engineering services throughout the McCarran Center campus.

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:	$200,000.00	$200,000.00	$200,000.00	Yes - Action
	b. Amendment 2:	$200,000.00	$200,000.00	$200,000.00	Yes - Action
	c. Amendment 3:	$30,000.00	$30,000.00	$30,000.00	Yes - Info
	d. Amendment 4:	$200,000.00	$200,000.00	$230,000.00	Yes - Action
2.	Amount of current amendment (#5):	$200,000.00	$200,000.00	$200,000.00	Yes - Action
3.	New maximum contract amount:	$1,030,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Project

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/05/2026 09:18:59 AM
Division Approval	nmann	03/05/2026 09:19:02 AM

Department Approval	nmann	03/05/2026 09:19:05 AM
Contract Manager Approval	lwildes	03/05/2026 09:26:54 AM
Budget Analyst Approval	bmacke1	03/17/2026 18:36:49 PM
BOE Agenda Approval	bmacke1	03/17/2026 18:36:54 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31967**

		Legal Entity Name:	CONSTRUCTION MATERIALS ENGINEERS, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**CONSTRUCTION MATERIALS ENGINEERS, INC.**
Agency Code:	**082**	Address:	**300 SIERRA MANOR DR., STE. 1**
Appropriation Unit:	**1594-33**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89511-9430**
If "No" please explain:	Not Applicable	Contact/Phone:	775-772-6609
		Vendor No.:	T29021157
		NV Business ID:	NV20091073153

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

Agency Reference #: 118579

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 90 days**

4. Type of contract: **Contract**
   Contract description: **Mat Test & Ins.**

5. Purpose of contract:

   This is a new contract to provide professional materials testing and inspection services for the Administration Building (Fifth Street) CIP Project to include earthwork, concrete, asphalt concrete, masonry, structural steel, post-installed anchors, and laboratory testing for design and construction: CIP Project No. 23-C30; SPWD Contract No. 118579.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$865,305.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2023 Legislative approved CIP Projects.

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

   Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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	03/05/2026 10:35:46 AM
Division Approval	nmann	03/05/2026 10:35:48 AM
Department Approval	nmann	03/05/2026 10:35:51 AM
Contract Manager Approval	lwildes	03/05/2026 10:53:18 AM
Budget Analyst Approval	bmacke1	03/17/2026 14:25:54 PM
BOE Agenda Approval	bmacke1	03/17/2026 14:25:57 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **32008**

		Legal Entity Name:	GRANITE CONSTRUCTION COMPANY
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**GRANITE CONSTRUCTION COMPANY**
Agency Code:	**082**	Address:	**1900 GLENDALE AVE.**
Appropriation Unit:	**1594-42**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	775-351-1934
		Vendor No.:	PUR0000169
		NV Business ID:	NV19631001612

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 #: 118599

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 91 days**

4. Type of contract: **Contract**
   Contract description: **OWNER-CMAR**

5. Purpose of contract:

   This is a new contract to provide owner-construction manager at-risk services for the Additional Funds for Hobart Dam Rehabilitation (Marlette Lake Water System) CIP Project to include constructing structural and functional upgrades to the Hobart Reservoir Dam and is a continuation of 21-C06: CIP Project No. 25-C05; SPWD Contract No. 118599.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$13,984,150.46**
   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. Soliciation 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 Crosby / Brian Wacker, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/06/2026 15:39:00 PM
Division Approval	nmann	03/06/2026 15:39:02 PM
Department Approval	nmann	03/06/2026 15:39:04 PM
Contract Manager Approval	lwildes	03/06/2026 15:43:51 PM
Budget Analyst Approval	bmacke1	03/17/2026 14:12:54 PM
BOE Agenda Approval	bmacke1	03/17/2026 14:12:57 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31879**

		Legal Entity Name:	LUMOS & ASSOCIATES, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**LUMOS & ASSOCIATES, INC.**
Agency Code:	**082**	Address:	**308 CURRY ST., STE 200**
Appropriation Unit:	**1594-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703-4152**
If "No" please explain:	Not Applicable	Contact/Phone:	775-883-7077
		Vendor No.:	T80912843A
		NV Business ID:	NV19791006982

To what State Fiscal Year(s) will the contract be charged? **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	**86.00 %**	**X**	Bonds	**14.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118550

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 91 days**

4. Type of contract: **Contract**
   Contract description: **Mat. Test & Insp**

5. Purpose of contract:

   This is a new contract to provide materials testing and inspection services for the Hobart Reservoir Dam Rehabilitation and the additional funds for Hobart Dam Rehabilitation CIP Projects to include earthwork inspection, laboratory testing of earthwork materials, special inspections, materials testing, final letter preparation, and administrative services to complete this project: CIP Project Nos. 21-C06 and 25-C05; SPWD Contract No. 118550.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$261,735.00**
   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.
   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. Soliciation 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 Crosby, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/04/2026 12:28:08 PM
Division Approval	nmann	03/04/2026 12:28:10 PM
Department Approval	nmann	03/04/2026 12:28:12 PM
Contract Manager Approval	lwildes	03/04/2026 13:51:32 PM
Budget Analyst Approval	bmacke1	03/19/2026 11:35:10 AM
BOE Agenda Approval	bmacke1	03/19/2026 11:35:13 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: **31836**

		Legal Entity Name:	CARPENTER SELLERS DEL GATTO ARCHITECTS, PC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**CARPENTER SELLERS DEL GATTO ARCHITECTS, PC**
Agency Code:	**082**	Address:	**8882 SPANISH RIDGE AVE.**
Appropriation Unit:	**All Appropriations**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89148-1303**
If "No" please explain:	Not Applicable	Contact/Phone:	702-251-8896
		Vendor No.:	T80997582
		NV Business ID:	NV19871041301

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 %**	**Agency Funded CIP Projects**

Agency Reference #: 118346

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 91 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: Business Building (UNLV) CIP Project to include architectural design, interior design, civil engineering, landscape architecture, structural engineering, mechanical, plumbing, electrical, and technology engineering, cost estimating, fire and life safety consulting, accessibility consulting, fire alarm and fire sprinkler design, acoustical engineering, and food service design for the new building on the University Of Nevada Las Vegas campus for the Lee Business School: CIP Project No. 26-A04; SPWD Contract No. 118346.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$9,371,806.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

   This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account FD802/J02207/SC0355.

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. Soliciation 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:

    Javier Barrera, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/24/2026 15:01:04 PM
Division Approval	nmann	02/24/2026 15:01:08 PM
Department Approval	nmann	02/24/2026 15:01:11 PM
Contract Manager Approval	lwildes	03/19/2026 13:48:05 PM
Budget Analyst Approval	bmacke1	03/19/2026 14:13:41 PM
BOE Agenda Approval	bmacke1	03/19/2026 15:35:22 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **32076**

		Legal Entity Name:	THE WHITING-TURNER CONTRACTING COMPANY
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**THE WHITING-TURNER CONTRACTING COMPANY**
Agency Code:	**082**	Address:	**300 E. JOPPA RD.**
Appropriation Unit:	**All Appropriations**		
Is budget authority available?:	**Yes**	City/State/Zip	**BALTIMORE , MD 21286**
If "No" please explain:	Not Applicable	Contact/Phone:	702-650-0700
		Vendor No.:	T27035303
		NV Business ID:	NV19821000674

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	**58.00 %**		Fees	0.00 %	
	Federal Funds	0.00 %		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**42.00 %**	**Agency Funded CIP**

Agency Reference #: 118582

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 90 days**

4. Type of contract: **Contract**
   Contract description: **OWNER-CMAR**

5. Purpose of contract:

   This is a new contract to provide owner-construction manager at-risk services for the Anti-Ligature and Unit Hardening, the Ceiling Hardening, and the Deferred Maintenance, Anti-Ligature and Unit Hardening CIP Project at the Desert Willow Treatment Center facility located in Las Vegas: CIP Projects Nos. 22-A12, 23-A02, and 23-M02-17; SPWD Contract No. 118582.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$4,411,960.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2023 Legislative approved CIP Projects.

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

   Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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:

    Courtney Leitner, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	03/19/2026 13:52:20 PM
Division Approval	nmann	03/19/2026 13:52:21 PM
Department Approval	nmann	03/19/2026 13:52:23 PM
Contract Manager Approval	lwildes	03/19/2026 14:01:05 PM
Budget Analyst Approval	bmacke1	03/19/2026 17:06:16 PM
BOE Agenda Approval	bmacke1	03/19/2026 17:06:18 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29951**

Amendment Number: **2**

Legal Entity Name: WOOD RODGERS, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **WOOD RODGERS, INC.**

Agency Code: **082**

Address: **1361 CORPORATE BLVD.**

Appropriation Unit: **All Appropriations**

Is budget authority available?: **Yes**

City/State/Zip **RENO, NV 89502**

If "No" please explain: Not Applicable

Contact/Phone: 775-823-4068

Vendor No.: T29006428A

NV Business ID: NV20031304987

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 %**	**Agency Funded CIP**

Agency Reference #: 117233

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/11/2024**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 292 days**

4. Type of contract: **Contract**

Contract description: **Arch / Eng**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional architectural/engineering services for the Nevada Air National Guard - Aircraft Apron Expansion CIP Project: CIP Project No. 25-A08; SPWD Contract No. 117233. This amendment increases the maximum amount from $474,500 to $534,100 to provide a cost and schedule risk analysis as required for the National Guard Bureau.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$388,000.00	$388,000.00	$388,000.00	Yes - Action
	a. Amendment 1:	$86,500.00	$86,500.00	$86,500.00	Yes - Info
2.	Amount of current amendment (#2):	$59,600.00	$59,600.00	$146,100.00	Yes - Action
3.	New maximum contract amount:	$534,100.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This is an agency funded CIP where the project will be managed by the SPWD. Funding and contractor payment responsibilities will remain with the initiating agency. Funding and expenditure authority will reside in agency budget account 3650, expenditure category 31, ARPA Funds 24 FRF36501

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

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mreissma	03/20/2026 09:27:56 AM
Division Approval	mreissma	03/20/2026 09:27:59 AM

Department Approval	mreissma	03/20/2026 09:28:01 AM
Contract Manager Approval	lwildes	03/23/2026 07:27:14 AM
Budget Analyst Approval	bmacke1	03/25/2026 09:06:50 AM
BOE Agenda Approval	bmacke1	03/25/2026 09:06:53 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: **31977**

		Legal Entity Name:	CISCO SYSTEMS, INC.
Agency Name:	**GOVERNOR'S TECHNOLOGY OFFICE**	Contractor Name:	**CISCO SYSTEMS, INC.**
Agency Code:	**180**	Address:	**112 NORTH CURRY STREET**
Appropriation Unit:	**1386-13**		
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89703**
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan Nelson 801-209-1691
		Vendor No.:	PUR0000241
		NV Business ID:	NV20212019997

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	**32.00 %**		Fees	0.00 %	
	Federal Funds	0.00 %		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**68.00 %**	**Telecommunications Charges**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2028**
   Contract term: **2 years and 275 days**

4. Type of contract: **Contract**
   Contract description: **0 Trust VPN replacem**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV20-4447 which provides data communications. This service agreement provides implementation of a secure virtual private network.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$366,871.96**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The State&#65533;s current CISCO VPN system lacks modern security features and has ongoing reliability issues that impact statewide remote access. Implementing the new Ivanti solution involves specialized configuration including authentication integration, tunneling setup, clustering, and endpoint compliance, that must follow Ivanti&#65533;s established best practices. Completing this work ensures the State can maintain secure, reliable remote connectivity for employees and contractors and strengthen its overall cybersecurity posture.

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

   State employees are not able to perform this work because the Ivanti Connect Secure (ICS) VPN platform is new to the State's environment and has not been previously deployed or supported. Existing staff do not have the specialized training or experience needed to configure and implement this system using Ivanti's required best practices. The advanced authentication, tunneling, and security features of the platform require vendor's trained expertise that goes beyond current in-house capabilities.

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    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	rbro28	03/03/2026 11:30:06 AM
Division Approval	wkennedy	03/05/2026 06:17:35 AM
Department Approval	ddodge	03/05/2026 06:27:16 AM
Contract Manager Approval	thudder	03/05/2026 10:07:35 AM
EITS Approval	ljean	03/05/2026 10:11:55 AM
Budget Analyst Approval	lramire7	03/06/2026 12:18:22 PM
BOE Agenda Approval	mranki1	03/12/2026 08:28:06 AM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

Jason Benshoof
Interim Deputy Director/CDO

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: Tim Galluzi, State CIO, GTO
Fred Springer, IT Manager II, GTO
Jeff Cherpeski, Master IT Professional II, GTO
Rachel Peterson, Management Analyst III, GTO

CC: Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Jason Benshoof, Interim Deputy Director/Chief Data Officer, GTO
Adam Miller, Deputy Director, OISCD
Sean Montierth, Computing Services Division, GTO
William Kennedy, Network Services Division, GTO
Michael D. Smith, Client Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – GTO – *VPN Replacement – Migration from Legacy Cisco to Ivanti Secure Access* – TIE 1491, Revision 1 – BA(s) 1386

DATE: February 19, 2026

We have completed our review of the GTO investment which has an estimated total value of $115,867.92, allocated to FY2026 as one-time and ongoing costs.

Funding source(s): 100% General Fund.

GTO is modernizing its remote access infrastructure that will affect all state employees and contractors who require secure connectivity to state networks. This modernization will replace the legacy Cisco VPN platform with Ivanti Secure Access, a more modern, security-focused solution. Implementation is

scheduled to begin in fiscal year 2026 and is expected to be completed within the biennium.

Over time, the Cisco platform and Identity Services Engine (ISE) have become increasingly complex to manage and difficult to secure. Persistent issues with Cisco ISE have introduced operational inefficiencies and created potential security gaps. In addition, the current system lacks several modern security capabilities that are now considered standard for enterprise-grade remote access for today's evolving cybersecurity threat landscape.

The proposed Ivanti Secure Access solution is designed to address these shortcomings by introducing advanced security controls and streamlined administration. While the final deployment model, whether cloud-based or on-premise, remains under evaluation, the platform is expected to deliver posture validation to check the health and security status of a device before allowing it to connect to the network and endpoint compliance enforcement, stronger user authentication and granular access controls, simplified policy management, and the elimination of recurring Cisco ISE-related operational challenges. Collectively, these improvements are intended to enhance the State's remote access security posture while reducing the administrative burden placed on IT personnel.

Successful implementation will require coordinated engagement across multiple functional teams. Network Services will support VPN routing and systems integration. Security and Compliance will lead the configuration of posture validation standards and access control policies. If an on-premises model is selected, Server and Infrastructure teams will be responsible for environmental preparation and ongoing support. The Help Desk and Support organization will play a key role in user onboarding, communications, and issue resolution during and after the transition.

Remote access is mission-critical for a distributed government workforce, and legacy VPN platforms are increasingly viewed as high-risk in light of modern cyber threats and compliance expectations. This modernized solution will provide the State with better protection of sensitive data, improved operational efficiency, and alignment with modern zero-trust access principles.

The combined GTO investment and implementation risk and technology risk score(s) indicate a low level of investment 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 CONTRACT

1. Contract Number: **31393**

Amendment Number: **1**

Legal Entity Name: AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES

Agency Name: **NDE - DEPARTMENT OF EDUCATION**

Contractor Name: **AMERICAN INSTITUTES FOR RESEARCH IN THE BEHAVIORAL SCIENCES**

Agency Code: **300**

Address: **PO BOX 28126**

Appropriation Unit: **2612-13**

Is budget authority available?: **Yes**

City/State/Zip **NEW YORK, NY 10087-8126**

If "No" please explain: Not Applicable

Contact/Phone: Kyosin Kang 202-403-5139

Vendor No.: T81077847A

NV Business ID: NV20121141774

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 **12/26/2025**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **1 year and 185 days**

4. Type of contract: **Contract**

Contract description: **AIR Three Studies**

5. Purpose of contract:

This is the first amendment to original service agreement under statewide contract #99SWC-NV22-10132 which provides grant-related professional services for evaluation and technical assistance. This service agreement provides studies for Nevada's Commission on Recruitment and Retention. This amendment extends the termination date from December 31, 2026 to June 30, 2027 and increases the maximum amount from $30,228 to $500,000 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:	$30,228.00	$30,228.00	$30,228.00	Yes - Info
2.	Amount of current amendment (#1):	$469,772.00	$469,772.00	$500,000.00	Yes - Action
3.	New maximum contract amount:	$500,000.00			
	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?

The AIR team will collect quantitative and qualitative data to inform development of a comprehensive 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. Soliciation 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:

yes current 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:

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	psmorr1	03/06/2026 11:48:21 AM
Division Approval	psmorr1	03/06/2026 11:48:24 AM
Department Approval	psmorr1	03/06/2026 11:48:27 AM
Contract Manager Approval	khoy1	03/06/2026 16:06:56 PM

Budget Analyst Approval	mranki1	03/09/2026 16:01:59 PM
BOE Agenda Approval	mranki1	03/09/2026 16:02:01 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31970**

		Legal Entity Name:	AUTHENTICA SOLUTIONS
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**AUTHENTICA SOLUTIONS**
Agency Code:	**300**	Address:	**401 E SONTERRA BLVD STE 375 #3**
Appropriation Unit:	**2612-38**		
Is budget authority available?:	**Yes**	City/State/Zip	**SAN ANTONIO, TX 78258**
If "No" please explain:	Not Applicable	Contact/Phone:	352-247-8650
		Vendor No.:	T32018669
		NV Business ID:	NV20253465175

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	**59.00 %**	Fees	0.00 %
X	Federal Funds	**41.00 %**	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 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 90 days**

4. Type of contract: **Contract**
   Contract description: **NEPF Dashboard**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides design, development, and implementation of a dashboard module for the Nevada Educator Performance Framework.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$1,486,561.34**

   Other basis for payment: As invoiced by the Vendor and Accpeted by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Nevada Department of Education (NOE) proposes to enter into a contract with Authentica Solutions. lnc. to design, develop, implement. and deploy Nevada Educator Performance Framework (NEPF) Dashboard Module. The solution will replace the current Excel-based NEPF data collection and reporting process with a secure, scalable, and governed analytics platform. The platform will support role-based dashboards for school, district, state, educator preparatlon program (EPP), and public/legislative audiences, integrating with NDE's OPAL identity management system and enforcing data suppression and aggregation rules for public reporting.
   The contract scope includes discovery and planning, dashboard design and development, system integration, testing and pilot deployment, statewide rollout, stabilization, documentation, and transition to operations.

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

   The Department does not have staff with the expertise to complete this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

Statewide Contract 99SWC-NV23-13299

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	psmorr1	03/09/2026 10:47:48 AM
Division Approval	psmorr1	03/09/2026 10:47:53 AM
Department Approval	psmorr1	03/09/2026 10:47:56 AM
Contract Manager Approval	khoy1	03/09/2026 11:39:48 AM
EITS Approval	ljean	03/09/2026 13:00:11 PM
Budget Analyst Approval	mranki1	03/09/2026 16:11:47 PM
BOE Agenda Approval	mranki1	03/09/2026 16:12:10 PM
BOE Final Approval	Pending	

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M E M O R A N D U M

TO: Peter Zutz, Administrator, ADAM, NDE
Megan Peterson, Deputy Administrator, Admin/Fiscal Svs., NDE
Patrick Smorra, Administrative Services Officer II, NDE
Cameron Carey, IT Manager, NDE
Ron Pascual, IT Professional IV, NDE
Kaylene Hoyt, Contract Manager, NDE
Ali Sakallioglu, IT Professional DBA, NDE

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Jason Benshoof, Interim Deputy Director/Chief Data Officer, GTO
Adam Miller, Deputy Director, OISCD
Sean Montierth, Computing Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE – *SB 460 NEPF and Educator Workforce Analytics and Reporting* – TIE 1536, Revision 1

DATE: February 18, 2026

We have completed our review of the Nevada Department of Education (NDE) investment which has an estimated total value of $1,486,560.00, allocated to the current biennium as one-time costs.

Funding source(s): 100% General Fund (SB460 allocated funding).

NDE is implementing a cloud-based analytics and dashboard solution to meet statutory reporting

requirements established under Senate Bill 460 for the Nevada Educator Performance Framework and the Educator Workforce Dashboard. The solution will provide secure, role-based dashboards for school, district, state, educator preparation program, and public users, leveraging validated data stored within the State of Nevada Azure Government Technology Office environment. The investment is limited to reporting and analytics functionality and intentionally excludes data collection or modifications to source systems, thereby reducing scope complexity. By modernizing manual and decentralized reporting processes into standardized, automated dashboards with consistent calculation logic and suppression controls, the project improves transparency, scalability, and data governance.

The project includes structured training and knowledge transfer to transition reporting ownership in-house, aligned with the approved ITP3 position, and supports long-term sustainability, reduced vendor dependence, and improved operational efficiency. The platform is designed to operate within established state security controls, including encryption in transit and at rest, role-based access, row-level security, and integration with identity and access management processes, while adhering to WCAG 2.1 Level AA accessibility standards through Google Looker's native capabilities.

From a cybersecurity perspective, the investment reduces risk relative to current spreadsheet-based and manual reporting processes by centralizing analytics within the State Azure GTO environment and enforcing role-based access controls, row-level security, and data suppression policies. Encryption at rest and in transit, consumption of curated datasets, and alignment with state identity management processes further mitigate unauthorized access and data leakage risks. However, the solution introduces third-party vendor dependency risk, particularly where accessibility and certain platform-level security capabilities are governed by the vendor's roadmap rather than direct state control. Additional risk exists if single sign-on integration and modern authentication controls are not properly coordinated with the GTO Identity team prior to deployment. Upstream data dependency also creates exposure if source systems are compromised or if data validation controls fail, potentially impacting the integrity of published dashboards. Overall, when properly integrated with state security standards and governance practices, the solution represents a net improvement in cybersecurity posture compared to decentralized reporting methods, provided identity integration, vendor oversight, and ongoing monitoring controls are actively managed. The combined investment and implementation risk and technology risk scores indicates a moderate level of business and cybersecurity 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 CONTRACT

1. Contract Number: **16894**

Amendment Number: **18**

Legal Entity Name: DATA RECOGNITION CORPORATION

Agency Name: **NDE - DEPARTMENT OF EDUCATION**

Contractor Name: **DATA RECOGNITION CORPORATION**

Agency Code: **300**

Address: **13490 Bass Lake Rd.**

Appropriation Unit: **2697-45**

Is budget authority available?: **Yes**

City/State/Zip **Maple Grove, MN 55311**

If "No" please explain: Not Applicable

Contact/Phone: Kathryn (Katie) Dunlap, Ph.D. 763-268-2151

Vendor No.: T32003590

NV Business ID: NV20041507280

To what State Fiscal Year(s) will the contract be charged? **2016-2028**

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	**50.00 %**	Fees	0.00 %
X	Federal Funds	**50.00 %**	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 **08/11/2015**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **08/31/2027**

Contract term: **12 years and 23 days**

4. Type of contract: **Contract**

Contract description: **CBT/McGraw-Hill**

5. Purpose of contract:

This is the eighteenth amendment to the original contract which provides Nevada Ready Student Assessment System services and support. This amendment increases the maximum amount from $124,458,476.45 to $124,858,476.45 due to the inclusion of district performance ratings with current student assessment data.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$51,457,083.00	$51,457,083.00	$51,457,083.00	Yes - Action
	a. Amendment 1:	$0.00	$0.00	$0.00	No
	b. Amendment 2:	$511,498.00	$511,498.00	$511,498.00	Yes - Action
	c. Amendment 3:	$0.00	$0.00	$0.00	No
	d. Amendment 4:	-$9,558,963.70	-$9,558,963.70	-$9,558,963.70	Yes - Action
	e. Amendment 5:	$331,666.00	$331,666.00	$331,666.00	Yes - Action
	f. Amendment 6:	$1,221,646.15	$1,221,646.15	$1,221,646.15	Yes - Action
	g. Amendment 7:	$9,856,703.00	$9,856,703.00	$9,856,703.00	Yes - Action
	h. Amendment 8:	$10,166,633.00	$10,166,633.00	$10,166,633.00	Yes - Action
	i. Amendment 9:	-$1,483,699.00	-$1,483,699.00	-$1,483,699.00	Yes - Action
	j. Amendment 10:	$19,685,447.00	$19,685,447.00	$19,685,447.00	Yes - Action

	k. Amendment 11:	$19,405.00	$19,405.00	$19,405.00	Yes - Info
	l. Amendment 12:	$0.00	$0.00	$19,405.00	No
	m. Amendment 13:	$1,283,619.00	$1,283,619.00	$1,303,024.00	Yes - Action
	n. Amendment 14:	$10,684,158.00	$10,684,158.00	$10,684,158.00	Yes - Action
	o. Amendment 15:	$19,889,856.00	$19,889,856.00	$19,889,856.00	Yes - Action
	p. Amendment 16:	$61,514.00	$61,514.00	$61,514.00	Yes - Info
	q. Amendment 17:	$10,331,911.00	$10,331,911.00	$10,393,425.00	Yes - Action
2.	Amount of current amendment (#18):	$400,000.00	$400,000.00	$400,000.00	Yes - Action
3.	New maximum contract amount:	$124,858,476.45			

II. JUSTIFICATION

7. What conditions require that this work be done?

Employees within the state have responsibilities that support programs but certain tasks exceed their expertise. Nevada Revised Statutes (NRS) requires contracting with a nationally recognized testing company for these activities.

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

This contractor was selected as the best solution by the independent evaluation committee based on pre-determined evaluation criteria. The Nevada Department of Education does not have the necessary manpower or expertise to conduct this Statewide Assessment.

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. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #3175, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 03/10/2015 Anticipated re-bid date: 12/31/2018

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Nevada Department of Education 7/1/08 to 6/3012
State of Nevada March 1, 2014
Nevada Department of Education 1/14/15 they have been deemed satisfactory

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
    Foreign Corporation
16. a. Is the Contractor Name the same as the legal Entity Name?
    Yes
17. a. Does the contractor have a current Nevada State Business License (SBL)?
    Yes
18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
    Yes
19. Agency Field Contract Monitor:
20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	psmorr1	02/23/2026 10:17:50 AM
Division Approval	psmorr1	02/23/2026 10:17:54 AM
Department Approval	psmorr1	02/23/2026 10:17:59 AM
Contract Manager Approval	khoy1	03/05/2026 11:19:30 AM
EITS Approval	ljean	03/05/2026 14:53:28 PM
Budget Analyst Approval	mranki1	03/12/2026 13:48:51 PM
BOE Agenda Approval	mranki1	03/12/2026 13:48:54 PM

Joe Lombardo
Governor

Timothy D. Galluzi
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Darla J. Dodge
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Jason Benshoof
Interim Deputy Director/CDO

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

TO: Peter Zutz, Administrator, ADAM, NDE
Mike Pacheco, Education Programs Manager, NDE
Patrick Smorra, Administrative Services Officer II, NDE
Cameron Carey, IT Manager, NDE
Kaylene Hoyt, Contract Manager, NDE

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Jason Benshoof, Interim Deputy Director/Chief Data Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE – *Data Recognition Corporation (DRC) – SMARTER Assessments* – TIE 965, Revision 3 – BA(s) 2697

DATE: March 5, 2026

We have completed our review of the Nevada Department of Education (NDE) investment which has an estimated total value of $30,689,281.00, allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
One-Time Cost	**$ 10,185,885.00**	**$ 10,516,711.00**	**$ 20,702,596.00**
DRC SB460 Initiatives	$ 199,200.00	$ 184,800.00	$ 384,000.00
Services - Contracts	$ 9,986,685.00	$ 10,331,911.00	$ 20,318,596.00
Grand Total	**$ 10,185,885.00**	**$ 10,516,711.00**	**$ 20,702,596.00**

Funding source(s): 75% General Fund and 25% Federal Grant.

This TIE revision reflects a $384,000 fixed-price contract with DRC to support NDE in developing technical blueprints for Nevada's statewide performance frameworks in support of Nevada Senate Bill 460 (2025). The work will occur in two phases from Fall 2025 through Summer 2027 and includes discovery and planning activities, stakeholder surveys, advisory committee facilitation, data analysis, and standard-setting workshops that will produce finalized framework blueprints. This effort supports the creation of the Nevada District Performance Framework, which must generate annual district ratings beginning in August 2026, and includes review and alignment of the existing Nevada School Performance Framework to ensure both accountability systems operate cohesively.

State statute requires the use of a nationally recognized testing organization for these services, and DRC was selected through an independent evaluation process based on established criteria. The department does not possess the internal staffing or technical expertise required to perform statewide assessment framework development. Maintaining the current assessment partner during the SB460 accountability redesign also preserves continuity of results and supports valid comparison with historical student performance data.

The GTO technology risk score indicates a moderate level of cybersecurity 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 CONTRACT

1. Contract Number: **31889**

		Legal Entity Name:	Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno**
Agency Code:	**300**	Address:	**1664 N. Virginia St.**
Appropriation Unit:	**2709-64**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89557**
If "No" please explain:	Not Applicable	Contact/Phone:	7757846662
		Vendor No.:	D35000816
		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 %
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 03/2026

Retroactive? **Yes**

If "Yes", please explain

Due to unforeseen administrative delays during the signature routing and processing phase the agreement will not be fully executed before contract activities need to begin. Because the federal PDG B-5 grant funding is set to terminate on June 30, 2026, it is critical that contract activities commence on March 10, 2026, to ensure all deliverables are met within the remaining grant window.

3. Termination Date: **06/30/2026**
   Contract term: **120 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Workforce Developmet**

5. Purpose of contract:

This is a new interlocal agreement to provide services to expand the early childhood workforce statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$293,143.32**

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?

Under the federal Preschool Development Grant Birth through Five (PDG B-5) Renewal. This new contract will focus on existing workforce development projects, the development and finalization of self-paced quality trainings, and the implementation plan for Pre-K Standards train the trainer roll-out. This continuation will support the sustainability and continuity of the programs outlined, which have been designed and implemented to provide early childhood educators with the knowledge and skills that are essential to providing high quality learning experiences for children.

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 the staff 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. Soliciation 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 Board of Regents, University of Nevada, Reno.

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

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

    b. Is the contract part of 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

    31%

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

    Yes If "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 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	dboyter	03/04/2026 11:47:14 AM
Division Approval	psmorr1	03/06/2026 11:54:12 AM
Department Approval	psmorr1	03/06/2026 11:54:14 AM
Contract Manager Approval	khoy1	03/06/2026 16:10:52 PM
Budget Analyst Approval	mranki1	03/11/2026 09:16:57 AM
BOE Agenda Approval	mranki1	03/11/2026 09:16:59 AM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Victor Wakefield, 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 Greenamyer, Clerk of the Board, Board of Examiners

FROM: Victor Wakefield, Superintendent of Public Instruction VW

DATE: February 18, 2026

SUBJECT: Retroactive Memo for Interlocal Contract – Board of Regents, Nevada Systems of Higher Education on behalf of the University of Nevada, Reno

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This memorandum serves as a request for retroactive approval for the Fiscal Year 2026 interlocal contract funded by the PDG B5 Renewal Federal Grant. The interlocal agreement will be established between the Nevada Department of Education and the Board of Regents, Nevada System of Higher Education on behalf of the University of Nevada, Reno with a performance period from March 10, 2026, through June 30, 2026.

This contract supports the continuity of essential early childhood workforce development projects, including development and finalization of self-paced quality training modules, implementation of the Pre-K Standards "Train the Trainer" roll-out plan, and sustainability of programs designed to provide educators with the skills necessary for high-quality early learning environments.

Due to unforeseen administrative delays during the signature routing and processing phase the agreement will not be fully executed before contract activities need to begin. Because the federal PDG B-5 grant funding is set to terminate on June 30, 2026, it is critical that contract activities commence on March 10, 2026, to ensure all deliverables are met within the remaining grant window.

The Nevada Department of Education is requesting retroactive approval to ensure compliance with state contracting requirements and to validate the necessary work performed during the performance period.

If you require any additional information or assistance, please contact us at (775) 687-9175 or via email at ndecontracts@doe.nv.gov.

cc: Dr. Victor Wakefield, Superintendent of Public Instruction
Christy McGill, Deputy Superintendent, Educator Effectiveness and Family Engagement
Michael Mitchell, Educational Program Director, Office of Early Learning and Development

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28318**

Amendment Number: **2**

Legal Entity Name: SHI INTERNATIONAL CORP.

Agency Name: **NDE - DEPARTMENT OF EDUCATION**

Contractor Name: **SHI INTERNATIONAL CORP.**

Agency Code: **300**

Address: **290 DAVIDSON AVE**

Appropriation Unit: **2716-56**

Is budget authority available?: **No**

City/State/Zip **SOMERSET, NJ 08873-414**

If "No" please explain: Pending WP C80205

Contact/Phone: 303/723-5256

Vendor No.: PUR0001595

NV Business ID: NV20131129294

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	**29.00 %**	**X**	Fees	**19.00 %**	**Educator Licensure**
X	Federal Funds	**52.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 300

2. Contract start date:

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

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **2 years and 214 days**

4. Type of contract: **Contract**

Contract description: **Data Migration**

5. Purpose of contract:

This is the second amendment to the original service agreement under statewide contract #99SWC-NV18-417 which provides cloud services. This service agreement provides migration of legacy applications hosting the department's authentication system and SharePoint data from on-premises systems to a cloud infrastructure. This amendment extends the termination date from June 30, 2026 to September 15, 2026 and increases the maximum amount from $440,000 to $1,272,787 to build the Nevada Educator Performance Framework data system. This contract is contingent upon IFC approval of work program #C80205.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$240,000.00	$240,000.00	$240,000.00	Yes - Action
	a. Amendment 1:	$200,000.00	$200,000.00	$200,000.00	Yes - Action
2.	Amount of current amendment (#2):	$832,787.00	$832,787.00	$832,787.00	Yes - Action
3.	New maximum contract amount:	$1,272,787.00			
	and/or the termination date of the original contract has changed to:	09/15/2026			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada Department of Education has initiated the modernization of its legacy Bighorn suite. The core objectives are to integrate these applications within the new Identity & Access Management solution, RapidIdentity, migrate the applications into the existing cloud environment, and implement improvements to heighten usability.

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

The State does not have a specialized staff person dedicated to implementing the data migration.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

Contractor was selected from the Statewide Contract # NASPO Cloud Solutions AR488/99SWC-NV18-417.

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	psmorr1	03/18/2026 10:33:48 AM
Division Approval	psmorr1	03/18/2026 10:33:52 AM
Department Approval	psmorr1	03/18/2026 10:33:56 AM
Contract Manager Approval	khoy1	03/18/2026 10:39:48 AM
EITS Approval	ljean	03/18/2026 11:56:15 AM
Budget Analyst Approval	mranki1	03/18/2026 12:58:32 PM
BOE Agenda Approval	mranki1	03/18/2026 12:58:35 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

Jason Benshoof
Interim Deputy Director/CDO

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: Jeff Briske, Director, NDE
Peter Zutz, Administrator ADAM, NDE
Cameron Carey, IT Manager, NDE
Patrick Smorra, Administrative Services Officer II, NDE
Kaylene Hoyt, Contract Manager

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Jason Benshoof, Interim Deputy Director/Chief Data Officer, GTO
Adam Miller, Deputy Director, OISCD
Sean Montierth, Computing Services Division Chief, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE – *SB460 NEPF Data Collection* – TIE 1562 Revision 1

DATE: March 6, 2026

We have completed our review of the Nevada Department of Education (NDE) investment which has an estimated total value of $1,160,796.00, allocated to the FY2026/FY2027 biennium as one-time costs.

Funding source(s): 100% General Fund

This TIE is for the implementation of the Nevada Educator Performance Framework (NEPF) Data Collection and Dashboards module, which will replace the current manual, Excel-based annual data collection process with a centralized platform hosted in the GTO Azure GovCloud environment. The

system will allow school districts to upload standardized data templates that are automatically validated, transformed, and processed, while centrally calculating NEPF metrics and managing multi-stage review workflows with role-based approvals. The solution will also provide the structured data required for NDE to develop secure dashboards for state leadership, districts, schools, and Educator Preparation Programs.

The investment addresses inefficiencies and data quality risks associated with manual spreadsheet processes by establishing a governed data pipeline that validates submissions at the point of entry and standardizes calculations across districts. Hosting the platform within the State's Azure GovCloud environment ensures that sensitive educator data remains within Nevada's established security, identity management, and compliance boundaries while leveraging existing state licenses and infrastructure.

The architecture utilizes Azure Web Apps for the data submission portal, Azure Blob Storage for raw data ingestion and audit trails, Azure Data Factory for validation and orchestration, and Azure SQL as the system of record for submissions and workflow states. This modern data architecture improves reporting consistency and establishes a scalable foundation for NDE's broader Data Management Framework while enabling knowledge transfer to NDE IT staff to support long-term sustainability and reduce vendor reliance.

The investment aligns with the State's cloud strategy by leveraging the existing Azure GovCloud environment. GTO supports the project and recommends continued coordination with the Cloud Services team during procurement and solution design to ensure architectural alignment and successful implementation.

The GTO technology risk score indicates a moderate level of cybersecurity 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 CONTRACT

1. Contract Number: **30764**

Amendment Number: **1**

Legal Entity Name: KPS/3

Agency Name: **DHS - AGING AND DISABILITY SERVICES DIVISION**

Contractor Name: **KPS/3**

Agency Code: **402**

Address: **500 RYLAND ST STE 300**

Appropriation Unit: **3282-19**

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/03/2025**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **300 days**

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

Contract description: **APS Marketing**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17886 which provides consulting, marketing, and education services. This service agreement provides marketing services to update collateral and campaign materials related to program branding. This amendment increases the maximum amount from $96,500 to $128,500 due to the revision of physical collateral and brand outreach needs.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$96,500.00	$96,500.00	$96,500.00	Yes - Info
2.	Amount of current amendment (#1):	$32,000.00	$32,000.00	$128,500.00	Yes - Action
3.	New maximum contract amount:	$128,500.00			

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. Adult Protective Services will continue its community outreach efforts to raise awareness and connect people with resources that help them understand the types of abuse, who the vulnerable adult population is, and how to report abuse.

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 marketing and are utilizing a state marketing 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. Soliciation 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:

    Since 2019 with DHHS with satisfactory results.

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

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

    Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	scas1	03/05/2026 09:32:55 AM
Division Approval	ecreceli	03/05/2026 10:00:21 AM
Department Approval	rrobb	03/05/2026 11:53:58 AM
Contract Manager Approval	maceved1	03/06/2026 07:51:28 AM
Budget Analyst Approval	khal5	03/09/2026 16:21:27 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **25340**

Amendment Number: **3**

Legal Entity Name: MORRISON MANAGEMENT SPECIALISTS, INC.

Agency Name: **DHS - PUBLIC AND BEHAVIORAL HEALTH**

Contractor Name: **MORRISON MANAGEMENT SPECIALISTS, INC.**

Agency Code: **406**

Address: **400 NORTHRIDGE ROAD STE 600**

Appropriation Unit: **3161-15**

Is budget authority available?: **Yes**

City/State/Zip **ATLANTA, GA 30350**

If "No" please explain: Not Applicable

Contact/Phone: 404/845-3330

Vendor No.: PUR0002019A

NV Business ID: NV20011302439

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.

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 #: 17954

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2022**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2026**

Contract term: **5 years**

4. Type of contract: **Contract**

Contract description: **Food Services**

5. Purpose of contract:

This is the third amendment to the original contract which provides food management services. This amendment extends the termination date from April 30, 2026 to February 28, 2027 and increases the maximum amount from $15,694,777.77 to $20,213,347.77 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:	$15,694,777.77	$15,694,777.77	$15,694,777.77	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):	$4,518,570.00	$4,518,570.00	$4,518,570.00	Yes - Action
3.	New maximum contract amount:	$20,213,347.77			
	and/or the termination date of the original contract has changed to:	02/28/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

In accordance with NAC 449.147; Facilities must serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast.

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

The agency does not have the equipment or staff with the experience to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP # 40DHHS-S1609, 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: 08/02/2021 Anticipated re-bid date: 03/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DBPH 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	msilzell	02/27/2026 09:28:31 AM
Division Approval	msilzell	02/27/2026 09:28:35 AM

Department Approval	msilzell	02/27/2026 09:28:38 AM
Contract Manager Approval	lstidha1	02/27/2026 10:59:13 AM
Budget Analyst Approval	rgiffor1	03/10/2026 11:32:46 AM
BOE Agenda Approval	klay0	03/19/2026 11:31:27 AM

Docusign Envelope ID: F5DED619-D39D-489E-9C27-B4FE4E09109C

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 #:	6604

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 only to the contact(s) listed below:**		
	ENTER STATE AGENCY NAME:	DPBH	
	Contact Name and Title	*Phone Number*	*Email Address*
	Jessica Gurley	*702-486-6099*	*jgurley@health.nv.gov*
	Sheldon Peters	*702-486-4252*	*sspeters@health.nv.gov*
	Luis Espinoza	*702-486-8961*	*lespinoza@health.nv.gov*

2	**Contractor Information:**	
	Contractor Name:	*Morrison Management Specialists, Inc.*
	Contact Name:	*Joyce Kruesopon*
	Complete Address: City, State and Zip Code	*400 Northridge Rd. Ste 600, Atlanta, GA 30350*
	Phone Number:	*800-225-4368*
	Email Address:	*joycekruesopon@jammorrison.com*

3	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**				
	Solicitation Type, if applicable:	*RFP*		#:	*3487*
	Enter CETS Number:	*#19616*			
	Contract Amount:	*$3,800,000.00*			
	Contract Term:	Start Date:	*03/01/2018*	End Date:	*02/28/2022*

Rec'd 12/16/25

Docusign Envelope ID: F5DED619-D39D-489E-9C27-B4FE4E09109C

Purchasing Use Only:	
Approval #:	1064 (CS)

4	**Current Contract Information:**				
	Solicitation Type, if applicable:	***RFP***		#:	***40DHHS-S1609***
	Enter CETS Number:	***#25340***			
	Contract Amount:	***$15,694,777.77***			
	Contract Term:	Start Date:	***03/01/2022***	End Date:	***02/28/2026***

5	**Amendment Information – List *all previously* approved amendments:**			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*
	1	***Additional Scope of Work***	***$0.00***	

6	***Proposed* Amendment Information:**			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	2	***1 year Contract Extension***	***$4,518,570.00***	***02/28/2027***

7	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?**
	SNAMHS and Purchasing initiated the RFP process in March 2025. Subsequently, the SNAMHS contracts manager retired, resulting in a loss of institutional knowledge needed to advance the RFP process for the four (4) participating agencies (SNAMHS, NNAMHS, ADSD, and DCFS). In October 2025, it was determined that the RFP lacked essential information necessary to ensure the scope of services adequately reflected the needs of all four (4) agencies. The needs include the addition of a new hospital and the changing of food preparation locations. The RFP was therefore cancelled. ***The one (1) year contract extension will provide the time required to develop a new RFP that aligns with the current scope of work for all agencies and incorporate the answers to the 88+ questions received during the March 2025 RFP process.***

8	**What are the potential consequences to the State if the contract extension request is denied?**
	A laspse in food services for clients serviced by SNAMHS, NNAMHS, ADSD, and DCFS inpatient facilities.

Docusign Envelope ID: F5DED619-D39D-489E-9C27-B4FE4E09109C

Purchasing Use Only:	
Approval #:	6604

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.*

Signed by:
F5F00AF0196C4B5...
Signature of Agency Representative Initiating Request

Jessica Gurley — 12/16/2025
Print Name of Agency Representative Initiating Request — Date

DocuSigned by:
Susan Lynch
BC58B2B1723F40E...
Signature of Agency Head Authorizing Request

Susan Lynch — 12/16/2025
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:

Administrator, Purchasing Division or Designee — 12.23.2025
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: **27028**

Amendment Number: **2**

Legal Entity Name: Netsmart Technologies, Inc.

Agency Name: **DHHS - PUBLIC AND BEHAVIORAL HEALTH**

Contractor Name: **Netsmart Technologies, Inc.**

Agency Code: **406**

Address: **11100 Nall Avenue**

Appropriation Unit: **3168-26**

Is budget authority available?: **Yes**

City/State/Zip **Overland Park, KS 66211**

If "No" please explain: Not Applicable

Contact/Phone: Jeff Matthews 913-242-6053

Vendor No.: PUR0003686

NV Business ID: NV20101021052

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	**84.40 %**	Fees	0.00 %
X	Federal Funds	**15.60 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: C 18112

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 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 171 days**

4. Type of contract: **Contract**

Contract description: **myAvatar**

5. Purpose of contract:

This is the second amendment to the original contract which provides ongoing maintenance and upgrades to the myAvatar NX Electronic Health Records System. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from $5,357,470.06 to $6,839,146.88 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:	$5,315,720.06	$5,315,720.06	$5,315,720.06	Yes - Action
	a. Amendment 1:	$41,750.00	$41,750.00	$41,750.00	Yes - Info
2.	Amount of current amendment (#2):	$1,481,676.82	$1,481,676.82	$1,523,426.82	Yes - Action
3.	New maximum contract amount:	$6,839,146.88			
	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?

The Divisions application is currently operating on an aging Netsmart platform which is soon to become obsolete and there are security requirements that need to be implemented to meet DPBH ISO recommendations to secure the PII/PHI data.

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

DPBH does not have the resources and staff to replicate the existing myAvatar EHR system.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 221001
Approval Date: 10/04/2022

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Current vendor with DPBH since 2006, 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	msilzell	01/13/2026 15:58:52 PM

Division Approval	msilzell	01/13/2026 15:58:54 PM
Department Approval	msilzell	01/13/2026 15:58:57 PM
Contract Manager Approval	lstidha1	03/06/2026 12:07:25 PM
EITS Approval	ljean	03/09/2026 09:37:23 AM
Budget Analyst Approval	rgiffor1	03/10/2026 11:16:21 AM
BOE Agenda Approval	pokeefe	03/12/2026 15:51:56 PM

Joe Lombardo
Governor

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: Dena Schmidt, Administrator, DHHS, DPBH
John Borrowman, Fiscal Manager, DHHS, DPBH
Anne Lara, Chief IT Manager, DHHS, DPBH
Lorraine McMullen, IT Manager I/PMO Manager, DHHS, DPBH

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 – DPBH – *DPBH myAvatar EHR NX Ongoing Hosting, Maintenance, Support, Subscriptions, Licensing* – TIE 373 Revision 2 – BA(s) 3143, 3168

DATE: August 6, 2025

We have completed our review of the Department of Health and Human Services (DHHS), Division of Public and Behavioral Health (DPBH) investment, which has an estimated total value of $6,774,416.23 allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
Ongoing Cost	**$ 1,418,002.39**	**$ 1,458,696.18**	**$ 2,876,698.57**
Software - Annual Maintenance/Subsc	$ 1,418,002.39	$ 1,458,696.18	$ 2,876,698.57
Grand Total	**$ 1,418,002.39**	**$ 1,458,696.18**	**$ 2,876,698.57**

The funding source is 100% General Fund.

This TIE submission is to update FY2027 cost information for the myAvatar EHR investment.

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
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 #:	677

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 only to the contact(s) listed below:**		
	ENTER STATE AGENCY NAME:	*Department of Human Services, Division of Public and Behavioral Health*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Annette Altman, DPBH Chief Operations Officer	775-443-8711	aaltman@health.nv.gov
	Susan Lynch, SNAMHS Hospital Administrator	702-486-0680	slynch@health.nv.gov

2	**Contractor Information:**	
	Contractor Name:	Netsmart Technologies, Inc.
	Contact Name:	Jeff Matthews
	Complete Address: City, State and Zip Code	11100 Nalls Avenue Overland Park, KS 66211
	Phone Number:	913-242-6176
	Email Address:	jmatthews@ntst.com

3	**List *all previous* Contract Information for which the agency has contracted with this vendor (contract history):**			
	Solicitation Type, if applicable:	1) N/A 2) Sole Source 3) RFP 40DHHS-R316804 4) Sole Source 4a) Sole Source 5) Sole Source 5a) Sole Source 6) Sole Source 6a) Sole Source	#:	1) N/A 2) #221001 3) Q-25211 4) #221001 4a) #221001 5)#170703 5a) #170703 6)#180203 6a) #463

Rec'd 01/05/24

#6770

		6b) Sole Source 6c) Sole Source 7) Sole Source 7a) Sole Source 7b) Sole Source 8) RFP 8a) RFP 8b) RFP 8c) RFP 9) Sole Source		6b) #463 6c) #463 7) #220602 7a) #220602 7b) #220602 8)#3249 8a) #3249 8b) #3249 8c) #3249 9) #211207
	Enter CETS Number:	1) Maintenance Agreement – MA 14802-02 2) CETS #22830 – C 17570 3) CETS # EPro Req – Q-25211 4) CETS #27028 – C 18112 – myAvatar NX 4a) CETS #27028 - C 18112-01– myAvatar NX 5) CETS #19548 – C 16383- Pharmacy Information System (MMO) 5a) CETS #19548 – C 16383-01 Pharmacy Information System (MMO) 6) CETS #20208 – C 16496 & 01- Laboratory Information System 6a) CETS #20208 – C16496-02 – Laboratory Information System 6b) CETS #20208 – C16496-03-Laboratory Information System 6c) CETS #20208 – C16496-04-Laboratory Information System 7) CETS #26412 – C 17935- RevConnect 7a) CETS #26412 – C 17935-01 – RevConnect 7b) CETS #26412 – C 17935-02 - RevConnect 8) CETS #18259 – C 15849- Pyxis Devices 8a) CETS #18259 – C 15849-01- Pyxis Devices 8b) CETS#18259- C 15849-02- Pyxis Devices 8c) CETS#18259 – C15849-03-Pyxis Devices 9) CETS# 26381- C 17932- myHealthpointe		
	Contract Amount:	1) Original Contract -$3,310,784.73 2) Original Contract - $100,699.00 3) Original Contract - $29,421.00 4) Original Contract - $5,315,720.06 4a) Amendment 1 - $41,750.00 (additional) 5) Original Contract - $2,753,513.34 5a) Amendment 1 - $1,947,919.39 (additional) 6) Original Contract - $546,828.10 6a) Amendment 1- $460,321.71 (additional) 6b) Amendment 2-$36,520.00 (additional) 6c) Amendment 3-$32,200.00 (additional) 7) Original Contract - $691,414.00 7a) Amendment 1 - $186,063.00 (additional) 7b) Amendment 2 – ($41,750.00) (reduction) 8) Original Contract - $2,400,000.00 8a) Amendment 1 – $00.00 (no additional) 8b) Amendment 2- $00.00 (no additional) 8c) Amendment 3- $1,249,858.38 (additional) 9) Original Contract - $306,934.70		
	Contract Term:	Start Date:	1) 7/1/2021 2) 4/15/2020 3) 1/1/2022	End Date:	1) 6/30/2024 2) 6/30/2023 3) 12/31/2022

#1677(2)

			4) 6/6/2023 4a) 6/6/2023 5) 4/10/2018 5a) 4/10/2018 6) 5/20/2020 6a) 5/20/2020 6b) 5/20/2020 6c) 5/20/2020 7) 7/12/2022 7a) 7/12/2022 7b) 7/12/2022 8) 12/19/2016 8a) 12/19/2019 8b) 12/19/2019 8c) 12/19/2019 9) 10/20/2022		4) 6/30/2026 4a) 6/30/2026 5) 6/30/2022 5a) 6/30/2026 6) 8/13/2022 6a) 8/13/2022 6b) 8/13/2022 6c) 6/30/2026 7) 6/30/2026 7a) 6/30/2026 7b) 6/30/2026 8) 12/12/2021 8a) 12/31/2022 8b) 01/31/2023 8c) 06/30/2026 9) 6/30/2026

Purchasing Use Only:	
Approval #:	677@

4	**Current Contract Information:**				
	Solicitation Type, if applicable:	Solicitation Waiver		#:	221001
	Enter CETS Number:	#27028			
	Initial Contract Amount:	$5,315,720.06			
	Contract Term:	Start Date:	01/10/2023	End Date:	06/30/2026

5	**Amendment Information – List *all previously* approved amendments:**			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*
	01	Added scope for Dietech integration and increased money for ongoing maintenance and hosting.	$5,357,470.06 (increased by $41,750.00)	No change

6	***Proposed* Amendment Information:**			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	02	Increased money for professional services, ongoing maintenance and hosting and extended contract end date to 6/30/2027.	$6,839,146.88 (increased by $1,481,676.82)	6/30/2027

7	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?**
	To prevent future obligations to Netsmart, two actions need to be completed: 1) Statewide Electronic Health Record (EHR) RFP available for DPBH to leverage for a new EHR solution; and 2) Funding for a new EHR needs to be identified. All six (6) Netsmart EHR contracts need to be extended for an additional year, these contracts encompass the statewide Behavioral Health EHR solution.

8	**What are the potential consequences to the State if the contract extension request is denied?**
	If the extension is not granted, the division risks disruption to the statewide behavioral health EHR, which is critical to patient care. Any interruption in these ongoing EHR services would negatively impact providers' ability to deliver safe, timely, and coordinated patient care. This one (1) contract is one of 6 (six) contracts that is part of the entire EHR statewide solution. All six (6) contracts need approved contract extensions to continue all services required for patient care.

Purchasing Use Only:	
Approval #:	6770

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.*

Signed by:
7E4CDC1AC800400D...
Signature of Agency Representative Initiating Request

Annette Altman	COO	12/23/2025
Print Name of Agency Representative Initiating Request		Date

DocuSigned by:
2D14521E26BA43E...
John Borrowman on Behalf of Andrea R. Rivers
Signature of Agency Head Authorizing Request

Andrea R. Rivers	Administrator	12/23/2025
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:

	1.13.2026
Administrator, Purchasing Division or Designee	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: **31606**

		Legal Entity Name:	Nevada Public Health Foundation, Inc.
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**Nevada Public Health Foundation, Inc.**
Agency Code:	**406**	Address:	**716 North Carson Street**
Appropriation Unit:	**3170-28**		**Suite 100**
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	775/884-0392
		Vendor No.:	T81018059A
		NV Business ID:	NV19961104052

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	**58.00 %**	Fees	0.00 %
X	Federal Funds	**42.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: SA 18686

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2026**
   Contract term: **274 days**

4. Type of contract: **Other (include description): Service Agreement**
   Contract description: **Consulting Marketing**

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 2026 Bureau of Behavioral Health Wellness and Prevention Conference.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$180,764.59**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The BBHWP Conference will be offered to community partners currently funded by the bureau. The goal is for participants to leave with a stronger understanding of BBHWPs work and the wide range of programs it provides.

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

   Staff lack qualifications to provide the required service and an impartial 3rd party is needed.

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. Soliciation Waiver: **Not Applicable**

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

The vendor was selected based on their inclusion in the Nevada Statewide Contract 99SWC-NV23-17896, which ensures that they meet all required qualifications and provide the best value for the services outlined.

d. Last bid date: 08/01/2023 Anticipated re-bid date: 07/31/2027

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:

BBHWP has previously contracted with NPHF, and they have consistently delivered high-quality services and successfully met all contractual deliverables.

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

    No If "Yes", please provide details of the litigation 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	01/26/2026 10:19:17 AM
Division Approval	msilzell	01/26/2026 10:19:19 AM
Department Approval	msilzell	01/26/2026 10:19:21 AM
Contract Manager Approval	lstidha1	02/25/2026 08:45:50 AM
Budget Analyst Approval	rgiffor1	03/09/2026 15:42:36 PM
BOE Agenda Approval	pokeefe	03/12/2026 15:47:37 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31552**

		Legal Entity Name:	DEPARTMENT OF NATIVE AMERICAN AFFAIRS
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**DEPARTMENT OF NATIVE AMERICAN AFFAIRS**
Agency Code:	**406**	Address:	**5366 SYNDER AVENUE**
Appropriation Unit:	**3234-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	775-291-2665
		Vendor No.:	
		NV Business ID:	STATE AGENCY

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 18641

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 90 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Public Health**

5. Purpose of contract:

   This is a new interlocal agreement to provide support to the Tribal Health Authority Council in addressing health-related issues impacting American Indians.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$141,106.00**
   Other basis for payment: Per Attachment A

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 Applicable

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

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

Pursuant to NRS 277.180, any one or more public agencies may contract with any one or more public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	msilzell	12/22/2025 17:03:13 PM
Division Approval	lstidha1	03/04/2026 15:52:26 PM
Department Approval	lstidha1	03/04/2026 15:52:28 PM
Contract Manager Approval	lstidha1	03/04/2026 15:52:31 PM
Budget Analyst Approval	rgiffor1	03/09/2026 11:42:16 AM
BOE Agenda Approval	pokeefe	03/12/2026 14:30:48 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31534**

		Legal Entity Name:	CARAHSOFT TECHNOLOGY CORPORATION
Agency Name:	**DSS - SOCIAL SERVICES**	Contractor Name:	**CARAHSOFT TECHNOLOGY CORPORATION**
Agency Code:	**407**	Address:	**CORPORATION**
Appropriation Unit:	**3149-04**		**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:	703/871-8500
		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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/15/2026**

Contract term: **167 days**

4. Type of contract: **Other (include description): Service Agreement-99SWC-NV24-17504**

Contract description: **CCL Monitoring Sys**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides an electronic monitoring and inspection reporting system for the child care licensing program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$259,601.38**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The purpose of this project is to implement a Custom Configuration of SansWrite. The proposed compliance measurement and monitoring system will include both an Agency Portal and a Licensee Portal. Within the Agency Portal, licensing staff and supervisors will utilize SansWrite for scheduling inspections, conducting on-site inspections, and reviewing and approving electronically submitted corrections.

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

State employees do not have the expertise or resources to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

99SWC-NV24-17504 is a statewide contract which is permissive for state agencies.

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:

    Currently under contract with State of Nevada and the Division of Social Services, and 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:

    Latisha Brown, SS Chief 2 Ph: 702-486-0574

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	02/18/2026 14:13:03 PM
Division Approval	cbuscay	02/18/2026 14:13:05 PM
Department Approval	rthomps1	02/24/2026 07:33:45 AM
Contract Manager Approval	mpomerle	02/24/2026 15:23:20 PM
EITS Approval	ljean	02/26/2026 07:27:50 AM
Budget Analyst Approval	khal5	02/26/2026 15:33:18 PM
BOE Agenda Approval	khawkin1	02/27/2026 09:22:44 AM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

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: Robert Thompson, Administrator, DSS
Crystal Buscay, Chief Financial Officer, DSS
Latisha Brown, Social Services Chief 2, DSS
Andrew Tucker, Chief IT Manager, DSS

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 – DSS – *Child Care Licensing Process Improvement* – TIE 1481, Revision 1 – BA(s) 3149

DATE: January 5, 2026

We have completed our review of the Division of Social Services (DSS) investment, which has an estimated total value of $363,365.78, allocated to the current biennium, as follows:

Cost Type	FY26	FY27	Grand Total
One-Time Cost	**$ 155,836.98**		**$ 155,836.98**
Setup and Configuration	$ 155,836.98		$ 155,836.98
Ongoing Cost	**$ 103,764.40**	**$ 103,764.40**	**$ 207,528.80**
Annual Subscription, Support/Maint	$ 103,764.40	$ 103,764.40	$ 207,528.80
Grand Total	**$ 259,601.38**	**$ 103,764.40**	**$ 363,365.78**

Funding source(s): 100% Federal Grant.

DSS is pursuing a vendor-supported solution to modernize and improve the childcare facility inspection process by strengthening information collection and reporting capabilities. This initiative is part of a broader effort to streamline childcare licensing, reduce administrative friction, and improve service delivery for providers and the families they serve. By enhancing how inspection data is gathered, managed, and reported, DSS seeks to improve consistency, transparency, and efficiency across the licensing lifecycle.

DSS's comprehensive modernization approach combines process redesign, improved coordination with external stakeholders, and better use of information systems. The objective is to shorten the time required to license childcare providers while maintaining regulatory rigor, thereby expanding access to high-quality childcare statewide. Operational efficiencies gained through improved inspection workflows are expected to reduce pressure on staff, thus allowing greater focus on technical assistance and provider support rather than performing manual administrative tasks.

This investment is needed at this time given mounting pressures on the childcare system, including workforce shortages, increasing demand for licensed providers, and the inherent complexity of the licensing process itself. These challenges are compounded by rapid changes in technology, which require DSS to adopt more flexible and scalable solutions to achieve sustainable improvements within existing resource constraints. A vendor-supported inspection and reporting capability provides an opportunity to standardize practices, reduce variability, and better support data-driven oversight and decision-making.

The initiative also aligns with statutory requirements established by Assembly Bill 463, passed during the 82nd Legislative Session in 2023, which mandated the transfer of childcare licensing responsibilities in 2024 to create a more consistent statewide approach. DSS, formerly operating under the Division of Welfare and Supportive Services, is proactively advancing this project to ensure the legislative intent is fully realized. By modernizing inspection processes in parallel with organizational and governance changes, DSS can deliver measurable improvements in licensing timeliness, provider engagement, and overall program outcomes.

The GTO combined TIE investment and implementation risk score, and the technology risk score indicate an overall moderate level of risk for this investment.

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 CONTRACT

1. Contract Number: **26545**

Amendment Number: **11**

Legal Entity Name: DELOITTE CONSULTING LLP

Agency Name: **DSS - SOCIAL SERVICES**

Contractor Name: **DELOITTE CONSULTING LLP**

Agency Code: **407**

Address: **980 9th Street, Suite 1800**

Appropriation Unit: **3228-26**

Is budget authority available?: **No**

City/State/Zip **Sacramento, CA 95814**

If "No" please explain: Contract approval is contingent upon approval of WPC80636 going to IFC in April 2026.

Contact/Phone: Rakesh Duttagupta 916-761-6466

Vendor No.: T27024237C

NV Business ID: NV20081436471

To what State Fiscal Year(s) will the contract be charged? **2023-2028**

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

X	General Funds	**14.40 %**	Fees	0.00 %
X	Federal Funds	**85.60 %**	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 **08/09/2022**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2028**

Contract term: **5 years and 327 days**

4. Type of contract: **Contract**

Contract description: **Eligibility System**

5. Purpose of contract:

This is the eleventh amendment to the original contract which provides system changes and enhancements for Eligibility System updates. This amendment increases the maximum amount from $89,190,676 to $93,430,076 due to additional project management, design, and development to implement new Medicaid community engagement requirements. This amendment is contingent upon IFC approval of work program #C80636.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$18,459,290.00	$18,459,290.00	$18,459,290.00	Yes - Action
	a. Amendment 1:	$48,510,328.00	$48,510,328.00	$48,510,328.00	Yes - Action
	b. Amendment 2:	$8,437,776.00	$8,437,776.00	$8,437,776.00	Yes - Action
	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:	$2,430,000.00	$2,430,000.00	$2,430,000.00	Yes - Action
	h. Amendment 8:	$0.00	$0.00	$0.00	No
	i. Amendment 9:	$0.00	$0.00	$0.00	No
	j. Amendment 10:	$11,353,282.00	$11,353,282.00	$11,353,282.00	Yes - Action

2.	Amount of current amendment (#11):	$4,239,400.00	$4,239,400.00	$4,239,400.00	Yes - Action
3.	New maximum contract amount:	$93,430,076.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? 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):

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

b. Soliciation Waiver: **Not Applicable**

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

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

d. Last bid date: 02/09/2022 Anticipated re-bid date: 12/27/2025

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:

Currently under contract with DSS and performing satisfactorily.

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

No If "Yes", please provide details of the litigation 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	bbarlo1	03/05/2026 15:45:27 PM
Division Approval	bbarlo1	03/05/2026 15:45:32 PM
Department Approval	rthomps1	03/06/2026 10:01:18 AM
Contract Manager Approval	sjon23	03/06/2026 10:42:24 AM
EITS Approval	ljean	03/06/2026 12:06:45 PM
Budget Analyst Approval	khal5	03/10/2026 11:17:50 AM
BOE Agenda Approval	khawkin1	03/11/2026 10:27:42 AM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

Jason Benshoof
Interim Deputy Director/CDO

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: Robert Thompson, Administrator, DHS, DSS
Crystal Buscay, Chief Financial Officer, DHS, DSS
Andrew Tucker, Chief IT Manager, DHS, DSS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Jason Benshoof, Interim Deputy Director/Chief Data Officer, GTO
Adam Miller, Deputy Director, OISCD
Sean Montierth, Computing Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DSS – *Mainframe (NOMADS) Modernization* – TIE 463, Revision 3 – BA(s) 3228

DATE: February 9, 2026

We have completed our review of the Nevada Department of Human Services (DHS), Division of Social Services (DSS) investment which has an estimated total value of $102,293,561.60, allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
One-Time Cost	**$ 48,406,925.35**	**$ 16,417,916.25**	**$ 64,824,841.60**
Services - Systems Integration	$ 48,406,925.35	$ 16,417,916.25	$ 64,824,841.60
Grand Total	**$ 48,406,925.35**	**$ 16,417,916.25**	**$ 64,824,841.60**

Funding source(s): 90% ARPA, 10% General Fund.

This TIE update is to support Change Request #11 under the Mainframe Modernization project which

represents a compliance-driven enhancement necessary to align Medicaid eligibility systems with federal statutory requirements established under H.R.1. The legislation introduces Medicaid Community Engagement provisions that condition continued eligibility for certain beneficiaries on verified participation in approved activities such as employment, education, job training, or volunteer service, subject to defined exemptions. This change request includes the design, configuration, and implementation of system and application updates needed to operationalize these requirements within eligibility determination, verification, exemption handling, and reporting workflows.

From an investment perspective, this effort mitigates significant regulatory and financial risks by ensuring DSS can demonstrate timely compliance with federal law, avoid potential penalties or funding exposure, and administer eligibility determinations consistently, at scale. Integrating these requirements into core systems, rather than relying on manual processes, supports program integrity, improves auditability, and preserves momentum in the broader modernization initiative by preventing parallel or duplicative workarounds.

The GTO investment and implementation, and technology risk scores indicates a low level of cybersecurity and business 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 CONTRACT

1. Contract Number: **27450**

Amendment Number: **2**

Legal Entity Name: Health Services Advisory Group, Inc.

Agency Name: **NVHA - NEVADA HEALTH AUTHORITY DIRECTOR'S OFFICE**

Contractor Name: **Health Services Advisory Group, Inc.**

Agency Code: **410**

Address: **2390 Camelback Rd, Suite 400**

Appropriation Unit: **3158-04**

Is budget authority available?: **Yes**

City/State/Zip **Phoenix, AZ 85016**

If "No" please explain: Not Applicable

Contact/Phone: Mary Ellen Dalton 602-801-6600

Vendor No.: T81093076

NV Business ID: NV20001213956

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	**25.00 %**	Fees	0.00 %
X	Federal Funds	**75.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: RFP # 40DHHS-S2224 RV

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 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **EQRO**

5. Purpose of contract:

This is the second amendment to the original contract which provides external quality reviews of compliance with contractual service terms of the Managed Care Program, including an assessment of the quality outcomes, timelines, and access to service. This amendment increases the maximum amount from $10,677,358 to $11,106,932 due to additional costs related to the Nevada Rural Health Transformation Program.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$9,377,000.00	$9,377,000.00	$9,377,000.00	Yes - Action
	a. Amendment 1:	$1,300,358.00	$1,300,358.00	$1,300,358.00	Yes - Action
2.	Amount of current amendment (#2):	$429,574.00	$429,574.00	$429,574.00	Yes - Action
3.	New maximum contract amount:	$11,106,932.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Balanced Budget Act of 1997 (BBA) requires that DHCFP contract with a qualified independent entity to annually review the quality outcomes, timeliness, and access to services for which the managed care contractors are contractually responsible.

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

State staff are not federally authorized to conduct the work. There are EQRO requirements outlined within the federal regulations that require the contracting of an EQRO vendor. There is no option to allow the state staff to conduct the work.

9. Were quotes or proposals solicited? Yes

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

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

   b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP 40DHHS-S2224 and in accordance with NRS 333, the selected vendor was the only proposer for the scope of work.

   d. Last bid date: 12/07/2022 Anticipated re-bid date: 12/01/2026

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

NVHA (previously DHCFP) 2018 to current. Satisfactory.

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

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

Not Applicable

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

    Foreign Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	abar1	03/02/2026 10:41:32 AM

Division Approval	ttilto1	03/02/2026 11:18:29 AM
Department Approval	cleech	03/03/2026 09:17:34 AM
Contract Manager Approval	sfergus2	03/03/2026 11:12:09 AM
Budget Analyst Approval	khawkin1	03/05/2026 12:45:26 PM
BOE Agenda Approval	khawkin1	03/05/2026 12:45:29 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: **31563**

		Legal Entity Name:	Washoe County - OBO - Washoe County Human Services
Agency Name:	**NVHA - NEVADA HEALTH AUTHORITY DIRECTOR'S OFFICE**	Contractor Name:	**Washoe County - OBO - Washoe County Human Services**
Agency Code:	**410**	Address:	**350 S. Center Street**
Appropriation Unit:	**3158-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89501**
If "No" please explain:	Not Applicable	Contact/Phone:	Brandi Johnson 775-337-4489
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **TCM/Admin**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing targeted case management and administrative services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$38,219,572.78**

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract serves the eligible Medicaid population in Washoe County who need Targeted Case Management Services. To increase payment and tracking efficiencies, the county requested all services (TCM and administrative claiming) be combined into one contract.

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. Soliciation 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 since 2017 - Satisfactory

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

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

    Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tcash	12/15/2025 11:57:13 AM
Division Approval	ttilto1	12/18/2025 08:26:23 AM
Department Approval	trich	12/19/2025 10:43:16 AM
Contract Manager Approval	trya4	12/29/2025 08:42:11 AM
Budget Analyst Approval	khawkin1	03/04/2026 10:14:11 AM
BOE Agenda Approval	khawkin1	03/04/2026 10:14:14 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 CONTRACT

1. Contract Number: **31907**

		Legal Entity Name:	Department of Human Services - Division of Child and Family Services
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Department of Human Services - Division of Child and Family Services**
Agency Code:	**414**	Address:	**4126 Technology Way, 3rd Floor**
Appropriation Unit:	**3203-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89706**
If "No" please explain:	Not Applicable	Contact/Phone:	Kyra Morgan 775-684-7942
		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 04/2026

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: **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 to provide transfer of funds from the Division of Child and Family Services 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: **$457,705.65**

II. JUSTIFICATION

7. What conditions require that this work be done?

The funding of these positions provides 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. Soliciation 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	03/04/2026 13:37:42 PM
Division Approval	ttilto1	03/04/2026 16:41:52 PM
Department Approval	cleech	03/05/2026 11:20:57 AM
Contract Manager Approval	ltuttl1	03/05/2026 11:37:32 AM
Budget Analyst Approval	khawkin1	03/09/2026 08:52:35 AM
BOE Agenda Approval	khawkin1	03/09/2026 08:52:37 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: February 23, 2026

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority Cynthia Leech Cynthia Leech (Mar 2, 2026 17:13:11 PST) 03/02/2026

RE: Request for Retroactive Start Date of July 1, 2025, for Office of Analytics CETS #31907 Interlocal Contract 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 this Interlocal contract which transfers funding from the Division of Child and Family Services (DCFS) to the Nevada Health Authority (NVHA), Office of Analytics (OOA) for the following positions:

- PCN 9000, Management Analyst IV (1.0 FTE)
- PCN 0506, Management Analyst I (1.0 FTE)
- PCN 0050, Biostatistician II (1.0 FTE)
- PCN 0042, Biostatistician II (1.0 FTE)

These positions serve DCFS by compiling various descriptive and predictive statistics, conducting program evaluations, and performing comprehensive data reporting and analytics to support a broad range of DCFS programs and services spanning child welfare, juvenile justice services, and children's mental health. The roles contribute to both routine and advanced analytic functions, ensuring timely and accurate reporting and actionable insights for decision-making. These positions are collocated with other health and human services data analysts within the centralized OOA and operate 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 CONTRACT

1. Contract Number: **31786**

		Legal Entity Name:	Department of Human Services - Division of Social Services
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Department of Human Services - Division of Social Services**
Agency Code:	**414**	Address:	**4170 College Parkway**
Appropriation Unit:	**3203-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89706**
If "No" please explain:	Not Applicable	Contact/Phone:	Tammy Hohenstein 775-684-0660
		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 04/2026

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: **06/30/2026**
   Contract term: **364 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **OOA FTE Position**

5. Purpose of contract:

This is a new interlocal agreement to provide transfer of funds from the Division of Social Services to the Nevada Health Authority, Office of Analytics for two positions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$270,890.08**

II. JUSTIFICATION

7. What conditions require that this work be done?

The funding of these positions supports DSS by compiling various statistics, such as those related to SNAP, TANF, and Medicaid caseloads and eligibility, and by conducting data reporting and analytics for DSS. These positions are collocated with other health and human services data analysts in the centralized Office of Analytics under the technical guidance of the Chief Biostatistician.

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

State employees are providing these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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	02/11/2026 08:08:49 AM
Division Approval	ttilto1	02/11/2026 13:54:38 PM
Department Approval	cleech	02/25/2026 17:19:07 PM
Contract Manager Approval	ltuttl1	02/26/2026 08:34:48 AM
Budget Analyst Approval	khawkin1	03/04/2026 09:46:13 AM
BOE Agenda Approval	khawkin1	03/04/2026 09:46:15 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: February 23, 2026

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority Cynthia Leech Cynthia Leech (Feb 25, 2026 17:20:52 PST) 02/25/2026

RE: Request for Retroactive Start Date of July 1, 2025, for Division of Social Services CETS #31786 Interlocal Contract 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 this Interlocal contract which transfers funding from the Division of Social Services (DSS) to the Nevada Health Authority (NVHA), Office of Analytics (OOA) for the following positions:

- PCN 2763, Biostatistician II, (1.0 FTE)
- PCN 0672, Management Analyst III (1.0 FTE)

The funding of these positions supports compiling various statistics, such as those related to SNAP, TANF, and Medicaid caseloads and eligibility, and by conducting data reporting and analytics for DSS. These positions are collocated with other health and human services data analysts in the centralized Office of Analytics 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 CONTRACT

1. Contract Number: **31763**

		Legal Entity Name:	Boulder City Fire Department
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Boulder City Fire Department**
Agency Code:	**414**	Address:	**1101 Elm Street**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Boulder City, NV 89005**
If "No" please explain:	Not Applicable	Contact/Phone:	Greg Chesser, Fire Chief 702-589-9643
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$2,650,308.54**

Other basis for payment: FY27: $614,902.94 ; FY28: $645,648.09 ; FY29: $677,930.49; FY30: $711,827.02

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

    Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:05:10 PM
Division Approval	ttilto1	02/06/2026 13:59:05 PM
Department Approval	cleech	02/09/2026 11:56:30 AM
Contract Manager Approval	trya4	02/09/2026 12:57:35 PM
Budget Analyst Approval	khawkin1	02/24/2026 09:56:42 AM
BOE Agenda Approval	khawkin1	02/24/2026 09:56:45 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: **31766**

		Legal Entity Name:	Central Lyon County Fire Protection District
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Central Lyon County Fire Protection District**
Agency Code:	**414**	Address:	**246 Dayton Valley Road, Suite**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Dayton, NV 89403**
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan McIntosh/Amber Law 775-246-6209
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$3,615,206.86**

Other basis for payment: FY27: $838,770.77; FY28: $880,709.31; FY29: $924,744.77; FY30: $970,982.01

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:06:00 PM
Division Approval	ttilto1	02/06/2026 14:01:56 PM
Department Approval	cleech	02/25/2026 17:19:57 PM
Contract Manager Approval	trya4	02/26/2026 12:41:17 PM
Budget Analyst Approval	khawkin1	03/05/2026 11:59:38 AM
BOE Agenda Approval	khawkin1	03/05/2026 11:59:40 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31768**

		Legal Entity Name:	City of Elko Fire Department
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**City of Elko Fire Department**
Agency Code:	**414**	Address:	**911 W. Idaho Street**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Elko, NV 89801**
If "No" please explain:	Not Applicable	Contact/Phone:	James Johnston, Fire Chief 775-777-7347
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,914,781.38**

Other basis for payment: FY27: $444,251.94; FY28: $466,464.53; FY29: $489,787.76; FY30: $514,277.15

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:06:32 PM
Division Approval	ttilto1	02/06/2026 14:45:43 PM
Department Approval	cleech	02/09/2026 17:07:19 PM
Contract Manager Approval	sfergus2	02/13/2026 09:49:07 AM
Budget Analyst Approval	khawkin1	02/26/2026 14:25:17 PM
BOE Agenda Approval	khawkin1	02/26/2026 14:25:19 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: **31792**

		Legal Entity Name:	City of Mesquite - OBO Mesquite Fire and Rescue
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**City of Mesquite - OBO Mesquite Fire and Rescue**
Agency Code:	**414**	Address:	**105 W Mesquite Blvd**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Mesquite, NV 89027**
If "No" please explain:	Not Applicable	Contact/Phone:	Jayson Andrus, Fire Chief 7023462690
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,342,857.76**

Other basis for payment: FY27: $311,558.89; FY28: $327,136.83; FY29: $343,493.68; FY30: $360,668.36

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:10:05 PM
Division Approval	ttilto1	02/09/2026 11:38:12 AM
Department Approval	cleech	02/10/2026 15:55:33 PM
Contract Manager Approval	trya4	02/12/2026 17:33:35 PM
Budget Analyst Approval	khawkin1	02/24/2026 14:09:20 PM
BOE Agenda Approval	khawkin1	02/24/2026 14:09:30 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 CONTRACT

1. Contract Number: **31566**

		Legal Entity Name:	Clark County - OBO Department of Family Services
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Clark County - OBO Department of Family Services**
Agency Code:	**414**	Address:	**500 Grand Central Parkway**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas , NV 89155**
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Colvin 702-455-3324
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2030**
   Contract term: **4 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **TCM Admin Services**

5. Purpose of contract:

   This is a new interlocal agreement to provide targeted case management and administrative services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$37,403,468.75**

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. Soliciation 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 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	abar1	12/17/2025 11:50:30 AM
Division Approval	ttilto1	12/18/2025 08:30:40 AM
Department Approval	trich	12/19/2025 10:43:45 AM
Contract Manager Approval	trya4	12/29/2025 08:41:58 AM
Budget Analyst Approval	khawkin1	03/09/2026 09:59:27 AM
BOE Agenda Approval	khawkin1	03/09/2026 09:59:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31774**

		Legal Entity Name:	East Fork Fire Protection District
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**East Fork Fire Protection District**
Agency Code:	**414**	Address:	**1694 County Road**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Minden, NV 89423**
If "No" please explain:	Not Applicable	Contact/Phone:	Julie Andress 775-782-9991
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$3,564,081.34**

Other basis for payment: FY27: $826,909.04; FY28: $868,254.50; FY29: $911,667.22; FY30: $957,250.58

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:08:25 PM
Division Approval	ttilto1	02/06/2026 16:49:13 PM
Department Approval	cleech	02/25/2026 17:17:27 PM
Contract Manager Approval	trya4	02/26/2026 12:44:41 PM
Budget Analyst Approval	khawkin1	03/05/2026 11:33:00 AM
BOE Agenda Approval	khawkin1	03/05/2026 11:33:03 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: **31794**

		Legal Entity Name:	Mason Valley Fire Protection District
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Mason Valley Fire Protection District**
Agency Code:	**414**	Address:	**118 South Main Street**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Yerington, NV 89447**
If "No" please explain:	Not Applicable	Contact/Phone:	Theresa Spinuzzi, Administrative Secretary 7754632261
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$558,528.80**

Other basis for payment: FY27: $129,585.29; FY28: $136,064.55; FY29: $142,867.78; FY30: $150,011.17

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:10:27 PM
Division Approval	ttilto1	02/09/2026 11:44:54 AM
Department Approval	cleech	02/13/2026 12:31:04 PM
Contract Manager Approval	sfergus2	02/13/2026 14:33:43 PM
Budget Analyst Approval	khawkin1	02/26/2026 14:19:55 PM
BOE Agenda Approval	khawkin1	02/26/2026 14:19:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31791**

		Legal Entity Name:	North Lake Tahoe Fire Protection District
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**North Lake Tahoe Fire Protection District**
Agency Code:	**414**	Address:	**866 Oriole Way**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Incline Village, NV 89451**
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan Sommers, Fire Chief 7758338101
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,815,926.77**

Other basis for payment: FY27: $421,316.50; FY28: $442,382.32; FY29: $464,501.44; FY30: $487,726.51

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

    Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:09:46 PM
Division Approval	ttilto1	02/09/2026 09:36:10 AM
Department Approval	cleech	02/25/2026 17:21:43 PM
Contract Manager Approval	trya4	02/26/2026 12:45:02 PM
Budget Analyst Approval	khawkin1	03/05/2026 11:37:29 AM
BOE Agenda Approval	khawkin1	03/05/2026 11:37:33 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: **31790**

		Legal Entity Name:	North Lyon County Fire Protection District
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**North Lyon County Fire Protection District**
Agency Code:	**414**	Address:	**195 E. Main Street**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Fernley, NV 89408**
If "No" please explain:	Not Applicable	Contact/Phone:	Kasey Miller, Office Manager 7755753310
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$2,875,528.42**

Other basis for payment: FY27: $667,156.62; FY28: $700,514.45; FY29: $735,540.17; FY30: $772,317.18

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:09:20 PM
Division Approval	ttilto1	02/09/2026 09:35:27 AM
Department Approval	sruybali	02/24/2026 15:59:48 PM
Contract Manager Approval	trya4	02/25/2026 08:34:44 AM
Budget Analyst Approval	khawkin1	03/04/2026 10:17:59 AM
BOE Agenda Approval	khawkin1	03/04/2026 10:18:20 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31776**

		Legal Entity Name:	Storey County Fire Protection District
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Storey County Fire Protection District**
Agency Code:	**414**	Address:	**145 N. C Street**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Virginia City, NV 89440**
If "No" please explain:	Not Applicable	Contact/Phone:	Jeremy Loncar, Fire Chief 7758470954
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,300,363.43**

Other basis for payment: FY27: $301,699.70 ; FY28: $316,784.69 ; FY29: $332,623.92; FY30: $349,255.12

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

    Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:08:43 PM
Division Approval	ttilto1	02/09/2026 08:11:08 AM
Department Approval	cleech	02/09/2026 17:06:10 PM
Contract Manager Approval	sfergus2	02/13/2026 09:52:42 AM
Budget Analyst Approval	khawkin1	02/26/2026 14:30:28 PM
BOE Agenda Approval	khawkin1	02/26/2026 14:30:31 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: **31772**

		Legal Entity Name:	Tahoe Douglas Fire Protection District
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Tahoe Douglas Fire Protection District**
Agency Code:	**414**	Address:	**P.O. Box 919**
Appropriation Unit:	**3243-24**		
Is budget authority available?:	**Yes**	City/State/Zip	**Zephyr Cove, NV 89448**
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Lindgren, Fire Chief 7755883591
		Vendor No.:	
		NV Business ID:	Governmental Entity

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 **07/01/2026**

Anticipated BOE meeting date 05/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

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

Contract description: **GEMT Fire District**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing reimbursement for emergency transportation services provided to Medicaid recipients.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,332,085.78**

Other basis for payment: FY27: $309,059.66 ; FY28: $324,512.65 ; FY29: $340,738.28; FY30: $357,775.19

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 2015 - ongoing satisfactory

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

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

    Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Patricia O'Flinn, Management Analyst III Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bwittke	02/05/2026 15:07:24 PM
Division Approval	ttilto1	02/06/2026 16:47:32 PM
Department Approval	cleech	02/09/2026 17:05:16 PM
Contract Manager Approval	sfergus2	02/13/2026 09:54:32 AM
Budget Analyst Approval	khawkin1	02/24/2026 10:11:04 AM
BOE Agenda Approval	khawkin1	02/24/2026 10:11:06 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31990**

		Legal Entity Name:	OnMed LLC
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**OnMed LLC**
Agency Code:	**440**	Address:	**7 Renaissance Square, 5th Floo**
Appropriation Unit:	**3706-09**		
Is budget authority available?:	**Yes**	City/State/Zip	**White Plains, NY 10601**
If "No" please explain:	Not Applicable	Contact/Phone:	Mindy Walker 520-603-7251
		Vendor No.:	Pending
		NV Business ID:	NV20212249579

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 #: 44DOC-S3645 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/17/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **Yes**

If "Yes", please explain

NDOC needs physicians to provide medical services to its offender population. The sooner this service can be implemented it will help to save labor costs of correctional personnel needed to transport offenders off site for medical appointments.

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

Contract term: **1 year and 105 days**

4. Type of contract: **Contract**

Contract description: **Telemedicine Kiosks**

5. Purpose of contract:

This is a new contract to provide telemedicine kiosks for offenders at High Desert State Prison, Northern Nevada Correctional Center, and Lovelock Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$1,308,000.00**

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

II. JUSTIFICATION

7. What conditions require that this work be done?

The implementation of medical kiosks will help NDOC to treat patients more efficiently and help to reduce the backlog of medical care as well as help reduce overtime of correctional officers needed for medical transportation.

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

No state agencies offer this service.

9. Were quotes or proposals solicited? Yes

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

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

CFG Health
CCM Medical Services
Hamilton Health Box, Inc

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP 44DOC-S3645, 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: 02/19/2026 Anticipated re-bid date: 01/01/2027

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

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?
    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?
    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	khardca1	03/16/2026 08:38:31 AM
Division Approval	carnol1	03/16/2026 08:46:40 AM
Department Approval	vfajota	03/16/2026 10:49:13 AM
Contract Manager Approval	blewalle	03/16/2026 11:01:36 AM
EITS Approval	ljean	03/16/2026 14:58:59 PM
Budget Analyst Approval	vyoungb	03/17/2026 14:49:40 PM
BOE Agenda Approval	nrezaie	03/18/2026 08:42:18 AM
BOE Final Approval	Pending	

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
Deputy Director/State 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: James Dzurenda, Director, NDOC
Russ Alfano, Medical Administrator, NDOC
Dan Erlendson, Chief IT Manager, NDOC

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDOC – Medical Kiosk (OnMed) – TIE 1498, Revision 1 – BA(s) 3706

DATE: January 12, 2026

We have completed our review of the Nevada Department of Corrections (NDOC) investment, which has an estimated total value of $1,818,534.00, allocated to FY2026, as follows:

Cost Type	FY26
One-Time Cost	**$ 1,789,050.00**
Firewall HDSP	$ 2,350.00
Firewall LCC	$ 2,350.00
Firewall NNCC	$ 2,350.00
Telemedicine boot with equipment	$ 1,782,000.00
Ongoing Cost	**$ 29,484.00**
Internet Service Provider	$ 9,828.00
Internet Service Provider LCC	$ 9,828.00
Internet Service Provider NNCC	$ 9,828.00
Grand Total	**$ 1,818,534.00**

Funding source(s): 100% General Fund.

OnMed CareStations are portable, technology-enabled healthcare booths designed to extend clinical access into locations where traditional care delivery is limited or unavailable. They are a “clinic-in-a-box” that combines a private physical kiosk with live video access to licensed clinicians and integrated diagnostic tools, allowing users to complete real-time consultations without the need for a full brick-and-mortar clinic. The proposal describes these units as suitable for deployment in community-facing settings such as shelters, schools, public buildings, rural facilities, and other high-traffic or underserved environments, with the stated objective of expanding equitable access to care while reducing unnecessary emergency room utilization and improving convenience.

Security and risk considerations materially complicate the investment profile, as both cybersecurity and physical security issues have been identified by security stakeholders. Major risks include potential impact of device compromise, particularly given that medication dispensing is performed on-site within the machine. This risk scenario could enable an attacker who gains control of a kiosk to influence or manipulate medication delivery. Additionally, the lack of end-to-end encryption, which would expose sensitive personally identifiable information and protected health information to interception or unauthorized access, directly elevates regulatory, legal, and reputational risk.

The physical security model is also weak, with limited response mechanisms if users intentionally misuse the kiosk, including the possibility of individuals barricading themselves inside. In a corrections or controlled environment context, this is compounded by the assertion that data controls are managed from within the booth, which could introduce safety risks if users discover procedural or technical loopholes. For instance, a USB device could be introduced maliciously into an exposed port, thus converting the kiosk into a collection point for sensitive data or a pivot into the broader state network. These risks suggest that the current design may not align with baseline government security expectations without significant compensating controls, architectural redesign, or contractual safeguards.

Overall, while there is potential public value in access expansion and service delivery innovation, the investment, as described, would require rigorous validation of vendor security claims, independent technical assessment, and likely architectural mitigation before being considered suitable for high-risk government environments. Without resolution of the encryption, physical control, device hardening, and insider threat concerns, the risk profile could outweigh the intended benefits, particularly in regulated environments such as healthcare delivery where it is tied to state infrastructure.

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[i] and applicable Nevada Revised Statutes (see NRS 629 and 439.245). 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

[i] https://it.nv.gov/Governance/Security/State_Security_Policies_Standards___Procedures/

Joe Lombardo
Governor

James Dzurenda
Director

Brian E. Williams, Sr.
Deputy Director of Operations



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

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

MEMORANDUM

Date: March 6, 2026

To: Tiffany Greenameyer, Clerk of the Board
Board of Examiners

From: Venus B. Fajota, Administrative Services Officer
Nevada Department of Corrections, Support Services Division, Fiscal Services

Subject: Retroactive Memo for Telemedicine Kiosks – CETS #31990

This memo seeks approval for a retroactive start date of a contract of healthcare kiosks services on March 17, 2026. The contract, funded through appropriations in Senate Bill 4 from the 36th Special Session (2025), was entered into between the Nevada Department of Corrections (NDOC) and OnMed LLC at the conclusion of State Purchasing Request for Proposal #44DOC-S3645.

NDOC needs physicians to provide medical services to its offender population. The agency has been actively recruiting for physicians for the past two years through state employment and/or contract employment services. The chosen vendor offered a solution to deploy and support secure telemedicine kiosks to expand access to non-emergent medical services within a correctional environment. Beginning implementation discussions as soon as allowable is necessary because NDOC is experiencing high vacancies in medical staff.

Your consideration of our request is greatly appreciated. If you need any additional information, please contact me. Thank you.

CC: James Dzurenda, Director
William C. Quenga, Deputy Director
Dr. Kenneth Williams, Medical Director

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **32022**

		Legal Entity Name:	Southern Folger Contracting, Inc.
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**Southern Folger Contracting, Inc.**
Agency Code:	**440**	Address:	**PO Box 58**
Appropriation Unit:	**3762-09**		
Is budget authority available?:	**No**	City/State/Zip	**Newcastle, CA 95658**
If "No" please explain:	Pending approval of work program #C81503.	Contact/Phone:	Mike Acker 775-634-7580
		Vendor No.:	T32012639
		NV Business ID:	NV20201725627

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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **11/30/2026**
   Contract term: **243 days**

4. Type of contract: **Contract**
   Contract description: **HDSP Doors**

5. Purpose of contract:

This is a new contract to provide repair services for the sliding door operators. This contract is contingent upon approval of IFC work program #C81503.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$148,485.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The sliding door operators at High Desert State Prison are worn out and need replacement in order to continue functioning for offender and staff safety.

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

NDOC does not have qualified personnel, no state agency offers this service.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 260302
Approval Date: 03/03/2026

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

This door system is proprietary to Southern Folgers.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

    No If "Yes", please provide details of the litigation 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	msmi59	03/13/2026 08:37:53 AM
Division Approval	vfajota	03/19/2026 09:44:07 AM
Department Approval	vfajota	03/19/2026 09:44:13 AM
Contract Manager Approval	blewalle	03/19/2026 10:02:23 AM
Budget Analyst Approval	vyoungb	03/19/2026 15:53:58 PM
BOE Agenda Approval	nrezaie	03/19/2026 16:47:06 PM
BOE Final Approval	Pending	

Purchasing Use Only:	
Approval #:	2601302 @

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	**Agency Contact Information - Note: Approved copy will be sent to ONLY the contact(s) listed below:**			
	ENTER STATE AGENCY NAME:	*Department of Corrections*		
	Contact Name and Title		*Phone Number*	*Email Address*
	Brandon Lewallen (MA2)		*775-977-5673*	*blewallen@doc.nv.gov*

1b	**Vendor Information:**	
	Vendor Name:	*Southern Folger Contracting, Inc.* *NV Business ID 20061068046*
	Contact Name:	*Mike Acker, National Accounts Manager*
	Complete Address: City, State, and Zip Code	*PO Box 58, Newcastle, CA 95658-0058*
	Telephone Number:	*775-634-7580*
	Email Address:	*mike@southernfolgercontracting.com*

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

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

1e	**Term:**				
	One (1) Time Purchase? Check One:	Yes:	*XX*	No:	
	Contract:	Start Date:	*BOE approval anticipated to be April 14*	End Date:	*December 31, 2026*

1f	**Funding:**	
	State Appropriated:	*Yes*

Rec'd 03/10/26 w/ quote & Sheet

Revised quote rec'd 03/03/26 2:00 PM

Purchasing Use Only:	
Approval #:	2403026

	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
1g	***$153,485.00 ($148,485.00 plus $5,000 contingency in the event of unknown conditions/delays substantiated, mutually agreed upon and billed in accordance with section G. of contractor's proposal)***

	Provide a description of work/services to be performed or services with goods to be purchased:
2	***Contractor will replace worn sliding door operators with new sliding door operators on the existing doors at the Nevada State High Desert Prison (HDSP) located in Indian Springs. Door operators will be prepped, adjusted and tested before being placed into service. Work will occur within normal business hours of Monday – Friday 8A-5P in a secure area.***

	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?
3	***Southern Folger Contracting, Inc., NSCB license number 0087130 is the only Southern Folger Detection Equipment Co. (SFDEC), factory certified detention equipment contractor and installer that has a Nevada contractor's license with the appropriate designation of C-14E for this type of work.***

	Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:
4	***The existing equipment being replaced is manufactured by SFDEC and the replacement equipment and all associated labor for the installation must be performed by a factory certified detention equipment contractor and installer for the purposes of integration with existing equipment as well as equipment and manufacturing workmanship warranty.***

	Were alternative services or commodities evaluated?	**Check One:**	
		Yes	No
			XX
5	a. ***<u>If yes</u>**, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*		
	b. ***<u>If not</u>**, why were alternatives not evaluated?*		

Purchasing Use Only:	
Approval #:	260302@

	The existing equipment being replaced is manufactured by SFDEC, which is installed on Folger Adams doors, also owned by Southern Folger, the replacement equipment and all associated labor for the installation must be performed by a factory certified detention equipment contractor and installer for the purposes of integration with existing equipment as well as equipment and manufacturing workmanship warranty. SFDEC only has two certified detention equipment contractors and installers with a Nevada contractor's license, both companies, Detention Equipment Specialties in Incline Village, NV and Southern Folger Contracting, Inc. in Newcastle, CA are under the same ownership with Detention Equipment Specialties servicing northern Nevada and Southern Folger Contracting, Inc., servicing southern Nevada.

6

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>.		*XX*

a. *If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>must be provided along with the CETS contract number(s) associated with each</u>:*

Term		*Value*	*Short Description*	*Provide Type of Procurement RFP#, RFQ#, Waiver #*	*CETS #*
Start Date	*End Date*				
		$			
		$			
		$			
		$			
		$			

7

What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
The doors requiring repair are part of the sallyport system, a series of doors in a controlled entry point into the facility ensuring the area remains secure during movement or transfer of free staff or offenders. Denial of the request will create a life safety and security situation at the High Desert State Prison. HDSP staff have attempted repairs at their level and have been unsuccessful; one door is inoperable and additional delay in repairing the sliding door operating system contemplates system failure. A competitive bid would require complete replacement of the doors and security system due to an inability to integrate with the existing system and the Folger Adams doors; there is no funding for replacement of the doors and operating/security systems.

8

What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?

Purchasing Use Only:	
Approval #:	2600302

	Research to verify the proprietary nature of the equipment and system to SFDEC and that while there are multiple certified contractors only two have the appropriate Nevada contractors' license and both are under the same ownership.

9	**Will this purchase obligate the State to this vendor for future purchases? Check One:** ***NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.***	**Yes** *XX*	**No**
	a. *If yes, please provide details regarding future obligations or needs.* ***Future repairs or replacements for the existing doors operating equipment and system would have to be performed by SFDEC certified contactors for the reasons detailed in the previous sections.***		

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. *NOTE: The same individual cannot provide approval signatures in both sections.*

Brandon Lewallen

Signature of Agency Representative Initiating Request

Brandon Lewallen — 2/12/2026

Print Name of Agency Representative Initiating Request — Date

W. C. Quenga

Signature of Agency Head Authorizing Request

W. C. Quenga — 02-08-2026

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:

Purchasing Use Only:	
Approval #:	260302 @

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 TIE approval or approval update as an attachment in CETS.	

Approved by:

Administrator, Purchasing Division or Designee

3.6.2026

Date

#260302-(1)

Southern Folger CONTRACTING INC

Proposal

Southern Folger Contracting, Inc PO Box 58
Newcastle, CA 95658-0058
Phone: (916) 900-6593

Today's Date: 2/12/26
Quote Valid Date: 3/12/26

Quote: MA112025
Project: High Desert Gates

Shipping Information:

Nevada Sate High Desert State Prison
22010 Cold Creek Rd.
Indian Springs, NV 89070
Calleen Corrigan
725-216-6657
ccorrigan@doc.nv.gov

Billing Information:

Nevada Sate High Desert State Prison
22010 Cold Creek Rd.
Indian Springs, NV 89070
Calleen Corrigan
725-216-6657
ccorrigan@doc.nv.gov

Scope of work:

A. Southern Folger Contracting Inc. certified technicians will travel to your facility and replace (2) worn Folger Adam D2B.3 Sliding Door Operators with (2) 3165XbHCPK-2 Sliding Door Operators, primed painted w/paracentric lock and paracentric key switch in the pilaster. We will reuse your existing doors. Once installed the new operators will be lubricated, adjusted and tested with our test box before being turned over to the facility to be placed into service Work is to be done during normal business hours (M-F 8am-5pm) in a safe and secure area. Both operators to be completed on same mobilization. Existing housing will be removed and carried off to your scrap area. Finished painting is not included.

Note: Here is the cost for labor and materials for replacement of the (2) sliding door operators. Total Labor and Material breakouts are below:

1) **Nevada High Desert State Prison:**
   A) Labor and Project management / Project Engineer: $92,647.00
      a. PM / PE Cost: $15,000.00
      b. Site Visit for Measurements: $5,000.00
      c. Field Installation: $35,000.00
      d. Travel and Truck Expenses: $19,500.00
      e. Equipment / Tools: $5,000.00
      f. Consumables: $2,647.00
      g. Warranty: $5,500.00
      h. Contingency: $5,000.00
   B) Material: $55,838.00
   C) Total cost will be $148,485.00 to complete this project

A. This proposal specifically excludes the following:

- All control work including troubleshooting, programing and repairs.
- All Conduit, wiring and wiring terminations.

Revised Quote
Rec'd 03/03/26 2:00 PM

Pg 6 of 10 (1)

- All Security caulking.
- All finish painting, areas disturbed by our welding will be prime painted.

B. This proposal includes management, labor, tools, travel expenses, and ancillary expenses that are required to complete the scope of work as described herein.

C. This proposal includes engineering, drafting, and CAD work required to complete the scope of work as described herein.

D. Delivery will be FOB Origin by common carrier with freight allowed to the job site.

E. Concealed/Unknown Conditions:

If concealed or unknown conditions which affect the whole or in part the performance of the scope of work are encountered, then Southern Folger Contracting shall stop work and provide written notice thereof to the owner before conditions are further disturbed.

F. Predecessor Work by Others:

If predecessor work by others (Owner or other subcontractors) is not complete and affects the efficient performance of our scope of work, then Southern Folger Contracting shall stop work and provide written notice thereof to the owner. Predecessor work by others includes but is not limited to:

- Inmates moved/relocated from work area(s)
- Escorts present/available for duration of scope
- Free clear access to work area (no obstructions by material or equipment from Owner or other trades)
- Demolition
- Correct raceway and wiring
- Fully functioning controls

G. If either condition (D. Concealed/Unknown Conditions **or** E. Predecessor Work by Others) is present at any point during our time onsite, this proposal shall be adjusted accordingly to account for additional staffing, additional mobilization/demobilization, increased labor, additional material, delays, or other costs as required and a change order issued prior to continuing the scope of work. Our return to continuing the scope of work will be rescheduled based on our availability. Base rates for delay/stand-by time and mobilization below will apply.

Item	Rate
Delay/Stand-by Time-Onsite	$175/hr./man
Lodging	$150/night/man
Truck Cost	$85/day/man
Per Diem	$55/day/man
Equipment	Case-by-case
Mobilization/Demobilization	

Drive time	$90/hr./man
Truck Cost	$85/day/man
Lodging	$150/night/man
Fuel	$0.35/mile
Air Fare	Case-by-case

General Qualifications, Exclusions and Terms and Conditions:

A. *This proposal excludes all sales tax.* We require a tax-exempt certificate if you are claiming tax exempt.

B. We exclude performance and payment bonds from total price. If a bond is required, add 2% to the total price.

We specifically exclude the following:

- Unless specifically included in the scope above, all training is excluded.
- All non-security and security sealants and caulking.
- All fillers and finish paint.
- SFC will not be held responsible for existing wiring problems, control issues or delays caused by them. Should any troubleshooting, repairs or parts be required, you will be notified of the price and upon approval they will be added to the order.
- Any fire alarm, CCTV/camera systems equipment or modifications.
- Repairs of any existing field devices.
- Not responsible for wear on existing mechanisms that we are not replacing.
- All hardware not specifically identified in this proposal.
- Abatement of hazardous materials i.e., lead and or asbestos.
- Loss time due to site access conditions and lockdowns.
- Rebar through frames and anchors.
- All structural steel members and/or components, except as noted.
- Repair of embeds, concrete, floor, and/or any other substrate damage and patching.
- Any type of concrete, footings, and grout work except as noted.
- Fireproofing and/or protection of any kind.
- Smoke and dust control inside the building during construction.
- Refuse containers and trash removal from site, except as noted.
- Protection of HVAC systems/ducts during construction activities.
- Portable toilets and/or hand wash facilities.
- Permits, permit fees and special license requirements.
- Testing, inspections, fire ratings, U.L labeling and any associated fees.
- Overtime/premium time.
- Expediting and materials due to long lead-time.
- Back charges and/or damages without our written approval.
- Conex storage unit.
- All allowances.

Contract Execution Terms and Conditions:

1. Our proposal is based on the execution of a mutually agreeable contract, which will incorporate this proposal in its entirety.

2. Our proposal is based upon reaching a mutually agreeable schedule Monday through Friday and during the hours of 6:00 AM and 5:00 PM excluding SFC holidays, (SFC is closed the week of Christmas and New Years). We will provide schedule input for incorporation into your schedule using durations and sequencing to support the overall completion and owner acceptability of the project.

3. We will begin engineering submittals with an initial letter of intent to contract with a notice to proceed until we receive your executed contract.

4. Southern Folger Contracting will bill 20% for Engineering when your order is approved and turned over in our system. We will then proceed with monthly progress payments in accordance with a mutually agreeable schedule of values that includes general conditions, material delivery, stored materials, and installation. Payment terms are Net 30 days unless otherwise agreed and stated.

5. Our proposal is based on one mobilization. Southern Folger Contracting requires free and clear access to all door openings and work areas. Equipment installed by others that impacts our scope of work must be complete and in place before we arrive on-site.

6. Due to the volatile nature of material & fuel costs, Southern Folger Contracting can only honor pricing for **thirty (30) days** from the date of this quotation and thereafter will be subject to revision.

7. Our proposal is based on monthly progress payments against a schedule of values that includes engineering, general conditions, stored materials, and installation.

8. Thirty days after receipt of a Letter of Intent all quotes are subject to a price escalation if a purchase order has not been received. One Hundred Eighty (180) days after receipt of a purchase order all quotes are subject to a price escalation if all project information has not been submitted including hardware schedule, etc.

9. If a Purchaser defaults hereunder or cancels this agreement before fabrication of any products, Purchaser agrees to pay a sum equal to 20% of the purchase price to be paid hereunder as settled and liquidated damages for Seller's costs in the preparation of shop drawings and all sales expenses and costs. Said amount is hereby agreed upon as settled and liquidated damages for all work rendered in the preparation by Seller of all shop plans and drawings. Where Seller has started fabrication and the Purchaser cancels in whole or in part the within order, Purchaser agrees to pay the total price less Seller's cost of manufacturing the remaining part of the order of the remaining materials.

10. Deviations from these items could affect our proposal price.

Warranty:

Equipment and manufacturing workmanship are warranted against defects for one (1) year after installation. Warranty is limited to repair or replacement of equipment deemed to have failed under regular conditions of normal use and excludes failures attributable to misuse or vandalism.

Lead Time – As of the date of this quotation, our lead times are as follows:

A. Submittals as of the date of this quotation are 6 - 8 weeks after receipt of an acceptable purchase order and all project documents. Including plans, specifications, and all addenda items.

B. Current lead-times fluctuate and can be as high as 25 weeks after receipt of all information required for fabrication including approved shop drawings, submittals for hardware.

C. Lead times are subject to change without notice. Final shipping schedule will only be determined after receipt of all approvals.

Price for Scope of Work: _____ **Dollars ($148,485.00)**

If you have any questions concerning this proposal, please contact the undersigned at **(775) 635-7580.** To reduce handling time, you should email a purchase order in, please reference our quote number, and address it to mike@southernfolgercontracting.com

Thank you for the opportunity of quoting your work.

Southern Folger Contracting, Inc.

Mike Acker

National Accounts Director
Office: (775) 634-7580
E-mail: mike@southernfolgercontracting.com
www.southernfolgercontracting.com

CONFIDENTIALITY NOTICE: This letter and any attachments constitute confidential information, which is intended only for the named recipient(s) and may be legally privileged. Any disclosure, copying, distribution or the taking of any action concerning the contents herein, by anyone other than the named recipient(s) is strictly prohibited.

Thank you for your Interest in Southern Folger Contracting!

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **23187**

Amendment Number: **3**

Legal Entity Name: Management Technology Group, L.L.C.

Agency Name: **DPS-RECORDS, COMMUNICATIONS, AND COMPLIANCE**

Contractor Name: **Management Technology Group, L.L.C.**

Agency Code: **655**

Address: **dba MTG Management Consultants**

Appropriation Unit: **4709-22**

690 Gray's Woods Blvd., Ste 10

Is budget authority available?: **Yes**

City/State/Zip **Port Matilda, PA 16780**

If "No" please explain: Not Applicable

Contact/Phone: Robert Kaelin 206-689-2218

Vendor No.: T29025149

NV Business ID: NV20041240020

To what State Fiscal Year(s) will the contract be charged? **2021-2027**

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

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 #65DPS-SA1080

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 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **7 years**

4. Type of contract: **Contract**

Contract description: **NCJIS Mod/QA-ChgMgr**

5. Purpose of contract:

This is the third amendment to the original contract which provides change management, quality assurance and senior advisor services for the Nevada Criminal Justice Information System modernization solution. This amendment extends the termination date from June 30, 2026 to June 30, 2027 and increases the maximum amount from $6,024,158 to $6,447,661 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:	$4,478,632.00	$4,478,632.00	$4,478,632.00	Yes - Action
	a. Amendment 1:	$501,634.00	$501,634.00	$501,634.00	Yes - Action
	b. Amendment 2:	$321,532.00	$321,532.00	$321,532.00	Yes - Action
2.	Amount of current amendment (#3):	$1,145,863.00	$1,145,863.00	$1,145,863.00	Yes - Action
3.	New maximum contract amount:	$6,447,661.00			
	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?

Change Management, Quality Assurance and Senior Advisor services are required as part of the successful implementation of the Nevada Criminal Justice Information System (NCJIS) Modernization solution and for optimum success are provided from a vendor separate than the solution vendor.

This amendment also corrects an error in the Contract Entry Tracking System. The original contract was entered with a not to exceed amount of $4,478,632. The contract stated the Consideration was $72,236 per month for 72 months. The amount not to exceed should have been $5,200,992.

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 skill set to complete the tasks for this level of modernization project.

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. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #65DPS-S1080, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

MTG has performed work for various State agencies since 2010 and specifically with DPS since 2011, all of which 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	jkolenut	02/24/2026 14:29:23 PM
Division Approval	cjackson	03/04/2026 13:23:05 PM
Department Approval	mcosenti	03/05/2026 14:40:36 PM
Contract Manager Approval	mcosenti	03/05/2026 14:40:38 PM
EITS Approval	ljean	03/05/2026 14:53:06 PM
Budget Analyst Approval	tsmorra	03/12/2026 14:09:17 PM
BOE Agenda Approval	bmacke1	03/17/2026 13:42:34 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
Deputy Director/State 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: Erica Sousa-Llamas, Administrator, RCCD, DPS
Jason Kolenut, Administrative Services Officer III, DPS
Tom Dorsey, Information Security Officer, DPS
Brett Patterson, Business Process Analyst III, DPS
Kami Thompson, Management Analyst II, DPS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DPS – *MTG Consultants – Amendment #3* – TIE 1448, Revision 1 – BA(s) 4709

DATE: January 28, 2026

We have completed our review of the Department of Public Safety (DPS) investment, which has an estimated total value of $423,503.00, allocated to FY2027 as a one-time cost.

Funding source(s): 100% General Fund.

This investment supports the controlled wind-down and decommissioning of JLink while sustaining advisory continuity for the broader NCJIS Modernization effort. Mission Critical Partners (MCP) continues to function in quality assurance, program management, and advisory capacity alongside DPS staff, providing coordination and oversight of vendor deliverables rather than operational or system administration services. This change aligns the contract with the actual lifecycle of the program by

extending support through completion of enhanced maintenance items and JLink wind-down activities currently expected to conclude by February 28, 2026, and by carrying senior advisor and program manager support forward from March 1, 2026, through June 30, 2027, to stabilize operations and prepare for NCJIS Modernization Phase 2. The project plan elements embedded in the change request clarify that the work is transitioning from implementation toward operational maturity, with MCP supporting DPS as internal staff, GTO involvement, and vendor resources are integrated into a unified service model.

The rationale for this investment is operationally sound: decommissioning a legacy system and stabilizing a newly modernized justice information environment benefits from institutional knowledge and disciplined oversight during the transition window. The structure of the change preserves the advisory nature of the engagement and avoids scope creep into operations, which keeps governance boundaries clear. The defined completion window for JLink wind-down, explicit contract extension, and quantified budget adjustment indicate that the request is bounded and traceable to program lifecycle needs rather than open-ended consulting. The investment increases the likelihood that NCJIS operations will mature cleanly into a sustainable model before Phase 2 is presented for executive and legislative approval.

The GTO technology risk score indicates a moderate level of cybersecurity 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 CONTRACT

1. Contract Number: **31619**

		Legal Entity Name:	NEVADA DEPARTMENT OF WILDLIFE
Agency Name:	**DCNR - FORESTRY DIVISION**	Contractor Name:	**NEVADA DEPARTMENT OF WILDLIFE**
Agency Code:	**706**	Address:	**6980 Sierra Center Parkway**
Appropriation Unit:	**4195-51**		**Ste. 120**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89511**
If "No" please explain:	Not Applicable	Contact/Phone:	ncamarena@ndow.org 775-688-1570
		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.

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 **12/29/2025**

Anticipated BOE meeting date 04/2026

Retroactive? **Yes**

If "Yes", please explain

This funding is only authorized through June 30, 2027. Given the short timeframe to complete the designated projects, funding awardees have been actively working to get all necessary contracts and agreements in place to begin work in a timely fashion. There are also limited windows to complete work, due to seasonal conditions for planting and herbicide application treatments as well as federal restrictions in place to protect endangered and migratory species habitats.

3. Termination Date: **05/31/2027**
   Contract term: **1 year and 152 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **A.B. 578 NDOW**

5. Purpose of contract:

This is a new interlocal agreement to provide implementation of landscape-scale restoration projects.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$4,093,774.60**

II. JUSTIFICATION

7. What conditions require that this work be done?

This project is IAW Shared Stewardship AB 578 (2025).

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 resources to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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:
    Tony Parenti, Partnership Coordinator Ph: 775-684-2515
    null, null Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	swesto3	02/02/2026 08:43:04 AM
Division Approval	swesto3	02/02/2026 08:43:06 AM
Department Approval	jkemmere	02/02/2026 12:46:15 PM
Contract Manager Approval	mmcdani5	03/06/2026 14:06:20 PM
Budget Analyst Approval	rmayhall	03/09/2026 11:32:34 AM
BOE Agenda Approval	bmacke1	03/17/2026 12:27:42 PM
BOE Final Approval	Pending	

NEVADA DIVISION OF FORESTRY

STATE OF NEVADA
Department of Conservation & Natural Resources

Joe Lombardo, *Governor*
James A. Settelmeyer, *Director*
Ryan S. Shane, *State Forester/Firewarden*

DATE: March 6, 2026

MEMORANDUM

TO: **Rosa Rogula**
Budget Officer
Governor's Finance Office

FROM: **Ryan Shane**
Acting State Forester / Firewarden
Nevada Division of Forestry

SUBJECT: **REQUEST FOR RETROACTIVE START DATE OF CONTRACT (CETS# 31619)**

This memorandum requests that the following contract be approved for a retroactive start.

The following information is required:

- **Name of vendor:** Nevada Department of Wildlife
- **Services to be provided:** This is a new interlocal agreement to provide the Nevada Department of Wildlife with funding to implement landscape-scale restoration projects as part of the A.B 578 "Better Together" project
- **Funding source and expenditure category**: BA# 4195 – CAT# 51
- **Requested start date of work:** December 29, 2025
- **Expected execution date of agreement (IFC approvals):** April 7, 2026
- **Detailed explanation as to why a retroactive agreement is necessary, including:**
    - **Reason(s) why the agreement was not submitted timely:** Awards for AB578 were announced on November 17, 2025. This funding is only authorized through June 30, 2027. Given the short timeframe to complete the designated projects, funding awardees have been actively working to get all necessary contracts and agreements in place to begin work in a timely fashion. There are also limited windows to complete work, due to seasonal conditions for planting and herbicide application treatments as well as federal restrictions in place to protect endangered and migratory species habitats. This retroactive agreement will ensure work can be started as soon as possible, so all parties can meet their legislative mandates.
    - **Describe the impact to the program/services if this work is not started prior to the execution of the agreement:** If this retroactive agreement is not approved, project work may not be completed by the end of SFY 2027. Awardees will also need to utilize other funding sources, which can create an additional burden on awarded agencies and Nevada taxpayers, and may make it difficult to spend these funds as appropriated.
    - **Explain how the program/bureau will prevent future retroactive requests:** Due to the unique nature of this funding award, we do not anticipate having similar time constraints on future Shared Stewardship projects. However, agencies will work to begin the award process and solicit necessary vendors ahead of future funding announcements if necessary, provided all parties are given enough time to prepare spending plans for these appropriated funds.

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 CONTRACT

1. Contract Number: **31819**

		Legal Entity Name:	WEBSOFT DEVELOPERS, INC.
Agency Name:	**DCNR - STATE LANDS**	Contractor Name:	**WEBSOFT DEVELOPERS, INC.**
Agency Code:	**707**	Address:	**2020 RESEARCH DRIVE**
Appropriation Unit:	**4173-26**		**SUITE 140**
Is budget authority available?:	**Yes**	City/State/Zip	**DAVIS, CA 95618**
If "No" please explain:	Not Applicable	Contact/Phone:	MANOJ DESAI 530/759-8754
		Vendor No.:	T81100374
		NV Business ID:	NV20121454363

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 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2028**
   Contract term: **2 years and 91 days**

4. Type of contract: **Contract**
   Contract description: **LMS UPGRADE**

5. Purpose of contract:

This is a new contract to provide cost-effective enhancements and modern features to the Land Management System.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$613,800.00**

Payment for services will be made at the rate of $0.00 per Billing Rate Schedule

Other basis for payment: Within 30 days of receipt of invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The current LMS system was implemented in 2008. Over time, the program has slowly changed, resulting in database items not being used, application fields being renamed and used for other than what was intended, and data duplication as modules were updated to meet NDSL changing needs. Currently, NDSL staff spend much time inputting data from paper application forms, managing data entry as projects go through the process, creating authorization documents outside LMS only to upload them later once executed, having to remember minute items to ensure data integrity, etc. This results in time and cost inefficiencies, difficulty training new staff, and the need to continually monitor data integrity.

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

Agency staff does not have the knowledge and qualifications to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**
Approval #: 260102
Approval Date: 01/30/2026

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

Websoft is the developer and sole expert in the Land Management System.

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:

    Websoft has provided ongoing maintenance and support to the Division of State Lands for the current Land Management System. Quality 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	avance	03/02/2026 09:32:23 AM
Division Approval	avance	03/02/2026 09:32:24 AM
Department Approval	mweyland	03/02/2026 14:05:17 PM
Contract Manager Approval	avance	03/04/2026 14:07:58 PM
EITS Approval	ljean	03/04/2026 15:09:43 PM
Budget Analyst Approval	rmayhall	03/04/2026 15:14:45 PM
BOE Agenda Approval	bmacke1	03/17/2026 12:20:52 PM
BOE Final Approval	Pending	

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Purchasing Division

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

Purchasing Use Only:	
Approval#:	260102@

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

1a	**Agency Contact Information - Note: Approved copy will be sent to ONLY the contact(s) listed below:**			
	ENTER STATE AGENCY NAME:	*Division of State Lands*		
	Contact Name and Title		*Phone Number*	*Email Address*
	Ellery Stahler		*775-684-2711*	*estahler@lands.nv.gov*
	Alan Vance		*775-684-2751*	*a.vance@lands.nv.gov*

1b	**Vendor Information:**	
	Vendor Name:	*Websoft Developers, Inc.*
	Contact Name:	*Manoj Desai*
	Complete Address: City, State, and Zip Code	*2020 Research Park Dr #140, Davis, CA 95616*
	Telephone Number:	*530-759-8754*
	Email Address:	*ar@websoftdev.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:	#			

1e	**Term:**				
	One (1) Time Purchase? Check One:	Yes:	*X*	No:	
	Contract:	Start Date:	*Upon approval*	End Date:	*01/30/2030*

1f	**Funding:**	
	State Appropriated:	*X*
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

Purchasing Use Only:	
Approval #:	260102 (a)

1g	**Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:**
	$500,000

2	**Provide a description of work/services to be performed or services with goods to be purchased:**
	The Nevada Division of State Lands (NDSL) is seeking to upgrade, modernize, and enhance our in-house Land Management System (LMS). LMS is the agency's project management system for processing land acquisition, lease, and disposal projects; processing third-party land use and occupancy applications; invoicing the agency's fees; housing current and historical land transaction documents and records; reporting; and providing public access to NDSL maps and property information. *LMS is a customized software system built by Websoft in 2011. During NDSL's 2021 Budget Hearing, NDSL heard testimony from legislators who noted the age of LMS, and cautioned NDSL to proactively modernize its system to ensure its security and integrity. In 2022, under the guidance of the State Purchasing Division and the Governor's Technology Office, NDSL solicited quotes from contractors to identify a reasonable cost to include in the agency's biennial budget request. In 2023, NDSL's requested appropriation for the database modernization project was approved for FY24-25.* *In partnership with the Purchasing Division, NDSL opened a Request for Proposals (RFP), which resulted in six bids. ENKON Information Systems was selected as the successful bidder due to its low-cost proposal and an "off the shelf" (i.e., not custom) product that promised a quick data migration to a fully functioning and built software program called LIS. Websoft was the second-place bidder in the RFP solicitation.* *Over the following 18 months, with status update requests from the Legislative Counsel Bureau as well as Legislative approval to carry forward unspent funds to FY26, NDSL learned the system migration from LMS to LIS was highly complicated and time consuming due to the number and variety of LMS records. NDSL also faced a long road of re-building in LIS the same tools (project management, record keeping, billing, reporting, mapping, etc.) NDSL already has in LMS. NDSL determined further expense in this direction was not prudent, and with the oversight and guidance of the Purchasing Division and Attorney General's Office terminated the contract.* *LMS is robust and effective; however, it is lacking in modern features and functionality. This contract with the original developer, Websoft, would provide cost-effective enhancements and modern features to ensure ongoing performance within an already working system. Currently, NDSL does not have authority to carry forward unspent funds to FY27.*

3	**What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?**
	Through NDSL's recent RFP (70CNR-S2475) and now-terminated contract (CETS 28874) to implement a new land management system, NDSL has learned that our current LMS captures information in a way that doesn't enable straightforward migration of data into a new system. NDSL and ENKON Information Systems worked for 18 months and spent countless hours attempting to migrate our existing data into their system with unsatisfactory results. As stated above, LMS works – these approaches would represent an unnecessary expenditure of funds. Instead, NDSL would like to best utilize its remaining budgeted resources in FY26 with the original LMS developer to derive as much value as possible in the remaining months of this fiscal year. Websoft is uniquely positioned as the original LMS developer and

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	the contracted provider of LMS maintenance and support. Websoft already understands the build of this complex system; there will be no ramp up time. Further, although LMS was built as a stand-alone product, owned outright by NDSL, Websoft continued to develop similar, parallel products available to the public. It has already developed the more modern features it can bring to LMS. Websoft has expertise in each technology area of LMS, including web mapping and web map programming, Crystal Reports, .NET programming, and the SQL database. This combined knowledge puts them in a unique position to upgrade LMS for NDSL.

	Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source:
4	*Because LMS is a customized software system rather than an "off the shelf" application, another vendor would necessarily utilize a portion of the contract's limited resources to learn the system overall as well as issue-specific features as maintenance and support needs arise. This inefficient use of time would act as a drain on the contract, resulting in less value per dollar. As stated previously, NDSL currently has authorization to utilize funds in FY26 only. NDSL would have to seek approval (again) to carry forward funds to the next fiscal year. Websoft is the only vendor available with the knowledge and expertise to provide a high level of value for the service within the time period. Previous efforts to employ a different vendor have proven unsatisfactory.* *NDSL recently pursued an RFP (70CNR-S2475) and entered a contract with ENKON Information Systems. ENKON spent 18 months attempting to incorporate the data from LMS into their system and has failed to provide a product that is functionally superior to our current system. They were unsuccessful in migrating our current data and were unable to provide a platform with sufficient functionality to meet our needs. CETS contract #28874, was terminated on October 17, 2025, both verbally and through correspondence with the vendor after consultation with the Purchasing Division and approval from our DAG.*

	Were alternative services or commodities evaluated?	**Check One:**	
		Yes	No
		X	
	a. ***If yes**, what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.*		
5	*NDSL recently pursued an RFP (70CNR-S2475) and entered a contract (CETS 28874) with ENKON Information Systems. ENKON spent 18 months attempting to incorporate the data from LMS into their system and failed to provide a product that is functionally superior to our current system. Contract #28874 was terminated on October 17, 2025, both verbally and through correspondence with the vendor after consultation with and approval from our DAG.* *As stated above, LMS works – converting to a new software program or developing a new custom program would represent an unnecessary expenditure of funds. Instead, NDSL would like to best utilize its remaining budgeted resources in FY26 with the original LMS developer to derive as much value as possible in the remaining months of this fiscal year. Although NDSL would pursue carrying forward remaining unspent funds into FY26, approval is not guaranteed.*		
	b. ***If not**, why were alternatives not evaluated?*		

Purchasing Use Only:	
Approval #:	260102

6	**Has the agency purchased these services/services with goods in the past? Check One:** ***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>.***	**Yes** *X*	**No**

a. *If yes, starting with the most <u>recent contract</u> and working backward, for the <u>entire relationship with this vendor, or any other vendor</u> for these services/services with goods, the following information <u>must be provided along with the CETS contract number(s) associated with each</u>:*

Term		*Value*	*Short Description*	*Provide Type of Procurement RFP#, RFQ#, Waiver #*	*CETS #*
Start Date	*End Date*				
04/09/2024	*10/17/2025*	*$ 662,600*	*LMS 2.0*	*RFP# 70CNR-S2475*	*28874*
05/31/2023	*06/30/2026*	*$ 36,000*	*LMS Maintenance*	*Sole Source Approval #: 230404*	*27625*
07/01/2019	*06/30/2023*	*$ 48,000*	*LMS Maintenance*	*Per State Purchasing, SAM 0326 (8) does not require a Solicitation Waiver for ongoing system maintenance services.*	*21747*
07/01/2017	*06/30/2019*	*$ 33,000*	*LMS Maintenance*	*Sole Source Approval #: 170403*	*18854*
04/05/2017	*11/06/2017*	*$ 34,950*	*LMS Enhancements*	*Sole Source Approval #: 170403*	*18473*
07/01/215	*06/30/2017*	*$ 39,600*	*Websoft - Maintenance*	*Sole Source Approval #: 120707*	*16889*
06/12/2015	*12/31/2015*	*$ 49,270*	*WebSoft Enhancment*	*Sole Source Approval #: 120707*	*16855*
6/18/2013	*06/30/2013*	*$ 14,000*	*Websoft - Maintenance*	*Sole Source Approval #: 120707*	*14467*
05/10/2013	*06/30/2015*	*$ 45,500*	*IT Maintenance*	*Sole Source Approval #: 120707*	*13699*
04/08/2008	*06/30/2008*	*$240,000*	*Computer Related Services*	*RFP #1688 amended*	*CONV5533*

7	**What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?** *NDSL has been seeking to upgrade LMS since the 2023-2025 Biennium budget request. Though robust and sound, the system was originally implemented in 2011, and current usage stretches the capacities of the original design. LMS frequently experiences outages particularly to its mapping system, and minor system failures ("bugs") are becoming more frequent. The failure of the previous contract has created a time delay, adding further stress to the current system's limitations.* *Denial of this request would also adversely affect the time remaining for implementation of this project as funding for this project that has previously been appropriated is slated to revert to the General Fund*

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	at the end of fiscal year 2026. Both the Governor's Office and the Interim Legislative Committees have expressed support for this project and interest in its ongoing status.

8	**What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?**
	NDSL pursued RFP #70CNR-S2475 to completion in 2024. At that time NDSL reviewed proposals to compare products/services offered as well as the pricing of those products/services. Websoft Devlopers, Inc. was ranked second among the vendors considered offering a quality product at a competitive price.

9	**Will this purchase obligate the State to this vendor for future purchases? Check One:**	**Yes**	**No**
	NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.	*X*	
	a. *If yes, please provide details regarding future obligations or needs.*		
	We fully expect that there will be ongoing maintenance and support for this product.		

Purchasing Use Only:	
Approval #:	260102 CA

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. *NOTE: The same individual cannot provide approval signatures in both sections.*

Signature of Agency Representative Initiating Request

Alan Vance — 01/27/2026

Print Name of Agency Representative Initiating Request — Date

Charles Donohue — 1/27/26

Signature of Agency Head Authorizing Request

Charles Donohue — 01/27/2026

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 TIE approval or approval update as an attachment in CETS.	✓

Approved by:

Administrator, Purchasing Division or Designee — 1.30.2026

Date

#A60102(C)

Joe Lombardo
Governor

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

MEMORANDUM

TO: Charlie Donohue, State Lands Administrator, DCNR, NDSL
Alan Vance, Administrative Services Officer I, DCNR, NDSL
Grahame Ross, IT Professional III, DCNR, NDEP

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 – DCNR – *Land Management System* – TIE 379, Revision 2 – BA(s) 4173

DATE: January 5, 2026

We have completed our review of the Department of Conservation and Natural Resources (DCNR), Division of State Lands (NDSL) investment, which has an estimated total value of $613,800.00, allocated to the current and future biennia, as follows:

Cost Type	FY26	FY27	FY28	Grand Total
⊟ One-Time Cost	$497,800.00			$497,800.00
Services - Other	$497,800.00			$497,800.00
⊟ Ongoing Cost		$58,000.00	$58,000.00	$116,000.00
Software - License/Maintenance			$58,000.00	$58,000.00
Software - License/Maintenance Cont		$58,000.00		$58,000.00
Grand Total	$497,800.00	$58,000.00	$58,000.00	$613,800.00

#260102

Funding source(s): 100% General Fund.

The NDSL is proposing a comprehensive upgrade and enhancement of its in-house Land Management System (LMS) to better support modern land administration workflows, public interaction, and internal project oversight. The LMS functions as the agency's core system for managing land use and occupancy applications, invoicing and fee collection, document retention for current and historical land transactions, and public access to maps and property information.

A major enhancement is the creation of an external applicant portal that would allow customers to submit applications, upload required documentation, pay fees electronically via credit card or ACH, track payment history, and download issued permits or authorizations. Required-field validation would prevent incomplete applications from entering the system, reducing downstream rework and staff review time.

Internally, the project emphasizes workflow refinement and performance improvements, stronger validation controls to limit inconsistent manual data entry, and expanded GIS capabilities that allow users to control map layers and visually identify active, expired, and pending interests within a defined area.

The modernization effort also targets operational visibility and management oversight. Features include user dashboards showing prioritized tasks and overdue work, internal reminders and due dates to reduce reliance on external tools, automated alerts tied to invoice payments, enhanced project reporting to support supervisory prioritization, and automated QA/QC checklists.

This investment updates the underlying database and user interface components to current standards, improving system performance, reliability, security, and long-term maintainability. The business case reflects accumulated technical debt within LMS, including unused or duplicated tables and fields, bloated picklists, redundant validation steps, and fragmented integration with related tools such as the Project Management Application. Modernizing the platform is needed for the agency to reduce manual effort, improve data integrity, and provide more timely and accurate information to both staff and the public.

The combined GTO TIE investment and implementation risk score and the technology risk score indicate an overall low level of cybersecurity risk for this investment.

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

Steve Sisolak
Governor

Laura E. Freed
Director

Matthew Tuma
Deputy Director

Timothy Galluzi
Administrator

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

M E M O R A N D U M

TO: Charlie Donohue, Administrator, NDSL, DCNR
Ellery Stahler, Deputy Administrator, NDSL, DCNR
Patrick Smorra, Administrative Services Officer I, NDSL, DCNR
Grahame Ross, Business Process Analyst III, NDSL, DCNR

CC: Tim Galluzi, Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – DCNR – TIN 379 – *Land Management System* – BA 4173

DATE: June 24, 2022

We have completed our review for the Department of Conservation and Natural Resources (DCNR), Nevada Division of State Lands' (NDSL) – *Land Management System* – TIN 379.

The submitted TIN, for an estimated value of $777,284 in the FY24/FY25 biennium (100% General Fund), is to replace the existing land management system with a modern solution selected through RFI/RFP.

The current Land Management System (LMS) presents risks related to antiquated system software developed in 2008 which leaves NDSL vulnerable to data loss and potential loss of revenue. The LMS has been modified several times in past years resulting in obsolete tables, fields, and reports, and duplication of data in other areas of the program.

This modernization effort will streamline processing, eliminate duplicated data, and add new functionality to the LMS including validation of user-submitted data and tracking, online payments, field entry of

inspection information, dashboards, notices and alerts, validation routines, integration of portfolio functions, and individual preference settings resulting in increased efficiency and cost savings.

NDSL is seeking enterprise solutions for address/entity verification, payment processing, and any other technologies not yet realized.

The agency considers the investment and final implementation to have an ongoing moderate security risk. EITS recommends that the agency take advantage of the Office of Information Security (OIS) to conduct a security review. If there are any questions regarding support from OIS please reach out to the office directly.

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

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

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31835**

		Legal Entity Name:	Nevadaworks
Agency Name:	**DETR - EMPLOYMENT SECURITY**	Contractor Name:	**Nevadaworks**
Agency Code:	**902**	Address:	**9390 Gateway Drive**
Appropriation Unit:	**4770-12**		**Suite 105**
Is budget authority available?:	**No**	City/State/Zip	**Reno, NV 89521**
If "No" please explain: This contract is contingent upon IFC approval of Work Programs #C80666 and #C80966.		Contact/Phone:	Milt Stewart 775-284-1333
		Vendor No.:	T27003177
		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 %	
X	Federal Funds	**10.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**90.00 %**	**Wage Assessment**

Agency Reference #: 4023-27-DETR

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 90 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Oddie_Dist_Proj**

5. Purpose of contract:

   This is a new interlocal agreement to provide tenant improvements at the Sparks location. This contract is contingent upon IFC approval of work program #C80666 and #C80966.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$1,002,185.46**
   Other basis for payment: As invoiced and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

   Per NRS 612, CEP funding was implemented to assist unemployed, underemployed and employed individuals in the public and/or private sectors for specialized training projects for occupational categories determined to be in high-growth, high demand
   occupations, and emerging industries in Nevada.

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

   Agency does not have the skill or expertise necessary for this project.

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

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

Not Applicable

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

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

NRS 277.180 - Interlocal Contract

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

    Yes If "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 service to multiple agencies, including DETR, since June 2003

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

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

    Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	03/02/2026 11:00:28 AM
Division Approval	rkin5	03/06/2026 12:02:53 PM
Department Approval	rkin5	03/06/2026 12:02:55 PM
Contract Manager Approval	wcune1	03/06/2026 13:27:45 PM
Budget Analyst Approval	lramire7	03/09/2026 14:41:15 PM
BOE Agenda Approval	mranki1	03/11/2026 14:49:54 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: **27373**

Amendment Number: **1**

Legal Entity Name: SHI INTERNATIONAL CORP.

Agency Name: **DETR - EMPLOYMENT SECURITY**

Contractor Name: **SHI INTERNATIONAL CORP.**

Agency Code: **902**

Address: **290 Davidson Ave**

Appropriation Unit: **4770-12**

Is budget authority available?: **No**

City/State/Zip **Somerset, NJ 08873**

If "No" please explain: This contract is contingent upon approval of Work Program #C81136 in the April 2026 IFC meeting

Contact/Phone: James Tagliaferro 732-584-8862

Vendor No.: PUR0001595

NV Business ID: NV20131129294

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 %**	**Wage Assessment, Career Enhancement Program Funds**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/09/2023**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **04/30/2026**

Contract term: **3 years and 357 days**

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

Contract description: **Statewide Contract**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-12771 which provides software licensing, maintenance, and related services. This service agreement provides software licenses for online training and career skills development courses. This amendment extends the termination date from April 30, 2026 to April 30, 2027 and increases the maximum amount from $5,559,900 to $7,474,650 due to the continued need for these services. This amendment is contingent upon IFC approval of work program #C81136.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$5,559,900.00	$5,559,900.00	$5,559,900.00	Yes - Action
2.	Amount of current amendment (#1):	$1,914,750.00	$1,914,750.00	$1,914,750.00	Yes - Action
3.	New maximum contract amount:	$7,474,650.00			
	and/or the termination date of the original contract has changed to:	04/30/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 612, CEP funding was implemented to assist unemployed, underemployed and employed individuals in the public and/or private sectors for specialized training projects for occupational categories determined to be in high-growth, high-demand occupations, and emerging industries in Nevada.

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

Agency does not have the skill or expertise necessary for this project.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation Waiver: **Not Applicable**

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

This software was selected in conformance with Statewide Contract 99SWC-NV18-417.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor has provided satisfactory service to DETR since 2023.

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

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

Not Applicable

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

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	rkin5	03/06/2026 14:04:31 PM
Division Approval	mmellow	03/06/2026 14:05:04 PM

Department Approval	rkin5	03/06/2026 14:05:23 PM
Contract Manager Approval	wcune1	03/06/2026 14:05:58 PM
EITS Approval	ljean	03/09/2026 09:37:35 AM
Budget Analyst Approval	lramire7	03/09/2026 14:18:11 PM
BOE Agenda Approval	mranki1	03/11/2026 15:34:55 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
Deputy Director/State 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: Kristine Nelson, ESD Administrator, DETR
Zachary Hoefling, Chief Financial Officer, DETR
Laxmi Bokka, IT Chief Manager, DETR
Birdella Goffinet, ESD Program Specialist II, DETR
Colleen McBirney, ESD Program Specialist II, DETR
Reba Sardari, ESD Program Specialist II, DETR

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DETR – *Coursera Online Learning Platform* – TIE 690, Revision 2 – BA(s) 4770

DATE: January 7, 2026

We have completed our review of the Department of Employment, Training, and Rehabilitation (DETR) investment, which has an estimated total value of $7,474,650.00, allocated as follows:

Cost Type	FY23	FY24	FY25	FY26	Grand Total
One-Time Cost	**$ 1,853,400.00**	**$ 1,853,400.00**	**$ 1,853,100.00**	**$ 1,914,750.00**	**$ 7,474,650.00**
Year 1 Contract Licenses and Fee	$ 1,853,400.00				$ 1,853,400.00
Year 2 Contract Licenses and Fee		$ 1,853,400.00			$ 1,853,400.00
Year 3 Contract Licenses and Fee			$ 1,853,100.00		$ 1,853,100.00
Year 4 Contract Licenses and Fee				$ 1,914,750.00	$ 1,914,750.00
Grand Total	**$ 1,853,400.00**	**$ 1,853,400.00**	**$ 1,853,100.00**	**$ 1,914,750.00**	**$ 7,474,650.00**

Funding source(s): 100% State Fees.

This investment amends and extends DETR's existing agreement with Coursera to continue providing free, online workforce training to Nevada residents. The amendment extends the contract term by one additional year, through April 30, 2027, and adds $1,914,750 for FY26.

Through the Coursera platform, DETR clients gain access to more than 5,000 training programs across high-growth industries, with content focused on career readiness, job preparation, digital literacy, and industry-recognized professional certificates. The intent is to expand access to flexible, scalable training that supports re-employment and career advancement pathways for unemployed and underemployed individuals statewide.

From a business perspective, leveraging this online platform allows DETR to broaden the range of available programs, reduce access barriers, and serve a larger and more diverse population than is feasible through physical locations alone. The amendment supports continuity of service, scalability, and workforce responsiveness while aligning with DETR's mission to improve employment outcomes and skill development across Nevada.

The GTO TIE investment and implementation risk score indicates a moderate risk, and the technology risk score indicates an overall low level of cybersecurity risk for this investment.

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

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	A HELPING HAND HOME HEALTH CARE, INC	OTHER: VARIOUS AGENCIES	$2,700,000	
	Contract Description:	This is a new contract to provide ongoing home health care, personal care, and respite care services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31935		
2.		VARIOUS STATE AGENCIES	ABRAHAM D. NOCELO L.L.C.	OTHER: VARIOUS AGENCIES	$6,700,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, case management, home health care, and supportive living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31928		
3.		VARIOUS STATE AGENCIES	ALOHA BEHAVIORAL CENTER 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:	05/01/2026 - 04/30/2030	Contract # 31858		
4.		VARIOUS STATE AGENCIES	AMERICAN HOME COMPANION, INC.	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing personal care and senior care services.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31965		
5.		VARIOUS STATE AGENCIES	AT HOME CAREGIVERS, LLC	OTHER: VARIOUS AGENCIES	$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and respite care services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31955		
6.		VARIOUS STATE AGENCIES	AT NIGHTINGALES LLC	OTHER: VARIOUS AGENCIES	$3,800,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, group home, and residential provider services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31963		
7.		VARIOUS STATE AGENCIES	AUDIOLOGY SERVICES COMPANY USA, LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide ongoing audiology services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31984		
8.		VARIOUS STATE AGENCIES	AVANT VIE, LLC	OTHER: VARIOUS AGENCIES	$300,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31985		
9.		VARIOUS STATE AGENCIES	BEACON HOPE 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:	05/01/2026 - 04/30/2030	Contract # 31979		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.		VARIOUS STATE AGENCIES	BLINDCONNECT, INC.	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing assistive technology, case management, disabilities support, pre-employment, and supportive services for the blind and visually impaired.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31941		
11.		VARIOUS STATE AGENCIES	BRAIN RECOVERY ASSISTANTS INSTITUTE OF NEVADA, LLC	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing community work experience program, customized employment, disabilities support, early intervention, educational tutoring and education support, employment support, job development, personal care, pre-employment, and rehabilitation services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31951		
12.		VARIOUS STATE AGENCIES	BRIGHT MINDS ABA 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:	Upon Approval - 03/31/2030	Contract # 31959		
13.		VARIOUS STATE AGENCIES	CAPABILITY HEALTH & HUMAN SERVICES	OTHER: VARIOUS AGENCIES	$30,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, community work experience program, dietician-nutrition, disabilities support, early intervention, employment support, job development, occupational therapy, physical therapy, pre-employment, and speech pathology, therapy, and counseling services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31962		
14.		VARIOUS STATE AGENCIES	CHURCHILL COUNCIL ON ALCOHOL AND OTHER DRUGS	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, counseling, marriage and family therapy, medical, mental health, psychiatry, residential provider, social worker, and substance abuse counseling services.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31964		
15.		VARIOUS STATE AGENCIES	CLAUDETTE MARIE ANDREWS	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing adult daycare, assisted living, community based living arrangements, foster care, host home and homeless youth, personal care, respite care, and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31878		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.		VARIOUS STATE AGENCIES	COLLABORATIVE TECHNOLOGY SOLUTIONS LLC	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, assistive technology, autism treatment assistance program, disabilities support, educational tutoring and education support, employment support, home health care, job development, pre-employment, rehabilitation, respite care, senior care, supportive living arrangement, and supportive services for the blind and visually impaired.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31874		
17.		VARIOUS STATE AGENCIES	COMMUNITY PLACEMENTS OF NEVADA, LLC	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, case management, community-based living arrangements, disabilities support, host home and homeless youth, personal care, residential provider, and supportive living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31972		
18.		VARIOUS STATE AGENCIES	COX NEVADA TELCOM, L.L.C.	OTHER: VARIOUS AGENCIES	$5,000,000	
	Contract Description:	This is a new contract to provide ongoing statewide telecommunication services, including voice and data transport systems.				
		Term of Contract:	Upon Approval - 01/31/2029	Contract # 31946		
19.		VARIOUS STATE AGENCIES	CYNTHIA MICHELLE ADAMS	OTHER: VARIOUS AGENCIES	$3,100,000	
	Contract Description:	This is a new contract to provide ongoing counseling, early intervention, marriage and family therapy, and mental health services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31901		
20.		VARIOUS STATE AGENCIES	ESMERALDA ARIAS	OTHER: VARIOUS AGENCIES	$1,000,000	
	Contract Description:	This is a new contract to provide ongoing home health care and personal care services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31974		
21.		VARIOUS STATE AGENCIES	EVANS HEALTH SERVICES LLC	OTHER: VARIOUS AGENCIES	$3,000,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31992		
22.		VARIOUS STATE AGENCIES	EVERYDAY MIRACLES LLC	OTHER: VARIOUS AGENCIES	$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and respite care services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31995		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.		VARIOUS STATE AGENCIES	FDB ENTERPRISES INC.	OTHER: VARIOUS AGENCIES	$5,000,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31981		
24.		VARIOUS STATE AGENCIES	FAMILY PERSONAL CARE, LLC	OTHER: VARIOUS AGENCIES	$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care and respite care services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31997		
25.		VARIOUS STATE AGENCIES	FAMILY SUPPORT COUNCIL OF DOUGLAS COUNTY	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing case management, employment support, supportive living arrangement, and supportive services for the blind and visually impaired.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31969		
26.		VARIOUS STATE AGENCIES	GLOBAL RESOURCES & SUPPORTS, INC.	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing adult daycare, applied behavioral analysis, assisted living, assistive technology, behavioral support, case management, community work experience programs, customized employment, disabilities support, employment support, home health care, job development, personal care, residential provider, respite care, social worker, and supportive living arrangement services.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31897		
27.		VARIOUS STATE AGENCIES	GOLDEN CROSS HOME CARE, LLC.	OTHER: VARIOUS AGENCIES	$600,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31926		
28.		VARIOUS STATE AGENCIES	GOODWILL INDUSTRIES OF SOUTHERN NEVADA, INC.	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing community work experience programs, disabilities support, educational tutoring and education support, and pre-employment services.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31876		
29.		VARIOUS STATE AGENCIES	GRACEFUL HEART, LLC	OTHER: VARIOUS AGENCIES	$4,500,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangements and residential provider services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31991		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.		VARIOUS STATE AGENCIES	HEATHER FOWLER	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide ongoing mental health services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31875		
31.		VARIOUS STATE AGENCIES	HOPE HEALTHCARE SERVICES	OTHER: VARIOUS AGENCIES	$25,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31950		
32.		VARIOUS STATE AGENCIES	INNOVATION BEHAVIORAL HEALTH SOLUTIONS, LLC	OTHER: VARIOUS AGENCIES	$5,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, counseling, marriage and family therapy, mental health, psychology, social worker, and substance abuse counseling services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31953		
33.		VARIOUS STATE AGENCIES	INSIGHT THERAPY SOLUTIONS LLC	OTHER: VARIOUS AGENCIES	$1,400,000	
	Contract Description:	This is a new contract to provide ongoing marriage and family therapy, mental health, psychology, social worker, and substance abuse counseling services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31937		
34.		VARIOUS STATE AGENCIES	JOREN LLC	OTHER: VARIOUS AGENCIES	$3,000,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31961		
35.		VARIOUS STATE AGENCIES	JOHNSON GROUP CARE INC.	OTHER: VARIOUS AGENCIES	$300,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31989		
36.		VARIOUS STATE AGENCIES	KEY LEARNING CONCEPTS, LLC	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31975		
37.		VARIOUS STATE AGENCIES	LAS VEGAS EVALUATION SERVICES LLC	OTHER: VARIOUS AGENCIES	$10,000,000	
	Contract Description:	This is a new contract to provide ongoing autism treatment assistance program, behavioral support, counseling, early intervention, educational tutoring and education support, employment support, foster care, host home and homeless youth, job development, mental health, pediatric, pre-employment, psychology, rehabilitation, senior care, speech pathology, therapy and counseling, substance abuse counseling, and supportive services for the blind and visually impaired.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31945		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.		VARIOUS STATE AGENCIES	M D DEVELOPMENTAL AGENCY LLC	OTHER: VARIOUS AGENCIES	$15,000,000	
	Contract Description:	This is a new contract to provide ongoing audiology, case management, dietician-nutrition, disabilities support, early intervention, occupational therapy, ophthalmology, pediatric, physical therapy, and speech pathology, therapy, and counseling services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31938		
39.		VARIOUS STATE AGENCIES	MT. OLIVE CARE, LLC	OTHER: VARIOUS AGENCIES	$40,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, counseling, and supportive living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31976		
40.		VARIOUS STATE AGENCIES	MARIA LUISA A CAGUICLA	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31988		
41.		VARIOUS STATE AGENCIES	MOONLIGHT EXAMINATIONS, LLC	OTHER: VARIOUS AGENCIES	$2,900,000	
	Contract Description:	This is a new contract to provide ongoing general medicine, medical, mental health, and pre-employment services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31983		
42.		VARIOUS STATE AGENCIES	NEUBAUER MENTAL HEALTH SERVICES APC	OTHER: VARIOUS AGENCIES	$5,700,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, counseling, marriage and family therapy, mental health, psychiatry, psychology, social worker, and substance abuse counseling services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31960		
43.		VARIOUS STATE AGENCIES	NEVADA ADULT DAY HEALTHCARE CENTERS, INC	OTHER: VARIOUS AGENCIES	$15,000,000	
	Contract Description:	This is a new contract to provide ongoing adult daycare, case management, disabilities support, job development, medical, pre-employment, respite care, and senior care services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31934		
44.		VARIOUS STATE AGENCIES	NUTRITION MOVES LLC	OTHER: VARIOUS AGENCIES	$1,000,000	
	Contract Description:	This is a new contract to provide ongoing dietician-nutrition services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31973		
45.		VARIOUS STATE AGENCIES	ODYSSEY WELLNESS INC.	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:	05/01/2026 - 04/30/2030	Contract # 31949		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.		VARIOUS STATE AGENCIES	OLYMPUS HEALTH NEVADA, LLC	OTHER: VARIOUS AGENCIES	$300,000	
	Contract Description:	This is a new contract to provide ongoing medical support services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31932		
47.		VARIOUS STATE AGENCIES	PACIFIC BUILDING DBA WHITE OAK LAND MANAGEMENT	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide fire fuel and vegetation reduction and forest management services.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31865		
48.		VARIOUS STATE AGENCIES	PEACE LOVE SLOTHS, LTD.	OTHER: VARIOUS AGENCIES	$1,000,000	
	Contract Description:	This is a new contract to provide ongoing psychiatry services.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31899		
49.		VARIOUS STATE AGENCIES	PINNACLE COMMUNITY SERVICES LIMITED PARTNERSHIP	OTHER: VARIOUS AGENCIES	$60,000,000	
	Contract Description:	This is a new contract to provide ongoing adult daycare, case management, disabilities support, group home, job development, and supportive living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31968		
50.		VARIOUS STATE AGENCIES	PLAY ON WORDS LLC	OTHER: VARIOUS AGENCIES	$6,200,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance program, early intervention, occupational therapy, pediatric, and speech pathology, therapy, and counseling services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31936		
51.		VARIOUS STATE AGENCIES	RGZ FORESTRY LLC	OTHER: VARIOUS AGENCIES	$500,000	
	Contract Description:	This is a new contract to provide fire fuel and vegetation reduction and forest management services.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 31918		
52.		VARIOUS STATE AGENCIES	RESTINA ANGAT & AMADO ANGAT	OTHER: VARIOUS AGENCIES	$1,000,000	
	Contract Description:	This is a new contract to provide ongoing group home services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31980		
53.		VARIOUS STATE AGENCIES	RITE OF WAYZ BEHAVIORAL HEALTH L.L.C.	OTHER: VARIOUS AGENCIES	$3,000,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31993		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.		VARIOUS STATE AGENCIES	SAGE COLLECTIVE INC	OTHER: VARIOUS AGENCIES	$1,500,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services, autism treatment assistance programs, and behavioral support services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31929		
55.		VARIOUS STATE AGENCIES	SAINT BENEDICT GROUP HOME, LLC	OTHER: VARIOUS AGENCIES	$3,300,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangements and group home services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31956		
56.		VARIOUS STATE AGENCIES	SEAN MARCINIK	OTHER: VARIOUS AGENCIES	$7,000,000	
	Contract Description:	This is a new contract to provide ongoing customized employment, employment support, job development, and pre-employment services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31948		
57.		VARIOUS STATE AGENCIES	SIERRA HOME HEALTH CARE	OTHER: VARIOUS AGENCIES	$2,500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 32001		
58.		VARIOUS STATE AGENCIES	SPECIALIZED ALTERNATIVES FOR FAMILIES AND YOUTH OF NEVADA, INC.	OTHER: VARIOUS AGENCIES	$8,600,000	
	Contract Description:	This is a new contract to provide ongoing behavioral support, case management, counseling, early intervention, emergency shelter care, foster care, marriage and family therapy, mental health, and social worker services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31850		
59.		VARIOUS STATE AGENCIES	TAMARA LISTINSKY	OTHER: VARIOUS AGENCIES	$3,600,000	
	Contract Description:	This is a new contract to provide ongoing counseling, mental health, pre-employment, and substance abuse counseling services.				
		Term of Contract:	Upon Approval - 03/31/2030	Contract # 31943		
60.		VARIOUS STATE AGENCIES	THE WILLIAMS GROUP LLC	OTHER: VARIOUS AGENCIES	$3,000,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangement services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31982		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
61.		VARIOUS STATE AGENCIES	TRANSITION SERVICES, INC.	OTHER: VARIOUS AGENCIES	$25,000,000	
	Contract Description:	This is a new contract to provide ongoing adult daycare, assistive technology, behavioral support, case management, community work experience program, customized employment, dietician-nutrition, disabilities support, employment support, group home, job development, personal care, personal emergency response system, pre-employment, residential provider, respite care, senior care, supportive living arrangement, and supportive services for the blind and visually impaired.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31855		
62.		VARIOUS STATE AGENCIES	WELLNESS FOCUS	OTHER: VARIOUS AGENCIES	$300,000	
	Contract Description:	This is a new contract to provide ongoing psychology services.				
		Term of Contract:	05/01/2026 - 04/30/2030	Contract # 31958		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31935**

		Legal Entity Name:	A Helping Hand Home Health Care, Inc
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**A Helping Hand Home Health Care, Inc**
Agency Code:	**MSA**	Address:	**8554 Del Webb Boulevard**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89134**
If "No" please explain:	Not Applicable	Contact/Phone:	Elizabeth Lamar 702-839-2060
		Vendor No.:	T27012864
		NV Business ID:	NV20051317164

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-VQ18110

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 home health care, personal care, and respite care services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$2,700,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/03/2026 16:28:10 PM
Division Approval	ldeloach	03/03/2026 16:28:12 PM
Department Approval	ldeloach	03/03/2026 16:28:16 PM
Contract Manager Approval	ascaffid	03/04/2026 12:51:24 PM
Budget Analyst Approval	lramire7	03/06/2026 10:06:28 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:37:12 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31928**

		Legal Entity Name:	Abraham D. Nocelo L.L.C.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Abraham D. Nocelo L.L.C.**
Agency Code:	**MSA**	Address:	**1266 Skylark Street**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89434**
If "No" please explain:	Not Applicable	Contact/Phone:	Abraham D. Nocelo 775-356-8114
		Vendor No.:	T27042249
		NV Business ID:	NV20181211675

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-VQ18098

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 assisted living, case management, home health care, and supportive living arrangement services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$6,700,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   b. Soliciation 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	03/03/2026 16:36:31 PM
Division Approval	ldeloach	03/03/2026 16:36:33 PM
Department Approval	ldeloach	03/03/2026 16:36:36 PM
Contract Manager Approval	ascaffid	03/04/2026 12:52:03 PM
Budget Analyst Approval	lramire7	03/06/2026 10:09:25 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:40:02 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31858**

		Legal Entity Name:	Aloha Behavioral Center LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Aloha Behavioral Center LLC**
Agency Code:	**MSA**	Address:	**7351 West Charleston Blvd**
Appropriation Unit:	**9999 - All Categories**		**#120**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89117**
If "No" please explain:	Not Applicable	Contact/Phone:	Emma Siy 702-848-6070
		Vendor No.:	T27044688
		NV Business ID:	NV20212250365

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-VQ17978

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 12:54:25 PM
Division Approval	ldeloach	03/04/2026 12:54:26 PM
Department Approval	ldeloach	03/04/2026 12:54:29 PM
Contract Manager Approval	ascaffid	03/04/2026 13:49:03 PM
Budget Analyst Approval	rmayhall	03/06/2026 08:51:46 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:18:12 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: **31965**

		Legal Entity Name:	American Home Companion, Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**American Home Companion, Inc.**
Agency Code:	**MSA**	Address:	**2550 Granite Springs Road**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89509**
If "No" please explain:	Not Applicable	Contact/Phone:	Jose Miguel Montero 775-826-8090
		Vendor No.:	T29028020
		NV Business ID:	NV19991331652

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-VQ17498

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   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 personal care and senior care 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. Soliciation 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	03/03/2026 16:44:59 PM
Division Approval	ldeloach	03/03/2026 16:45:02 PM
Department Approval	ldeloach	03/03/2026 16:45:04 PM
Contract Manager Approval	ascaffid	03/04/2026 12:52:34 PM
Budget Analyst Approval	lramire7	03/06/2026 10:13:48 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:42:41 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: **31955**

		Legal Entity Name:	At Home Caregivers, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**At Home Caregivers, LLC**
Agency Code:	**MSA**	Address:	**3017 West Charleston Boulevard**
Appropriation Unit:	**9999 - All Categories**		**Suite 20**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89102**
If "No" please explain:	Not Applicable	Contact/Phone:	Chad Simon 702-240-3800
		Vendor No.:	T29038483
		NV Business ID:	NV20041176117

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-VQ18163

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 personal care and respite care services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$2,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/03/2026 16:48:22 PM
Division Approval	ldeloach	03/03/2026 16:48:24 PM
Department Approval	ldeloach	03/03/2026 16:48:27 PM
Contract Manager Approval	ascaffid	03/04/2026 12:53:00 PM
Budget Analyst Approval	lramire7	03/06/2026 10:18:03 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:45:10 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: **31963**

		Legal Entity Name:	At Nightingales LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**At Nightingales LLC**
Agency Code:	**MSA**	Address:	**813 Fairway Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89107**
If "No" please explain:	Not Applicable	Contact/Phone:	Anne Espinueva 702-334-5518
		Vendor No.:	T32008879
		NV Business ID:	NV20181813444

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-VQ18250

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 assisted living, group home, and residential provider services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$3,800,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/03/2026 16:51:56 PM
Division Approval	ldeloach	03/03/2026 16:51:59 PM
Department Approval	ldeloach	03/03/2026 16:52:02 PM
Contract Manager Approval	ascaffid	03/04/2026 12:53:25 PM
Budget Analyst Approval	lramire7	03/06/2026 10:18:56 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:47:55 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: **31984**

		Legal Entity Name:	Audiology Services Company USA, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Audiology Services Company USA, LLC**
Agency Code:	**MSA**	Address:	**dba HearingLife**
Appropriation Unit:	**9999 - All Categories**		**580 Howard Avenue**
Is budget authority available?:	**Yes**	City/State/Zip	**Somerset, NJ 08873**
If "No" please explain:	Not Applicable	Contact/Phone:	Payer Relations 609-255-9833
		Vendor No.:	T32011508
		NV Business ID:	NV20161237875

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-VQ17791

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 12:58:03 PM
Division Approval	ldeloach	03/04/2026 12:58:05 PM
Department Approval	ldeloach	03/04/2026 12:58:08 PM
Contract Manager Approval	ascaffid	03/04/2026 13:52:03 PM
Budget Analyst Approval	rmayhall	03/06/2026 09:15:59 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:33:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31985**

		Legal Entity Name:	Avant Vie, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Avant Vie, LLC**
Agency Code:	**MSA**	Address:	**dba St. Francis Group Home #2**
Appropriation Unit:	**9999 - All Categories**		**4151 East Saint Louis Avenue**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89104**
If "No" please explain:	Not Applicable	Contact/Phone:	Christian Villar 702-207-0258
		Vendor No.:	T29047048
		NV Business ID:	NV20222442003

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-VQ18335

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 13:04:35 PM
Division Approval	ldeloach	03/04/2026 13:04:37 PM
Department Approval	ldeloach	03/04/2026 13:04:39 PM
Contract Manager Approval	ascaffid	03/04/2026 13:53:08 PM
Budget Analyst Approval	rmayhall	03/06/2026 10:50:53 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:02:13 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: **31979**

		Legal Entity Name:	Beacon Hope Corporation
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Beacon Hope Corporation**
Agency Code:	**MSA**	Address:	**6298 Mesosphere Court**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89110**
If "No" please explain:	Not Applicable	Contact/Phone:	Restina A. Angat 702-581-3487
		Vendor No.:	T27042392
		NV Business ID:	NV20181187620

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-VQ18317

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 13:07:30 PM
Division Approval	ldeloach	03/04/2026 13:07:32 PM
Department Approval	ldeloach	03/04/2026 13:07:34 PM
Contract Manager Approval	ascaffid	03/04/2026 13:55:16 PM
Budget Analyst Approval	rmayhall	03/06/2026 10:54:31 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:55:55 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31941**

		Legal Entity Name:	Blindconnect, Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Blindconnect, Inc.**
Agency Code:	**MSA**	Address:	**5165 West Sunset Road**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89118**
If "No" please explain:	Not Applicable	Contact/Phone:	Jean A Peyton 702-631-9009
		Vendor No.:	T27033361
		NV Business ID:	NV19971361986

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-VQ18139

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2030**
   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 assistive technology, case management, disabilities support, pre-employment, and supportive services for the blind and visually impaired.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$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. Soliciation 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	03/03/2026 16:54:17 PM
Division Approval	ldeloach	03/03/2026 16:54:19 PM
Department Approval	ldeloach	03/03/2026 16:54:23 PM
Contract Manager Approval	ascaffid	03/04/2026 12:54:08 PM
Budget Analyst Approval	lramire7	03/06/2026 10:22:21 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:50:16 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31951**

		Legal Entity Name:	Brain Recovery Assistants Institute of Nevada, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Brain Recovery Assistants Institute of Nevada, LLC**
Agency Code:	**MSA**	Address:	**dba BRAIN Nevada**
Appropriation Unit:	**9999 - All Categories**		**1325 Airmotive Way #175R**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89502**
If "No" please explain:	Not Applicable	Contact/Phone:	Teresa M. Morros 775-771-1540
		Vendor No.:	T27037763
		NV Business ID:	NV20141345662

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-VQ18165

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 community work experience program, customized employment, disabilities support, early intervention, educational tutoring and education support, employment support, job development, personal care, pre-employment, and rehabilitation 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. Soliciation 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	03/04/2026 08:23:10 AM
Division Approval	ldeloach	03/04/2026 08:23:12 AM
Department Approval	ldeloach	03/04/2026 08:23:14 AM
Contract Manager Approval	ascaffid	03/04/2026 12:54:34 PM
Budget Analyst Approval	rmayhall	03/06/2026 09:20:36 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:30:53 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31959**

		Legal Entity Name:	Bright Minds ABA LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Bright Minds ABA LLC**
Agency Code:	**MSA**	Address:	**9089 South Pecos Road**
Appropriation Unit:	**9999 - All Categories**		**Suite 3400**
Is budget authority available?:	**Yes**	City/State/Zip	**Henderson, NV 89074**
If "No" please explain:	Not Applicable	Contact/Phone:	Jennifer Woodie 702-867-5810
		Vendor No.:	T29044914
		NV Business ID:	NV20212114263

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-VQ17625

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **03/31/2030**
   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 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. Soliciation 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	03/04/2026 09:08:03 AM
Division Approval	ldeloach	03/04/2026 09:08:05 AM
Department Approval	ldeloach	03/04/2026 09:08:08 AM
Contract Manager Approval	ascaffid	03/04/2026 12:55:13 PM
Budget Analyst Approval	rmayhall	03/06/2026 08:48:08 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:20:59 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31962**

		Legal Entity Name:	Capability Health & Human Services
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Capability Health & Human Services**
Agency Code:	**MSA**	Address:	**6210 West Oakey Blvd**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89146**
If "No" please explain:	Not Applicable	Contact/Phone:	Bill Attinger 702-870-7050
		Vendor No.:	PUR0005112
		NV Business ID:	NV19761001232

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-VQ17803

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 behavioral support, community work experience program, dietician-nutrition, disabilities support, early intervention, employment support, job development, occupational therapy, physical therapy, pre-employment, and speech pathology, therapy, and counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$30,000,000.00**

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. Soliciation 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	03/04/2026 09:18:55 AM
Division Approval	ldeloach	03/04/2026 09:18:58 AM
Department Approval	ldeloach	03/04/2026 09:19:01 AM
Contract Manager Approval	ascaffid	03/04/2026 13:59:52 PM
Budget Analyst Approval	lramire7	03/06/2026 08:58:41 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:08:27 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31964**

		Legal Entity Name:	Churchill Council on Alcohol and Other Drugs
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Churchill Council on Alcohol and Other Drugs**
Agency Code:	**MSA**	Address:	**dba New Frontier**
Appropriation Unit:	**9999 - All Categories**		**1490 Grimes Street**
Is budget authority available?:	**Yes**	City/State/Zip	**Fallon, NV 89406**
If "No" please explain:	Not Applicable	Contact/Phone:	Lana K. Robards 775-423-1412
		Vendor No.:	T10914301
		NV Business ID:	NV19711002409

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-VQ18253

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **03/31/2030**
   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 behavioral support, case management, counseling, marriage and family therapy, medical, mental health, psychiatry, residential provider, social worker, and substance abuse counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$10,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   b. Soliciation 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	03/04/2026 09:24:08 AM
Division Approval	ldeloach	03/04/2026 09:24:11 AM
Department Approval	ldeloach	03/04/2026 09:24:14 AM
Contract Manager Approval	ascaffid	03/04/2026 14:00:22 PM
Budget Analyst Approval	lramire7	03/06/2026 08:53:20 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:03:08 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: **31878**

		Legal Entity Name:	Claudette Marie Andrews
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Claudette Marie Andrews**
Agency Code:	**MSA**	Address:	**3465 Nowlin Lane**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	Claudette Marie Andrews 775-685-6734
		Vendor No.:	T80938558
		NV Business ID:	NV20212108164

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-VQ17976

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   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 adult daycare, assisted living, community based living arrangements, foster care, host home and homeless youth, personal care, respite 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. Soliciation 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 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	03/04/2026 09:30:38 AM
Division Approval	ldeloach	03/04/2026 09:30:41 AM
Department Approval	ldeloach	03/04/2026 09:30:44 AM
Contract Manager Approval	ascaffid	03/04/2026 14:00:48 PM
Budget Analyst Approval	lramire7	03/06/2026 08:50:46 AM
BOE Agenda Approval	vmilazz1	03/08/2026 18:59:35 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31874**

		Legal Entity Name:	Collaborative Technology Solutions LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Collaborative Technology Solutions LLC**
Agency Code:	**MSA**	Address:	**1489 West Warm Springs Road**
Appropriation Unit:	**9999 - All Categories**		**Suite 110**
Is budget authority available?:	**Yes**	City/State/Zip	**Henderson, NV 89014**
If "No" please explain:	Not Applicable	Contact/Phone:	Genise Burnett 800-213-0176
		Vendor No.:	T27042975
		NV Business ID:	NV20191218999

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-VQ18029

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   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 assisted living, assistive technology, autism treatment assistance program, disabilities support, educational tutoring and education support, employment support, home health care, job development, pre-employment, rehabilitation, respite care, senior care, supportive living arrangement, and supportive services for the blind and visually impaired.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$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. Soliciation 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	03/04/2026 09:46:34 AM
Division Approval	ldeloach	03/04/2026 09:46:36 AM
Department Approval	ldeloach	03/04/2026 09:46:39 AM
Contract Manager Approval	ascaffid	03/04/2026 14:01:21 PM
Budget Analyst Approval	rmayhall	03/06/2026 09:31:25 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:28:00 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31972**

		Legal Entity Name:	Community Placements of Nevada, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Community Placements of Nevada, LLC**
Agency Code:	**MSA**	Address:	**8915 South Pecos Road**
Appropriation Unit:	**9999 - All Categories**		**#17C**
Is budget authority available?:	**Yes**	City/State/Zip	**Henderson, NV 89074**
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Tillotson 702-277-1755
		Vendor No.:	T29042582
		NV Business ID:	NV20181432880

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-VQ18016

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 assisted living, case management, community-based living arrangements, disabilities support, host home and homeless youth, personal care, residential provider, 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. Soliciation 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	03/04/2026 13:13:11 PM
Division Approval	ldeloach	03/04/2026 13:13:13 PM
Department Approval	ldeloach	03/04/2026 13:13:15 PM
Contract Manager Approval	ascaffid	03/04/2026 13:55:47 PM
Budget Analyst Approval	rmayhall	03/06/2026 10:57:38 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:53:25 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31946**

		Legal Entity Name:	Cox Nevada Telcom, L.L.C.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Cox Nevada Telcom, L.L.C.**
Agency Code:	**MSA**	Address:	**1700 Vegas Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89106**
If "No" please explain:	Not Applicable	Contact/Phone:	Victoria Zrebiec 702-545-1889
		Vendor No.:	T27017189
		NV Business ID:	NV19981048274

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 %**	**Various Agencies**

Agency Reference #: 99SWC-S2460 - am

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/31/2029**
   Contract term: **2 years and 306 days**

4. Type of contract: **MSA**
   Contract description: **Telecom Services**

5. Purpose of contract:

   This is a new contract to provide ongoing statewide telecommunication services, including voice and data transport systems.

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?

   State employees need access to local telephone services in order to do their jobs.

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

   Telecommunications are a regulated service and must be provided by a company certified by the Nevada Public Utilities Commission.

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):

Cox Nevada Telcom
Frontier Communications
AT&T

b. Soliciation Waiver: **Not Applicable**

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

Pursuant to RFP #99SWC-S2460, and in accordance with NRS 333, the selected vendor was one of the highest scoring proposers as determined by an independently appointed evaluation coommittee.

d. Last bid date: 09/30/2019 Anticipated re-bid date: 04/30/2028

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:

Contractor currently holds a telecommunications contract in Southern Nevada. 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:

    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	wtaylo5	02/27/2026 07:26:49 AM
Division Approval	wtaylo5	02/27/2026 07:33:12 AM
Department Approval	wtaylo5	02/27/2026 07:33:14 AM
Contract Manager Approval	amorfin	02/27/2026 07:35:49 AM
Budget Analyst Approval	lramire7	03/04/2026 11:37:44 AM
BOE Agenda Approval	mranki1	03/12/2026 10:47:23 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31901**

		Legal Entity Name:	Cynthia Michelle Adams
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Cynthia Michelle Adams**
Agency Code:	**MSA**	Address:	**1825 Pinion Road**
Appropriation Unit:	**9999 - All Categories**		**Suite A**
Is budget authority available?:	**Yes**	City/State/Zip	**Elko, NV 89801**
If "No" please explain:	Not Applicable	Contact/Phone:	Cynthia (Cindy) Adams, LMFT 775-233-6531
		Vendor No.:	T32005603
		NV Business ID:	NV20171390487

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-VQ18050

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2030**
   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 counseling, early intervention, marriage and family therapy, and mental health services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$3,100,000.00**

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. Soliciation 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 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	03/04/2026 09:11:55 AM
Division Approval	ldeloach	03/04/2026 09:11:57 AM
Department Approval	ldeloach	03/04/2026 09:11:59 AM
Contract Manager Approval	ascaffid	03/04/2026 14:02:13 PM
Budget Analyst Approval	rmayhall	03/06/2026 09:36:53 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:42:47 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: **31974**

		Legal Entity Name:	Esmeralda Arias
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Esmeralda Arias**
Agency Code:	**MSA**	Address:	**525 East Greenbrae Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	Esmeralda Arias 775-313-7925
		Vendor No.:	T29007494
		NV Business ID:	NV20151246414

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-VQ18007

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 home health care and personal care 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. Soliciation 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 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	03/04/2026 13:21:25 PM
Division Approval	ldeloach	03/04/2026 13:21:27 PM
Department Approval	ldeloach	03/04/2026 13:21:29 PM
Contract Manager Approval	ascaffid	03/04/2026 13:56:19 PM
Budget Analyst Approval	rmayhall	03/06/2026 10:59:55 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:28:25 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31992**

		Legal Entity Name:	Evans Health Services LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Evans Health Services LLC**
Agency Code:	**MSA**	Address:	**7521 Apple Cider**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89131**
If "No" please explain:	Not Applicable	Contact/Phone:	Sabrina Evans 702-485-7509
		Vendor No.:	T29041731
		NV Business ID:	NV20161572438

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-VQ17841

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 13:18:29 PM
Division Approval	ldeloach	03/04/2026 13:18:32 PM
Department Approval	ldeloach	03/04/2026 13:18:34 PM
Contract Manager Approval	ascaffid	03/04/2026 13:56:54 PM
Budget Analyst Approval	lramire7	03/06/2026 11:10:42 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:18:05 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31995**

		Legal Entity Name:	Everyday Miracles LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Everyday Miracles LLC**
Agency Code:	**MSA**	Address:	**3301 North Buffalo Drive**
Appropriation Unit:	**9999 - All Categories**		**180**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89129**
If "No" please explain:	Not Applicable	Contact/Phone:	Jeff Schofield 702-932-3500
		Vendor No.:	T29029391
		NV Business ID:	NV20051491279

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-VQ18086

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 personal care and respite care services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$2,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/04/2026 13:25:28 PM
Division Approval	ldeloach	03/04/2026 13:25:30 PM
Department Approval	ldeloach	03/04/2026 13:25:33 PM
Contract Manager Approval	ascaffid	03/04/2026 13:57:24 PM
Budget Analyst Approval	lramire7	03/06/2026 11:12:32 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:20:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31981**

		Legal Entity Name:	FDB Enterprises Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**FDB Enterprises Inc.**
Agency Code:	**MSA**	Address:	**442 Sunrise Villa Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89110**
If "No" please explain:	Not Applicable	Contact/Phone:	Dolora Badiola 702-839-8775
		Vendor No.:	T29034000
		NV Business ID:	NV20131340030

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-VQ18280

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 community-based living arrangement services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$5,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/04/2026 13:34:02 PM
Division Approval	ldeloach	03/04/2026 13:34:04 PM
Department Approval	ldeloach	03/04/2026 13:34:07 PM
Contract Manager Approval	ascaffid	03/04/2026 13:58:56 PM
Budget Analyst Approval	lramire7	03/06/2026 08:56:00 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:05:37 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31997**

		Legal Entity Name:	Family Personal Care, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Family Personal Care, LLC**
Agency Code:	**MSA**	Address:	**2415 Reynolds Avenue**
Appropriation Unit:	**9999 - All Categories**		**Suite 101**
Is budget authority available?:	**Yes**	City/State/Zip	**North Las Vegas, NV 89030**
If "No" please explain:	Not Applicable	Contact/Phone:	Juan Avila 702-906-1999
		Vendor No.:	T27041452
		NV Business ID:	NV20111669090

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-VQ18080

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 personal care and respite care services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$2,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/04/2026 13:28:08 PM
Division Approval	ldeloach	03/04/2026 13:28:11 PM
Department Approval	ldeloach	03/04/2026 13:28:13 PM
Contract Manager Approval	ascaffid	03/04/2026 13:57:55 PM
Budget Analyst Approval	lramire7	03/06/2026 11:14:27 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:23:01 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: **31969**

		Legal Entity Name:	Family Support Council of Douglas County
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Family Support Council of Douglas County**
Agency Code:	**MSA**	Address:	**1516 US Highway 395 North**
Appropriation Unit:	**9999 - All Categories**		**Unit E**
Is budget authority available?:	**Yes**	City/State/Zip	**Gardnerville, NV 89410**
If "No" please explain:	Not Applicable	Contact/Phone:	Veronica LaChance 775-782-8692
		Vendor No.:	T80904539
		NV Business ID:	NV19821006005

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-VQ18020

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   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 case management, employment support, supportive living arrangement, and supportive services for the blind and visually impaired.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$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. Soliciation 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	03/04/2026 13:31:03 PM
Division Approval	ldeloach	03/04/2026 13:31:05 PM
Department Approval	ldeloach	03/04/2026 13:31:09 PM
Contract Manager Approval	ascaffid	03/04/2026 13:58:24 PM
Budget Analyst Approval	lramire7	03/06/2026 11:26:04 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:25:56 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31897**

		Legal Entity Name:	Global Resources & Supports, Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Global Resources & Supports, Inc.**
Agency Code:	**MSA**	Address:	**2610 West Horison Ridge Parkwy**
Appropriation Unit:	**9999 - All Categories**		**#200**
Is budget authority available?:	**Yes**	City/State/Zip	**Henderson, NV 89052**
If "No" please explain:	Not Applicable	Contact/Phone:	Tonya Coppin 301-576-7268
		Vendor No.:	T27043054
		NV Business ID:	NV20161022941

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-VQ18068

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **03/31/2030**
   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 adult daycare, applied behavioral analysis, assisted living, assistive technology, behavioral support, case management, community work experience programs, customized employment, disabilities support, employment support, home health care, job development, personal care, residential provider, respite care, social worker, 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. Soliciation 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	03/04/2026 09:49:52 AM
Division Approval	ldeloach	03/04/2026 09:49:54 AM
Department Approval	ldeloach	03/04/2026 09:49:58 AM
Contract Manager Approval	ascaffid	03/04/2026 14:02:45 PM
Budget Analyst Approval	rmayhall	03/06/2026 09:41:30 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:39:15 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: **31926**

		Legal Entity Name:	Golden Cross Home Care, LLC.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Golden Cross Home Care, LLC.**
Agency Code:	**MSA**	Address:	**7762 West Sahara Avenue**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89117**
If "No" please explain:	Not Applicable	Contact/Phone:	Raffi A. Pogosyan 702-240-7711
		Vendor No.:	T29036217
		NV Business ID:	NV20121287262

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-VQ18091

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 personal care services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$600,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/04/2026 09:53:19 AM
Division Approval	ldeloach	03/04/2026 09:53:21 AM
Department Approval	ldeloach	03/04/2026 09:53:24 AM
Contract Manager Approval	ascaffid	03/04/2026 14:55:45 PM
Budget Analyst Approval	lramire7	03/06/2026 10:03:54 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:33:55 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: **31876**

		Legal Entity Name:	Goodwill Industries of Southern Nevada, Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Goodwill Industries of Southern Nevada, Inc.**
Agency Code:	**MSA**	Address:	**250 East Pilot Road**
Appropriation Unit:	**9999 - All Categories**		**Suite 140**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89119**
If "No" please explain:	Not Applicable	Contact/Phone:	Mary Brabant 702-214-2010
		Vendor No.:	T81016674
		NV Business ID:	NV19751000845

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-VQ17990

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   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 community work experience programs, disabilities support, educational tutoring and education support, and pre-employment services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$10,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   b. Soliciation 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	03/04/2026 09:57:02 AM
Division Approval	ldeloach	03/04/2026 09:57:04 AM
Department Approval	ldeloach	03/04/2026 09:57:08 AM
Contract Manager Approval	ascaffid	03/04/2026 14:56:22 PM
Budget Analyst Approval	lramire7	03/06/2026 10:01:26 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:31:18 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31991**

		Legal Entity Name:	Graceful Heart, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Graceful Heart, LLC**
Agency Code:	**MSA**	Address:	**10660 Tulip Valley Road**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89179**
If "No" please explain:	Not Applicable	Contact/Phone:	Jose Ma Reginaldo Bongala 213-422-4472
		Vendor No.:	T29042240
		NV Business ID:	NV20181469525

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-VQ18332

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2030**
   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 community-based living arrangements and residential provider services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$4,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   b. Soliciation 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	03/04/2026 13:47:50 PM
Division Approval	ldeloach	03/04/2026 13:47:52 PM
Department Approval	ldeloach	03/04/2026 13:47:54 PM
Contract Manager Approval	ascaffid	03/04/2026 16:08:09 PM
Budget Analyst Approval	lramire7	03/05/2026 14:39:40 PM
BOE Agenda Approval	vmilazz1	03/08/2026 18:23:27 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31875**

		Legal Entity Name:	Heather Fowler
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Heather Fowler**
Agency Code:	**MSA**	Address:	**2386 East Aspen Hills Place**
Appropriation Unit:	**9999 - All Categories**		
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? **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-VQ18034

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 mental health 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. Soliciation 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 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	03/04/2026 13:57:53 PM
Division Approval	ldeloach	03/04/2026 13:57:55 PM
Department Approval	ldeloach	03/04/2026 13:57:58 PM
Contract Manager Approval	ascaffid	03/04/2026 16:08:31 PM
Budget Analyst Approval	lramire7	03/05/2026 14:42:29 PM
BOE Agenda Approval	vmilazz1	03/08/2026 18:26:47 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: **31950**

		Legal Entity Name:	Hope Healthcare Services
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Hope Healthcare Services**
Agency Code:	**MSA**	Address:	**1155 West 4th Street**
Appropriation Unit:	**9999 - All Categories**		**Suite 224**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89503**
If "No" please explain:	Not Applicable	Contact/Phone:	Felix Igbekoyi, PhD 775-333-5222
		Vendor No.:	T27000183
		NV Business ID:	NV20021444421

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-VQ18161

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 supportive living arrangement services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$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. Soliciation 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	03/04/2026 10:01:07 AM
Division Approval	ldeloach	03/04/2026 10:01:10 AM
Department Approval	ldeloach	03/04/2026 10:01:12 AM
Contract Manager Approval	ascaffid	03/04/2026 14:57:00 PM
Budget Analyst Approval	lramire7	03/06/2026 09:56:05 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:27:59 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31953**

		Legal Entity Name:	Innovation Behavioral Health Solutions, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Innovation Behavioral Health Solutions, LLC**
Agency Code:	**MSA**	Address:	**6655 West Sahara Avenue**
Appropriation Unit:	**9999 - All Categories**		**Suite C203**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89146**
If "No" please explain:	Not Applicable	Contact/Phone:	Rosslili Villarreal 702-900-2784
		Vendor No.:	T27041798
		NV Business ID:	NV20101073285

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-VQ18171

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 behavioral support, counseling, marriage and family therapy, mental health, psychology, social worker, and substance abuse counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$5,000,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   b. Soliciation 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	03/04/2026 10:07:18 AM
Division Approval	ldeloach	03/04/2026 10:07:20 AM
Department Approval	ldeloach	03/04/2026 10:07:22 AM
Contract Manager Approval	ascaffid	03/04/2026 14:57:49 PM
Budget Analyst Approval	lramire7	03/06/2026 09:53:08 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:23:58 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31937**

		Legal Entity Name:	Insight Therapy Solutions LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Insight Therapy Solutions LLC**
Agency Code:	**MSA**	Address:	**4760 South Pecos Road**
Appropriation Unit:	**9999 - All Categories**		**Suite 103**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89121**
If "No" please explain:	Not Applicable	Contact/Phone:	Suzanne Foss 702-685-0877
		Vendor No.:	T29037952
		NV Business ID:	NV20121570862

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-VQ18114

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 marriage and family therapy, mental health, psychology, social worker, and substance abuse counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$1,400,000.00**

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. Soliciation 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	03/04/2026 10:11:04 AM
Division Approval	ldeloach	03/04/2026 10:11:06 AM
Department Approval	ldeloach	03/04/2026 10:11:08 AM
Contract Manager Approval	ascaffid	03/04/2026 14:58:23 PM
Budget Analyst Approval	lramire7	03/06/2026 10:58:49 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:57:16 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31961**

		Legal Entity Name:	JOREN LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**JOREN LLC**
Agency Code:	**MSA**	Address:	**6674 Weather View Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89110**
If "No" please explain:	Not Applicable	Contact/Phone:	Thelma D Balingit 702-461-6969
		Vendor No.:	T29037271
		NV Business ID:	NV20121511472

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-VQ18239

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 10:21:55 AM
Division Approval	ldeloach	03/04/2026 10:21:57 AM
Department Approval	ldeloach	03/04/2026 10:22:00 AM
Contract Manager Approval	ascaffid	03/04/2026 14:59:17 PM
Budget Analyst Approval	lramire7	03/06/2026 11:01:45 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:59:30 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 CONTRACT

1. Contract Number: **31989**

		Legal Entity Name:	Johnson Group Care Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Johnson Group Care Inc.**
Agency Code:	**MSA**	Address:	**dba Johnson Group Care 1**
Appropriation Unit:	**9999 - All Categories**		**1895 Carville Drive**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89512**
If "No" please explain:	Not Applicable	Contact/Phone:	Peggy Montgomery 702-240-0130
		Vendor No.:	T80942316
		NV Business ID:	NV20101882160

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-VQ18346

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 14:04:08 PM
Division Approval	ldeloach	03/04/2026 14:04:10 PM
Department Approval	ldeloach	03/04/2026 14:04:12 PM
Contract Manager Approval	ascaffid	03/04/2026 16:08:53 PM
Budget Analyst Approval	lramire7	03/05/2026 15:54:05 PM
BOE Agenda Approval	vmilazz1	03/08/2026 18:32:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31975**

		Legal Entity Name:	Key Learning Concepts, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Key Learning Concepts, LLC**
Agency Code:	**MSA**	Address:	**23 East M Street**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	Tamara Moore 775-379-6467
		Vendor No.:	T27018538
		NV Business ID:	NV20041117309

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-VQ18306

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 14:08:37 PM
Division Approval	ldeloach	03/04/2026 14:08:39 PM
Department Approval	ldeloach	03/04/2026 14:08:41 PM
Contract Manager Approval	ascaffid	03/04/2026 16:09:15 PM
Budget Analyst Approval	lramire7	03/06/2026 09:01:07 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:11:50 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31945**

		Legal Entity Name:	Las Vegas Evaluation Services LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Las Vegas Evaluation Services LLC**
Agency Code:	**MSA**	Address:	**1887 Roxbury Lane**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89119**
If "No" please explain:	Not Applicable	Contact/Phone:	Valerie Tolbert 702-890-5554
		Vendor No.:	T29043489
		NV Business ID:	NV20181230668

To what State Fiscal Year(s) will the contract be charged? **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-VQ18144

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 autism treatment assistance program, behavioral support, counseling, early intervention, educational tutoring and education support, employment support, foster care, host home and homeless youth, job development, mental health, pediatric, pre-employment, psychology, rehabilitation, senior care, speech pathology, therapy and counseling, substance abuse counseling, and supportive services for the blind and visually impaired.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$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. Soliciation 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	03/04/2026 10:25:53 AM
Division Approval	ldeloach	03/04/2026 10:25:55 AM
Department Approval	ldeloach	03/04/2026 10:25:58 AM
Contract Manager Approval	ascaffid	03/04/2026 14:59:46 PM
Budget Analyst Approval	lramire7	03/06/2026 08:30:15 AM
BOE Agenda Approval	vmilazz1	03/08/2026 18:44:08 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: **31938**

		Legal Entity Name:	M D Developmental Agency LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**M D Developmental Agency LLC**
Agency Code:	**MSA**	Address:	**2520 Saint Rose Parkway**
Appropriation Unit:	**9999 - All Categories**		**Suite H2-216**
Is budget authority available?:	**Yes**	City/State/Zip	**Henderson, NV 89014**
If "No" please explain:	Not Applicable	Contact/Phone:	Monique Robinson 708-253-9271
		Vendor No.:	T32008619
		NV Business ID:	NV20191306565

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-VQ18122

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2030**
   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, case management, dietician-nutrition, disabilities support, early intervention, occupational therapy, ophthalmology, pediatric, physical therapy, and speech pathology, therapy, and counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$15,000,000.00**

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. Soliciation 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	03/04/2026 10:30:35 AM
Division Approval	ldeloach	03/04/2026 10:30:37 AM
Department Approval	ldeloach	03/04/2026 10:30:40 AM
Contract Manager Approval	ascaffid	03/04/2026 15:00:20 PM
Budget Analyst Approval	lramire7	03/06/2026 08:33:23 AM
BOE Agenda Approval	vmilazz1	03/08/2026 18:48:02 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31976**

		Legal Entity Name:	MT. Olive Care, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**MT. Olive Care, LLC**
Agency Code:	**MSA**	Address:	**645 Sierra Rose Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89511**
If "No" please explain:	Not Applicable	Contact/Phone:	Sione Aonga 775-544-5618
		Vendor No.:	T27022936
		NV Business ID:	NV20091270400

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-VQ18310

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 applied behavioral analysis, counseling, and supportive living arrangement services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$40,000,000.00**

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. Soliciation 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	03/04/2026 14:23:09 PM
Division Approval	ldeloach	03/04/2026 14:23:12 PM
Department Approval	ldeloach	03/04/2026 14:23:14 PM
Contract Manager Approval	ascaffid	03/04/2026 16:10:32 PM
Budget Analyst Approval	lramire7	03/06/2026 09:11:11 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:20:52 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31988**

		Legal Entity Name:	Maria Luisa A Caguicla
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Maria Luisa A Caguicla**
Agency Code:	**MSA**	Address:	**dba St. Francis Group Home III**
Appropriation Unit:	**9999 - All Categories**		**4121 East Boston Avenue**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89104**
If "No" please explain:	Not Applicable	Contact/Phone:	Maria Caguicla 702-285-1512
		Vendor No.:	T81075132
		NV Business ID:	NV20171825702

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-VQ18340

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 group home 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. Soliciation 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 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	03/04/2026 14:13:36 PM
Division Approval	ldeloach	03/04/2026 14:13:38 PM
Department Approval	ldeloach	03/04/2026 14:13:40 PM
Contract Manager Approval	ascaffid	03/04/2026 16:09:45 PM
Budget Analyst Approval	lramire7	03/06/2026 09:06:32 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:15:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31983**

		Legal Entity Name:	Moonlight Examinations, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Moonlight Examinations, LLC**
Agency Code:	**MSA**	Address:	**4200 Hulen Street**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Fort Worth, TX 76109**
If "No" please explain:	Not Applicable	Contact/Phone:	Morgan Adams 409-617-1258
		Vendor No.:	T32005591
		NV Business ID:	NV20171590440

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-VQ18322

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 general medicine, medical, mental health, and pre-employment services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$2,900,000.00**

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. Soliciation 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	03/04/2026 14:19:28 PM
Division Approval	ldeloach	03/04/2026 14:19:30 PM
Department Approval	ldeloach	03/04/2026 14:19:32 PM
Contract Manager Approval	ascaffid	03/04/2026 16:10:08 PM
Budget Analyst Approval	lramire7	03/06/2026 09:08:45 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:17:41 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: **31960**

		Legal Entity Name:	Neubauer Mental Health Services APC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Neubauer Mental Health Services APC**
Agency Code:	**MSA**	Address:	**5426 Vegas Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89108**
If "No" please explain:	Not Applicable	Contact/Phone:	Marquita Carr 702-806-5268
		Vendor No.:	T27025067
		NV Business ID:	NV20091527556

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-VQ18189

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 behavioral support, counseling, marriage and family therapy, mental health, psychiatry, psychology, social worker, and substance abuse counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$5,700,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? Yes
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   b. Soliciation 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	03/04/2026 10:41:44 AM
Division Approval	ldeloach	03/04/2026 10:41:47 AM
Department Approval	ldeloach	03/04/2026 10:41:49 AM
Contract Manager Approval	ascaffid	03/04/2026 15:04:26 PM
Budget Analyst Approval	lramire7	03/06/2026 08:39:07 AM
BOE Agenda Approval	vmilazz1	03/08/2026 18:53:50 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31934**

		Legal Entity Name:	Nevada Adult Day Healthcare Centers, Inc
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Nevada Adult Day Healthcare Centers, Inc**
Agency Code:	**MSA**	Address:	**2008 South Jones Boulevard**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89146**
If "No" please explain:	Not Applicable	Contact/Phone:	Cristina Vito 702-319-4600
		Vendor No.:	T27008742
		NV Business ID:	NV20031388669

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-VQ18087

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 adult daycare, case management, disabilities support, job development, medical, pre-employment, respite care, and senior care services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$15,000,000.00**

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. Soliciation 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	03/04/2026 10:33:43 AM
Division Approval	ldeloach	03/04/2026 10:33:45 AM
Department Approval	ldeloach	03/04/2026 10:33:48 AM
Contract Manager Approval	ascaffid	03/04/2026 15:00:57 PM
Budget Analyst Approval	lramire7	03/06/2026 08:36:12 AM
BOE Agenda Approval	vmilazz1	03/08/2026 18:51:05 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31973**

		Legal Entity Name:	Nutrition Moves LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Nutrition Moves LLC**
Agency Code:	**MSA**	Address:	**7721 Leavorite Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89128**
If "No" please explain:	Not Applicable	Contact/Phone:	Geri Lynn Grossan 702-242-5730
		Vendor No.:	T32017482
		NV Business ID:	NV20253269991

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-VQ17975

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 dietician-nutrition 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. Soliciation 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	03/04/2026 14:25:54 PM
Division Approval	ldeloach	03/04/2026 14:25:56 PM
Department Approval	ldeloach	03/04/2026 14:25:58 PM
Contract Manager Approval	ascaffid	03/04/2026 16:10:55 PM
Budget Analyst Approval	rmayhall	03/06/2026 09:51:50 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:36:01 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: **31949**

		Legal Entity Name:	Odyssey Wellness Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Odyssey Wellness Inc.**
Agency Code:	**MSA**	Address:	**3067 East Warm Springs Road**
Appropriation Unit:	**9999 - All Categories**		**Suite #100**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89120**
If "No" please explain:	Not Applicable	Contact/Phone:	Sarah Ahmad 702-202-0000
		Vendor No.:	T27041335
		NV Business ID:	NV20151176682

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-VQ18157

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 10:44:44 AM
Division Approval	ldeloach	03/04/2026 10:44:47 AM
Department Approval	ldeloach	03/04/2026 10:44:49 AM
Contract Manager Approval	ascaffid	03/04/2026 15:05:16 PM
Budget Analyst Approval	lramire7	03/05/2026 16:01:54 PM
BOE Agenda Approval	vmilazz1	03/08/2026 18:38:08 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: **31932**

		Legal Entity Name:	Olympus Health Nevada, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Olympus Health Nevada, LLC**
Agency Code:	**MSA**	Address:	**700 North Carr Road**
Appropriation Unit:	**9999 - All Categories**		**#247**
Is budget authority available?:	**Yes**	City/State/Zip	**Plainfield, IN 46168**
If "No" please explain:	Not Applicable	Contact/Phone:	Lindsey Mackey 317-654-1649
		Vendor No.:	T27025643
		NV Business ID:	NV20121196517

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-VQ18092

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 medical support 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. Soliciation 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	03/04/2026 10:50:57 AM
Division Approval	ldeloach	03/04/2026 10:50:59 AM
Department Approval	ldeloach	03/04/2026 10:51:01 AM
Contract Manager Approval	ascaffid	03/04/2026 15:05:54 PM
Budget Analyst Approval	lramire7	03/06/2026 13:58:20 PM
BOE Agenda Approval	vmilazz1	03/08/2026 18:39:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31865**

		Legal Entity Name:	Pacific Building and Engineering Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Pacific Building DBA White Oak Land Management**
Agency Code:	**MSA**	Address:	**2700 Combie Road**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Meadow Vista, CA 95722**
If "No" please explain:	Not Applicable	Contact/Phone:	Jack Arnswald 530-906-1338
		Vendor No.:	T29051836
		NV Business ID:	NV20263519745

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 %**	**Various Agencies**

Agency Reference #: RFQ 99SWC-S1979/HM

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 90 days**

4. Type of contract: **MSA**
   Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

   This is a new contract to provide fire fuel and vegetation reduction and forest management 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?

   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:

   The contract provides fuels reduction services for agencies that do not have the 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):

   Bordges Timber
   RK Contractors
   Paleo West

   b. Soliciation Waiver: **Not Applicable**

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

This is an on-going RFQ that is awarded to vendors that qualify within the various scopes of work.

d. Last bid date: 04/05/2022 Anticipated re-bid date: 01/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

    No If "Yes", please provide details of the litigation 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:

Doing business as White Oak Land Management

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

    Heather Moon, Purchasing Officer II Ph: 775-531-3309

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	02/25/2026 07:57:26 AM
Division Approval	ldeloach	02/25/2026 07:57:31 AM
Department Approval	ldeloach	02/25/2026 07:57:34 AM
Contract Manager Approval	hmoon	02/25/2026 08:44:03 AM
Budget Analyst Approval	lramire7	02/25/2026 16:41:03 PM
BOE Agenda Approval	mranki1	03/12/2026 11:00:18 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: **31899**

		Legal Entity Name:	Peace Love Sloths, Ltd.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Peace Love Sloths, Ltd.**
Agency Code:	**MSA**	Address:	**dba Peace Love Sloths**
Appropriation Unit:	**9999 - All Categories**		**525 Plumas Street**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89506**
If "No" please explain:	Not Applicable	Contact/Phone:	Faraaz Merchant 775-301-1054
		Vendor No.:	T29043972
		NV Business ID:	NV20212008413

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-VQ17959

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   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 psychiatry 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. Soliciation 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	03/04/2026 10:56:36 AM
Division Approval	ldeloach	03/04/2026 10:56:38 AM
Department Approval	ldeloach	03/04/2026 10:56:40 AM
Contract Manager Approval	ascaffid	03/04/2026 15:06:22 PM
Budget Analyst Approval	lramire7	03/06/2026 08:44:31 AM
BOE Agenda Approval	vmilazz1	03/08/2026 18:58:15 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31968**

		Legal Entity Name:	Pinnacle Community Services Limited Partnership
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Pinnacle Community Services Limited Partnership**
Agency Code:	**MSA**	Address:	**3435 West Cheyenne Avenue**
Appropriation Unit:	**9999 - All Categories**		**#101**
Is budget authority available?:	**Yes**	City/State/Zip	**North Las Vegas, NV 89032**
If "No" please explain:	Not Applicable	Contact/Phone:	Jon Mohler 702-798-2700
		Vendor No.:	T81075406
		NV Business ID:	NV20001154973

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-VQ18285

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 adult daycare, case management, disabilities support, group home, job development, and supportive living arrangement services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$60,000,000.00**

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. Soliciation 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:

    LP

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	03/04/2026 14:29:22 PM
Division Approval	ldeloach	03/04/2026 14:29:25 PM
Department Approval	ldeloach	03/04/2026 14:29:27 PM
Contract Manager Approval	ascaffid	03/04/2026 16:11:20 PM
Budget Analyst Approval	rmayhall	03/06/2026 09:54:55 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:50:57 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: **31936**

		Legal Entity Name:	Play on Words LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Play on Words LLC**
Agency Code:	**MSA**	Address:	**dba Reno-Tahoe Therapy Group**
Appropriation Unit:	**9999 - All Categories**		**4790 Caughlin Parkway #182**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89519**
If "No" please explain:	Not Applicable	Contact/Phone:	Edyl Zarah Y Peck 775-400-2322
		Vendor No.:	T27043757
		NV Business ID:	NV20191418281

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-VQ18111

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 applied behavioral analysis, autism treatment assistance program, early intervention, occupational therapy, pediatric, and speech pathology, therapy, and counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$6,200,000.00**

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. Soliciation 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	03/04/2026 11:03:39 AM
Division Approval	ldeloach	03/04/2026 11:03:41 AM
Department Approval	ldeloach	03/04/2026 11:03:44 AM
Contract Manager Approval	ascaffid	03/04/2026 15:06:53 PM
Budget Analyst Approval	rmayhall	03/06/2026 08:13:13 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:15:33 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: **31918**

		Legal Entity Name:	RGZ Forestry LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**RGZ Forestry LLC**
Agency Code:	**MSA**	Address:	**970 W. Justice Road**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Central Point, OR 97502**
If "No" please explain:	Not Applicable	Contact/Phone:	Saul Rodriguez 541-778-4675
		Vendor No.:	T29052063
		NV Business ID:	NV20191331606

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 %**	**Various Agencies**

Agency Reference #: RFQ 99SWC-S1979/HM

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 90 days**

4. Type of contract: **MSA**
   Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

   This is a new contract to provide fire fuel and vegetation reduction and forest management 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?

   To reduce 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:

   The contract provides fuels reduction services for agencies that do not have the 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):

   High Desert Graziers
   Cardno Inc
   Rutledge Airborne Applications LLC

   b. Soliciation Waiver: **Not Applicable**

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

This is an on-going RFQ that is awarded to vendors that qualify within the various scopes of work.

d. Last bid date: 04/05/2022 Anticipated re-bid date: 01/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

    No If "Yes", please provide details of the litigation 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	02/25/2026 08:25:11 AM
Division Approval	ldeloach	02/25/2026 08:25:14 AM
Department Approval	ldeloach	02/25/2026 08:25:16 AM
Contract Manager Approval	hmoon	02/25/2026 08:44:42 AM
Budget Analyst Approval	lramire7	02/25/2026 16:37:34 PM
BOE Agenda Approval	mranki1	03/12/2026 10:50:10 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: **31980**

		Legal Entity Name:	Restina Angat & Amado Angat
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Restina Angat & Amado Angat**
Agency Code:	**MSA**	Address:	**dba Liberty Residential Care**
Appropriation Unit:	**9999 - All Categories**		**3060 Liberty Circle South**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89121**
If "No" please explain:	Not Applicable	Contact/Phone:	Restina A. Angat 702-581-3487
		Vendor No.:	T32002899
		NV Business ID:	NV20101173066

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-VQ18318

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 group home 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. Soliciation 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 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	03/04/2026 14:33:56 PM
Division Approval	ldeloach	03/04/2026 14:33:58 PM
Department Approval	ldeloach	03/04/2026 14:34:00 PM
Contract Manager Approval	ascaffid	03/04/2026 16:11:41 PM
Budget Analyst Approval	rmayhall	03/06/2026 09:57:57 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:47:43 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31993**

		Legal Entity Name:	Rite of Wayz Behavioral Health L.L.C.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Rite of Wayz Behavioral Health L.L.C.**
Agency Code:	**MSA**	Address:	**2609 West Delhi Avenue**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**North Las Vegas, NV 89032**
If "No" please explain:	Not Applicable	Contact/Phone:	Kheomi Rollins 702-789-8466
		Vendor No.:	T32006432
		NV Business ID:	NV20161653743

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-VQ17811

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 14:36:44 PM
Division Approval	ldeloach	03/04/2026 14:36:47 PM
Department Approval	ldeloach	03/04/2026 14:36:49 PM
Contract Manager Approval	ascaffid	03/04/2026 16:12:03 PM
Budget Analyst Approval	rmayhall	03/06/2026 10:01:54 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:45:32 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31929**

		Legal Entity Name:	Sage Collective Inc
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Sage Collective Inc**
Agency Code:	**MSA**	Address:	**dba The Learning Consultants**
Appropriation Unit:	**9999 - All Categories**		**2435 Pyramid Way Suite B**
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	Jennifer Bonow 775-657-8309
		Vendor No.:	T27041806
		NV Business ID:	NV20171158641

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-VQ18106

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2030**
   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 applied behavioral analysis services, autism treatment assistance programs, and behavioral support 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. Soliciation 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	03/04/2026 14:42:12 PM
Division Approval	ldeloach	03/04/2026 14:42:14 PM
Department Approval	ldeloach	03/04/2026 14:42:16 PM
Contract Manager Approval	ascaffid	03/05/2026 13:12:29 PM
Budget Analyst Approval	lramire7	03/05/2026 15:59:25 PM
BOE Agenda Approval	vmilazz1	03/08/2026 18:35:44 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31956**

		Legal Entity Name:	Saint Benedict Group Home, LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Saint Benedict Group Home, LLC**
Agency Code:	**MSA**	Address:	**3625 Rosewood Drive**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89121**
If "No" please explain:	Not Applicable	Contact/Phone:	Roselyn Javier 702-375-8355
		Vendor No.:	T81007518
		NV Business ID:	NV20061165236

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-VQ18147

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 community-based living arrangements and group home services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$3,300,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/04/2026 11:15:30 AM
Division Approval	ldeloach	03/04/2026 11:15:33 AM
Department Approval	ldeloach	03/04/2026 11:15:36 AM
Contract Manager Approval	ascaffid	03/04/2026 15:07:19 PM
Budget Analyst Approval	rmayhall	03/06/2026 08:15:53 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:12:40 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31948**

		Legal Entity Name:	Sean Marcinik
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Sean Marcinik**
Agency Code:	**MSA**	Address:	**1627 East 2nd Street**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Winnemucca, NV 89445**
If "No" please explain:	Not Applicable	Contact/Phone:	Sean Marcinik 775-770-8082
		Vendor No.:	T29032372
		NV Business ID:	NV20151050451

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-VQ18146

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 customized employment, employment support, job development, and pre-employment services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$7,000,000.00**

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. Soliciation 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 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	03/04/2026 11:26:23 AM
Division Approval	ldeloach	03/04/2026 11:26:26 AM
Department Approval	ldeloach	03/04/2026 11:26:28 AM
Contract Manager Approval	ascaffid	03/04/2026 15:07:51 PM
Budget Analyst Approval	rmayhall	03/06/2026 08:36:13 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:24:46 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: **32001**

		Legal Entity Name:	Sierra Home Health Care
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Sierra Home Health Care**
Agency Code:	**MSA**	Address:	**3500 Lakeside Court**
Appropriation Unit:	**9999 - All Categories**		**Suite 145**
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89509**
If "No" please explain:	Not Applicable	Contact/Phone:	Diana Pearce 775-359-7272
		Vendor No.:	T29033023
		NV Business ID:	NV20061450205

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-VQ18095

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 personal care services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$2,500,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The agency does not have the personnel to perform these services.

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

   This is a specialized service that requires specially trained individuals to provide these services.

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

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

   b. Soliciation 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	03/04/2026 14:47:56 PM
Division Approval	ldeloach	03/04/2026 14:47:58 PM
Department Approval	ldeloach	03/04/2026 14:48:00 PM
Contract Manager Approval	ascaffid	03/04/2026 16:12:50 PM
Budget Analyst Approval	rmayhall	03/06/2026 10:17:11 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:06:39 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31850**

		Legal Entity Name:	Specialized Alternatives for Families and Youth of Nevada, Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Specialized Alternatives for Families and Youth of Nevada, Inc.**
Agency Code:	**MSA**	Address:	**4285 North Rancho Drive**
Appropriation Unit:	**9999 - All Categories**		**Suite 130**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89130**
If "No" please explain:	Not Applicable	Contact/Phone:	Samita Pense 317-450-2551
		Vendor No.:	T81020773
		NV Business ID:	NV19931097485

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-VQ17742

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **04/30/2030**
   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 behavioral support, case management, counseling, early intervention, emergency shelter care, foster care, marriage and family therapy, mental health, and social worker services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$8,600,000.00**

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. Soliciation 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	03/04/2026 11:34:43 AM
Division Approval	ldeloach	03/04/2026 11:34:45 AM
Department Approval	ldeloach	03/04/2026 11:34:48 AM
Contract Manager Approval	ascaffid	03/04/2026 15:08:16 PM
Budget Analyst Approval	lramire7	03/06/2026 11:03:55 AM
BOE Agenda Approval	vmilazz1	03/08/2026 20:10:53 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31943**

		Legal Entity Name:	Tamara Listinsky
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Tamara Listinsky**
Agency Code:	**MSA**	Address:	**327 Thoma Street**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89502**
If "No" please explain:	Not Applicable	Contact/Phone:	Tamara Listinsky 775-235-8553
		Vendor No.:	T29043900
		NV Business ID:	NV20201960901

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-VQ18142

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/31/2030**
   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 counseling, mental health, pre-employment, and substance abuse counseling services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$3,600,000.00**

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. Soliciation 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 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	03/04/2026 11:38:47 AM
Division Approval	ldeloach	03/04/2026 11:38:49 AM
Department Approval	ldeloach	03/04/2026 11:38:52 AM
Contract Manager Approval	ascaffid	03/04/2026 15:08:47 PM
Budget Analyst Approval	lramire7	03/06/2026 11:06:06 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:10:37 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 CONTRACT

1. Contract Number: **31982**

		Legal Entity Name:	The Williams Group LLC
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**The Williams Group LLC**
Agency Code:	**MSA**	Address:	**2103 Dogwood Avenue**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**North Las Vegas, NV 89030**
If "No" please explain:	Not Applicable	Contact/Phone:	Sean Williams 702-675-0092
		Vendor No.:	T32010531
		NV Business ID:	NV20191595973

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-VQ18283

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 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. Soliciation 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	03/04/2026 14:51:02 PM
Division Approval	ldeloach	03/04/2026 14:51:04 PM
Department Approval	ldeloach	03/04/2026 14:51:06 PM
Contract Manager Approval	ascaffid	03/04/2026 16:13:14 PM
Budget Analyst Approval	rmayhall	03/06/2026 10:38:49 AM
BOE Agenda Approval	vmilazz1	03/09/2026 10:04:40 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31855**

		Legal Entity Name:	Transition Services, Inc.
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Transition Services, Inc.**
Agency Code:	**MSA**	Address:	**2408 Las Verdes Street**
Appropriation Unit:	**9999 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89102**
If "No" please explain:	Not Applicable	Contact/Phone:	Armena Mkhitaryan 702-383-1106
		Vendor No.:	T81029761
		NV Business ID:	NV19981182644

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-VQ17713

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 adult daycare, assistive technology, behavioral support, case management, community work experience program, customized employment, dietician-nutrition, disabilities support, employment support, group home, job development, personal care, personal emergency response system, pre-employment, residential provider, respite care, senior care, supportive living arrangement, and supportive services for the blind and visually impaired.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$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. Soliciation 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	03/04/2026 11:52:52 AM
Division Approval	ldeloach	03/04/2026 11:52:54 AM
Department Approval	ldeloach	03/04/2026 11:52:56 AM
Contract Manager Approval	ascaffid	03/04/2026 15:09:13 PM
Budget Analyst Approval	lramire7	03/06/2026 11:08:09 AM
BOE Agenda Approval	vmilazz1	03/09/2026 09:15:38 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31958**

		Legal Entity Name:	Wellness Focus
Agency Name:	**MSA MASTER SERVICE AGREEMENTS**	Contractor Name:	**Wellness Focus**
Agency Code:	**MSA**	Address:	**3067 East Warm Springs Road**
Appropriation Unit:	**9999 - All Categories**		**Suite 100**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89120**
If "No" please explain:	Not Applicable	Contact/Phone:	Joyce Ulofoshio, Ph.D. 702-569-9444
		Vendor No.:	T29044839
		NV Business ID:	NV20201688681

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-VQ18190

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2030**
   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 psychology 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. Soliciation 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	03/04/2026 11:59:19 AM
Division Approval	ldeloach	03/04/2026 11:59:21 AM
Department Approval	ldeloach	03/04/2026 11:59:24 AM
Contract Manager Approval	ascaffid	03/04/2026 15:09:42 PM
Budget Analyst Approval	lramire7	03/06/2026 10:53:25 AM
BOE Agenda Approval	vmilazz1	03/08/2026 19:54:01 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	BRAVO SCHRAGER LLP	OTHER: STATUTORY CONTINGENCY	$75,000	Professional Service
	Contract Description:	This is a new contract to provide special counsel services.				
		Term of Contract:	02/12/2026 - 06/30/2027	Contract # 31900		
2.	070	DEPARTMENT OF ADMINISTRATION - HUMAN RESOURCE MANAGEMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL	$16,000	Exempt
	Contract Description:	This is a new contract to provide advanced workplace investigations training.				
		Term of Contract:	02/09/2026 - 06/30/2026	Contract # 31556		
3.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	ARCHWAY VENTURES INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$24,000	
	Contract Description:	This is a new contract to provide arborist services.				
		Term of Contract:	02/20/2026 - 02/01/2030	Contract # 31728		
4.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	B & L BACKFLOW TESTING SPECIALISTS, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$48,300	
	Contract Description:	This is a new contract to provide ongoing backflow services for facilities located in northern Nevada.				
		Term of Contract:	02/20/2026 - 01/31/2030	Contract # 31701		
5.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BERRY ENTERPRISES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$24,000	
	Contract Description:	This is a new contract to provide inspection, testing, repair and installation of electronic system components, equipment, and appliances that support access control, radio, data, video surveillance systems, and related software applications.				
		Term of Contract:	02/18/2026 - 01/01/2030	Contract # 31672		

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 - BUILDINGS AND GROUNDS	CANYON ELECTRIC COMPANY, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$24,000	
	Contract Description:	This is a new contract to provide ongoing electrical services for facilities located in southern Nevada.				
		Term of Contract:	02/19/2026 - 03/01/2030	Contract # 31677		
7.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	HEARTH & HOME SPECIALTIES LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$31,611	
	Contract Description:	This is a new contract to provide restroom partitions at the Decatur Department of Motor Vehicles located in Las Vegas.				
		Term of Contract:	02/20/2026 - 06/30/2026	Contract # 31816		
8.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NLS GROUNDS MANAGEMENT LLC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$34,650	
	Contract Description:	This is the second amendment to the original contract which provides landscaping maintenance services for the Department of Motor Vehicles' Donovan, Flamingo, Sahara, Campos, Decatur, and Henderson locations in Las Vegas. This amendment increases the maximum amount from $743,150 to $777,800 due to the addition of the Supreme Court and Fire Marshal buildings located in Las Vegas.				
		Term of Contract:	12/01/2024 - 11/30/2028	Contract # 29826		
9.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	QCS, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$24,500	
	Contract Description:	This is a new contract to provide ongoing maintenance services for the heating, ventilation, and air conditioning system at the Purchasing warehouse located in Reno.				
		Term of Contract:	02/20/2026 - 01/01/2030	Contract # 31812		
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RICK'S FLOOR COVERING, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$33,525	
	Contract Description:	This is a new contract to provide the removal and replacement of the floor covering at the Nevada State Library and Archives building located in Carson City.				
		Term of Contract:	02/20/2026 - 01/31/2027	Contract # 31777		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RICK'S FLOOR COVERING, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$12,348	
	Contract Description:	This is a new contract to provide the removal and replacement of the carpet in the Treasurer's Office located on the second floor of the Capitol building.				
		Term of Contract:	03/03/2026 - 03/05/2027	Contract # 31849		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	SUMMIT PLUMBING CO., LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$29,152	
	Contract Description:	This is a new contract to provide the removal and replacement of existing cast iron waste and vent piping within the boiler room of the Blasdel building located in Carson City.				
		Term of Contract:	02/20/2026 - 03/01/2027	Contract # 31852		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$23,500	
	Contract Description:	This is the first amendment to the original contract which provides ongoing janitorial services for the Sahara Department of Motor Vehicles building located in Las Vegas. This amendment extends the termination date from November 30, 2026 to January 31, 2027 and increases the maximum amount from $573,175 to $596,675 to allow services to continue while a solicitation is completed.				
		Term of Contract:	12/01/2022 - 01/31/2027	Contract # 26796		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	$26,310	
	Contract Description:	This is the first amendment to the original contract which provides ongoing janitorial services for the Donavan Department of Motor Vehicles building located in Las Vegas. This amendment extends the termination date from July 31, 2026 to January 31, 2027 and increases the maximum amount from $204,572 to $230,882 to allow services to continue while a solicitation is completed.				
		Term of Contract:	08/01/2022 - 01/31/2027	Contract # 26422		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF CORRECTIONS CIP PROJECTS	PLENIUM BUILDERS	BONDS	$35,860	Professional Service
	Contract Description:	This is a new contract to provide owner-construction manager at-risk pre-construction services for the Culinary Renovation (Lovelock Correctional Center) CIP Project to include pre-construction documents and the replacement of flooring, lighting, and kitchen cooking equipment: CIP Project No. 25-M17; SPWD Contract No. 118439.				
		Term of Contract:	02/10/2026 - 06/30/2027	Contract # 31691		
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	CONSTRUCTION MATERIALS ENGINEERS, INC.	BONDS	$62,785	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Committal Building (Northern Nevada Veterans Memorial Cemetery) CIP Project to include on-site civil and special inspection and materials testing services for the design and construction of a fully enclosed committal building at the Veterans Memorial Cemetery located in Fernley: CIP Project No. 23-C13; SPWD Contract No. 118469.				
		Term of Contract:	02/20/2026 - 06/30/2027	Contract # 31703		
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	LBYD FEDERAL, LLC.	GENERAL	$12,500	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Kitchen Ventilation Replacement (Southern Nevada State Veterans Home) and Water Softener Replacement (Southern Nevada Veterans Home) CIP Projects: CIP Project Nos. 25-M18 and 25-M21; SPWD Contract No. 118136. This amendment increases the maximum amount from $68,000 to $80,500 due to additional design services and construction documents to add two duct coils with each unit, to include heating and chilled water coils.				
		Term of Contract:	11/19/2025 - 06/30/2029	Contract # 31157		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	$25,350	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Roofing Program (Early Intervention Services) CIP Project to include civil, mechanical, structural, and electrical engineering services of the design through construction documents of the existing roof replacement at the Early Intervention Services building located in Reno: CIP Project No. 25-S01-6; SPWD Contract No. 118463.				
		Term of Contract:	03/10/2026 - 06/30/2029	Contract # 31683		
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	$37,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Roofing Program (Arrowhead Building) CIP Project to include civil, mechanical, structural, and electrical engineering services for the design through construction documents for the replacement of the existing roof at the Arrowhead building located in Carson City: CIP Project No. 25-S01-7; SPWD Contract No. 118456.				
		Term of Contract:	02/20/2026 - 06/30/2029	Contract # 31692		
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	$11,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Roofing Program, Non-Profit House (Stewart Facility) CIP Project to include plans, architectural details, specifications, and cost estimates for the design of the roof replacement at 57 Gibson Drive in Carson City: CIP Project No. 25-S01-11; SPWD Contract No. 118452.				
		Term of Contract:	02/20/2026 - 06/30/2029	Contract # 31698		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	FRAME ARCHITECTURE, INC.	BONDS	$11,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Statewide Roofing Program, State Museum North Annex CIP Project to include roof plans, architectural details, specifications, cost estimates, and construction documents for the replacement of the 7,000 square foot roof: CIP Project No. 25-S01-13; SPWD Contract No. 118451.				
		Term of Contract:	02/26/2026 - 06/30/2029	Contract # 31706		
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	PLENIUM BUILDERS	GENERAL 33% BONDS 67%	$49,920	Professional Service
	Contract Description:	This is a new contract to provide owner-construction manager at-risk pre-construction services for the Basement Tenant Improvement (Nevada State Library and Archives), the Building Repairs and West Plaza Replacement (Nevada State Library and Archives), and the Statewide Elevator Program (Freight Elevator Repairs - Nevada State Library and Archives) CIP Projects to include schematic design, design development, and construction documents for the repair caused by water damage and properly waterproofed to resolve the longstanding water infiltration issues: CIP Project Nos. 23-C15, 25-M08 and 25-S07-1; SPWD Contract No. 118471.				
		Term of Contract:	02/27/2026 - 06/30/2029	Contract # 31708		
23.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	GARY ALLAN PULLIAM	OTHER: WORKERS' COMPENSATION AND SAFETY FUND	$40,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing special appeals officer services.				
		Term of Contract:	06/30/2025 - 06/30/2027	Contract # 31707		
24.	089	DEPARTMENT OF ADMINISTRATION - HEARINGS AND APPEALS	TINA YAN	OTHER: WORKERS' COMPENSATION AND SAFETY FUND	$40,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing special appeals officer services.				
		Term of Contract:	09/01/2025 - 08/31/2027	Contract # 31445		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	101	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - TOURISM	ELKO CITY - COUNTY CIVIC AUDITORIUM AUTHORITY	OTHER: LODGING TAX	$75,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide for the planning and execution of the 2026 Rural Roundup conference.				
		Term of Contract:	03/03/2026 - 04/30/2026	Contract # 31734		
26.	111	DEPARTMENT OF INDIGENT DEFENSE SERVICES	DAVID K. NEIDERT	GENERAL	$96,000	Professional Service
	Contract Description:	This is a new contract to provide oversight support for the performance of Indigent Defense Attorneys in Carson City, Churchill, Lyon and Storey Counties.				
		Term of Contract:	02/27/2026 - 06/30/2026	Contract # 31821		
27.	180	GOVERNOR'S TECHNOLOGY OFFICE - TELE-COMMUNICATIONS	AVAYA INC	GENERAL 96.4% OTHER: TELEPHONE WATTS & TOLL CHARGE 3.6%	$36,568	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV25-24195 which provides software-as-a-service. This service agreement provides Aura applications on physical servers provided by Avaya at backup locations.				
		Term of Contract:	02/23/2026 - 06/30/2028	Contract # 31633		
28.	180	GOVERNOR'S TECHNOLOGY OFFICE - NETWORK TRANSPORT SERVICES	NYE COUNTY INFORMATION TECHNOLOGY	OTHER: REVENUE	$25,957	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing rack space in Nye and Esmeralda Counties.				
		Term of Contract:	03/10/2026 - 06/01/2027	Contract # 30932		
29.	300	DEPARTMENT OF EDUCATION - STANDARDS AND INSTRUCTIONAL SUPPORT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	GENERAL	$20,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide the 2026 State Educational Technology Needs Assessment.				
		Term of Contract:	03/11/2026 - 06/30/2026	Contract # 31887		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	300	DEPARTMENT OF EDUCATION - GEAR UP	NATIONAL COUNCIL FOR COMMUNITY AND EDUCATION PARTNERSHIPS	FEDERAL	$18,000	
	Contract Description:	This is a new contract to provide ongoing college and career readiness curriculum for students in grades 7 through 12 to support their academic and post-secondary educational needs.				
		Term of Contract:	03/05/2026 - 12/31/2026	Contract # 31839		
31.	300	DEPARTMENT OF EDUCATION - EDUCATOR LICENSURE	ELIXIR LAB USA INC	GENERAL 52% FEE: LICENSURE 48%	$90,000	
	Contract Description:	This is the first amendment to the original contract which provides an online portal for educator applications and licensure. This amendment extends the termination dated from March 31, 2029 to June 9, 2029 and increases the maximum amount from $2,550,793 to $2,640,793 due to additional implementation time needed.				
		Term of Contract:	06/10/2025 - 06/09/2029	Contract # 30347		
32.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	$85,755	Exempt
	Contract Description:	This is a new interlocal agreement to provide early childhood studies for underserved children.				
		Term of Contract:	02/12/2026 - 06/30/2026	Contract # 31762		
33.	300	DEPARTMENT OF EDUCATION - OFFICE OF EARLY LEARNING AND DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	FEDERAL	$27,824	Exempt
	Contract Description:	This is a new interlocal agreement to provide a comprehensive needs assessment of Nevada's early childhood care and education system.				
		Term of Contract:	03/11/2026 - 06/30/2026	Contract # 31925		
34.	331	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS - MUSEUMS AND HISTORY - NEVADA STATE RAILROAD MUSEUMS	M J G, INC.	GENERAL 42% OTHER: LODGING TAX 58%	$20,500	
	Contract Description:	This is a new contract to provide services to inspect railroad crossings.				
		Term of Contract:	02/10/2026 - 07/31/2026	Contract # 31607		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
35.	332	DEPARTMENT OF ADMINISTRATION - NEVADA STATE LIBRARY, ARCHIVES AND PUBLIC RECORDS - ARCHIVES AND PUBLIC RECORDS	ELENA CARROLL HINKLE	FEDERAL	$65,100	
	Contract Description:	This is a new contract to provide an archival consultant for the State Historical Records Advisory Board grant project.				
		Term of Contract:	02/13/2026 - 03/31/2027	Contract # 31715		
36.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - PLANNING, ADVOCACY, AND COMMUNITY GRANTS	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION – OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	$49,500	Exempt
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17900 which provides consulting, marketing, and education services. This service agreement provides a series of Train the Trainer classes and technical assistance.				
		Term of Contract:	03/03/2026 - 08/31/2026	Contract # 31148		
37.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - ADULT PROTECTIVE SERVICES & LONG-TERM CARE OMBUDSMAN	KPS|3	FEDERAL	$96,500	
	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 services to update collateral and campaign materials related to program branding.				
		Term of Contract:	09/03/2025 - 06/30/2026	Contract # 30764		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
38.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - ALCOHOL TAX PROGRAM	NEVADA PUBLIC HEALTH FOUNDATION, INC.	GENERAL	$26,280	
	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 conference planning, workshop facilitation, and training services to support the Bureau of Behavioral Health Wellness and Prevention.				
		Term of Contract:	03/11/2026 - 06/30/2026	Contract # 31383		
39.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ADMINISTRATION	CARAHSOFT TECHNOLOGY CORPORATION	FEDERAL	$74,728	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud services. This service agreement provides penetration testing and vulnerability assessment services to identify potential weaknesses within the division's information security systems.				
		Term of Contract:	02/09/2026 - 09/15/2026	Contract # 31595		
40.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - WELFARE FIELD SERVICES	OPPORTUNITY VILLAGE	GENERAL 30% FEDERAL 70%	$20,790	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV22-10096 which provides labor services under a preferred purchase program. This service agreement provides document destruction for offices in southern Nevada.				
		Term of Contract:	02/01/2026 - 01/31/2027	Contract # 31704		
41.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - FAMILY SUPPORT PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS	GENERAL	$11,400	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing support services for the Clark County Children's Mental Health Consortium.				
		Term of Contract:	02/13/2026 - 06/30/2027	Contract # 31387		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
42.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	CHRISTOPHER HINKLE DBA D & J CLEANING SERVICE	GENERAL 49% OTHER: COUNTY 19% FEDERAL 32%	$87,600	
	Contract Description:	This is a new contract to provide ongoing janitorial services to district offices located in Fallon and Fernley.				
		Term of Contract:	03/09/2026 - 01/31/2030	Contract # 31818		
43.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - RURAL CHILD WELFARE	KINDRED SPIRITS ADOPTION SERVICES	GENERAL	$82,243	
	Contract Description:	This is a new contract to provide ongoing federally-mandated visitation and reporting services for youth placed in a residential facility outside Nevada.				
		Term of Contract:	03/09/2026 - 06/30/2030	Contract # 31727		
44.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES - DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	$68,442	Exempt
	Contract Description:	This is a new interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2025 - 06/30/2026	Contract # 31196		
45.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - DATA ANALYTICS	DEPARTMENT OF HUMAN SERVICES - DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	OTHER: REVENUE	$51,080	Exempt
	Contract Description:	This is a new interlocal agreement to provide transfer of funds from the Division of Public and Behavioral Health to the Nevada Health Authority, Office of Analytics for one position.				
		Term of Contract:	07/01/2025 - 06/30/2026	Contract # 31782		
46.	431	OFFICE OF THE MILITARY	ACCO ENGINEERED SYSTEMS, INC.	GENERAL 25% FEDERAL 75%	$16,995	
	Contract Description:	This is a new contract to provide repair to the heating, ventilation, and air conditioning system for the headquarters building for the Air Guard.				
		Term of Contract:	03/04/2026 - 01/16/2027	Contract # 31883		
47.	431	OFFICE OF THE MILITARY	BRIGGS ELECTRIC, INC.	GENERAL 50% FEDERAL 50%	$99,850	
	Contract Description:	This is a new contract to provide service and maintenance for the uninterruptible power supply for northern Nevada.				
		Term of Contract:	02/13/2026 - 12/31/2029	Contract # 31754		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.	431	OFFICE OF THE MILITARY	HAVA ENGINEERING, LLC	FEDERAL	$19,000	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the replacement of the heating, ventilation, and air conditioning at the dyno shop at the Combined Support Maintenance Shop 2 in Las Vegas.				
		Term of Contract:	03/04/2026 - 02/29/2028	Contract # 31911		
49.	431	OFFICE OF THE MILITARY	SHADE MASTERS LLC	GENERAL 50% FEDERAL 50%	$17,200	
	Contract Description:	This is a new contract to provide installation of a standalone shade canopy for the Las Vegas Readiness Center guard shack.				
		Term of Contract:	03/04/2026 - 02/29/2028	Contract # 31881		
50.	431	OFFICE OF THE MILITARY	T & L EQUIPMENT, INC.	GENERAL 50% FEDERAL 50%	$98,450	
	Contract Description:	This is a new contract to provide comprehensive inspection, preventive maintenance, troubleshooting, and necessary repairs to the air compressor and air dryer systems for the Las Vegas area.				
		Term of Contract:	03/04/2026 - 02/28/2030	Contract # 31895		
51.	431	OFFICE OF THE MILITARY	THOMSON, JAMES F JR DBA AMERICAN SOUTHWEST ELECTRIC	GENERAL 50% FEDERAL 50%	$16,137	
	Contract Description:	This is a new contract to provide exterior masonry joint repair at the Clark County Armory.				
		Term of Contract:	02/13/2026 - 06/30/2027	Contract # 31840		
52.	431	OFFICE OF THE MILITARY	VORTEX INDUSTRIES LLC	GENERAL 50% FEDERAL 50%	$20,632	
	Contract Description:	This is a new contract to provide installation, repair, and maintenance on all types of doors for Camp Washoe.				
		Term of Contract:	03/05/2026 - 01/02/2028	Contract # 31755		
53.	431	OFFICE OF THE MILITARY - EMERGENCY OPERATIONS CENTER	ARC GENERATOR SERVICE	GENERAL	$16,589	
	Contract Description:	This is a new contract to provide generator services for the Emergency Operations Center.				
		Term of Contract:	02/10/2026 - 11/05/2026	Contract # 31775		
54.	440	DEPARTMENT OF CORRECTIONS - WARM SPRINGS CORRECTIONAL CENTER	NEVADA CHILLER AND BOILER INC.	GENERAL	$9,922	
	Contract Description:	This is the first amendment to the original contract which provides repairs to the burner tube, gaskets, and hot surface igniter on a boiler. This amendment increases the maximum amount from $7,130 to $17,052 due to additional parts required for the boiler to become functional.				
		Term of Contract:	10/07/2025 - 06/30/2026	Contract # 31086		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
55.	440	DEPARTMENT OF CORRECTIONS	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES	OTHER: REVENUE	$52,002	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide ongoing inmate camp and fire labor.				
		Term of Contract:	10/01/2025 - 06/30/2026	Contract # 31804		
56.	500	COMMISSION ON MINERAL RESOURCES - DIVISION OF MINERALS	DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS – MUSEUS AND HISTORY - NEVADA STATE MUSEUM, CARSON CITY	FEE: MINING CLAIM FILING	$30,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide funding for an educational mining exhibit at the Nevada State Museum in Carson City.				
		Term of Contract:	02/26/2026 - 06/30/2027	Contract # 31639		
57.	550	STATE DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	EVERON, LLC	FEE: USDA FOODS SHIPPING AND HANDLING 90% FEDERAL 10%	$36,921	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-16866 which provides security and fire protection services. This agreement provides ongoing fire protection services at the warehouse located in Las Vegas.				
		Term of Contract:	02/10/2026 - 12/31/2029	Contract # 31515		
58.	550	STATE DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	PROGRESSIVE PEST CONTROL	FEE: SERVICE AND HANDLING CHARGES 24% FEDERAL 76%	$7,075	
	Contract Description:	This is the first amendment to the original contract which provides ongoing pest control services at the warehouse located in Las Vegas. This amendment increases the maximum amount from $4,080 to $11,155 due to an increased need for these services.				
		Term of Contract:	04/13/2023 - 02/28/2027	Contract # 31358		
59.	650	DEPARTMENT OF PUBLIC SAFETY - TRAINING	PALAZZO TRAINING SOLUTIONS, LLC	OTHER: AGENCY FUNDED	$29,750	
	Contract Description:	This is a new contract to provide training for a leadership development master class.				
		Term of Contract:	02/25/2026 - 02/29/2028	Contract # 31780		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
60.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	COBAN TECHNOLOGIES, INC.	HIGHWAY	$90,300	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-20696 which provides public safety video systems. This service agreement provides a platform that will store, manage, and retrieve active law enforcement video evidence.				
		Term of Contract:	02/25/2026 - 01/31/2028	Contract # 31722		
61.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	CLARK COUNTY LAS VEGAS STADIUM, LLC	FEDERAL	$18,000	
	Contract Description:	This is a new contract to provide outreach and marketing for safe boating advertisements and public service announcements at the Las Vegas Ballpark.				
		Term of Contract:	03/11/2026 - 09/30/2026	Contract # 31860		
62.	702	DEPARTMENT OF WILDLIFE - CONSERVATION EDUCATION	SK BASEBALL LLC	FEE: SPORTSMEN REVENUE 15% FEDERAL 85%	$26,000	
	Contract Description:	This is a new contract to provide outreach and marketing for wildlife education, boating safety, and related campaigns through public service announcements, commercials, and signage at the Aces Ballpark during 2026 and hosting a safe boating table at two games.				
		Term of Contract:	02/27/2026 - 03/31/2027	Contract # 31859		
63.	702	DEPARTMENT OF WILDLIFE - FISHERIES MANAGEMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO WESTERN NEVADA COLLEGE	FEE: TROUT STAMP 25% FEDERAL 75%	$19,110	Exempt
	Contract Description:	This is a new interlocal agreement to provide qualified commercial driver's license training for employees.				
		Term of Contract:	02/13/2026 - 12/31/2029	Contract # 31714		
64.	702	DEPARTMENT OF WILDLIFE - HABITAT	RESOURCE CONCEPTS, INC.	OTHER: INDUSTRIAL DEVELOPMENT & HERITAGE FUND 25% FEDERAL 75%	$80,000	Professional Service
	Contract Description:	This is a new contract to provide professional water rights services including monitoring, maintenance, management, and strategic planning to ensure water rights are compliant with the Nevada Division of Water Resources requirements.				
		Term of Contract:	03/03/2026 - 02/28/2028	Contract # 31771		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
65.	702	DEPARTMENT OF WILDLIFE - HABITAT	WHITE PINE CONSERVATION DISTRICT	FEDERAL	$18,000	Exempt
	Contract Description:	This is the first amendment to the original interlocal agreement which provides habitat improvement projects on private and public lands within the jurisdiction of White Pine Conservation District. This amendment extends the termination date from May 31, 2026 to May 31, 2028 and increases the maximum amount from $8,000 to $26,000 due to the continued need for these services.				
		Term of Contract:	06/05/2024 - 05/31/2028	Contract # 29027		
66.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - FEDERAL PROGRAMS-NON-EXEC	KNIT	BONDS 50% FEDERAL 50%	$56,600	Professional Service
	Contract Description:	This is a new contract to provide professional architectural and design services for the Kinsey House at Mormon Station State Historic Park.				
		Term of Contract:	03/05/2026 - 06/30/2027	Contract # 31598		
67.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - MAINTENANCE OF STATE PARKS-NON-EXEC	ARTISTIC FENCE COMPANY INC	FEE: USER FEE OVERAGE	$22,981	
	Contract Description:	This is a new contract to provide fence installation at Fort Churchill State Historic Park residences.				
		Term of Contract:	02/10/2026 - 06/30/2026	Contract # 31784		
68.	709	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - ENVIRONMENTAL PROTECTION - SAFE DRINKING WATER PROGRAM	RESOURCE CONCEPTS, INC.	FEDERAL	$38,724	
	Contract Description:	This is the first amendment to the original contract which provides coordination and administration of the distribution and maintenance of treatment filters for public water system customers that are considered small and disadvantaged communities. This amendment increases the maximum amount from $1,050,000 to $1,088,724 due to converting the current Linux platform to a Windows-based environment.				
		Term of Contract:	07/08/2025 - 06/09/2029	Contract # 30560		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
69.	743	DEPARTMENT OF BUSINESS AND INDUSTRY - BOARDS AND COMMISSIONS	CONNIE CHRISTIANSEN	FEE: LICENSURE	$21,000	
	Contract Description:	This is a new contract to provide biennial audit services of financial statements for fiscal years ending June 30, 2026 and June 30, 2028.				
		Term of Contract:	08/01/2026 - 12/31/2028	Contract # 31829		
70.	743	DEPARTMENT OF BUSINESS AND INDUSTRY - BOARDS AND COMMISSIONS	NUMBERS INC.	FEE: LICENSURE	$20,800	
	Contract Description:	This is a new contract to provide bookkeeping and payroll services.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 31824		
71.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	ALARMCO, INC	FEE: BUSINESS ENTERPRISE PROGRAM	$10,000	
	Contract Description:	This is the first amendment to the original contract which provides ongoing security and fire alarm services along with system repair and maintenance to the three Business Enterprises of Nevada sites located at the Hoover Dam. This amendment increases the maximum amount from $24,999.99 to $34,999.99 due to four additional cameras added to the system.				
		Term of Contract:	07/01/2025 - 06/30/2029	Contract # 30448		
72.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	CARSLON HVAC, LLC DBA CARLSON HVAC & REFRIGERATION	FEE: BUSINESS ENTERPRISE PROGRAM	$49,500	
	Contract Description:	This is a new contract to provide ongoing maintenance and repair of commercial refrigerators and refrigeration units, freezers, ice makers, chillers, walk-ins, reach-ins, and display units.				
		Term of Contract:	05/01/2026 - 04/30/2028	Contract # 31994		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
73.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - DISABILITY ADJUDICATION	MILLER ELECTRIC COMPANY, INC. DBA PERFORMANCE ELECTRIC COMPANY	FEDERAL	$42,137	
	Contract Description:	This is the first amendment to the original contract which provides ongoing quarterly and annual inspection, maintenance and repair services on a federally required back-up generator located at the Bureau of Disability Adjudications office in Carson City, Nevada. This amendment extends the termination date from March 31,2026 to March 31,2028 and increases the maximum amount from $39,900 to $82,037 due to the continued need for these services.				
		Term of Contract:	05/29/2024 - 03/31/2028	Contract # 28929		
74.	902	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - WORKFORCE DEVELOPMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO TRUCKEE MEADOWS COMMUNITY COLLEGE	OTHER: WAGE ASSESSMENT	$50,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide field internships to students completing paramedic apprenticeships.				
		Term of Contract:	04/01/2026 - 03/31/2028	Contract # 31333		
75.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION	OTIS ELEVATOR COMPANY	OTHER: COST ALLOCATION	$50,000	
	Contract Description:	This is a new contract to provide ongoing elevator service and inspections for the State Administrative Office located in Carson City.				
		Term of Contract:	05/14/2026 - 06/30/2029	Contract # 31583		
76.	920	DEPARTMENT OF ADMINISTRATION - DEFERRED COMPENSATION COMMITTEE	CLIFTONLARSON-ALLEN LLP	FEE: DEFERRED COMP GENERATED	$74,500	Professional Service
	Contract Description:	This is a new contract to provide an annual financial audit and develop and certify financial statements.				
		Term of Contract:	03/12/2026 - 03/01/2028	Contract # 31913		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
77.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHITECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	B&W, PLLC DBA BLACK & WADHAMS, ATTORNEYS AT LAW	FEE: LICENSURE	$74,997	
	Contract Description:	This is a new contract to provide government relations services.				
		Term of Contract:	07/01/2026 - 06/30/2029	Contract # 31795		
78.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHITECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	CASEY NEILON, INC.	FEE: LICENSURE	$47,350	Professional Service
	Contract Description:	This is a new contract to provide ongoing accounting and auditing services.				
		Term of Contract:	08/01/2026 - 12/31/2027	Contract # 31885		
79.	B002	LICENSING BOARDS AND COMMISSIONS - ARCHITECTURE, INTERIOR DESIGN AND RESIDENTIAL DESIGN	INSIGHT PUBLIC SECTOR, INC.	FEE: LICENSURE	$32,224	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-21684 which provides technology product solutions and related services. This service agreement provides professional database licensing software.				
		Term of Contract:	07/31/2026 - 07/30/2027	Contract # 31880		
80.	B014	LICENSING BOARDS AND COMMISSIONS - MARRIAGE AND FAMILY THERAPISTS AND CLINICAL PROFESSIONAL COUNSELORS	SUMMIT GOVERNMENT AFFAIRS, LTD.	FEE: LICENSURE	$22,000	
	Contract Description:	This is a new contract to provide government relations services.				
		Term of Contract:	03/12/2026 - 12/31/2027	Contract # 31798		
81.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	A TO Z SERVICES LLC DBA A TO Z BOOKKEEPING	FEE: LICENSURE	$20,000	
	Contract Description:	This is a new contract to provide ongoing bookkeeping services.				
		Term of Contract:	02/13/2026 - 12/31/2027	Contract # 31838		
82.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	ALBERTSON CONSULTING INC.	FEE: LICENSURE	$71,400	
	Contract Description:	This is a new contract to provide ongoing licensing for a compliance database.				
		Term of Contract:	02/26/2026 - 12/31/2029	Contract # 31806		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
83.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	NUMBERS INC.	FEE: LICENSURE	$12,000	
	Contract Description:	This is a new contract to provide ongoing accounting services.				
		Term of Contract:	02/12/2026 - 12/31/2027	Contract # 31814		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31900**

		Legal Entity Name:	Bravo Schrager LLP
Agency Name:	**ATTORNEY GENERAL'S OFFICE**	Contractor Name:	**Bravo Schrager LLP**
Agency Code:	**030**	Address:	**6675 South Tenaya Way**
Appropriation Unit:	**1030-04**		**Suite 200**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89113**
If "No" please explain:	Not Applicable	Contact/Phone:	Bradley Schrager 702-622-5637
		Vendor No.:	T29052102
		NV Business ID:	NV20232845666

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 %**	**Statutory Contingency**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/12/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **Yes**

If "Yes", please explain

The Office of the Attorney General requests retroactive approval to February 12, 2026, due to the immediate need for legal services to proceed with this case and meet required deadlines set by the Nevada Commission on Ethics and State law. The need to contract was not certain prior to issuance of the review panel determination on February 11, 2026. General Counsel did not contract with Special Counsel until after the Nevada Commission on Ethics issued the review panel determination.

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 137 days**

4. Type of contract: **Contract**
   Contract description: **Special Counsel**

5. Purpose of contract:

This is a new contract to provide special counsel services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$75,000.00**

Other basis for payment: Hourly rate range from $400.00 up to $500.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide outside legal counsel expertise for Litigation.

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

Providing sole legal representation to the Client in this matter would be impractical or uneconomical given the complexity and time sensitive nature of the Ethics Matter. See NRS 41.0339(2), 281A.705.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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?

    Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Planned Parenthood Mar Monte, Inc. v. State of Nevada; A-25-923661-C (Eighth Jud. Dist. Crt.) / 91394 (Nev. Sup. Crt.)

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	jhoba2	03/05/2026 12:53:15 PM
Division Approval	jhoba2	03/05/2026 12:53:25 PM
Department Approval	jhoba2	03/05/2026 12:53:30 PM
Contract Manager Approval	cthorso1	03/05/2026 12:55:14 PM
Budget Analyst Approval	vmilazz1	03/08/2026 15:58:42 PM

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Chief of Staff

LESLIE NINO PIRO
General Counsel

HEIDI PARRY STERN
Solicitor General

MEMORANDUM

To: Budd Milazzo, Executive Branch Budget Officer, Governor's Finance Office, Budget Division

From: Leslie Nino Piro, General Counsel, ext. 6-3077, LNinoPiro@ag.nv.gov LNP

Date: February 18, 2026

Subject: Support for Approval of Retroactive Contract for Special Counsel Bravo Schrager LLP per SAM 0114B

SAM 0114 B provides as follows,

> When an agency submits a retroactive contract for inclusion on the action item agenda, support documentation submitted to GFO and provided to Board Members must include a memorandum explaining why the proposed contract should be approved retroactively. The memorandum must be on agency letterhead and approved by the agency head or designee.

This memorandum documents the Office of the Attorney General's ("OAG") support for submission of a retroaction contract. The purpose of the contract is to provide counsel to Attorney General Aaron D. Ford who is named in his personal and/or official capacity in two complaints filed before the Nevada Commission on Ethics ("NCOE"), *In re Aaron Ford, Attorney General*, Case Nos. 25-181-C, 25-216-C ("Ethics Matter").

Under NRS 281A.705, if the NCOE initiates or files an ethics complaint concerning a present or former state officer or employee and a legal defense is requested, the OAG is required to defend the present or former state officer or employee pursuant to NRS 41.0339. Additionally, if the OAG determines that the representation is impracticable, uneconomical or could constitute a conflict of interest, the OAG must employ special counsel pursuant to NRS 41.0345.

On February 11, 2026, General Counsel received a review panel determination referring the Ethics Matters for further proceedings. Given the complexity and time sensitive nature of the Ethics Matter, General Counsel determined that providing sole legal representation to Attorney General Aaron D. Ford would be impractical or uneconomical. *See* NRS 41.0339(2), 281A.705. Thus, the OAG has retained Special Counsel pursuant to NRS 41.03435, subject to the approval of the State Board of Examiners, and fixed compensation in the Contract for Services of Independent Contractor and Attachments.

The Office of the Attorney General requests retroactive approval to February 12, 2026, due to the immediate need for legal services to proceed with this case and meet required deadlines set by the NCOE and State law. The need to contract with special counsel was not certain prior to issuance of the review panel determination. Thus, General Counsel did not contract with Special Counsel until after the NCOE issued the review panel determination. Accordingly, pursuant to SAM 0114 B, the OAG requests retroactive contract approval for Bravo Schrager LLP.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31556**

		Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS
Agency Name:	**ADMIN - DIVISION OF HUMAN RESOURCE MANAGEMENT**	Contractor Name:	**BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, LAS VEGAS**
Agency Code:	**070**	Address:	**4505 Maryland Parkway-MS451019**
Appropriation Unit:	**1363-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89154**
If "No" please explain:	Not Applicable	Contact/Phone:	702-895-3394
		Vendor No.:	
		NV Business ID:	N/A

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 **02/09/2026**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **140 days**

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

Contract description: **Advanced Inv Train**

5. Purpose of contract:

This is a new contract to provide advanced workplace investigations training.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$16,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

SB456 of the 2023 Legislative Session allocated $5,000,000 for the training of State of Nevada employees, and these funds were extended for FY26 - FY27 through SB452 of the 2025 Legislative Session. In keeping with the intent of these funds, we are requesting this interlocal contract with UNLV. It is important that all State of Nevada agencies are managing workplace investigations in the same manner and this class is intended to ensure this consistency.

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

State of Nevada HR and management employees will be trained in this subject matter, so it is necessary to bring in a subject matter to teach this class.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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 University of Nevada, Las Vegas.

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

14. Is the contractor currently involved in litigation with the State 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	vsheldon	12/16/2025 14:17:22 PM
Division Approval	rmill30	12/22/2025 13:54:10 PM
Department Approval	rmill30	12/22/2025 13:54:13 PM
Contract Manager Approval	ssands	01/28/2026 16:12:17 PM
Budget Analyst Approval	lramire7	02/09/2026 14:11:58 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: **31728**

		Legal Entity Name:	ARCHWAY VENTURES INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**ARCHWAY VENTURES INC.**
Agency Code:	**082**	Address:	**1460 Industrial Way**
Appropriation Unit:	**1349-12**		
Is budget authority available?:	**Yes**	City/State/Zip	**Gardnerville, NV 89410**
If "No" please explain:	Not Applicable	Contact/Phone:	775-901-3279
		Vendor No.:	
		NV Business ID:	NV20243199340

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **02/01/2030**
   Contract term: **3 years and 347 days**

4. Type of contract: **Contract**
   Contract description: **LANDSCAPING**

5. Purpose of contract:
   This is a new contract to provide arborist services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,000.00**
   Other basis for payment: $6,000 per FY26, FY27, FY28 & FY29=$24,000

II. JUSTIFICATION

7. What conditions require that this work be done?
   Provide hazard tree removal or pruning as needed upon Buildings and Grounds approval

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 equipment or the manpower needed to complete this project.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Incline Tree
   Varigated Industries
   Arbor Pros LLC
   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

best quote

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

    No If "Yes", please provide details of the litigation 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	01/22/2026 14:09:03 PM
Division Approval	rmill30	01/26/2026 07:44:36 AM
Department Approval	rmill30	01/26/2026 07:44:38 AM
Contract Manager Approval	ssands	02/02/2026 08:07:14 AM
Budget Analyst Approval	bmacke1	02/20/2026 11:22:43 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31701**

		Legal Entity Name:	B & L BACKFLOW TESTING SPECIALISTS, LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**B & L BACKFLOW TESTING SPECIALISTS, LLC**
Agency Code:	**082**	Address:	**PO BOX 4867**
Appropriation Unit:	**1349-12**		
Is budget authority available?:	**Yes**	City/State/Zip	**INCLINE VILLAGE, NV 89450-4867**
If "No" please explain:	Not Applicable	Contact/Phone:	775/831-0123
		Vendor No.:	T80999361
		NV Business ID:	NV20021021494

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2030**
   Contract term: **3 years and 346 days**
4. Type of contract: **Contract**
   Contract description: **Backflow**
5. Purpose of contract:

This is a new contract to provide ongoing backflow services for state-owned facilities in the northern Nevada.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$48,299.80**
   Other basis for payment: FY26- $12,074.95; FY27 -$12,074.95; FY28 - $12,074.95; FY28-$12,074.95

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a request for a contract for backflow services in the amount of $48,299.80 to ensure all backflow prevention devices function correctly and in compliance with regulatory requirements. Various state- owned buildings in Northern Nevada. (FY26-$12,074.95, FY27-$12,074.95, FY28-$12,074.95, FY29- $12,074.95)

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

Buildings and Grounds does not have the manpower or equipment needed to facilitate these 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 Applicable

   b. Soliciation 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	01/15/2026 09:36:58 AM
Division Approval	rmill30	01/15/2026 17:17:05 PM
Department Approval	rmill30	01/15/2026 17:17:07 PM
Contract Manager Approval	ssands	02/02/2026 09:23:57 AM
Budget Analyst Approval	bmacke1	02/20/2026 11:18:01 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31672**

		Legal Entity Name:	BERRY ENTERPRISES, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**BERRY ENTERPRISES, INC.**
Agency Code:	**082**	Address:	**SIERRA ELECTRONICS**
Appropriation Unit:	**1349-12**		**PO BOX 1545**
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89432-1545**
If "No" please explain:	Not Applicable	Contact/Phone:	775-359-1121
		Vendor No.:	PUR0000741A
		NV Business ID:	NV19801013254

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/18/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/01/2030**
   Contract term: **3 years and 318 days**
4. Type of contract: **Contract**
   Contract description: **inspection & testing**
5. Purpose of contract:

This is a new contract to provide for inspection, testing, repairs and installations of electronic systems, components, equipment and appliances that support access control, radio, data, video surveillance systems, and related software applications.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,000.00**
   Other basis for payment: FY26 $6000;FY27 $6000;FY 28 $6000;FY29 $6000:

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a request for a contract with Sierra Electronics in the amount of $24,000.00 for inspection, testing, repairs and installations of electronic systems, components, equipment, and appliances that support access control, radio, voice, data, video surveillance systems, and related software applications for various buildings and properties in Northern Nevada. (FY26-$6,000.00, FY27-$6,000.00, FY28-$6,000.00, FY29-$6,000.00)

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

Buildings and Grounds does not have the manpower or equipment needed to facilitate these 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 Applicable

b. Soliciation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?
    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?
    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?
    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?
    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?
    Yes If "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 1999 vendor has worked with various agencies with the State of NV 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	tbeaureg	01/08/2026 10:02:44 AM
Division Approval	rmill30	01/09/2026 07:58:45 AM
Department Approval	rmill30	01/09/2026 07:58:47 AM
Contract Manager Approval	ssands	02/10/2026 16:14:14 PM
EITS Approval	ljean	02/12/2026 14:35:06 PM
Budget Analyst Approval	bmacke1	02/18/2026 15:05:10 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31677**

		Legal Entity Name:	CANYON ELECTRIC COMPANY, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**CANYON ELECTRIC COMPANY, INC.**
Agency Code:	**082**	Address:	**PO BOX 363369**
Appropriation Unit:	**1349-12**		
Is budget authority available?:	**Yes**	City/State/Zip	**NORTH LAS VEGAS, NV 89036-7369**
If "No" please explain:	Not Applicable	Contact/Phone:	702/384-4747
		Vendor No.:	T27003566
		NV Business ID:	NV19881005351

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/19/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **03/01/2030**
   Contract term: **4 years and 11 days**

4. Type of contract: **Contract**
   Contract description: **Electrical Services**

5. Purpose of contract:

   This is a new contract to provide ongoing electrical services for state-owned buildings in southern Nevada.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,000.00**
   Other basis for payment: $6000 per FY26; FY27;FY28 & FY29:

II. JUSTIFICATION

7. What conditions require that this work be done?

   Electrical service is needed for state-owned buildings to ensure safety, efficiency, code compliance, and longevity of equipment.

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

   Buildings and Grounds does not have the manpower and expertise to facilitate this service

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Able Electrical
   Murpphy Electric
   Able Electrical Services
   Canyon Electric

b. Soliciation Waiver: **Not Applicable**

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

best price for the job

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	01/09/2026 14:28:17 PM
Division Approval	rmill30	01/15/2026 17:25:39 PM
Department Approval	rmill30	01/15/2026 17:25:41 PM
Contract Manager Approval	ssands	01/28/2026 15:38:19 PM
Budget Analyst Approval	bmacke1	02/19/2026 14:13:10 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31816**

		Legal Entity Name:	Hearth & Home Specialties
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**HEARTH & HOME SPECIALTIES LLC**
Agency Code:	**082**	Address:	**3555 W. Quail Avenue # A**
Appropriation Unit:	**1349-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89118**
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan Carnall 702-474-4099
		Vendor No.:	T27045315
		NV Business ID:	NV20253266145

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **129 days**
4. Type of contract: **Contract**
   Contract description: **DMV RESTROOM**
5. Purpose of contract:

This is a new contract to provide restrooms partitions at the Decatur Department of Motor Vehicles located in Las Vegas.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$31,611.00**
   Other basis for payment: CAT14-FY26-025

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a CAT14 project for the Decatur DMV public restrooms partitions. Restroom partitions provide an enclosed secure environment, reduce the spread of germs, and accessibility standards.

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

Buildings and Grounds does not have the manpower to facilitate this service.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Henri's Specialties
DH Pace
H&H Specialties

b. Soliciation 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?

    No b. If "No", please explain:

    DBA

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	02/09/2026 15:34:15 PM
Division Approval	rmill30	02/11/2026 17:33:31 PM
Department Approval	rmill30	02/11/2026 17:33:34 PM
Contract Manager Approval	ssands	02/18/2026 13:19:21 PM
Budget Analyst Approval	bmacke1	02/20/2026 13:50:12 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29826**

Amendment Number: **2**

Legal Entity Name: NLS GROUNDS MANAGEMENT LLC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **NLS GROUNDS MANAGEMENT LLC.**

Agency Code: **082**

Address: **8630 CAMERON STREET**

Appropriation Unit: **1349-12**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89139**

If "No" please explain: Not Applicable

Contact/Phone: JAMES NEVILLE 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-S2915 JS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2024**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **11/30/2028**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Landscaping Maint**

5. Purpose of contract:

This is the second amendment to the original contract which provides landscaping maintenance services for the Department of Motor Vehicles' Donovan, Flamingo, Sahara, Campos, Decatur, and Henderson locations in Las Vegas. This amendment increase the maximum amount from $743,150 to $777,800 due to the addition of the Supreme Court and Fire Marshall buildings located in Las Vegas.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$439,640.00	$439,640.00	$439,640.00	Yes - Action
	a. Amendment 1:	$303,510.00	$303,510.00	$303,510.00	Yes - Action
2.	Amount of current amendment (#2):	$34,650.00	$34,650.00	$34,650.00	Yes - Info
3.	New maximum contract amount:	$777,800.00			

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. Soliciation Waiver: **Not Applicable**

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

   Pursuant to RFP # 08DOA-S2915, 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: 09/04/2024 Anticipated re-bid date: 05/01/2028

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?

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

    Not Applicable

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

    No If "Yes", please provide details of the litigation 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	tbeaureg	01/21/2026 16:53:33 PM
Division Approval	rmill30	01/26/2026 07:55:07 AM
Department Approval	rmill30	01/26/2026 07:55:10 AM
Contract Manager Approval	ssands	02/18/2026 10:29:50 AM

Budget Analyst Approval	bmacke1	02/20/2026 13:31:47 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31812**

		Legal Entity Name:	QCS, LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**QCS, LLC**
Agency Code:	**082**	Address:	**4655 LONGLEY LANE STE 107**
Appropriation Unit:	**1349-12**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89502**
If "No" please explain:	Not Applicable	Contact/Phone:	775-359-1691
		Vendor No.:	T27044828
		NV Business ID:	NV20212224316

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **01/01/2030**
   Contract term: **3 years and 316 days**

4. Type of contract: **Contract**
   Contract description: **HVAC services**

5. Purpose of contract:
   This is a new contract to provide ongoing maintenance services for the heating, ventilation, and air conditioning system at the Purchasing Warehouse located in Reno.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$24,500.00**
   Other basis for payment: $6,125 per FY26, FY27, FY28 & FY29= $24,500

II. JUSTIFICATION

7. What conditions require that this work be done?
   Provide ongoing HVAC routine maintenance services.

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 man power needed to supply this need.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation 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	tbeaureg	02/04/2026 15:33:13 PM
Division Approval	rmill30	02/05/2026 15:38:04 PM
Department Approval	rmill30	02/05/2026 15:38:06 PM
Contract Manager Approval	ssands	02/09/2026 13:56:40 PM
Budget Analyst Approval	bmacke1	02/20/2026 13:40:52 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31777**

		Legal Entity Name:	RICK'S FLOOR COVERING, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**RICK'S FLOOR COVERING, INC.**
Agency Code:	**082**	Address:	**3640 S CURRY ST**
Appropriation Unit:	**1349-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703**
If "No" please explain:	Not Applicable	Contact/Phone:	775-885-235
		Vendor No.:	T32011411
		NV Business ID:	NV20001249736

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **01/31/2027**
   Contract term: **345 days**
4. Type of contract: **Contract**
   Contract description: **Ricks Flooring**
5. Purpose of contract:

This is a new contract to provide the removal and replace floor covering at the Nevada State Library and Archives building located in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$33,525.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The existing flooring at the Nevada State Library and Archives is worn and outdated, creating safety concerns and reducing the overall appearance and functionality of the facility. Replacing the carpet and vinyl flooring is necessary to maintain a professional environment and ensure safe access for staff and visitors.

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 internal labor, tools, or equipment necessary to complete commercial flooring removal and installation. The scope of work requires licensed professionals experienced in flooring systems, materials handling, and large-scale installation procedures.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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	02/03/2026 16:14:33 PM
Division Approval	rmill30	02/04/2026 08:54:29 AM
Department Approval	rmill30	02/04/2026 08:54:32 AM
Contract Manager Approval	ablak2	02/20/2026 14:01:31 PM
Budget Analyst Approval	bmacke1	02/20/2026 14:05:19 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: **31849**

		Legal Entity Name:	RICK'S FLOOR COVERING, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**RICK'S FLOOR COVERING, INC.**
Agency Code:	**082**	Address:	**3640 South Curry Street**
Appropriation Unit:	**1349-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89703**
If "No" please explain:	Not Applicable	Contact/Phone:	775-885-235
		Vendor No.:	T32011411
		NV Business ID:	NV20001249736

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/03/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **03/05/2027**
   Contract term: **1 year and 2 days**

4. Type of contract: **Contract**
   Contract description: **carpet replacement**

5. Purpose of contract:
   This is a new contract to provide the removal and replacement of the carpet in the Treasurer's Office located on the second floor of the Capitol Building.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$12,348.00**
   Other basis for payment: CAT14-FY26-029

II. JUSTIFICATION

7. What conditions require that this work be done?
   To remove and replace the carpet in the Treasurer's Office areas on the 2nd floor of the Capitol Building

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 man power needed to complete this work.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

per SAM 0338.0 each contractor will be contacted to submit bids on projects.

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

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

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

    Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	02/24/2026 11:23:54 AM
Division Approval	rmill30	02/25/2026 08:21:56 AM
Department Approval	rmill30	02/25/2026 08:21:58 AM
Contract Manager Approval	ssands	02/25/2026 08:25:49 AM
Budget Analyst Approval	bmacke1	03/03/2026 13:54:07 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: **31852**

		Legal Entity Name:	SUMMIT PLUMBING CO., LLC
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**SUMMIT PLUMBING CO., LLC**
Agency Code:	**082**	Address:	**1749 TIMBER CT**
Appropriation Unit:	**1349-14**		
Is budget authority available?:	**Yes**	City/State/Zip	**GARDNERVILLE, NV 89410-7601**
If "No" please explain:	Not Applicable	Contact/Phone:	775-267-9987
		Vendor No.:	T29008376
		NV Business ID:	NV19991021762

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 %**	**Buildings and Grounds Rental Income**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **03/01/2027**
   Contract term: **1 year and 9 days**

4. Type of contract: **Contract**
   Contract description: **cast iron waste**

5. Purpose of contract:
   This is a new contract to provide for the removal and replacement of existing cast iron waste and vent piping within the boiler room of the Blasdel building in Carson City.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$29,151.72**
   Other basis for payment: CAT26-FY14-036

II. JUSTIFICATION

7. What conditions require that this work be done?
   Remove and replace existing cast iron (CI) waste and vent piping within the boiler room of the Blasdel building

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 equipment or the manpower needed to complete this CAT14- FY26-036 project.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Hoffman Plumbing
   Savage & Sons
   Summit Plumbing
   b. Soliciation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    since 2006, various state agencies, 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	tbeaureg	02/11/2026 13:47:15 PM
Division Approval	rmill30	02/11/2026 17:14:00 PM
Department Approval	rmill30	02/11/2026 17:14:02 PM
Contract Manager Approval	ssands	02/20/2026 09:49:04 AM
Budget Analyst Approval	bmacke1	02/20/2026 15:42:58 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: **26796**

Amendment Number: **1**

Legal Entity Name: XCEL MAINTENANCE SERVICES, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**

Agency Code: **082**

Address: **7260 W. Azure Drive #140**

Appropriation Unit: **1349-12**

PMB 108

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89130**

If "No" please explain: Not Applicable

Contact/Phone: Kathia Winchell 702-355-3895

Vendor No.: T81103343

NV Business ID: NV20021426879

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**

Agency Reference #: 08DOA-S2122 JS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/01/2022**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **11/30/2026**

Contract term: **4 years and 62 days**

4. Type of contract: **Contract**

Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing janitorial services for the Department of Motor Vehicles building on Sahara in Las Vegas. This amendment extends the termination date from November 30, 2026 to January 31, 2027 and increases the maximum amount from $573,175 to $596,675 to allow services to continue while a solicitation is completed.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$573,175.00	$573,175.00	$573,175.00	Yes - Action
2.	Amount of current amendment (#1):	$23,500.00	$23,500.00	$23,500.00	Yes - Info
3.	New maximum contract amount:	$596,675.00			
	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?

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

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

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

9. Were quotes or proposals solicited? Yes

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

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

b. Soliciation Waiver: **Not Applicable**

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

Best price

d. Last bid date: 08/01/2022 Anticipated re-bid date: 08/01/2026

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	02/05/2026 14:19:04 PM
Division Approval	rmill30	02/05/2026 15:10:27 PM

Department Approval	rmill30	02/05/2026 15:10:30 PM
Contract Manager Approval	ssands	02/10/2026 11:56:33 AM
Budget Analyst Approval	bmacke1	02/20/2026 15:30:22 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 #:	6916

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 only to the contact(s) listed below:**		
	ENTER STATE AGENCY NAME:	*SPWD Buildings and Grounds*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Shiyann Living, Program Officer I	*702-348-6113*	*sliving@admin.nv.gov*
	Sue Sands, Program Officer II	*775-531-3173*	*sasands@admin.nv.gov*
	Stephanie Kerry, MAIV	*775-684-4135*	*skerry@admin.nv.gov*

2	**Contractor Information:**	
	Contractor Name:	*Xcel Maintenance*
	Contact Name:	*Kathia Winchell*
	Complete Address: City, State and Zip Code	*7260 W. Azure Drive #140 PMB 108, Las Vegas, NV 89130*
	Phone Number:	*702-341-9235*
	Email Address:	*Xcelmaintenance.nevada@gmail.com*

3	**List *all previous* 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:	

Resubmission 01/22/26

Purchasing Use Only:	
Approval #:	6911

4	**Current Contract Information:**				
	Solicitation Type, if applicable:			#:	
	Enter CETS Number:	*#26796*			
	Initial Contract Amount:	*$573,175.00*			
	Contract Term:	Start Date:	*12/1/2022*	End Date:	*11/30/2026*

5	**Amendment Information – List *all previously* approved amendments:**			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*

6	***Proposed* Amendment Information:**			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	1	***Extend expiration date and increase contract authority.***	*$23,600.00*	*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)?**
	The justification to extend CETS 26796 Xcel Maintenance is to continue janitorial services for two months, 11/30/2026 to 01/31/2027 for the Sahara DMV property while the new RFP solicitation is being completed. This will give Buildings and Grounds the opportunity to consolidate numerous janitorial contracts into one.

8	**What are the potential consequences to the State if the contract extension request is denied?**
	If this request is denied, there would be no janitorial services for this building. Buildings and Grounds does not have the manpower to facilitate this service.

Purchasing Use Only:	
Approval #:	6910

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.*

Shiyann Living (Dec 24, 2025 15:46:24 PST)

Signature of Agency Representative Initiating Request

Shiyann Living — 12/24/2025

Print Name of Agency Representative Initiating Request — Date

Kent Choma (Dec 24, 2025 16:01:38 PST)

Signature of Agency Head Authorizing Request

Kent Choma — 12/24/2025

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:

Administrator, Purchasing Division or Designee — 1.29.2026

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: **26422**

Amendment Number: **1**

Legal Entity Name: XCEL MAINTENANCE SERVICES, INC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**

Agency Code: **082**

Address: **7260 W. Azure Drive #140**

Appropriation Unit: **1349-12**

PMB 108

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89130**

If "No" please explain: Not Applicable

Contact/Phone: Kathia Winchell 702-355-3895

Vendor No.: T81103343

NV Business ID: NV20021426879

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**

Agency Reference #: 08DOA -S2022 JS

2. Contract start date:

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

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

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

Contract term: **4 years and 184 days**

4. Type of contract: **Contract**

Contract description: **Janitorial contract**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing janitorial services for the Department of Motor Vehicles building on Donavan in Las Vegas. This amendment extends the termination date from July 31, 2026 to January 31, 2027 and increases the maximum amount from $204,572 to $230,882 to allow services to continue while a solicitation is completed.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$204,572.00	$204,572.00	$204,572.00	Yes - Action
2.	Amount of current amendment (#1):	$26,310.00	$26,310.00	$26,310.00	Yes - Info
3.	New maximum contract amount:	$230,882.00			
	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?

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

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

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

9. Were quotes or proposals solicited? Yes

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

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

   b. Soliciation Waiver: **Not Applicable**

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

   Best price for the building

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

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

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

III. OTHER INFORMATION

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

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

    Not Applicable

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

    No

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

    No

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

    No If "Yes", please explain

    Not Applicable

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

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

    Not Applicable

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

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

    Not Applicable

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

    Nevada Corporation

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

    Yes

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

    Yes

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

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	02/05/2026 15:28:04 PM
Division Approval	rmill30	02/06/2026 14:44:58 PM
Department Approval	rmill30	02/06/2026 14:45:00 PM

Contract Manager Approval	ssands	02/09/2026 15:17:37 PM
Budget Analyst Approval	bmacke1	02/20/2026 15:24:36 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 #:	6920

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 only to the contact(s) listed below:**		
	ENTER STATE AGENCY NAME:	*SPWD Buildings and Grounds*	
	Contact Name and Title	*Phone Number*	*Email Address*
	Shiyann Living, Program Officer I	*702-348-6113*	*sliving@admin.nv.gov*
	Sue Sands, Program Officer II	*775-531-3173*	*sasands@admin.nv.gov*
	Stephanie Kerry, MAIV	*775-684-4135*	*skerry@admin.nv.gov*

2	**Contractor Information:**	
	Contractor Name:	*Xcel Maintenance*
	Contact Name:	*Kathia Winchell*
	Complete Address: City, State and Zip Code	*7260 W. Azure Drive #140 PMB 108, Las Vegas, NV 89130*
	Phone Number:	*702-341-9235*
	Email Address:	*Xcelmaintenance.nevada@gmail.com*

3	**List *all previous* 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:	

Resubmission 01/22/26

Purchasing Use Only:	
Approval #:	6920

4	**Current Contract Information:**					
	Solicitation Type, if applicable:	***RFP***			#:	***08DOA-S2022***
	Enter CETS Number:	***#26422***				
	Initial Contract Amount:	***$204,572.00***				
	Contract Term:	Start Date:	***8/1/2022***	End Date:	***7/31/2026***	

5	**Amendment Information – List *all previously* approved amendments:**			
	Amd #:	*Brief Synopsis of What Amendment Accomplished:*	*Dollar Change in Contract Amount*	*Change in End Date*
		N/A		

6	***Proposed* Amendment Information:**			
	Amd #:	*Brief Synopsis of What the Requested Amendment will Accomplish*	*Dollar Change in Contract Amount*	*Change in End Date*
	1	***Extend expiration date and increase contract authority.***	***$26,310.00***	***01/31/2027***

7	**What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?**
	The justification to extend CETS 26422 Xcel Maintenance is to continue janitorial services for six months, 08/01/2026 to 01/31/2027 for the Donovan DMV property while the new RFP solicitation is being completed and to cover the upcoming closure of this building transitioning to the new Silverado DMV. This will give Buildings and Grounds the opportunity to consolidate numerous contracts into one.

8	**What are the potential consequences to the State if the contract extension request is denied?**
	If this request is denied, there would be no janitorial services for this building. Buildings and Grounds does not have the manpower to facilitate this service.

Purchasing Use Only:	
Approval #:	6942(2)

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.*

Shiyann Living (Dec 24, 2025 15:40:46 PST)

Signature of Agency Representative Initiating Request

Shiyann Living — 12/24/2025

Print Name of Agency Representative Initiating Request — Date

Kent Choma (Dec 24, 2025 15:43:51 PST)

Signature of Agency Head Authorizing Request

Kent Choma — 12/24/2025

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:

Administrator, Purchasing Division or Designee — 1.29.2026

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: **31691**

		Legal Entity Name:	PLENIUM BUILDERS
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PLENIUM BUILDERS**
Agency Code:	**082**	Address:	**825 STENERI WAY**
Appropriation Unit:	**1551-15**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	775-398-0123
		Vendor No.:	T32018876
		NV Business ID:	NV20111201802

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

Agency Reference #: 118439

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/10/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 139 days**

4. Type of contract: **Contract**
   Contract description: **OWNER-CMAR**

5. Purpose of contract:

   This is a new contract to provide owner construction manager at risk pre-construction services for the Culinary Renovation (Lovelock Correctional Center) CIP Project to include pre-construction documents and the replacement of flooring, lighting, and kitchen cooking equipment: CIP Project No. 25-M17; SPWD Contract No. 118439.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$35,860.00**
   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. Soliciation 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	01/26/2026 18:00:47 PM
Division Approval	nmann	01/26/2026 18:00:49 PM
Department Approval	nmann	01/26/2026 18:00:51 PM
Contract Manager Approval	lwildes	02/05/2026 07:23:02 AM
Budget Analyst Approval	bmacke1	02/10/2026 09:32:23 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31703**

		Legal Entity Name:	CONSTRUCTION MATERIALS ENGINEERS, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**CONSTRUCTION MATERIALS ENGINEERS, INC.**
Agency Code:	**082**	Address:	**300 SIERRA MANOR DR. STE. 1**
Appropriation Unit:	**1567-33**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89511-9430**
If "No" please explain:	Not Applicable	Contact/Phone:	775-851-8205
		Vendor No.:	T29021157
		NV Business ID:	NV20091073153

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

Agency Reference #: 118469

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 129 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 Committal Building (Northern Nevada Veterans Memorial Cemetery) CIP Project to include on-site civil and special inspection and materials testing services for the design and construction of fully enclosed committal building at the Veterans Memorial Cemetery located in Fernley: CIP Project No. 23-C13; SPWD Contract No. 118469.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$62,785.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2023 Legislative approved CIP Projects.

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

   Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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	02/09/2026 16:40:30 PM
Division Approval	nmann	02/09/2026 16:40:32 PM
Department Approval	nmann	02/09/2026 16:40:34 PM
Contract Manager Approval	lwildes	02/10/2026 07:12:20 AM
Budget Analyst Approval	bmacke1	02/20/2026 10:48:32 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31157**

Amendment Number: **1**

Legal Entity Name: LBYD FEDERAL, LLC.

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**

Contractor Name: **LBYD FEDERAL, LLC.**

Agency Code: **082**

Address: **1425 HIGHAM ST.**

Appropriation Unit: **1567-41**

Is budget authority available?: **Yes**

City/State/Zip **IDAHO FALLS, ID 83402**

If "No" please explain: Not Applicable

Contact/Phone: 702-743-8568

Vendor No.: T32018383

NV Business ID: NV20191560583

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 #: 118136

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/19/2025**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2029**

Contract term: **3 years and 223 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 Kitchen Ventilation Replacement (Southern Nevada State Veterans Home) and Water Softener Replacement (Southern Nevada Veterans Home) CIP Projects: CIP Project Nos. 25-M18 and 25-M21; SPWD Contract No. 118136. This amendment increases the maximum amount from $68,000 to $80,500 due to additional design services and construction documents to add two duct coils with each unit, to include heating and chilled water coils.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$68,000.00	$68,000.00	$68,000.00	Yes - Info
2.	Amount of current amendment (#1):	$12,500.00	$12,500.00	$80,500.00	Yes - Info
3.	New maximum contract amount:	$80,500.00			

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. Soliciation 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:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/03/2026 11:19:03 AM
Division Approval	nmann	02/03/2026 11:19:05 AM
Department Approval	nmann	02/03/2026 11:19:08 AM
Contract Manager Approval	lwildes	02/06/2026 07:30:59 AM
Budget Analyst Approval	bmacke1	02/20/2026 10:36:50 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: **31683**

		Legal Entity Name:	FRAME ARCHITECTURE, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**FRAME ARCHITECTURE, INC.**
Agency Code:	**082**	Address:	**9591 PROTOTYPE CT.**
Appropriation Unit:	**1585-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	775-827-9977
		Vendor No.:	T27045300
		NV Business ID:	NV20031302154

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 #: 118463

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/10/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 113 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 Roofing Program (Early Intervention Services) CIP Project to include civil, mechanical, structural, and electrical engineering services for the design through construction documents of the existing roof replacement at the Early Intervention Services building in Reno: CIP Project No. 25-S01-6; SPWD Contract No. 118463.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$25,350.00**
   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. Soliciation 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:

    Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/06/2026 16:33:49 PM
Division Approval	nmann	02/06/2026 16:33:52 PM
Department Approval	nmann	02/06/2026 16:33:54 PM
Contract Manager Approval	lwildes	02/09/2026 07:42:44 AM
Budget Analyst Approval	bmacke1	03/10/2026 12:54:21 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31692**

		Legal Entity Name:	FRAME ARCHITECTURE, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**FRAME ARCHITECTURE, INC.**
Agency Code:	**082**	Address:	**9591 PROTOTYPE CT.**
Appropriation Unit:	**1585-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	775-827-9977
		Vendor No.:	T27045300
		NV Business ID:	20031302154

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 #: 118456

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 130 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 Roofing Program (Arrowhead Building) CIP Project to include civil, mechanical, structural, and electrical engineering services for the design through construction documents for the replacement for the existing roof at the Arrowhead Building in Carson City: CIP Project No. 25-S01-7; SPWD Contract No. 118456.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$37,000.00**
   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. Soliciation 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:

    Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/06/2026 16:55:08 PM
Division Approval	nmann	02/06/2026 16:55:10 PM
Department Approval	nmann	02/06/2026 16:55:13 PM
Contract Manager Approval	lwildes	02/09/2026 07:51:56 AM
Budget Analyst Approval	bmacke1	02/20/2026 11:04:09 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31698**

		Legal Entity Name:	FRAME ARCHITECTURE, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**FRAME ARCHITECTURE, INC.**
Agency Code:	**082**	Address:	**9591 PROTOTYPE CT.**
Appropriation Unit:	**1585-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	775-827-9977
		Vendor No.:	T27045300
		NV Business ID:	NV20031302154

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 #: 118452

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/20/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 130 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 Roofing Program, Non-Profit House (Stewart Facility) CIP Project to include plans, architectural details, specifications, and cost estimates for the design of the roof replacement at 57 Gibson Drive in Carson City: CIP Project No. 25-S01-11; SPWD Contract No. 118452.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$11,000.00**
   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. Soliciation 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:

    Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/09/2026 13:45:01 PM
Division Approval	nmann	02/09/2026 13:45:04 PM
Department Approval	nmann	02/09/2026 13:45:06 PM
Contract Manager Approval	lwildes	02/09/2026 13:49:11 PM
Budget Analyst Approval	bmacke1	02/20/2026 11:08:23 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31706**

		Legal Entity Name:	FRAME ARCHITECTURE, INC.
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**FRAME ARCHITECTURE, INC.**
Agency Code:	**082**	Address:	**9591 PROTOTYPE CT.**
Appropriation Unit:	**1585-08**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89521**
If "No" please explain:	Not Applicable	Contact/Phone:	775-827-9977
		Vendor No.:	T27045300
		NV Business ID:	NV20031302154

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 #: 118451

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/26/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 124 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 Roofing Program, State Museum North Annex CIP Project to include roof plans, architectural details, specifications, cost estimates, and construction documents for the replacement of the 7,000 square foot roof: CIP Project No. 25-S01-13; SPWD Contract No. 118451.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$11,000.00**
   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. Soliciation 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:

    Andy Lutz, Project Manager Ph: 775-684-4141

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	02/23/2026 10:30:38 AM
Division Approval	nmann	02/23/2026 10:30:40 AM
Department Approval	nmann	02/23/2026 10:30:42 AM
Contract Manager Approval	lwildes	02/23/2026 13:42:58 PM
Budget Analyst Approval	bmacke1	02/26/2026 13:23:51 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31708**

		Legal Entity Name:	PLENIUM BUILDERS
Agency Name:	**ADMIN - STATE PUBLIC WORKS DIVISION**	Contractor Name:	**PLENIUM BUILDERS**
Agency Code:	**082**	Address:	**825 STERNERI WAY**
Appropriation Unit:	**1594-27**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	775-398-0123
		Vendor No.:	T32018876
		NV Business ID:	NV20111201802

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 #: 118471

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/27/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 123 days**

4. Type of contract: **Contract**
   Contract description: **OWNER-CMAR PRE CON**

5. Purpose of contract:

   This is a new contract to provide owner construction manager at risk pre-construction services for the Basement Tenant Improvement (Nevada State Library and Archives), the Building Repairs and West Plaza Replacement (Nevada State Library and Archives), and the Statewide Elevator Program (Freight Elevator Repairs - Nevada State Library and Archives) CIP Projects to include schematic design, design development, and construction documents for the repair caused by water damage and properly waterproofed to resolve the longstanding water infiltration issues: CIP Project Nos. 23-C15, 25-M08 and 25-S07-1; SPWD Contract No. 118471.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$49,920.00**
   Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

   2023 & 2025 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. Soliciation 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	02/23/2026 11:25:53 AM
Division Approval	nmann	02/23/2026 11:25:55 AM
Department Approval	nmann	02/23/2026 11:25:57 AM
Contract Manager Approval	lwildes	02/23/2026 13:54:04 PM
Budget Analyst Approval	bmacke1	02/27/2026 16:19:03 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: **31707**

		Legal Entity Name:	GARY ALLAN PULLIAM
Agency Name:	**ADMIN - HEARINGS AND APPEALS DIVISION**	Contractor Name:	**GARY ALLAN PULLIAM**
Agency Code:	**089**	Address:	**10001 Pinnacle View Place**
Appropriation Unit:	**1015-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89134**
If "No" please explain:	Not Applicable	Contact/Phone:	702/467-7196
		Vendor No.:	T29048405
		NV Business ID:	NV20243057317

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 %**	**WORKERS' COMPENSATION AND SAFETY FUND**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/30/2025**

Anticipated BOE meeting date 03/2026

Retroactive? **Yes**

If "Yes", please explain

Attorney Gary Pulliam has been contracted with the Division as a Special Appeals Officer for many years. His most recent appointment expires April 30, 2026. Due to an oversight by the Division, there was a substantial gap before his contract was renewed for a 2-year term.
Due to the critical need for personnel and backlog of Medicaid cases, we respectfully request the start date for Mr. Pulliam¿s Special AO contract to be June 30, 2025, to reflect the expiration of his prior contract and his co

3. Termination Date: **06/30/2027**
Contract term: **2 years**

4. Type of contract: **Contract**
Contract description: **Special Appeals Ofcr**

5. Purpose of contract:

This is a new contract to provide ongoing special appeals officer services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$40,000.00**

Other basis for payment: To handle cases related to Human Resource Management, Department of Employment, Training, and Rehabilitation, Department of Education and Medicaid provider matters.

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management m accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 2338) decisions issued are subject to judicial review.

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

The Hearings Division does not have have attorneys on staff. Per NRS 616C.340(4), special appeals officers are appointed by the Governor to conduct hearings for the Hearings Division on a case by case basis.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

Gubernatorial appointment

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Sole Proprietor

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

Yes

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

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	01/15/2026 08:34:51 AM
Division Approval	rmill30	01/16/2026 07:36:46 AM
Department Approval	rmill30	01/16/2026 07:36:48 AM
Contract Manager Approval	ssands	02/10/2026 16:07:16 PM
Budget Analyst Approval	bmacke1	02/18/2026 15:03:31 PM

Joe Lombardo
Governor

Joy Grimmer
Director

Mandy Hagler
Deputy Director

Denise McKay, Esq.
Senior Appeals Officer

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Hearings Division
http://hearings.nv.gov/

Northern Nevada:
Hearing Office
1050 E. Williams St. Ste. 400
Carson City, Nevada 89701
(775) 687-8440 | Fax (775) 687-8441

Appeals Office
1050 E. William St. Ste. 450
Carson City, Nevada 89701
(775) 687-8420 | Fax (775) 687-8421

Southern Nevada:
Hearing Office
2200 S. Rancho Drive, Ste. 150
Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Contracts Unit

From: Lino Jasso, Legal Office Manager

Date: February 10, 2026

Subject: Justification for Retroactive Contract for Special Appeals Officer: Gary Pulliam

---

Attorney Gary Pulliam has been contracted with the Division as a Special Appeals Officer for many years. His most recent appointment expires April 30, 2026. Due to an oversight by the Division, there was a substantial gap before his contract was renewed for a 2-year term.

Due to the critical need for personnel and backlog of Medicaid cases, we respectfully request the start date for Mr. Pulliam's Special AO contract to be June 30, 2025, to reflect the expiration of his prior contract and his continued performance as a Special AO during the period from June 30, 2025-April 30, 2026.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31445**

		Legal Entity Name:	TINA YAN
Agency Name:	**ADMIN - HEARINGS AND APPEALS DIVISION**	Contractor Name:	**TINA YAN**
Agency Code:	**089**	Address:	**1358 Marchfield Road**
Appropriation Unit:	**1015-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89135**
If "No" please explain:	Not Applicable	Contact/Phone:	Tina Yan 702-888-0000
		Vendor No.:	T32011691
		NV Business ID:	E0129132009-2

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 %**	**WORKERS' COMPENSATION AND SAFETY FUND**

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 03/2026

Retroactive? **Yes**

If "Yes", please explain

Due to an oversight by the Division, there was a short gap before she was re-appointed on November 24, 2025, for a 2-year term. Due to the critical need for personnel and backlog of Medicaid cases, we are respectfully requesting the start date for Ms. Yan's Special AO contract to be September 1, 2025, to reflect the expiration of her prior appointment and her continued performance as a Special AO during the period from September 1-November 24, 2025.

3. Termination Date: **08/31/2027**
   Contract term: **1 year and 364 days**
4. Type of contract: **Contract**
   Contract description: **Special Appeals Offi**
5. Purpose of contract:

This is a new contract to provide ongoing special appeals officer services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$40,000.00**

Other basis for payment: Cases related to Human Resource Management, Department of Employment, Training and Rehabilitation, Department of Education and Medicaid provider matters.

II. JUSTIFICATION

7. What conditions require that this work be done?

Appeals Officer responsibilities include cases related to Division of Human Resource Management in accordance with NRS Chapter 284; Medicaid Provider Matters in accordance with NRS Chapter 422; Department of Training and Rehabilitation in accordance with NRS Chapter 615; Department of Education in accordance with NRS Chapter 391; and other matters as assigned by the Division. Pursuant to the Nevada Administrative Procedures Act (NRS Chapter 233B) decisions issued are subject to judicial review.

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

The Hearings Division does not have have attorneys on staff. These are positions appointed by the Governor to conduct hearings for the Hearings Division on a case by case basis; they will be paid by the agencies who those hearings pertain to.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Soliciation 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

Commercial Registered Agent

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	12/08/2025 16:17:40 PM
Division Approval	rmill30	12/17/2025 12:02:50 PM
Department Approval	rmill30	12/17/2025 12:02:52 PM
Contract Manager Approval	ssands	02/09/2026 11:23:09 AM
Budget Analyst Approval	bmacke1	02/09/2026 11:35:37 AM

Joe Lombardo
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STATE OF NEVADA
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Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office
2200 S. Rancho Drive, Ste. 220
Las Vegas, Nevada 89102
(702) 486-2527 | Fax (702) 486-2555

MEMORANDUM

To: Contracts Unit

From: Lino Jasso, Legal Office Manager

Date: December 8, 2025

Subject: Justification for Retroactive Contract for Special Appeals Officer: Tina Yan

---

Attorney Tina Yan has been contracted with the Division as a Special Appeals Officer for many years. Her most recent appointment expired August 31, 2025. Due to an oversight by the Division, there was a short gap before she was re-appointed on November 24, 2025, for a 2-year term.

Due to the critical need for personnel and backlog of Medicaid cases, we are respectfully requesting the start date for Ms. Yan's Special AO contract to be September 1, 2025, to reflect the expiration of her prior appointment and her continued performance as a Special AO during the period from September 1-November 24, 2025.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31734**

		Legal Entity Name:	ELKO CITY CO CIV AUDTRM ATHRTY
Agency Name:	**DTCA - DIVISION OF TOURISM**	Contractor Name:	**ELKO CITY CO CIV AUDTRM ATHRTY**
Agency Code:	**101**	Address:	**DBA ELKO CONVENTION & VISITORS**
Appropriation Unit:	**1522-31**		**700 MOREN WAY**
Is budget authority available?:	**Yes**	City/State/Zip	**ELKO, NV 89801-3436**
If "No" please explain:	Not Applicable	Contact/Phone:	775/738-4091
		Vendor No.:	T80833350
		NV Business ID:	N/A - Interlocal

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 %**	**Lodging Tax**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/03/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2026**
   Contract term: **57 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Rural Roundup Interl**

5. Purpose of contract:

   This is a new interlocal contract to provide for the planning and execution of the 2026 Rural Roundup conference.

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?

   As a part of its strategic plan, the Division of Tourism is responsible for facilitating the Rural Round Up conference.

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

   The County of Elko is better situated to identify and source suitable accommodation for the most successful facilitation of the Rural Round Up Conference that reflects the local spirit and identity of Elko.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

   b. Soliciation Waiver: **Exempt (Per statute)**
   c. Why was this contractor chosen in preference to other?

NRS 277.180

The Elko Convention/Visitors authority was selected due to being a governmental agency / interlocal contract, and the Elko authority is also best positioned to facilitate a conference that reflects the local spirit and identity of Elko.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

    No

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

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	sterr2	02/26/2026 11:36:22 AM
Division Approval	sterr2	02/26/2026 11:36:24 AM
Department Approval	sterr2	02/26/2026 11:36:26 AM
Contract Manager Approval	sterr2	02/26/2026 11:36:28 AM
Budget Analyst Approval	tday2	03/03/2026 14:43:24 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31821**

		Legal Entity Name:	David K. Neidert
Agency Name:	**INDIGENT DEFENSE**	Contractor Name:	**David K. Neidert**
Agency Code:	**111**	Address:	**PO Box 1022**
Appropriation Unit:	**1008-36**		
Is budget authority available?:	**Yes**	City/State/Zip	**Virginia City, NV 89440**
If "No" please explain:	Not Applicable	Contact/Phone:	775-423-4455
		Vendor No.:	T29030981
		NV Business ID:	pending

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 **02/27/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **122 days**

4. Type of contract: **Contract**
   Contract description: **Indigent Attorney**

5. Purpose of contract:

   This is a new contract to provide oversight support of the performance of Indigent Defense Attorneys in Carson City, Churchill, Lyon and Storey Counties.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$96,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   NRS 180.440 and the Davis v. State (Nev. First Jud. Dist. Ct. Case No. 170C002271B (Aug. 11, 2020)) consent judgment require systematic review on an annual basis of public defense counsel for quality and efficiency according to nationally and locally adopted standards, including, but not limited to, the ABA Criminal Justice Standards.

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. Soliciation 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

    has filed for an exemption

16. a. Is 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	vsheldon	02/23/2026 09:07:36 AM
Division Approval	phand1	02/23/2026 12:52:05 PM
Department Approval	phand1	02/23/2026 12:52:08 PM
Contract Manager Approval	hwoodru1	02/23/2026 14:38:51 PM
Budget Analyst Approval	vmilazz1	02/27/2026 12:33:03 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: **31633**

		Legal Entity Name:	AVAYA INC
Agency Name:	**GOVERNOR'S TECHNOLOGY OFFICE**	Contractor Name:	**AVAYA INC**
Agency Code:	**180**	Address:	**2605 MERIDIAN PARKWAY**
Appropriation Unit:	**1387-13**		
Is budget authority available?:	**Yes**	City/State/Zip	**DURHAM, NC 27713**
If "No" please explain:	Not Applicable	Contact/Phone:	669-242-8186
		Vendor No.:	T29044484
		NV Business ID:	NV20191497453

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	**96.40 %**		Fees	0.00 %
	Federal Funds	0.00 %		Bonds	0.00 %
	Highway Funds	0.00 %	**X**	Other funding	**3.60 % Internal Service Funds**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/23/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2028**
   Contract term: **2 years and 127 days**

4. Type of contract: **Contract**
   Contract description: **Gage WarmSprings**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV25-24195 which provides software as a service. This service agreement provides Avaya Aura applications on physical servers provided by Avaya at backup (tertiary) locations.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$36,568.13**

II. JUSTIFICATION

7. What conditions require that this work be done?

   This work was approved in a special session to deploy survivable Avaya Aura applications on Avaya-provided physical servers at tertiary locations. The purpose is to ensure continuity of critical communication services and protect against any future VMware failures. By implementing these survivable solutions, the state can maintain operational resilience, minimize downtime during infrastructure disruptions, and safeguard essential communication systems that support public services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees cannot perform these tasks because they require specialized Avaya expertise, vendor-specific credentials, and access to proprietary systems like PLDS, which state staff typically lack. Additionally, performing these actions without certified professionals could violate warranty and support agreements, introduce security risks, and create liability for the state. Using Gage ensures compliance with vendor requirements, proper configuration, and reduces risk by leveraging certified engineers with the necessary tools and experience.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Statewide Contract 99SWC-NV25-24195

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbro28	01/28/2026 08:48:19 AM
Division Approval	wkennedy	01/29/2026 16:00:08 PM
Department Approval	ddodge	01/29/2026 16:05:07 PM
Contract Manager Approval	thudder	02/09/2026 13:25:36 PM
EITS Approval	ljean	02/10/2026 11:59:44 AM
Budget Analyst Approval	lramire7	02/23/2026 14:11:17 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

David 'Ax' Axtell
Deputy Director/State 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

MEMORANDUM

TO: Darla Dodge, Senior Deputy Director/COO, GTO
Fred Springer, IT Manager II, GTO
Steve Botelho, IT Professional IV, GTO
Edgardo Aujero, IT Professional III, GTO
Rachel Peterson, Management Analyst III, GTO

CC: Tim Galluzi, State Chief Information Officer, GTO
David Axtell, Deputy Director/State Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD
Sean Montierth, Computing Services Division, GTO
William Kennedy, Network Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – GTO – *Warm Springs Campus – Avaya Local Survivability and DR Location* – TIE 1497, Revision 1 – BA(s) 1387

DATE: January 8, 2026

We have completed our review of the Governor's Technology Office (GTO) investment, which has an estimated total value of $35,584.49, allocated to FY2026.

Funding source(s): 100% General Fund.

This investment establishes local Avaya phone system survivability for the Warm Springs/McCarran campus in Las Vegas to ensure continuity of basic voice services during a core infrastructure outage. The solution will support up to 2,000 SIP endpoints and will be deployed on-site, allowing the campus to maintain internal and external calling capabilities independently until full restoration of centralized

services is achieved. By providing localized call control, the project reduces operational disruption and preserves essential communications during outages.

The business case addresses a significant resiliency gap in the current architecture. The Warm Springs campus is fully dependent on centralized Avaya infrastructure hosted on VMware, creating a single point of failure. A VMware outage or loss of connectivity to the core environment would result in a complete loss of phone service at the campus, posing material risk to daily operations, public-facing functions, and emergency response capabilities. There is currently no survivability mechanism in place to mitigate this risk.

The proposed solution aligns with established industry best practices for Unified Communications high availability by introducing local survivability at critical sites. The approach improves overall system resilience without requiring a full duplication of core infrastructure. Cost analysis indicates that the required equipment, as well as implementation and professional services, are below industry averages, supporting a favorable cost-to-risk-reduction profile. As a result, the investment represents a cost-effective enhancement that materially improves service continuity and operational reliability.

The GTO TIE investment and implementation risk score indicates a low 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 CONTRACT

1. Contract Number: **30932**

		Legal Entity Name:	NYE COUNTY INFORMATION TECHNOLOGY
Agency Name:	**GOVERNOR'S TECHNOLOGY OFFICE**	Contractor Name:	**NYE COUNTY INFORMATION TECHNOLOGY**
Agency Code:	**180**	Address:	**871 E. BOOTHILL DRIVE**
Appropriation Unit:	**1388-00**		
Is budget authority available?:	**Yes**	City/State/Zip	**PAHRUMP, NV 89060**
If "No" please explain:	Not Applicable	Contact/Phone:	775/751-4289
		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 **03/10/2026**
   Anticipated BOE meeting date 09/2025

   Retroactive? **Yes**

   If "Yes", please explain

As a result of the Governor's Technology Office rates for FY26/27 not being published until June 27, 2025, contract signing was delayed and unable to be approved by July 1.
If the agreement is not approved with an affective date of 1 July 2025, the Governor's Technology Office Network transport Services budget account would not receive revenue for services provided and will be unable to collect sufficient funds this fiscal year for the expenses related to this service.

3. Termination Date: **06/01/2027**
   Contract term: **1 year and 83 days**
4. Type of contract: **Revenue Contract**
   Contract description: **Rack Space Rental**
5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing rack space in Nye and Esmeralda County.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$25,957.12**
   Payment for services will be made at the rate of $12,978.56 per Year
   Other basis for payment: Annual billing rate less credits per attachment AA

II. JUSTIFICATION

7. What conditions require that this work be done?

Revenue Contract

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Revenue Contract

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rbro28	02/04/2026 09:16:15 AM
Division Approval	wkennedy	02/11/2026 15:19:18 PM
Department Approval	ddodge	03/04/2026 12:57:01 PM
Contract Manager Approval	thudder	03/06/2026 15:56:08 PM
Budget Analyst Approval	lramire7	03/10/2026 14:22:21 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO / COO

David 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 | it.nv.gov | CIO@it.nv.gov | Fax: (775) 687-9097

MEMORANDUM

DATE: July 23, 2025

TO: Venus Fajota, Executive Branch Budget Officer

FROM: Timothy Galluzi, Executive Director & Chief Information Officer TG
Governor's Technology Office

SUBJECT: Request BoE retroactive approval for attached revenue contract

---

The attached revenue contract has been submitted for approval to the Board of Examiners. As a result of the Governor's Technology Office rates for FY26/27 not being published until June 27, 2025, contract signing was delayed and unable to be approved by July 1.

If the agreement is not approved with an effective date of 01 July 2025, the Governor's Technology Office Network Transport Services budget account would not receive revenue for service provided and will be unable to collect sufficient funds this fiscal year for the expenses related to this service.

We respectfully request the Board of Examiners to retroactively approve this revenue agreement with a start date of 01 July 2025.

Signature: Timothy Galluzi (Jul 23, 2025 13:02:39 PDT)

Email: tim.galluzi@it.nv.gov

Retro memo 1388 revenue contracts (1)

Final Audit Report 2025-07-23

Created:	2025-07-23
By:	Rachel Peterson (rpeterson@it.nv.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAAFFMwIKITIdKEedcw99opd-1fWi3pk-SP

"Retro memo 1388 revenue contracts (1)" History

Document created by Rachel Peterson (rpeterson@it.nv.gov)
2025-07-23 - 4:55:25 PM GMT

Document emailed to Timothy Galluzi (tim.galluzi@it.nv.gov) for signature
2025-07-23 - 4:56:23 PM GMT

Email viewed by Timothy Galluzi (tim.galluzi@it.nv.gov)
2025-07-23 - 4:56:27 PM GMT

Document e-signed by Timothy Galluzi (tim.galluzi@it.nv.gov)
Signature Date: 2025-07-23 - 8:02:39 PM GMT - Time Source: server

Agreement completed.
2025-07-23 - 8:02:39 PM GMT

Adobe Acrobat Sign

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31887**

		Legal Entity Name:	Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno**
Agency Code:	**300**	Address:	**1664 N. Virginia St.**
Appropriation Unit:	**2675-32**		
Is budget authority available?:	**No**	City/State/Zip	**Reno, NV 89557**
If "No" please explain: Work Program #		Contact/Phone:	775-682-6173
		Vendor No.:	D35000816
		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.

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 **03/11/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **111 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **SETNA**

5. Purpose of contract:

This is a new interlocal agreement which provides the 2026 State Educational Technology Needs Assessment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$20,000.00**

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 this project is the 2026 State Educational Technology Needs Assessment (SETNA) for Nevada districts and schools. The plan will be guided by the needs assessment requirements set forth in NRS 388.795(6), and patterned by the needs assessments conducted in 2008, 2010, 2012, 2014, 2016, 2018, 2020, 2022, and 2024.

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 or expertise to complete this assessment.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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 Board of Regents, University of Nevada, Reno.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of 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

$1,481.00

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "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 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	dboyter	03/04/2026 12:11:17 PM
Division Approval	psmorr1	03/06/2026 11:50:57 AM
Department Approval	psmorr1	03/06/2026 11:51:00 AM
Contract Manager Approval	khoy1	03/06/2026 16:12:19 PM
Budget Analyst Approval	mranki1	03/11/2026 11:10:25 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31839**

		Legal Entity Name:	NATIONAL COUNCIL FOR COMMUNITY
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**NATIONAL COUNCIL FOR COMMUNITY**
Agency Code:	**300**	Address:	**& EDUCATION PARTNERSHIPS**
Appropriation Unit:	**2678-04**		**1331 H ST NW STE 900**
Is budget authority available?:	**Yes**	City/State/Zip	**WASHINGTON, DC 20005-4739**
If "No" please explain:	Not Applicable	Contact/Phone:	202/530-1135
		Vendor No.:	T81099133
		NV Business ID:	Business License Exemptio

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 **03/05/2026**
   Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2026**
   Contract term: **301 days**

4. Type of contract: **Contract**
   Contract description: **College & Career PRG**

5. Purpose of contract:

This is a new contract to provide ongoing college and career readiness curriculum for students in grades 7 through 12 to support their academic and post-secondary educational needs.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$18,000.00**
   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 Nevada Department of Education (NDE) seeks a research-based, ready-to-implement College and Career Readiness Program and Curriculum for students in grades 7 through 12 to support their academic and post-secondary educational journeys. The selected program must align with and fulfill the mission and objectives of the GEAR UP (Gaining Early Awareness and Readiness for Undergraduate Programs) 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 skill set needed or the resources.

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):

Association for Supervision and Curriculum Development
American Counseling Association
National Council for Community and Education Partnerships

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NCCEP was the only vendor to submit a proposal

d. Last bid date: 01/19/2026 Anticipated re-bid date: 12/01/2026

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

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 as a:

    Non-profit Corporation

Not required to register per Secretary of State Office email.

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    No b. If "NO", please explain.

Not required to register per Secretary of State Office email.

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	psmorr1	02/25/2026 16:57:58 PM
Division Approval	psmorr1	02/25/2026 16:58:02 PM
Department Approval	psmorr1	02/25/2026 16:58:04 PM
Contract Manager Approval	khoy1	02/26/2026 15:17:26 PM
Budget Analyst Approval	afrantz	03/05/2026 09:59:49 AM

File Name: FW_ Business License exemption.msg PDF Conversion Status is Warning: File type not supported

File Name: FW_ NV Business License question.msg PDF Conversion Status is Warning: File type not supported

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30347**

Amendment Number: **1**

Legal Entity Name: Elixir Lab USA INC

Agency Name: **NDE - DEPARTMENT OF EDUCATION**

Contractor Name: **Elixir Lab USA INC**

Agency Code: **300**

Address: **267 Kentlanda Boulevard Suite #5092**

Appropriation Unit: **2705-08**

Is budget authority available?: **Yes**

City/State/Zip **Gaithersburg, MD 20878**

If "No" please explain: Not Applicable

Contact/Phone: Kevin jones 317-629-7054

Vendor No.: T29049972

NV Business ID: NV20243253433

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	**52.00 %**	**X**	Fees	**48.00 %**	**Licensure**
	Federal Funds	0.00 %		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 30DOE-S2906 JW

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/10/2025**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2029**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **OPAL System**

5. Purpose of contract:

This is the first amendment to the original contract which provides an online portal for educator applications and licensure. This amendment extends the termination dated from March 31, 2029, to June 09, 2029, and increases the maximum amount from $2,550,793.00 to $2,640,793.00 due to additional implementation time needed.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$2,550,793.00	$2,550,793.00	$2,550,793.00	Yes - Action
2.	Amount of current amendment (#1):	$90,000.00	$90,000.00	$90,000.00	Yes - Info
3.	New maximum contract amount:	$2,640,793.00			
	and/or the termination date of the original contract has changed to:	06/09/2029			

II. JUSTIFICATION

7. What conditions require that this work be done?

The state needs to implement a new system system designed to streamline the licensure process for educators and provide functionality to easily manage licensure/renewal processes for NDE staff, approved educator preparation program staff, approved K-12 district/school staff, educators and educator applicants.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees within NDE do not currently have the skills, certifications or ability to create a state-developed and maintained system.

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. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

   d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

    b. Is the contract part of an IT investment project over $50,000? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	psmorr1	03/02/2026 10:19:01 AM
Division Approval	psmorr1	03/02/2026 10:19:05 AM

Department Approval	psmorr1	03/02/2026 10:19:09 AM
Contract Manager Approval	khoy1	03/09/2026 08:23:34 AM
EITS Approval	ljean	03/09/2026 09:37:47 AM
Budget Analyst Approval	mranki1	03/11/2026 14:06:45 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

Jason Benshoof
Interim Deputy Director/CDO

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

MEMORANDUM

TO: Jeff Briske, Director, NDE
Peter Zutz, Administrator ADAM, NDE
Celeste Arnold, Administrative Services Officer, NDE
Cameron Carey, IT Manager, NDE
Kaylene Hoyt, Contract Manager, NDE

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Jason Benshoof, Interim Deputy Director/Chief Data Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NDE — *OPAL Credential System* – TIE 699, Revision 4 – BA(s) 2705

DATE: March 4, 2026

We have completed our review of the Nevada Department of Education (NDE) investment which has an estimated total value of $3,551,128.00, allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
⊟ One-Time Cost	$ 192,190.00	$ 284,778.00	$ 476,968.00
Services - Contracts	$ 74,160.00	$ 197,808.00	$ 271,968.00
SHI International	$ 118,030.00	$ 86,970.00	$ 205,000.00
Grand Total	$ 192,190.00	$ 284,778.00	$ 476,968.00

Funding source(s): 100% State Fees.

This amendment extends the existing Licensing System Project Statement of Work with SHI International Corp. to retain a Cloud Data Architect supporting the Nevada educator licensure modernization project. The architect provides technical oversight and coordination during the development and implementation of the new Cardinality licensing platform, while ensuring continued operation of the current OPAL educator licensure system. Responsibilities include managing sprint and integration activities, overseeing data migration planning and exception handling, coordinating user acceptance testing, and supporting production cutover and post-deployment stabilization. The role also maintains the integrated project schedule, prepares executive reporting and decision documentation, and facilitates coordination among multiple vendors and project stakeholders.

The extension ensures that the OPAL system remains operational while the Cardinality platform is finalized and validated. OPAL currently supports certification, renewals, and license verification for more than 50,000 educators and applicants statewide. Maintaining vendor support during the transition period protects the integrity of existing licensure records and allows sufficient time for testing, migration validation, and stabilization prior to full system replacement. The amendment therefore preserves continuity of service for educators, school districts, and state reporting processes while the modernization effort proceeds.

Retaining the Cloud Data Architect is necessary because it provides centralized technical coordination for a complex system transition involving legacy system operations, data migration, and implementation of a new licensing platform. This support helps reduce implementation risk, ensures project oversight during critical migration and testing phases, and supports an orderly transition from OPAL to the Cardinality system. Without this investment, the OPAL platform would risk losing maintenance and technical oversight before the replacement system is fully operational, potentially resulting in service disruption, data integrity concerns, and impacts to statewide educator certification processes. The amendment therefore supports continuity of operations while enabling the completion of the licensing system modernization initiative.

The combined GTO investment and implementation risk score, and technology risk scores indicate a 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 CONTRACT

1. Contract Number: **31762**

		Legal Entity Name:	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, LAS VEGAS
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO - UNIVERSITY OF NEVADA, LAS VEGAS**
Agency Code:	**300**	Address:	**4505 MARYLAND PKWY MS 1005**
Appropriation Unit:	**2709-64**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89154-1005**
If "No" please explain:	Not Applicable	Contact/Phone:	702-895-3957
		Vendor No.:	D35000813
		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 %
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 **02/12/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **137 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **EMS-ECE Access**

5. Purpose of contract:

This is a new interlocal agreement to provide early childhood studies for underserved children.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$85,755.16**

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?

This contract will re-establish a new contract to continue work that began through CETS#27875, continuing development of deliverables under the federal Preschool Development Grant Birth through 5 Renewal. This new contract will focus on three existing project areas:1) Early Childhood Education Access report; 2) Transition to Kindergarten practices; 3) Examining state-level systems infrastructure to support the transition to kindergarten. These deliverables are well underway and will result in formal reports produced from data analysis on research methods conducted to-date, such as survey and interview findings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a complex study that requires early child development 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. Soliciation 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?

    Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

$22,931.00

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "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 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	02/03/2026 13:20:58 PM
Division Approval	psmorr1	02/10/2026 11:15:54 AM
Department Approval	psmorr1	02/10/2026 11:15:57 AM
Contract Manager Approval	khoy1	02/10/2026 14:37:45 PM
Budget Analyst Approval	mranki1	02/12/2026 14:35:47 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31925**

		Legal Entity Name:	Board of Regents, Nevada System of Higher Education - OBO the University of Nevada, Las Vegas
Agency Name:	**NDE - DEPARTMENT OF EDUCATION**	Contractor Name:	**Board of Regents, Nevada System of Higher Education - OBO the University of Nevada, Las Vegas**
Agency Code:	**300**	Address:	**4505 Maryland Pkwy MS 1005**
Appropriation Unit:	**2709-64**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas , NV 89154**
If "No" please explain:	Not Applicable	Contact/Phone:	702-895-1040
		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 %
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 **03/11/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **111 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Needs Assessment**

5. Purpose of contract:

   This is a new interlocal agreement to provide a comprehensive needs assessment of Nevada's early childhood care and education system.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$27,823.94**
   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 Federal Preschool Development Grant Birth -5 (PDG B-5) Renewal grant requires an updated, statewide comprehensive needs assessment under Activity 1 of the grant. The needs assessment will provide direction and inform the work of the grant to ensure it meets the most pressing needs of the early childhood community and families in Nevada. The grant further requires the use of information gained in Activity 1 to drive the work of Activities 2-6 to maximize alignment with early childhood initiatives and reduce data fragmentation and duplicative work. Goal 5 of the PDG B-5 supports the justification of this project: Data-informed decision-making and evaluation inform the continuous quality improvement of all components of the ECCE system, including the statewide strategic plan.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State workers do not have the expertise to complete this assessment.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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 University of Nevada, Las Vegas

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of 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

36.5%

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:

yes current 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	dboyter	03/04/2026 11:58:11 AM
Division Approval	psmorr1	03/06/2026 11:49:37 AM
Department Approval	psmorr1	03/06/2026 11:49:40 AM
Contract Manager Approval	khoy1	03/06/2026 16:13:16 PM
Budget Analyst Approval	mranki1	03/11/2026 11:27:37 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31607**

		Legal Entity Name:	MJG INC
Agency Name:	**DTCA - MUSEUMS AND HISTORY DIVISION**	Contractor Name:	**MJG INC**
Agency Code:	**331**	Address:	**492 North 1100/PO BOX 368**
Appropriation Unit:	**4216-40**		
Is budget authority available?:	**Yes**	City/State/Zip	**WEST PAYSON, UT 84651-0368**
If "No" please explain:	Not Applicable	Contact/Phone:	Marshall Wilson 801/465-1500
		Vendor No.:	T29024795A
		NV Business ID:	NV20181189725

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	**42.00 %**		Fees	0.00 %	
	Federal Funds	0.00 %		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**58.00 %**	**Lodging Tax**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/10/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **07/31/2026**
   Contract term: **170 days**

4. Type of contract: **Contract**
   Contract description: **Crossing Inspection**

5. Purpose of contract:
   This is a new contract to provide services to inspect rail crossings.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$20,500.00**
   Other basis for payment: $5,000 for the first month, $3,100 monthly thereafter.

II. JUSTIFICATION

7. What conditions require that this work be done?
   Federal law requires regular inspections of railroad crossings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   State employees cannot inspect themselves.

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):
   Mountain States Contracting
   Roundhouse Track Services
   MJG, Inc
   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

Availability

d. Last bid date: 12/16/2025 Anticipated re-bid date: 04/30/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	sterr2	02/09/2026 14:27:52 PM
Division Approval	sterr2	02/09/2026 14:27:55 PM
Department Approval	sterr2	02/09/2026 14:27:57 PM
Contract Manager Approval	sterr2	02/09/2026 14:28:10 PM
Budget Analyst Approval	tday2	02/10/2026 13:54:27 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31715**

		Legal Entity Name:	Elena C. Hinkle
Agency Name:	**ADMIN - NV ST LIBRARY, ARCHIVES AND PUBLIC RECORDS**	Contractor Name:	**Elena C. Hinkle**
Agency Code:	**332**	Address:	**2413 Magellan Street**
Appropriation Unit:	**1052-20**		
Is budget authority available?:	**Yes**	City/State/Zip	**Colorado Springs, CO 80907**
If "No" please explain:	Not Applicable	Contact/Phone:	719-440-7132
		Vendor No.:	T32018883
		NV Business ID:	NV20263518465

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 **02/13/2026**

Anticipated BOE meeting date 01/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2027**

Contract term: **1 year and 45 days**

4. Type of contract: **Contract**

Contract description: **Archival Consultant**

5. Purpose of contract:

This is a new contract to provide an archival consultant for the State Historical Records Advisory Board grant project.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$65,100.00**

Other basis for payment: FY26 $23,000; FY27 $42,100;

II. JUSTIFICATION

7. What conditions require that this work be done?

Employing a professional archival consultant to train and support the archives and records repositories in Nevada is an explicit objective in the federal award received by the State Historical Records Advisory Board from the National Historical Publications and Records Commission.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Providing training and support for archives and records repositories in Nevada is the responsibility of the State Historical Records Advisory Board.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Bergis Jules
Cheryl Oestreicher
Rebecca Finnegan
Elena Hinkle

Eira Tansey

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The informal solicitation was posted for more than two weeks, and the sole response was from the vendor who was ultimately selected.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?
    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
    Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	01/15/2026 14:00:35 PM
Division Approval	rmill30	01/15/2026 15:52:51 PM
Department Approval	rmill30	01/15/2026 15:52:53 PM
Contract Manager Approval	ssands	02/12/2026 07:55:02 AM
Budget Analyst Approval	spowel3	02/13/2026 12:15:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31148**

		Legal Entity Name:	BOARD OF REGENTS - UNR
Agency Name:	**DHS - AGING AND DISABILITY SERVICES DIVISION**	Contractor Name:	**BOARD OF REGENTS - UNR**
Agency Code:	**402**	Address:	**1664 N. VIRGINIA ST.**
Appropriation Unit:	**3278-38**		
Is budget authority available?:	**Yes**	City/State/Zip	**RENO, NV 89557-0294**
If "No" please explain:	Not Applicable	Contact/Phone:	TIFFANY ROLLER 775/682-6052
		Vendor No.:	D35000816B
		NV Business ID:	GOV. 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 %
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 **03/03/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **08/31/2026**
   Contract term: **180 days**

4. Type of contract: **Other (include description): Service Agreement**
   Contract description: **UNR Train The Traine**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17900 which provides consulting, marketing, and education services. This service agreement provides a series of Train the Trainer classes and technical assistance for leadership, staff, providers, and partners to enhance collaboration and communication skills affecting service delivery.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$49,500.00**
   Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

This training supports Aging and Disability Services Division (ADSD) professionals in creating respectful, responsive, and collaborative environments when working with older adults, people with disabilities, colleagues, and community partners. Participants will explore how their own values, communication styles, and life experiences can impact interactions in service delivery and teamwork.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

ADSD staff does not have the expertise 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. Soliciation 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:

2013 - Current with ADSD. Satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    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	thick2	10/06/2025 15:00:03 PM
Division Approval	mashcra1	01/09/2026 15:35:17 PM
Department Approval	rrobb	01/15/2026 14:44:19 PM
Contract Manager Approval	cjeffre1	01/16/2026 11:51:49 AM
Budget Analyst Approval	khal5	03/03/2026 12:48:55 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30764**

		Legal Entity Name:	KPS|3
Agency Name:	**DHS - AGING AND DISABILITY SERVICES DIVISION**	Contractor Name:	**KPS|3**
Agency Code:	**402**	Address:	**500 RYLAND ST STE 300**
Appropriation Unit:	**3282-61**		
Is budget authority available?:	**No**	City/State/Zip	**RENO, NV 89502-1662**
If "No" please explain: The Work Program # to balance forward the authority in Cat61 BA 3282 is C76717.		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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/03/2025**

Anticipated BOE meeting date 08/2025

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**

Contract term: **300 days**

4. Type of contract: **Other (include description): Service Agreement**

Contract description: **APS Marketing**

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 services to update collateral and campaign materials related to program branding.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$96,500.00**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

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. Adult Protective Services will continue its community outreach efforts to raise awareness and connect people with resources that help them understand the types of abuse, who the vulnerable adult population is, and how to report abuse.

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 marketing and are utilizing a state marketing 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. Soliciation 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:

Since 2019 with DHHS with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jkemmere	06/25/2025 07:44:15 AM
Division Approval	ecreceli	06/25/2025 10:51:18 AM
Department Approval	rrobb	07/03/2025 09:51:54 AM
Contract Manager Approval	maceved1	07/03/2025 11:00:31 AM
Budget Analyst Approval	khal5	02/26/2026 15:59:51 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31383**

		Legal Entity Name:	NEVADA PUBLIC HEALTH FOUNDATION, INC.
Agency Name:	**DHS - PUBLIC AND BEHAVIORAL HEALTH**	Contractor Name:	**NEVADA PUBLIC HEALTH FOUNDATION, INC.**
Agency Code:	**406**	Address:	**716 NORTH CARSON STREET**
Appropriation Unit:	**3255-14**		**SUITE 100**
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	KAYA WILSON 775-434-1882
		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 %

Agency Reference #: SA 18668

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **111 days**

4. Type of contract: **Contract**
   Contract description: **Consulting Marketing**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV23-17896 which provides for conference planning, workshop facilitation, and training services to support the Bureau of Behavioral Health Wellness and Preventions.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$26,280.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The BBHWP staff retreat will help retain experienced public health staff, support employee well-being, and maintain productivity in a high-demand environment. The staff retreat will also help strengthen morale, collaboration, and capacity, ensuring continuity of services, consistent high-quality work, and a resilient public health system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   Staff lack qualifications to provide the required service and an impartial 3rd party is needed.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected based on their inclusion in the Nevada Statewide Contract 99SWC-NV23-17896, which ensures that they meet all required qualifications and provide the best value for the services outlined.

d. Last bid date: 08/01/2023 Anticipated re-bid date: 07/31/2027

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:

BBHWP has previously contracted with NPHF, and they have consistently delivered high-quality services and successfully met all contractual deliverables.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	msilzell	02/02/2026 10:40:40 AM
Division Approval	msilzell	02/02/2026 10:40:42 AM
Department Approval	msilzell	02/02/2026 10:40:46 AM
Contract Manager Approval	lstidha1	02/10/2026 11:22:42 AM
Budget Analyst Approval	rgiffor1	03/11/2026 14:52:10 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31595**

		Legal Entity Name:	CARAHSOFT TECHNOLOGY CORPORATION
Agency Name:	**DSS - SOCIAL SERVICES**	Contractor Name:	**CARAHSOFT TECHNOLOGY CORPORATION**
Agency Code:	**407**	Address:	**CORPORATION**
Appropriation Unit:	**3228-64**		**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:	703/871-8500
		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 %

Agency Reference #: 407

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/09/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **09/15/2026**
   Contract term: **217 days**

4. Type of contract: **Other (include description): Service Agreement - 99SWC-NV24-17504**
   Contract description: **CMS ATC Pentesting**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement provides penetration testing and vulnerability assessment services to identify potential weaknesses within the division's information security systems. The testing must be conducted by an independent third party with no affiliation to the agency to ensure impartiality and objectivity, and is required by the Center for Medicaid Services for the division's renewal of an Authority to Connect.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$74,727.78**
   Other basis for payment: As invoiced by the Contractor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

   The division is required by its federal partners to have a third-party assessor conduct triennial security and privacy controls audits for the division's CMS ACA Renewal process. The audits are based on specific CMS SAW security standards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The testing must be conducted by an independent third party with no affiliation to the agency to ensure impartiality and objectivity.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

99SWC-NV24-17504 is a statewide contract which is permissive for state agencies.

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:

Currently under contract with the State of Nevada and the Division of Social Services and 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:

    Andrew Tucker, Chief IT Manager Ph: 775-684-0540

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	01/26/2026 15:11:04 PM
Division Approval	cbuscay	01/26/2026 15:11:07 PM
Department Approval	rthomps1	01/28/2026 07:24:26 AM
Contract Manager Approval	mpomerle	01/28/2026 09:02:25 AM
EITS Approval	ljean	01/28/2026 10:06:48 AM
Budget Analyst Approval	khal5	02/09/2026 16:25:17 PM

Steve Sisolak
Governor

Laura E. Freed
Director

Matthew Tuma
Deputy Director

Timothy Galluzi
State CIO/Administrator

STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION
Enterprise IT Services Division
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Robert Thompson, Administrator, DHHS, DWSS
Lisa Swearingen, Deputy Administrator, DHHS, DWSS
Crystal Buscay, Chief Financial Officer, DHHS, DWSS
Bart London, Chief IT Manager, DHHS, DWSS

CC: Tim Galluzi, State Chief Information Officer/Administrator, EITS, DOA
Robert Dehnhardt, State Chief Information Security Officer, EITS, DOA
Sean Montierth, IT Chief, Computing, EITS, DOA
David Axtell, State Chief Enterprise Architect, EITS, DOA

FROM: Lisa Jean, TIN Administrator, EITS, DOA

SUBJECT: TIN Completion Memo – DWSS – TIN 463 – *Mainframe (NOMADS) Modernization* – Update A – BA 3228

DATE: August 11, 2022

We have completed our review for the Department of Health and Human Services (DHHS), Division of Welfare and Supportive Services' (DWSS) – *Mainframe (NOMADS) Modernization* – TIN 463, Update A.

The submitted TIN, for an estimated value of $17,309,680.00 in the FY22/FY23 biennium and $20,159,040.00 in the FY24/FY25 biennium (an increase of $2,908,720 for the combined biennia), and an additional $6,541,608 for FY26 (100% ARPA Fiscal Recovery Funds), is to engage with a vendor to modernize the legacy components of NOMADS using the modern platforms hosted at the EITS facility.

The DWSS NOMADS application currently has many components residing on the State's mainframe hardware. The DWSS Mainframe Modernization project will remove the remaining 25-year-old NOMADS components from the mainframe and move them onto DWSS's modern platforms using modern programming languages. This transition will increase the agility and responsiveness of DWSS applications to meet the critical needs of customers.

Currently, DWSS relies on vendors and State employees who have the necessary legacy coding skills to support NOMADS on the mainframe. Unfortunately, the number of employees with legacy coding skills is being reduced rapidly, especially in recent years, due to attrition statewide.

DWSS' goal is to convert and migrate the remaining legacy NOMADS components from the mainframe database to a modern database platform then retire the legacy system. These components will be moved to DWSS's state-of-the-art virtual environment hosted at the EITS Facility which has highly evolved disaster recovery and security capabilities, as required by the agency's federal partners.

Several other agencies are moving off of the EITS mainframe and EITS has proposed outsourcing mainframe services to contractors who have the needed skills that are not available within the State and at a reduced cost. This investment will allow the agency to focus on modern technology solutions.

The agency considers the investment and final implementation to have an ongoing low security risk, as this investment will improve the reliability and security of NOMADS components.

EITS supported server hosting is expected to increase as a result of this investment while EITS supported mainframe usage is expected to decrease. The VXRails environment can easily scale with increased demand; however, addition physical hosts will be required. The agency should work closely with the EITS Compute team to ensure there are no scheduling, migration, or compatibility issues.

Because there are inherent risks related to this effort on a shared resource, EITS must be able to manage drawdown efforts and associated risks for all tenants. Therefore, EITS' support is contingent upon receiving quarterly status updates on key project deliverables and timelines, to enable EITS' communication with key stakeholders in the EITS server environment.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify EITS as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31704**

		Legal Entity Name:	OPPORTUNITY VILLAGE ASSOCIATION
Agency Name:	**DSS - SOCIAL SERVICES**	Contractor Name:	**OPPORTUNITY VILLAGE ASSOCIATION**
Agency Code:	**407**	Address:	**FOR RETARDED CITIZENS/OV ARC**
Appropriation Unit:	**3233-04**		**6050 S. BUFFALO DRIVE**
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89113**
If "No" please explain:	Not Applicable	Contact/Phone:	PATTI DALTON 702/880-4067
		Vendor No.:	PUR0005506A
		NV Business ID:	NV19541000506

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	**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 Examiner's approval? **No** or b. other effective date **02/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **Yes**

   If "Yes", please explain

Due to a delay in extending the States Preferred Purchase Program Statewide, DSS was unable to amend its own shredding services contract as it expired at the same time the Statewide was being amended. As such DSS experienced an administrative gap in contract execution, despite the continued need for shredding services beginning February 1, 2026. Retroactively dating ensures continuity of essential services, which allows the division to remain in compliance with state and federal requirements.

3. Termination Date: **01/31/2027**
   Contract term: **364 days**

4. Type of contract: **Other (include description): Service Agreement #99SWC-NV-10096**
   Contract description: **Document Destruction**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV22-10096 which provides labor services under a preferred purchase program. This service agreement provides document destruction for 15 division offices in southern Nevada.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$20,790.00**
   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?

Legislatively approved budget to outsource this function.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The division does not have the resources to perform 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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 333.375 authorizes the Purchasing Division to award without accepting competitive bids a contract for services or the purchase of commodities to nonprofit organizations or agencies whose primary purpose is the training and employment of persons with a mental or physical disability and contractor is such an organization.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Currently under contract (Preferred Purchase Program) and providing satisfactory services.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    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:

    Deseray Rayford, Program Officer I Ph: 775-684-0682

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	02/06/2026 10:56:10 AM
Division Approval	cbuscay	02/06/2026 10:56:16 AM
Department Approval	rthomps1	02/09/2026 07:59:38 AM
Contract Manager Approval	mpomerle	02/10/2026 09:20:57 AM
Budget Analyst Approval	khal5	03/03/2026 12:16:20 PM

Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Working for the Welfare of ALL Nevadans.

Robert Thompson
Administrator

January 15, 2026

To: Karen Hall, Executive Branch Budget Officer, Governor's Finance Office

From: Robert H. Thompson, Administrator, Division of Social Services

SUBJECT: **Retroactive approval of the Preferred Purchase Program Contract between the Division of Social Services (DSS) and Opportunity Village for Document Destruction Service at 15 Office locations**

The purpose of this memorandum is to request approval for retroactively dating the above referenced contract to February 1, 2026.

DSS utilizes document destruction services to ensure the secure destruction of confidential and sensitive information in compliance with state and federal requirements. DSS consistently relies on the State of Nevada's Preferred Purchase Program vendor contract with Opportunity Village to provide document destruction at 15 of our division locations.

Due to an unforeseen delay of an extension to the State's existing Opportunity Village Preferred Purchase Program Statewide contract, DSS was unable to amend its own Opportunity Village shredding services contract as it expired at the same time the Statewide was being amended. As a result of this delay, DSS experienced an administrative gap in contract execution, despite the continued operational need for shredding services beginning February 1, 2026. Retroactively dating the DSS Opportunity Village shredding services contract to February 1, 2026, ensures continuity of essential services, which allows the division to remain in compliance with state and federal requirements. Retroactively dating this contract is administrative in nature and is requested solely to address the timing delays of the statewide preferred contract amendment.

Thank you for your consideration. If you have any questions, please contact Monique Pomerleau, Certified Contract Manager, at 775-684-0678/ dsscontracts@dss.nv.gov.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31387**

		Legal Entity Name:	Board of Regents, Nevada System of Higher Education obo University of Nevada, Las Vegas
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**Board of Regents, Nevada System of Higher Education obo University of Nevada, Las Vegas**
Agency Code:	**409**	Address:	**4505 South Maryland Parkway**
Appropriation Unit:	**3146-14**		**Box 453030**
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89154**
If "No" please explain:	Not Applicable	Contact/Phone:	Amanda Haboutsh-Deloye, PhD 702-217-3614
		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.

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 **02/13/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 136 days**
4. Type of contract: **Interlocal Agreement**
   Contract description: **Consortia Support**
5. Purpose of contract:

This is a new interlocal agreement to provide ongoing support services for the Clark County Children's Mental Health Consortia.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$11,400.00**
   Other basis for payment: $1,400 (FY26) + $10,000 (FY27)

II. JUSTIFICATION

7. What conditions require that this work be done?

The CCCMHC is required by NRS 433B.333 and needs support services to function effectively.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the capacity or authority per the consortium 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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

8%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has contracted with DCFS for these services since 2017. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Ronda Miller, Fiscal Monitor Ph: null
    Kristen Rivas, Program Monitor Ph: null

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rmille10	11/14/2025 08:48:23 AM
Division Approval	dfrohlic	11/17/2025 08:54:58 AM
Department Approval	dfrohlic	12/29/2025 15:30:51 PM
Contract Manager Approval	sknigge	02/12/2026 12:04:52 PM
Budget Analyst Approval	mgassawa	02/13/2026 16:43:07 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: **31818**

		Legal Entity Name:	Christopher Hinkle dba D & J Cleaning Service
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**Christopher Hinkle dba D & J Cleaning Service**
Agency Code:	**409**	Address:	**501 Whitaker Lane**
Appropriation Unit:	**3229-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**Fallon, NV 89406**
If "No" please explain:	Not Applicable	Contact/Phone:	Christopher Hinkle 775-423-5792
		Vendor No.:	T32014415
		NV Business ID:	NV20232806331

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	**49.00 %**		Fees	0.00 %	
X	Federal Funds	**32.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**19.00 %**	**County**

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/09/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **01/31/2030**
   Contract term: **3 years and 329 days**

4. Type of contract: **Contract**
   Contract description: **Janitorial Services**

5. Purpose of contract:
   This is a new contract to provide ongoing janitorial services to the Fallon and Fernley district offices.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$87,600.00**
   Payment for services will be made at the rate of $975.00 per Month for Fallon
   Other basis for payment: $850 per month for Fernley; $1,825 per month x 48 months = $87,600

II. JUSTIFICATION

7. What conditions require that this work be done?
   Cleanliness of office and public areas for the Fallon and Fernley offices.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   There are no janitorial staff at these facilities.

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):
   D & J Cleaning Service
   De Lux Cleaning
   Belmont Commercial Cleaning

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor provided the best pricing.

d. Last bid date: 01/30/2026 Anticipated re-bid date: 12/21/2029

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:

October 2020-September 2024. Services were satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?
    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
    Yes

18. Not Applicable

19. Agency Field Contract Monitor:
    Maria Hickey, Social Services Program Spec. 3. Ph: 775-684-1975

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	amarangi	02/05/2026 08:11:57 AM
Division Approval	sknigge	02/26/2026 13:49:25 PM
Department Approval	dfrohlic	02/26/2026 16:37:14 PM
Contract Manager Approval	sknigge	02/26/2026 16:52:08 PM
Budget Analyst Approval	mgassawa	03/09/2026 07:55:54 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31727**

		Legal Entity Name:	Kindred Spirits Adoption Services
Agency Name:	**DHS - CHILD AND FAMILY SERVICES**	Contractor Name:	**Kindred Spirits Adoption Services**
Agency Code:	**409**	Address:	**1100 Oak Street, Suite 6**
Appropriation Unit:	**3229-13**		
Is budget authority available?:	**Yes**	City/State/Zip	**Conway, AR 72032**
If "No" please explain:	Not Applicable	Contact/Phone:	Kym Palmer (501) 301-55
		Vendor No.:	
		NV Business ID:	Out of State Vendor

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 %

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/09/2026**
   Anticipated BOE meeting date 04/2027

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**
   Contract term: **4 years and 114 days**
4. Type of contract: **Contract**
   Contract description: **Residential Visits**
5. Purpose of contract:

This is a new contract to provide ongoing federally mandated visitation and reporting services for youth placed in a residential facility outside the State of Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$82,243.20**

Payment for services will be made at the rate of $1,713.40 per month

Other basis for payment: ($800 per month per youth $800.00/ 2 youth $1600.00 X 12 months =$19,200.00) + ($0.70 GSA rate x 162 miles round trip = $113.40 per month x 12 months= $1,360.80 annually *4= $5,443.20

II. JUSTIFICATION

7. What conditions require that this work be done?

Agencies are federally mandated to contract for visitation and reporting services when youth are placed in an out of state residential facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

It is not cost effective to send DCFS staff to Arkansas monthly.

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):

Bethany Christian Services
Kindred Spirits Adoption Services
Angel Choice Adoption

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor to agree to provide the services needed.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "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 contracted with DCFS since 2022. Services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is NOT registered with the Nevada Secretary of State's Office as a:

    Non-profit Corporation

This vendor is based out of state and only does work out of state (in AR).

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. Not Applicable

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    No b. If "NO", please explain.

The vendor is active and in good standing with the AR SOS's office.

19. Agency Field Contract Monitor:

    Thomas Milazzo, Fiscal Monitor Ph: null
    Maria Hickey, Program Monitor Ph: null
    null, null Ph: null

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	dfrohlic	02/02/2026 11:20:53 AM
Division Approval	sknigge	02/25/2026 12:09:33 PM
Department Approval	dfrohlic	02/26/2026 08:39:43 AM
Contract Manager Approval	dfrohlic	02/26/2026 11:34:32 AM
Budget Analyst Approval	mgassawa	03/09/2026 08:25:29 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: **31196**

		Legal Entity Name:	Division of Public and Behavioral Health
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Division of Public and Behavioral Health**
Agency Code:	**414**	Address:	**4150 Technology Way**
Appropriation Unit:	**3203-00**		**Suite 210**
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89706**
If "No" please explain:	Not Applicable	Contact/Phone:	Tami Conn 775-684-7325
		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 contract which transfers funds from the Division of Public and Behavioral Health to the Nevada Health Authority, Office of Analytics for 1.0 FTE position.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$68,442.45**

II. JUSTIFICATION

7. What conditions require that this work be done?

The funding of this position supports analysis and reporting of immunization-related data under the supervision of the Chief Biostatistician via reports, presentations, and factsheets

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. Soliciation 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	02/22/2026 15:58:18 PM
Division Approval	ttilto1	02/23/2026 14:13:49 PM
Department Approval	cleech	02/24/2026 17:59:18 PM
Contract Manager Approval	ltuttl1	02/25/2026 07:46:57 AM
Budget Analyst Approval	khawkin1	03/04/2026 11:25:04 AM

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: February 12, 2026

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority Cynthia Leech (Feb 24, 2026 18:35:58 PST) cleech@nvha.nv.gov

RE: Request for Retroactive Start Date of July 1, 2025, for Division of Public and Behavioral Health CETS #31196 Interlocal Contract for Funding of FTE Position

The purpose of this memorandum is to respectfully request a retroactive start date of July 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 position:

- PCN 0014, Biostatistician II, (1.0 FTE)

The funding of this position supports analysis and reporting of immunization-related data under the supervision of the Chief Biostatistician via reports, presentations, and factsheets.

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 CONTRACT

1. Contract Number: **31782**

		Legal Entity Name:	Division of Public and Behavioral Health
Agency Name:	**NEVADA MEDICAID**	Contractor Name:	**Division of Public and Behavioral Health**
Agency Code:	**414**	Address:	**4150 Technology Way**
Appropriation Unit:	**3203-00**		**Suite 210**
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	Amber Hise 775-230-8252
		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 04/2026

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: **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 contract which transfers funds from the Division of Public and Behavioral Health 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: **$51,079.96**

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. Soliciation 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	02/22/2026 16:00:58 PM
Division Approval	ttilto1	02/23/2026 14:01:21 PM
Department Approval	cleech	02/26/2026 18:51:14 PM
Contract Manager Approval	ltuttl1	02/27/2026 07:16:52 AM
Budget Analyst Approval	khawkin1	03/12/2026 08:27:52 AM

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: February 25, 2026

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority Cynthia Leech (Feb 26, 2026 18:52:07 PST) 02/26/2026

RE: Request for Retroactive Start Date of July 1, 2025, for Nevada Health Authority, Office of Analytics CETS #31782 Interlocal Contract for Funding of FTE Position

The purpose of this memorandum is to respectfully request a retroactive start date of July 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 position:

- PCN 0507, Biostatistician II, (1.0 FTE)

The funding of this position supports analysis and reporting of tobacco use, tobacco-caused chronic conditions, diabetes, heart disease, obesity, wellness data, and other chronic disease risk factor and condition-related data as needed under the supervision of the Chief Biostatistician via reports, presentations, and fact sheets.

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 CONTRACT

1. Contract Number: **31883**

		Legal Entity Name:	ACCO ENGINEERED SYSTEMS, INC.
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**ACCO ENGINEERED SYSTEMS, INC.**
Agency Code:	**431**	Address:	**2010 KLEPPE LANE**
Appropriation Unit:	**3650-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	NATHAN CLINGER 775-331-4455
		Vendor No.:	T27042871
		NV Business ID:	NV19551000749

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	**25.00 %**	Fees	0.00 %
X	Federal Funds	**75.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/04/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/16/2027**
   Contract term: **318 days**

4. Type of contract: **Contract**
   Contract description: **HVAC Repair**

5. Purpose of contract:

   This is a new contract to provide repair to the heating, ventilation, and air conditioning (HVAC) system for the headquarters building for the Air Guard.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$16,995.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   HVAC system stopped working at the headquarters building for the Air Guard.

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 skill set nor tools to get the work done.

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):

   American Chiller
   ACCO Engineered Systems
   Sierra Air

   b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted the best price for the work needed.

d. Last bid date: 01/07/2026 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	02/18/2026 13:50:02 PM
Division Approval	csnido1	02/18/2026 13:50:04 PM
Department Approval	ctyle1	02/19/2026 12:12:46 PM
Contract Manager Approval	csnido1	02/24/2026 12:48:01 PM
Budget Analyst Approval	lramire7	03/04/2026 09:28:44 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31754**

		Legal Entity Name:	BRIGGS ELECTRIC, INC.
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**BRIGGS ELECTRIC, INC.**
Agency Code:	**431**	Address:	**5111 CONVAIR DRIVE**
Appropriation Unit:	**3650-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89706-0426**
If "No" please explain:	Not Applicable	Contact/Phone:	MELISA FARRELL 775-887-9901
		Vendor No.:	T81091747A
		NV Business ID:	NV19961075756

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	**50.00 %**	Fees	0.00 %
X	Federal Funds	**50.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2029**
   Contract term: **3 years and 322 days**

4. Type of contract: **Contract**
   Contract description: **UPS Maintenance**

5. Purpose of contract:

   This is a new contract to provide service and maintenance for the uninterruptible power supply (UPS) for northern Nevada.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$99,850.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   To provide maintenance and repairs for the UPS in northern Nevada locations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees do not have the tools nor expertise to do 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):

   Briggs Electric
   Intermountain Electric
   Nelson Electric

   b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor selected as they offer more for the price than the others offered.

d. Last bid date: 12/08/2025 Anticipated re-bid date: 12/11/2025

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has one previous contract with our agency (29902) and did excellent work in the past.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	01/27/2026 10:40:34 AM
Division Approval	csnido1	01/27/2026 10:40:36 AM
Department Approval	ctyle1	01/27/2026 11:42:53 AM
Contract Manager Approval	csnido1	02/09/2026 11:42:41 AM
Budget Analyst Approval	lramire7	02/13/2026 12:33:51 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31911**

		Legal Entity Name:	HAVA ENGINEERING, LLC
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**HAVA ENGINEERING, LLC**
Agency Code:	**431**	Address:	**8681 W SAHARA AVE., STE 220**
Appropriation Unit:	**3650-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89117**
If "No" please explain:	Not Applicable	Contact/Phone:	ALI JAVAN 949-524-9851
		Vendor No.:	T29050811
		NV Business ID:	NV20201833279

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 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/04/2026**
   Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/29/2028**
   Contract term: **1 year and 362 days**
4. Type of contract: **Contract**
   Contract description: **HVAC Design**
5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for construction documents of the heating and air conditioning (HVAC) replacement for the dyno shop at the Combined Support Maintenance Shop 2 (CSMS 2) in Las Vegas.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$19,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC construction documents for the dyno shop at CSMS 2. Replacing the existing HVAC system with a modern high-efficiency, properly sized system to optimize performance.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skill set nor knowledge for the work needed.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation 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:

    Vendor has had two previous contracts with our agency, 30624 and 30625.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	csnido1	02/23/2026 16:38:14 PM
Division Approval	csnido1	02/23/2026 16:38:16 PM
Department Approval	ctyle1	02/24/2026 12:17:02 PM
Contract Manager Approval	csnido1	02/25/2026 08:51:19 AM
Budget Analyst Approval	lramire7	03/04/2026 09:23:57 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31881**

		Legal Entity Name:	SHADE MASTERS LLC
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**SHADE MASTERS LLC**
Agency Code:	**431**	Address:	**1489 W WARM SPRINGS RD,STE 110**
Appropriation Unit:	**3650-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**HENDERSON, NV 89014**
If "No" please explain:	Not Applicable	Contact/Phone:	TINA DEWITT 702-802-8227
		Vendor No.:	T29051746
		NV Business ID:	NV20232694438

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	**50.00 %**	Fees	0.00 %
X	Federal Funds	**50.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/04/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **02/29/2028**
   Contract term: **1 year and 362 days**

4. Type of contract: **Contract**
   Contract description: **Shade Structure**

5. Purpose of contract:

   This is a new contract to provide installation of a standalone shade canopy for the Las Vegas Readiness Center Guard shack.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$17,200.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   Installation of a standalone shade canopy to help guards at shack with the weather in Las Vegas.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees do not have the tools nor skill set for the work needed.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Shade Masters
   Shade in a Day
   Sun Blockers

   b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted bid with the best price for the work needed.

d. Last bid date: 09/15/2025 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	02/18/2026 13:29:01 PM
Division Approval	csnido1	02/18/2026 13:29:04 PM
Department Approval	ctyle1	02/19/2026 12:12:19 PM
Contract Manager Approval	csnido1	02/24/2026 12:48:35 PM
Budget Analyst Approval	lramire7	03/04/2026 09:32:57 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31895**

		Legal Entity Name:	T & L Equipment, Inc.
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**T & L Equipment, Inc.**
Agency Code:	**431**	Address:	**3802 Civic Center Drive**
Appropriation Unit:	**3650-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**North Las Vegas, NV 89030**
If "No" please explain:	Not Applicable	Contact/Phone:	Thomas R. Schierberl II 702-798-4149
		Vendor No.:	T29051436
		NV Business ID:	NV19981294953

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	**50.00 %**	Fees	0.00 %
X	Federal Funds	**50.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/04/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **02/28/2030**
   Contract term: **3 years and 362 days**

4. Type of contract: **Contract**
   Contract description: **Air Compressor**

5. Purpose of contract:

   This is a new contract to provide comprehensive, inspection, preventive maintenance, troubleshooting, and necessary repairs to ensure the optimal performance, efficiency, and reliability of the air compressor and air dryer systems for the Las Vegas area.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$98,450.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   To provide comprehensive, inspection, preventive maintenance, troubleshooting, and necessary repairs to ensure the optimal performance, efficiency, and reliability of the air compressor and air dryer systems for the Las Vegas area.

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 skill set nor tools for the work needed.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Las Vegas Air Compressors
NV Pneumatic
T & L Equipment

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted the best proposal for the work needed.

d. Last bid date: 10/21/2025 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	02/20/2026 11:45:55 AM
Division Approval	csnido1	02/20/2026 11:45:57 AM
Department Approval	ctyle1	02/23/2026 12:12:40 PM
Contract Manager Approval	csnido1	02/24/2026 12:48:58 PM
Budget Analyst Approval	lramire7	03/04/2026 09:36:16 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: **31840**

		Legal Entity Name:	THOMSON, JAMES F JR DBA AMERICAN SOUTHWEST ELECTRIC
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**THOMSON, JAMES F JR DBA AMERICAN SOUTHWEST ELECTRIC**
Agency Code:	**431**	Address:	**4485 RIVIERA RIDGE AVENUE**
Appropriation Unit:	**3650-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89115-1877**
If "No" please explain:	Not Applicable	Contact/Phone:	BRAD OGDEN 702-423-2923
		Vendor No.:	T29035625
		NV Business ID:	NV20101199025

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	**50.00 %**	Fees	0.00 %
X	Federal Funds	**50.00 %**	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 **02/13/2026**
   Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 136 days**
4. Type of contract: **Contract**
   Contract description: **Masonry Joint Repair**
5. Purpose of contract:

This is a new contract to provide exterior masonry joint repair at the Clark County Armory.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$16,137.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

Repair exterior masonry joint at the Clark County Armory.

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 skill set nor the tools to do 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):

American Southwest Electric
Creative Coatings
All Clean Technology

   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

d. Last bid date: 01/29/2026 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has had a couple of contracts with the agency (18251, 24491, 25143, 28758 and 31142) and the vendor has done excellent 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:

    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	csnido1	02/09/2026 11:41:48 AM
Division Approval	csnido1	02/09/2026 11:41:50 AM
Department Approval	ctyle1	02/09/2026 12:38:40 PM
Contract Manager Approval	csnido1	02/09/2026 16:33:20 PM
Budget Analyst Approval	lramire7	02/13/2026 12:21:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31755**

		Legal Entity Name:	VORTEX DOORS LLC
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**VORTEX INDUSTRIES LLC**
Agency Code:	**431**	Address:	**3440 FLAIR DR LOCKBOX 846952**
Appropriation Unit:	**3650-07**		
Is budget authority available?:	**Yes**	City/State/Zip	**EL MONTE, CA 91731**
If "No" please explain:	Not Applicable	Contact/Phone:	CANDICE SATHER 916-920-3667
		Vendor No.:	T32015046A
		NV Business ID:	NV20212315263

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	**50.00 %**	Fees	0.00 %
X	Federal Funds	**50.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 431

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/05/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/02/2028**
   Contract term: **1 year and 303 days**

4. Type of contract: **Contract**
   Contract description: **Door Installation**

5. Purpose of contract:

   This is a new contract to provide installation, repair or maintenance on all types of doors for Camp Washoe.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$20,631.50**

II. JUSTIFICATION

7. What conditions require that this work be done?

   Need for installations, repairs and/or maintenance of doors for Camp Washoe.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees do not have the tools nor materials to complete the work.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Apex Doors
   Vortex Doors
   All American Lock and Safe

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

Vortex Doors came in with the lowest bid for the work needed.

d. Last bid date: 07/01/2025 Anticipated re-bid date: 12/02/2025

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    LLC

16. a. Is the Contractor Name the same as the legal Entity Name?

    No b. If "No", please explain:

VORTEX DOORS LLC FALLS UNDER THE UMBERLLA OF VORTEX INDUSTRIES LLC

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	01/27/2026 12:23:02 PM
Division Approval	csnido1	01/27/2026 12:23:04 PM
Department Approval	ctyle1	01/27/2026 12:26:17 PM
Contract Manager Approval	csnido1	02/26/2026 11:06:31 AM
Budget Analyst Approval	lramire7	03/05/2026 09:40:37 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31775**

		Legal Entity Name:	ARC GENERATOR SERVICE
Agency Name:	**ADJUTANT GENERAL & NATIONAL GUARD**	Contractor Name:	**ARC GENERATOR SERVICE**
Agency Code:	**431**	Address:	**1240 ICEHOUSE AVENUE**
Appropriation Unit:	**3655-20**		
Is budget authority available?:	**Yes**	City/State/Zip	**SPARKS, NV 89431**
If "No" please explain:	Not Applicable	Contact/Phone:	STEVE ARCOUETTE 775-376-3736
		Vendor No.:	T32013697
		NV Business ID:	NV20253412388

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 #: 431

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/10/2026**
   Anticipated BOE meeting date 02/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **11/05/2026**
   Contract term: **268 days**

4. Type of contract: **Contract**
   Contract description: **Generator Service**

5. Purpose of contract:

   This is a new contract to provide generator services for the Emergency Operations Center (EOC).

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$16,589.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   Service is required to replace two existing fuel transfer pumps for the generators at EOC.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   State employees do not have the tools nor expertise for the work needed.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   ARC Generator
   LA Perks Plumbing

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

ARC Generator Service submitted the lowest bid for the work needed.

d. Last bid date: 09/29/2025 Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	csnido1	01/29/2026 10:20:52 AM
Division Approval	csnido1	01/29/2026 10:20:58 AM
Department Approval	csnido1	02/03/2026 11:42:02 AM
Contract Manager Approval	csnido1	02/03/2026 11:42:04 AM
Budget Analyst Approval	lramire7	02/10/2026 08:03:45 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31086**

Amendment Number: **1**

Legal Entity Name: Nevada Chiller and Boiler Inc.

Agency Name: **DEPARTMENT OF CORRECTIONS**

Agency Code: **440**

Appropriation Unit: **3716-07**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Contractor Name: **Nevada Chiller and Boiler Inc.**

Address: **10 Hardy Dr.**

City/State/Zip **89431, NV 89431**

Contact/Phone: Chet Wagner 775-432-1331

Vendor No.: T32006651

NV Business ID: NV20151141050

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 **10/07/2025**

Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2026**

Contract term: **266 days**

4. Type of contract: **Contract**

Contract description: **Boiler Repair WSCC**

5. Purpose of contract:

This is the first amendment to the original contract which provides repairs to the burner tube, gaskets, and hot surface igniter on a boiler at Warm Springs Correctional Center in Carson City. This amendment increases the maximum amount from $7,130.00 to $17,052.00 due to additional parts required for the boiler to become functional.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$7,130.00	$7,130.00	$7,130.00	No
2.	Amount of current amendment (#1):	$9,922.00	$17,052.00	$17,052.00	Yes - Info
3.	New maximum contract amount:	$17,052.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The boiler at Warm Springs Correctional Center requires repairs.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC does not have qualified personnel to perform this work. No State agency offers this service.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	carnol1	02/12/2026 07:34:24 AM
Division Approval	carnol1	02/12/2026 07:34:27 AM
Department Approval	wquenga	02/12/2026 16:29:06 PM
Contract Manager Approval	blewalle	02/13/2026 07:09:52 AM
Budget Analyst Approval	vyoungb	03/19/2026 15:11:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31804**

		Legal Entity Name:	Department of Conservation & Natural Resources
Agency Name:	**DEPARTMENT OF CORRECTIONS**	Contractor Name:	**Department of Conservation & Natural Resources**
Agency Code:	**440**	Address:	**Nevada Division of Forestry**
Appropriation Unit:	**All Budget Accounts - Category 00**		**2478 Fairview Lane**
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	Andrew Porter 775-684-2025
		Vendor No.:	Govt.Entity
		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 **10/01/2025**
   Anticipated BOE meeting date 02/2026

Retroactive? **Yes**

If "Yes", please explain

This contract is retroactive to cover a gap in this service while a new contract is being developed.

3. Termination Date: **06/30/2026**
   Contract term: **272 days**

4. Type of contract: **Interlocal Agreement**
   Contract description: **Inmate Labor**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing inmate camp and fire labor.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$52,002.47**
   Other basis for payment: $642.01 x 9 camps = $5778.05 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 209.457 requires the State Forester Fire Warden, in cooperation with NDOC to establish and carry out a program of conservation camps in the State. This program allows for the use of minimum-security inmates to perform work relating to firefighting, forestry conservation, public safety and other work projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NRS 209.457 allows for the Forestry Division to use offenders who are in custody of the department and are eligible for assignment to a facility of minimum security.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

This is an Interlocal Agreement and is maintained per NRS 209457.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	mschobe2	02/05/2026 10:03:48 AM
Division Approval	carnol1	02/12/2026 11:05:23 AM
Department Approval	wquenga	02/12/2026 14:44:14 PM
Contract Manager Approval	blewalle	02/12/2026 14:55:14 PM
Budget Analyst Approval	vyoungb	02/20/2026 10:54:58 AM

Joe Lombardo
Governor

James E. Dzurenda
Director

William C. "Bill" Quenga
Acting Deputy Director
Support Services



Northern Administration
5500 Snyder Ave.
Carson City, NV 89701
(775) 977-5500

Southern Administration
3955 W. Russell Rd.
Las Vegas, NV 89118
(725) 216-6000

STATE OF NEVADA
Department of Corrections

MEMORANDUM

Date: February 3, 2026

To: Vince Young-Brown
Executive Branch Budget Officer

From: Venus Fajota
ASO IV

Subject: Request for Retroactive Contract Approval

The Nevada Department of Corrections (NDOC) respectfully requests retroactive approval to October 1, 2025, for the proposed Interlocal contract between NDOC and Nevada Division of Forestry (NDF). This Interlocal contract continues the provision of inmate labor to maintain the conservation camps and provide fire assistance. The previous Interlocal contract was in negotiations and legal review prior to its expiration, however, due to staffing changes at both the Attorney General's Office and the NDOC we were unable to complete the contract. This proposed Interlocal contract is subject to the terms and conditions of the expired Interlocal contract with one minor change to the training language; NDOC and NDF are entering discussions to negotiate the previously proposed language for the new Interlocal contract.

Thank you for your consideration in this important matter.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31639**

		Legal Entity Name:	Nevada State Museum, Carson City
Agency Name:	**COMMISSION ON MINERAL RESOURCE**	Contractor Name:	**Nevada State Museum, Carson City**
Agency Code:	**500**	Address:	**600 N. Carson Street**
Appropriation Unit:	**4219-09**		
Is budget authority available?:	**Yes**	City/State/Zip	**Carson City, NV 89701**
If "No" please explain:	Not Applicable	Contact/Phone:	775-687-0655
		Vendor No.:	
		NV Business ID:	NA

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 %**	**Mining claim filing**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/26/2026**
   Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 123 days**
4. Type of contract: **Interlocal Agreement**
   Contract description: **Mining exhibit**
5. Purpose of contract:

This is a new interlocal agreement to provide funding for an educational mining exhibit at the Nevada State Museum in Carson City.

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?

Funding this project will further the Division of Minerals statutory obligation to educate persons on the state's mineral industry in accordance with NRS 513.073(2).

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is an interlocal agreement to provide funds to another state agency to complete this work.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Exempt (Per statute)**
   c. Why was this contractor chosen in preference to other?

Pursuant to NRS 277.180

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmcdan1	12/31/2025 14:54:31 PM
Division Approval	rmill30	12/31/2025 15:14:26 PM
Department Approval	rmill30	12/31/2025 15:14:28 PM
Contract Manager Approval	ssands	02/23/2026 16:01:20 PM
Budget Analyst Approval	rgiffor1	02/26/2026 16:38:53 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31515**

		Legal Entity Name:	Everon, LLC
Agency Name:	**DEPARTMENT OF AGRICULTURE**	Contractor Name:	**Everon, LLC**
Agency Code:	**550**	Address:	**1501 Yamato RD**
Appropriation Unit:	**1362-10**		
Is budget authority available?:	**Yes**	City/State/Zip	**Boca Raton, FL 33431**
If "No" please explain:	Not Applicable	Contact/Phone:	775-287-8110
		Vendor No.:	T29047302
		NV Business ID:	NV20111234098

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	**90.00 %**	**USDA Foods shipping and handling fees**
X	Federal Funds	**10.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 26-27

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/10/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2029**
   Contract term: **3 years and 325 days**

4. Type of contract: **Other (include description): Service Agreemsent**
   Contract description: **Fire Protection**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV23-16866 which provides ongoing Fire Protection at the new Las Vegas warehouse.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$36,921.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   NDA will be occupying a new warehouse that requires tests and inspections of the fire riser room equipment including fire sprinkler system and extinguishers.

   Required by State Fire Marshal regulations and the local Fire Prevention Department. Test and inspections in accordance with NFPA 10 and 25.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   Employees are not qualified to do this work.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Johnson Controls

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor gave the quote that best fit our needs.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor is a Statewide Contractor

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	jwilkin3	12/17/2025 12:56:40 PM
Division Approval	jwilkin3	12/17/2025 12:56:42 PM
Department Approval	cbalcon	12/18/2025 16:26:25 PM
Contract Manager Approval	jfromm	12/22/2025 14:38:37 PM
Budget Analyst Approval	dspeed1	02/10/2026 17:38:10 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31358**

Amendment Number: **1**

Legal Entity Name: Progressive Pest Control

Agency Name: **DEPARTMENT OF AGRICULTURE**

Contractor Name: **Progressive Pest Control**

Agency Code: **550**

Address: **6000 S Eastern AVE STE #9C**

Appropriation Unit: **1362-10**

Is budget authority available?: **Yes**

City/State/Zip **Las Vegas, NV 89119**

If "No" please explain: Not Applicable

Contact/Phone: 702-438-9708

Vendor No.: T29036725

NV Business ID: NV19991250259

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	X	Fees	**24.00 %**	**Service and Handling Charges**
X	Federal Funds	**76.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 23-19

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/13/2023**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **02/28/2027**

Contract term: **3 years and 322 days**

4. Type of contract: **Contract**

Contract description: **Pest Control**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing pest control services at our Las Vegas Warehouse. This amendment revises Attachment AA - Scope of Work and increases the maximum amount from $4,080 to $11,155 due to an increased need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$4,080.00	$4,080.00	$4,080.00	No
2.	Amount of current amendment (#1):	$7,075.00	$11,155.00	$11,155.00	Yes - Info
3.	New maximum contract amount:	$11,155.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Las Vegas warehouse is used for storage of commodity foods from USDA programs. The warehouse periodically experiences infestations of insects and rodents which could potentially damage the food supply.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State workers are not trained exterminators, nor do they have access to the proper tools or supplies.

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. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only one to submit a proposal

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Progressive Pest Control provided service to the Nevada Department of Agriculture in 2022, and the services received were satisfactory

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	cbalcon	02/06/2026 10:40:24 AM
Division Approval	cbalcon	02/06/2026 10:40:26 AM
Department Approval	cbalcon	02/06/2026 10:40:29 AM
Contract Manager Approval	jfromm	02/06/2026 10:52:20 AM
Budget Analyst Approval	dspeed1	03/06/2026 17:32:22 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31780**

Agency Name: **DPS-DIRECTOR'S OFFICE**

Agency Code: **650**

Appropriation Unit: **3775-30**

Is budget authority available?: **No**

If "No" please explain: The Training Division is only hosting this class. They will be given five complimentary seats. The students who sign up will pay the vendor directly.

Legal Entity Name: PALAZZO TRAINING SOLUTIONS, LLC

Contractor Name: **PALAZZO TRAINING SOLUTIONS, LLC**

Address: **105 N. 5TH STREET, UNIT 118**

City/State/Zip **EMMAUS, PA 18049**

Contact/Phone: MICHAEL PALAZZO 757-720-0707

Vendor No.:

NV Business ID: NV20253493557

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 %**	**Pass-through**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/25/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **02/29/2028**

Contract term: **2 years and 4 days**

4. Type of contract: **Contract**

Contract description: **In-Person Training**

5. Purpose of contract:

This is a new contract to provide training for a leadership development master class.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$29,750.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is needed to provide training to law enforcement and fire department personnel on leadership development.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees qualified to do this training.

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):

Palazzo Training Solutions
Joppa Training
IACP

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor offered the type of training the department was looking for and had the lowest bid.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	cjackson	02/12/2026 08:41:50 AM
Division Approval	cjackson	02/12/2026 08:41:56 AM
Department Approval	mcosenti	02/13/2026 09:26:00 AM
Contract Manager Approval	mcosenti	02/13/2026 09:26:02 AM
Budget Analyst Approval	tsmorra	02/25/2026 14:19:49 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31722**

		Legal Entity Name:	Coban Technologies, Inc.
Agency Name:	**DPS-HIGHWAY PATROL**	Contractor Name:	**Coban Technologies, Inc.**
Agency Code:	**651**	Address:	**9411 S Sam Houston Pkwy W.**
Appropriation Unit:	**4713-13**		**Ste. 300**
Is budget authority available?:	**Yes**	City/State/Zip	**Missouri City, TX 77489**
If "No" please explain:	Not Applicable	Contact/Phone:	Scott Taylor 973-453-8562
		Vendor No.:	
		NV Business ID:	NV20212102966

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 %
X	Highway Funds	**100.00 %**	Other funding	0.00 %

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/25/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **01/31/2028**
   Contract term: **1 year and 340 days**

4. Type of contract: **Other (include description): Service Agreement**
   Contract description: **Evidence Mgt System**

5. Purpose of contract:

   This is a new service agreement under statewide contract #99SWC-NV24-20696 which provides public safety video systems. This service agreement provides a platform that will store, manage, and retrieve active law enforcement video evidence.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$90,300.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The move to the SafeFleet Nexus platform is necessary as the current legacy platform (hardware and software) have reached End of Life and no longer support our evidence uploads.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   There are, currently, not any State employees or State systems that can perform 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. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

   This vendor has a statewide agreement, see #99SWC-NV24-20696, thus not requiring a solicitation.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes
    b. Is the contract part of an IT investment project over $50,000? 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:
    Kasen Cornmesser, NHP Contract Manager Ph: 775-684-4869

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	02/02/2026 11:46:46 AM
Division Approval	cjackson	02/02/2026 11:46:58 AM
Department Approval	mcosenti	02/05/2026 10:39:14 AM
Contract Manager Approval	mcosenti	02/05/2026 10:39:17 AM
EITS Approval	ljean	02/05/2026 11:50:53 AM
Budget Analyst Approval	tsmorra	02/25/2026 12:50:37 PM

Joe Lombardo
Governor

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: Mike Edgell, NHP Colonel, DPS
Crystal Novotny, Administrative Services Officer III, DPS
Denny Gortari, Administrative Services Officer II, DPS
Gary Little, Business Process Analyst II – Spillman SAA, 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
Sean Montierth, Computing Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DPS – *SafeFleet Nexus Cloud-based Video Evidence Management System* – TIE 1434, Revision 1 – BA(s) 4713

DATE: August 1, 2025

We have completed our review of the Department of Public Safety investment, which has an estimated total value of $90,300.00 allocated to the current biennium as follows:

Cost Type	FY26	FY27	Grand Total
One-Time Cost	**$ 49,050.00**	**$ 41,250.00**	**$ 90,300.00**
Professional Services 40hrs	$ 7,800.00		$ 7,800.00
Year 1 Nexus Cloud Maintenance	$ 41,250.00		$ 41,250.00
Year 2 Nexus Cloud Maintenance		$ 41,250.00	$ 41,250.00
Grand Total	**$ 49,050.00**	**$ 41,250.00**	**$ 90,300.00**

The funding source is 100% Highway Fund.

This investment establishes a statewide service agreement with SafeFleet to transition NHP from outdated, proprietary DVD-based evidence workflows to a modern cloud-based digital evidence management platform. SafeFleet will store, manage, and retrieve active law enforcement video evidence, replacing legacy on-premises systems in Elko, Reno, and Las Vegas. Legacy data will be migrated securely to the Microsoft Azure Government Cloud. This upgrade ensures full compliance with state regulations and Criminal Justice Information Services (CJIS) standards.

SafeFleet Nexus provides secure remote access for authorized personnel, enabling efficient evidence sharing via a dedicated cloud courier and integrated file-sharing applications. The updated solution streamlines records retention, as required for law enforcement by state statute, while eliminating the risks and inefficiencies tied to unsupported, out-of-date hardware and software.

SafeFleet's proprietary control of legacy NV L3 evidence data makes it the only viable vendor for a complete transition without risking the integrity or accessibility of existing digital records. This solution centralizes video storage, improves productivity through advanced search tools, and incorporates built-in redundancy to minimize risks of data loss. The platform's compliance with critical security and audit standards such as CJIS and SOC 2 supports proper chain-of-custody management and ongoing system enhancements. Transitioning to the cloud also offers the state greater scalability, improved business continuity, and the potential to reduce overall operating costs by consolidating IT resources.

While the solution addresses major business and technical needs, the investment does come with some risk, as demonstrated by a recently disclosed 2024 cyber-attack that exposed customer PII for approximately 7,400 individuals[i]. In response, SafeFleet has engaged third-party cybersecurity experts to investigate, and agency representatives are working closely with all relevant stakeholders to ensure careful, secure implementation of the new system. The investment implementation risk score and technology risk score collectively indicate a 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

[i] https://www.claimdepot.com/data-breach/safe-fleet

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31860**

		Legal Entity Name:	Clark County Las Vegas Stadium, LLC
Agency Name:	**DEPARTMENT OF WILDLIFE**	Contractor Name:	**Clark County Las Vegas Stadium, LLC**
Agency Code:	**702**	Address:	**1650 South Pavilion Center Dr**
Appropriation Unit:	**4462-18**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89135**
If "No" please explain:	Not Applicable	Contact/Phone:	Russ Langer 775-524-7127
		Vendor No.:	T32017551
		NV Business ID:	NV20181403073

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 %

Agency Reference #: 26-43

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/11/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **09/30/2026**

Contract term: **203 days**

4. Type of contract: **Contract**

Contract description: **Clark County Las Veg**

5. Purpose of contract:

This is a new contract to provide ad space for safe boating ads and PSAs around the Las Vegas Ballpark for each of their 75 home games, three Savannah Banana games, and six regular season A's games scheduled in 2026.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$18,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Wildlife is required to promote safe boating as part of its grant with the U.S. Coast Guard.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not own any facilities with the type of participation that a minor league baseball park enjoys. The Las Vegas Aviators saw over 418,802 fans visit Las Vegas Ballpark last year alone, with an additional 90,000 expected this year, and the demographics fit perfectly with the outdoor audience the department is trying to reach.

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):

Clark County Las Vegas Stadium LLC (dba Las Vegas Aviators)
Abbi Agency
Sinclair/AMP Media Sales

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided lowest quote.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "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 worked with Travel Nevada during the 2024 season and NDOW in the 2025 season and the work was satisfactor

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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:

    Ashley Zeme, Public Information Officer Ph: (775) 688-1548

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nnarkhe1	02/24/2026 09:02:09 AM
Division Approval	nnarkhe1	02/24/2026 09:02:12 AM
Department Approval	jneubau2	03/09/2026 08:56:03 AM
Contract Manager Approval	kander12	03/09/2026 14:25:56 PM
Budget Analyst Approval	dspeed1	03/11/2026 17:45:36 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: **31859**

		Legal Entity Name:	SK Baseball LLC
Agency Name:	**DEPARTMENT OF WILDLIFE**	Contractor Name:	**SK Baseball LLC**
Agency Code:	**702**	Address:	**250 Evans Ave**
Appropriation Unit:	**4462-18**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89501**
If "No" please explain:	Not Applicable	Contact/Phone:	Brian Moss 775-334-7018
		Vendor No.:	T32012354
		NV Business ID:	NV20071509495

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	**15.00 %**	**Sportsmen Revenue**
X	Federal Funds	**85.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 26-42

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/27/2026**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2027**
   Contract term: **1 year and 31 days**

4. Type of contract: **Contract**
   Contract description: **SK Baseball LLC**

5. Purpose of contract:

This contract to provide outreach and marketing for wildlife education, boating safety, and related campaigns through public service announcements, commercials, and signage at Aces Ballpark during all 75 home games in 2026, including hosting a safe boating table at two games.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$26,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Department of Wildlife is required to promote safe boating as part of its grant with the U.S. Coast Guard.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW does not own any facilities with the type of participation that a minor league baseball park enjoys. Greater Nevada Field had over 353,311 visitors last year alone.

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):

Abbi Agency
Sinclair/AMP Media Sales
SK Baseball LLC

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor provided lowest quote.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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:

    Ashley Zeme, Public Information Officer Ph: (775) 688-1548

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nnarkhe1	02/20/2026 13:17:42 PM
Division Approval	nnarkhe1	02/20/2026 13:17:45 PM
Department Approval	jneubau2	02/27/2026 10:30:56 AM
Contract Manager Approval	kander12	02/27/2026 10:38:07 AM
Budget Analyst Approval	dspeed1	02/27/2026 18:02:51 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31714**

Agency Name: **DEPARTMENT OF WILDLIFE**

Agency Code: **702**

Appropriation Unit: **4465-18**

Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION, ON BEHALF OF WESTERN NEVADA COLLEGE

Contractor Name: **BOARD OF REGENTS OF THE NEVADA SYSTEM OF HIGHER EDUCATION, ON BEHALF OF WESTERN NEVADA COLLEGE**

Address: **WNC CONTROLLERS OFFICE**
2201 W COLLEGE PKWY

City/State/Zip **CARSON CITY, NV 89703-7316**

Contact/Phone: Lauren Slemenda 775/445-4210

Vendor No.: D35000822

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	**25.00 %**	**Trout Stamp**
X	Federal Funds	**75.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: 26-36

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/13/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2029**

Contract term: **3 years and 322 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **CDL Certification**

5. Purpose of contract:

This is a new interlocal agreement to provide qualified commercial driver's license (CDL) training for employees who are required to obtain a CDL.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$19,110.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The Federal Government and State of Nevada have now made it a requirement that all new CDL drivers first take an entry level drivers training class which would be fulfilled by the WNCC CDL training course.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOW staff does not have the expertise to train staff in Commercial Driver's (CDL) Training.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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:

Yes. FY22-FY25, Employment Security Division, Public and Behavioral Health, Department of Corrections, NDOW. Work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:
    Kris Urquhart, Wildlife Staff Specialist Ph: (775)688-1536

20. Contract Status:
    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	01/21/2026 16:07:46 PM
Division Approval	nroble1	01/21/2026 16:07:48 PM
Department Approval	jneubau2	02/09/2026 16:31:50 PM
Contract Manager Approval	delanfri	02/09/2026 16:35:34 PM
Budget Analyst Approval	dspeed1	02/13/2026 17:03:48 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31771**

		Legal Entity Name:	RESOURCE CONCEPTS, INC.
Agency Name:	**DEPARTMENT OF WILDLIFE**	Contractor Name:	**RESOURCE CONCEPTS, INC.**
Agency Code:	**702**	Address:	**340 N MINNESOTA ST**
Appropriation Unit:	**4467-13**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703**
If "No" please explain:	Not Applicable	Contact/Phone:	Jeremy Drew 775-883-1600
		Vendor No.:	T12785100
		NV Business ID:	NV19781005208

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 %	
X	Federal Funds	**75.00 %**		Bonds	0.00 %	
	Highway Funds	0.00 %	**X**	Other funding	**25.00 %**	**Industrial Development Fund & Heritage**

Agency Reference #: 26-29

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/03/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **02/28/2028**
   Contract term: **1 year and 362 days**

4. Type of contract: **Contract**
   Contract description: **Water Rights Service**

5. Purpose of contract:
   This is a new contract to provide professional water rights services such as monitoring, maintenance, management and strategic planning to ensure water rights are compliant and in good standing with the Nevada Division of Water Resources.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$80,000.00**

II. JUSTIFICATION

7. What conditions require that this work be done?
   Various projects that require monitoring, maintenance, management, prepare and filing required documents keeping water rights in good standing

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   Workload and specialized expertise and knowledge of water rights to perform this work.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**
   c. Why was this contractor chosen in preference to other?

NAC 333.150. Professional services are not awarded by competitive selection. The contractor has the ability to perform specialized services and is located within the State to travel and perform research.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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, NDOW on various occasions throughout the years for various NDOW staff. Work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Madi Ellingwood, Private Lands Program Lead Ph: 775-777-2367

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nroble1	02/03/2026 11:13:34 AM
Division Approval	nroble1	02/03/2026 11:13:36 AM
Department Approval	jneubau2	02/26/2026 14:02:56 PM
Contract Manager Approval	delanfri	02/26/2026 15:00:19 PM
Budget Analyst Approval	dspeed1	03/03/2026 13:28:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **29027**

Amendment Number: **1**

Legal Entity Name: WHITE PINE CONSERVATION DISTRICT

Agency Name: **DEPARTMENT OF WILDLIFE**

Contractor Name: **WHITE PINE CONSERVATION DISTRICT**

Agency Code: **702**

Address: **WHITE PINE CONSERVATION DIST**

Appropriation Unit: **4467-13**

744 N INDUSTRIAL WAY

Is budget authority available?: **Yes**

City/State/Zip **ELY, NV 89301-410**

If "No" please explain: Not Applicable

Contact/Phone: Jacob Brunson 775/296-0903

Vendor No.: T80971176M

NV Business ID: GOV ENTITY

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	Fees	0.00 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 24-62

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **06/05/2024**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **05/31/2026**

Contract term: **3 years and 361 days**

4. Type of contract: **Interlocal Agreement**

Contract description: **Habitat Improvement**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides habitat improvement projects on private and public lands within the jurisdiction of White Pine Conservation District. This amendment extends the termination date from May 31, 2026 to May 31, 2028 and increases the maximum amount from $8,000 to $26,000 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:	$8,000.00	$8,000.00	$8,000.00	No
2.	Amount of current amendment (#1):	$18,000.00	$26,000.00	$26,000.00	Yes - Info
3.	New maximum contract amount:	$26,000.00			
	and/or the termination date of the original contract has changed to:	05/31/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Habitat degradation within the jurisdiction of White Pine Conservation District.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Nevada Department of Wildlife (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 Applicable

   b. Soliciation 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:

Yes, FY24, NDOW. All work was satisfactory and met all requirements and timelines.

14. Is the contractor currently involved in litigation with the State 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	nroble1	01/23/2026 10:36:11 AM
Division Approval	nroble1	01/23/2026 10:36:14 AM
Department Approval	jneubau2	02/05/2026 11:57:56 AM
Contract Manager Approval	delanfri	02/05/2026 13:20:03 PM

Budget Analyst Approval	dspeed1	03/06/2026 18:31:59 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31598**

		Legal Entity Name:	KNIT
Agency Name:	**DCNR - PARKS DIVISION**	Contractor Name:	**KNIT**
Agency Code:	**704**	Address:	**7250 PEAK DR STE 216**
Appropriation Unit:	**4103-43**		
Is budget authority available?:	**Yes**	City/State/Zip	**LAS VEGAS, NV 89128-9029**
If "No" please explain:	Not Applicable	Contact/Phone:	702/363-2222
		Vendor No.:	T29033716
		NV Business ID:	NV19851015692

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	**50.00 %**	**X**	Bonds	**50.00 %**
	Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/05/2026**
   Anticipated BOE meeting date 01/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2027**
   Contract term: **1 year and 116 days**

4. Type of contract: **Contract**
   Contract description: **Kinsey House-design**

5. Purpose of contract:

   This is a new contract to provide professional architectural and design services for the Kinsey House at Mormon Station State Historic Park.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$56,600.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Division of State Parks seeks to utilize the professional architecture services of KNIT to design how to incorporate the Kinsey House into the Mormon Station State Historic Park, as well as the design of exterior repairs of the main house and conversion of the garage into a park office.

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 expertise and tools for this project

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

   b. Soliciation Waiver: **Professional Service (As defined in NAC 333.150)**
   c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	03/05/2026 06:51:28 AM
Division Approval	ethick1	03/05/2026 06:51:39 AM
Department Approval	ethick1	03/05/2026 06:51:41 AM
Contract Manager Approval	ethick1	03/05/2026 06:51:43 AM
Budget Analyst Approval	rmayhall	03/05/2026 08:07:18 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31784**

Agency Name: **DCNR - PARKS DIVISION**
Agency Code: **704**
Appropriation Unit: **4605-06**
Is budget authority available?: **Yes**
If "No" please explain: Not Applicable

Legal Entity Name: ARTISTIC FENCE COMPANY INC
Contractor Name: **ARTISTIC FENCE COMPANY INC**
Address: **5740 HIGHWAY 50 E**
City/State/Zip **CARSON CITY, NV 89701**
Contact/Phone: 775/882-4665
Vendor No.: PUR0000883B
NV Business ID: NV19711002179

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 %**	**User Fee overage - 460506**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **02/10/2026**
   Anticipated BOE meeting date 02/2026

Retroactive? **No**
If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2026**
   Contract term: **139 days**
4. Type of contract: **Contract**
   Contract description: **FC Fencing**
5. Purpose of contract:

This is a new contract to provide fence installation at Fort Churchill State Historic Park residences.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$22,981.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

The two residences at the recently acquired refuge property currently have dilapidated fencing surrounding each residence. Florence Fencing Inc, On Deck Fencing and Landscaping, and Artistic Fence Co. were all contacted. Artistic Fence Co. was selected because they had the cheapest estimate out of all three businesses contacted.

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 materials

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):

Florence Fence Inc
On Deck Fencing
Artistic Fence

   b. Soliciation 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	02/03/2026 10:58:42 AM
Division Approval	ethick1	02/03/2026 10:58:43 AM
Department Approval	ethick1	02/03/2026 10:58:46 AM
Contract Manager Approval	ethick1	02/04/2026 06:45:49 AM
Budget Analyst Approval	rmayhall	02/10/2026 13:39:13 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **30560**

Amendment Number: **1**

Legal Entity Name: RESOURCE CONCEPTS, INC.

Agency Name: **DCNR - ENVIRONMENTAL PROTECTION**

Contractor Name: **RESOURCE CONCEPTS, INC.**

Agency Code: **709**

Address: **340 N MINNESOTA ST**

Appropriation Unit: **3197-08**

Is budget authority available?: **Yes**

City/State/Zip **CARSON CITY, NV 89703-4152**

If "No" please explain: Not Applicable

Contact/Phone: Jeremy Drew 775/883-1600

Vendor No.: T12785100

NV Business ID: NV19781005208

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/08/2025**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/09/2029**

Contract term: **3 years and 337 days**

4. Type of contract: **Contract**

Contract description: **Treatment Filters**

5. Purpose of contract:

This is the first amendment to the original contract that provides coordination and administration of the distribution and maintenance of treatment filters for Public Water System customers that are considered small and disadvantaged communities. This amendment increases the maximum amount from $1,050,000 to $1,088,724 due to converting the current Linux platform to a Windows-based environment.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$1,050,000.00	$1,050,000.00	$1,050,000.00	Yes - Action
2.	Amount of current amendment (#1):	$38,724.00	$38,724.00	$38,724.00	Yes - Info
3.	New maximum contract amount:	$1,088,724.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Collect and utilize existing educational materials regarding the presence of PFAS and/or Mn above the emerging contaminant health standard or health advisory.
deployment process and on-going maintenance of filtration devices and support resources. Partner and coordinate with the PWS for the disbursement of educational material.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State of Nevada does not have the staffing capacity, technical expertise, or resources to fulfill 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):

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

   Pursuant to RFP 70CNR-S3119, and in accordance with NRS 333, the selected vendor was the only vendor to propose.

   d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

    b. Is the contract part of an IT investment project over $50,000? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    This vendor is currently under several contracts with the State of Nevada, with verified satisfactory work.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ahanso1	02/27/2026 09:00:11 AM
Division Approval	jcarr	02/27/2026 12:38:26 PM
Department Approval	jcarr	02/27/2026 12:38:30 PM
Contract Manager Approval	rbetanco	02/27/2026 14:07:14 PM
EITS Approval	ljean	02/27/2026 14:14:15 PM

Budget Analyst Approval	rmayhall	02/27/2026 14:32:05 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Deputy CIO– COO

David 'Ax' Axtell
Deputy CIO – CTO

Robert "Bob" Dehnhardt
Deputy CIO - CISO

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M E M O R A N D U M

TO: Jennifer Carr, Administrator, NDEP, DCNR
Jason Cooper, Administrative Services Officer III, NDEP, DCNR
Brian McMenamy, IT Manager III, NDEP, DCNR
Michael Antoine, PFAS Contract Monitor, NDEP, DCNR

CC: Tim Galluzi, State Chief Information Officer, OCIO
Robert Dehnhardt, State Chief Information Security Officer, OCIO
David Axtell, Deputy CIO - Chief Technology Officer, OCIO

FROM: Lisa Jean, TIN Administrator, OCIO

SUBJECT: TIN Completion Memo – NDEP – TIN 1080 – *Interim Household Treatment for Emerging Contaminants* – BA 3197

DATE: December 31, 2024

We have completed our review for the Department of Conservation and Natural Resources (DCNR), Nevada Division of Environmental Protection's (NDEP) – *Interim Household Treatment for Emerging Contaminants* – TIN 1080.

The submitted TIN, for an estimated value of $175,000.00 in the FY24/FY25 biennium, $350,000.00 in the FY26/FY27 biennium, and $175,000.00 in FY28 (100% Federal Grant funding), is to provide coordination and administration of the distribution and maintenance of treatment filters for Public Water System (PWS) customers.

NDEP seeks to coordinate and administer the distribution and maintenance of treatment filters for customers of small and disadvantaged public water systems. These systems are supplied by public water sources contaminated with emerging pollutants such as per- and polyfluoroalkyl substances (PFAS) or manganese (Mn) at levels exceeding health standards or advisories. This initiative aims to provide support until the PWS addresses the contaminants or achieves compliance with the required standards, contingent on available funding.

The project includes the development and deployment of a web-based platform to streamline customer applications and support. This platform will gather essential customer information, including contact details, public water system identification, household address, number of residents, preferred communication language, and signed attestations for filter usage in alignment with program requirements. The platform will also facilitate online applications for household treatment devices, track filter usage and maintenance, manage support requests, and ensure robust privacy and cybersecurity measures compliant with NDEP's IT standards. Digital signatures will adhere to electronic signature regulations under the ESIGN Act. The platform will be designed to enable future transferability to NDEP for hosting and maintenance.

The focus on PFAS addresses an emerging class of contaminants associated with various consumer and industrial applications. The U.S. Environmental Protection Agency (USEPA) has introduced monitoring rules and finalized regulations for several PFAS variants, requiring ongoing vigilance and mitigation efforts. Manganese, while naturally occurring and essential in small amounts, has become a concern in drinking water due to its potential neurological effects at higher concentrations. Nevada has established an enforceable secondary maximum contaminant level (SMCL) for Mn and aligns with USEPA advisories to minimize health risks, particularly for vulnerable populations such as infants.

This investment is critical to the agency’s mission and is described as having a moderate ongoing security risk due to the handling of personal identification information (PII). The Office of Information Security (OIS) will be asked to conduct pre- and post-implementation security reviews to mitigate risks. The business application software will be hosted through agency services and maintained collaboratively by the agency and the Office of the CIO (OCIO). Custom software development is included as part of the project, ensuring the solution is tailored to meet the specific needs of Nevada’s PWS customers while adhering to regulatory requirements.

If there are to be any changes to enterprise services or utilizations, including: network, firewall, server, Active Directory (AD) integration, telecom, etc., please notify OCIO as soon as possible to avoid integration delays.

It is expected that this solution will follow state security standards and policies and be compliant with the Americans with Disabilities Act (ADA) to ensure accessibility to all authorized users.

A copy of this memo has been attached to the TIN.

If I can be of further assistance, please feel free to contact me.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31829**

		Legal Entity Name:	Connie Christiansen
Agency Name:	**B&I - BOARDS AND COMMISSIONS**	Contractor Name:	**Connie Christiansen**
Agency Code:	**743**	Address:	**P.O. Box 33875**
Appropriation Unit:	**4679-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89533**
If "No" please explain:	Not Applicable	Contact/Phone:	Connie Christiansen 7754134084
		Vendor No.:	
		NV Business ID:	NV20201790297

To what State Fiscal Year(s) will the contract be charged? **2027-2029**

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 %**	**License Fees**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: B031

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2028**

Contract term: **2 years and 153 days**

4. Type of contract: **Contract**

Contract description: **Audit Services**

5. Purpose of contract:

This is a new contract to provide biennial audit services of the Board's financial statements for Fiscal Years ending June 30, 2026 and June 30, 2028 pursuant to NRS 218G.400.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$21,000.00**

Payment for services will be made at the rate of $10,500.00 per Audit

Other basis for payment: Payable upon invoice as services are provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 218G.400 requires an audit of the financial statements annually or biennially. The Board of Occupational Therapy has approved a biennial audit cycle.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The audit must be conducted by an outside certified public accountant.

9. Were quotes or proposals solicited? 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):

Connie Christiansen
Angie Sosa
Albright CPA

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor is a licensed CPA, the proposal met the needs of the Board, was cost effective, and the vendor has experience conducting State Board audits. No other proposals were received.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has satisfactorily provided services to the Board in previous years and there is a continuing need for these services.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

    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	hartle10	02/05/2026 13:50:25 PM
Division Approval	hartle10	02/05/2026 13:50:28 PM
Department Approval	hartle10	02/05/2026 13:50:31 PM
Contract Manager Approval	hartle10	02/05/2026 13:50:34 PM
Budget Analyst Approval	vyoungb	03/03/2026 10:36:35 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31824**

		Legal Entity Name:	Numbers Inc.
Agency Name:	**B&I - BOARDS AND COMMISSIONS**	Contractor Name:	**Numbers Inc.**
Agency Code:	**743**	Address:	**1285 Baring Blvd., #309**
Appropriation Unit:	**4679-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89434**
If "No" please explain:	Not Applicable	Contact/Phone:	Carol Woods 7757422962
		Vendor No.:	
		NV Business ID:	NV20031345377

To what State Fiscal Year(s) will the contract be charged? **2027-2030**

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 %**	**License Fees**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: B031

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2030**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Bookkeeping Services**

5. Purpose of contract:

This is a new contract to provide bookkeeping and payroll services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$20,800.00**

Payment for services will be made at the rate of $1,300.00 per Quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is required to maintain their own financial reporting and payroll systems. The Board is funded entirely from licensing fees and is not part of the state financial or payroll systems.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board has limited staff with the expertise necessary to perform these functions.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Reno~Tahoe Bookkeeping
Reno Tax & Bookkeeping Services
Numbers Inc.

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor has satisfactorily provided services to the Board in previous years and there is a continuing need for these services. No other proposals were received.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	hartle10	02/05/2026 11:48:09 AM
Division Approval	hartle10	02/05/2026 11:48:12 AM
Department Approval	hartle10	02/05/2026 11:48:15 AM
Contract Manager Approval	hartle10	02/05/2026 11:48:18 AM
Budget Analyst Approval	vyoungb	03/03/2026 09:54:50 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: **30448**

Amendment Number: **1**

Legal Entity Name: ALARMCO, INC

Agency Name: **DETR - REHABILITATION DIVISION**

Contractor Name: **ALARMCO, INC**

Agency Code: **901**

Address: **2007 LAS VEGAS BLVD S**

Appropriation Unit: **3253-10**

Is budget authority available?: **Yes**

City/State/Zip **LAS VEGAS, NV 89104-2555**

If "No" please explain: Not Applicable

Contact/Phone: Thomas D. Wilson 702/382-5000

Vendor No.: PUR0004868

NV Business ID: NV1964000258

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 %**	**Business Enterprise Program Fee**

Agency Reference #: 3959-29-BEN

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 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **06/30/2029**

Contract term: **4 years**

4. Type of contract: **Contract**

Contract description: **Alarmco Inc**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing security and fire alarm services along with system repair and maintenance to the three Business Enterprises of Nevada sites located at the Hoover Dam. This amendment increases the maximum amount from $24,999.99 to $34,999.99 due to an increase in monthly service rates and the continued need of these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$24,999.99	$24,999.99	$24,999.99	Yes - Info
2.	Amount of current amendment (#1):	$10,000.00	$10,000.00	$34,999.99	Yes - Info
3.	New maximum contract amount:	$34,999.99			

II. JUSTIFICATION

7. What conditions require that this work be done?

Monitoring of fire/security equipment at Hoover Dam BEN locations, and availability to repair/maintain security of BEN sites in Southern Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No State employees or agencies offer 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. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

   No other vendors responded, cost was comparable to existing contract.

   d. Last bid date: 02/27/2025 Anticipated re-bid date: 04/30/2029

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:

    The vendor has been providing satisfactory services for Rehabilitation Division since November 2013.

14. Is the contractor currently involved in litigation with the State of Nevada?
    No If "Yes", please provide details of the litigation 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	ejohns16	02/20/2026 15:40:24 PM
Division Approval	cjacob	02/23/2026 06:45:35 AM
Department Approval	cjacob	02/23/2026 06:45:37 AM
Contract Manager Approval	wcune1	02/23/2026 08:02:45 AM
Budget Analyst Approval	lramire7	02/24/2026 09:27:41 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31994**

		Legal Entity Name:	Carslon HVAC, LLC dba Carlson HVAC & Refrigeration
Agency Name:	**DETR - REHABILITATION DIVISION**	Contractor Name:	**Carslon HVAC, LLC dba Carlson HVAC & Refrigeration**
Agency Code:	**901**	Address:	**213 N. Stephanie Street**
Appropriation Unit:	**3253-10**		**Ste G# 223**
Is budget authority available?:	**Yes**	City/State/Zip	**Henderson , NV 89074**
If "No" please explain:	Not Applicable	Contact/Phone:	Chris Carlson 702-292-9987
		Vendor No.:	T29052104
		NV Business ID:	NV20243144570

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 %**	**Business Program Fee**

Agency Reference #: 4028-27-BEN

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **04/30/2028**
   Contract term: **2 years**

4. Type of contract: **Contract**
   Contract description: **Refrigeration Svcs**

5. Purpose of contract:

   This is a new contract to provide ongoing maintenance and repair of commercial refrigerators and refrigeration units, freezers, ice makers, chillers, walk-ins, reach-ins, and display units.

6. NEW CONTRACT

   The maximum amount of the contract for the term of the contract is: **$49,500.00**

   Other basis for payment: $115.00 Standard Hourly Rate (Monday through Friday 8:00am 5:00pm), $172.50 Non-Standard/Weekend/Holiday Hourly Rate (Monday through Friday 5:01pm 7:59am), $40.00 Roundtrip Travel Charge. Cost of parts and materials not to exceed 20% at vendor cost. Total Contract or installments payable at: As invoiced and approved by the State. Total Contract Not to Exceed: $49,500.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

   The Business Enterprise of Nevada program has a substantial inventory of refrigeration equipment at various locations that need on-going maintenance and repair services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   This work requires specialization in commercial refrigeration and chiller units. State employees do not have the time nor the specialized expertise to provide these services.

9. Were quotes or proposals solicited? Yes
   Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Carlson HVAC & Refrigeration
Silver State Heating and Cooling
Western Commercial Services
Rancho Refrigeration, LLC
Rebel Refrigeration

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was the only vendor who submitted a proposal.

d. Last bid date: 02/05/2026 Anticipated re-bid date: 01/03/2028

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?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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:

    Shehan Peries, ASO3 Ph: 702-486-8800

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ejohns16	03/06/2026 13:41:10 PM
Division Approval	zhoeflin	03/06/2026 13:44:44 PM
Department Approval	zhoeflin	03/06/2026 13:44:48 PM
Contract Manager Approval	wcune1	03/06/2026 14:08:16 PM
Budget Analyst Approval	lramire7	03/10/2026 14:53:24 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28929**

Amendment Number: **1**

Legal Entity Name: Miller Electric Company, Inc. DBA Performance Electric Company

Agency Name: **DETR - REHABILITATION DIVISION**

Contractor Name: **Miller Electric Company, Inc. DBA Performance Electric Company**

Agency Code: **901**

Address: **3945 Glen Street**

Appropriation Unit: **3269-04**

Is budget authority available?: **Yes**

City/State/Zip **Reno, NV 89502**

If "No" please explain: Not Applicable

Contact/Phone: Ross Miller 775/750-8250

Vendor No.: T32011239

NV Business ID: NV20091630368

To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

	General Funds	0.00 %	Fees	0.00 %
X	Federal Funds	**100.00 %**	Bonds	0.00 %
	Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 3833-26-BDA

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/29/2024**

Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/31/2026**

Contract term: **3 years and 307 days**

4. Type of contract: **Contract**

Contract description: **Generator Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing quarterly and annual inspection, maintenance and repair services on a federally required back-up generator located at the Bureau of Disability Adjudications office in Carson City, Nevada. This amendment revises the cost schedule, extends the termination date from 03/31/2026 to 03/31/2028 and increases the total contract amount from $39,900.00 to $82,037.00 due to increased costs and the continued need for these services.

6. CONTRACT AMENDMENT

		Trans $	Info Accum $	Action Accum $	Agenda
1.	The max amount of the original contract:	$39,900.00	$39,900.00	$39,900.00	Yes - Info
2.	Amount of current amendment (#1):	$42,137.00	$42,137.00	$82,037.00	Yes - Info
3.	New maximum contract amount:	$82,037.00			
	and/or the termination date of the original contract has changed to:	03/31/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Social Security Administration (SSA) requires a generator system in the event of power failure and as such, the generator requires quarterly inspections/maintenance and annual inspections/maintenance services to ensure compliance with SSA requirements.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State workers do not have the skills, equipment or expertise to perform the work.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was the only vendor to submit a thorough proposal, having addressed all the necessary and appropriate items that were being solicited for.

d. Last bid date: 12/01/2023 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:

This vendor has provided satisfactory services to State Public Works and DETR since 2021

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	ejohns16	02/10/2026 08:11:41 AM

Division Approval	cjacob	02/19/2026 11:16:17 AM
Department Approval	cjacob	02/19/2026 11:16:19 AM
Contract Manager Approval	wcune1	02/20/2026 15:11:44 PM
Budget Analyst Approval	lramire7	02/24/2026 09:46:31 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: **31333**

Agency Name: **DETR - EMPLOYMENT SECURITY**

Agency Code: **902**

Appropriation Unit: **4770-12**

Is budget authority available?: **No**

If "No" please explain: This contract is contingent upon approval of Work Program #C79758 in the February 2026 IFC meeting.

Legal Entity Name: Board of Regents of the Nevada System of Higher Education, on behalf of Truckee Meadows Community College

Contractor Name: **Board of Regents of the Nevada System of Higher Education, on behalf of Truckee Meadows Community College**

Address: **TRUCKEE MEADOWS COMM COLLEGE**
2601 Enterprise RD

City/State/Zip: **RENO, NV 89512-3999**

Contact/Phone: Julie Ellsworth Baker 775-673-7155

Vendor No.: D35000812

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.

General Funds	0.00 %		Fees	0.00 %	
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	**X**	Other funding	**100.00 %**	**Wage Assessment**

Agency Reference #: 3971-28-WISS

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/01/2026**
   Anticipated BOE meeting date 02/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/31/2028**
   Contract term: **2 years**

4. Type of contract: **Interlocal Agreement**
   Contract description: **TMCC Paramedic Inter**

5. Purpose of contract:

This is a new interlocal agreement to provide field internships to students completing paramedic apprenticeships. This contract is contingent upon IFC approval of work program #C79758.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$50,000.00**

Other basis for payment: As invoiced by the contractor and approved by the state. Total contract not to exceed: $50,000.00

II. JUSTIFICATION

7. What conditions require that this work be done?

Per NRS 612, CEP funding was implemented to assist unemployed, underemployed and employed individuals in the public and/or private sectors for specialized training projects for occupational categories determined to be in high-growth, high-demand occupations, and emerging industries in Nevada.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Agency does not have the skill or expertise necessary for this project

9. Were quotes or proposals solicited? No

   Was the solicitation (RFP) done by the Purchasing Division? No

   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

   b. Soliciation Waiver: **Not Applicable**

   c. Why was this contractor chosen in preference to other?

   NRS 277.180 Interlocal

   d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of 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%

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

    Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    This vendor has provided satisfactory service to DETR since March 2003

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

    Governmental Entity

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kwoodwar	01/02/2026 08:08:17 AM
Division Approval	mmellow	01/02/2026 08:31:38 AM
Department Approval	rkin5	01/02/2026 08:36:09 AM
Contract Manager Approval	wcune1	01/02/2026 08:44:59 AM
Budget Analyst Approval	lramire7	02/23/2026 10:13:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31583**

		Legal Entity Name:	OTIS ELEVATOR COMPANY
Agency Name:	**DETR - ADMINISTRATIVE SERVICES**	Contractor Name:	**OTIS ELEVATOR COMPANY**
Agency Code:	**908**	Address:	**PO BOX 730400**
Appropriation Unit:	**3272-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**DALLAS, TX 75373-0400**
If "No" please explain:	Not Applicable	Contact/Phone:	Nathaniel Brooks 503-572-1287
		Vendor No.:	PUR0005666B
		NV Business ID:	NV19441000038

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 %**	**Cost Allocation**

Agency Reference #: 4017-29-OM

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/14/2026**
   Anticipated BOE meeting date 04/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years and 48 days**

4. Type of contract: **Contract**
   Contract description: **Elevator Inspections**

5. Purpose of contract:

This is a new contract to provide ongoing elevator service and inspections for the State Administrative Office located at 500 E. Third Street in Carson City, Nevada.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$50,000.00**
   Other basis for payment: As invoiced and approved for payment by the State. Contract not to exceed: $50,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

It is OSHA regulation to have monthly inspections completed to ensure safety so staff can use the elevator.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or 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):

Otis Elevator
Koch Elevator
Summit Elevator

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit a proposal and this vendor has been under contract with us prior.

d. Last bid date: 11/19/2025 Anticipated re-bid date: 05/01/2029

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 service to DETR since June 2018 and other state agencies since June 2015.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

McKenna Higday, Admin. Assistant Ph: 775-684-3955

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	kleal	02/09/2026 14:26:38 PM
Division Approval	cjacob	02/19/2026 10:12:04 AM
Department Approval	cjacob	02/19/2026 10:12:07 AM
Contract Manager Approval	wcune1	02/24/2026 09:30:22 AM
Budget Analyst Approval	lramire7	02/24/2026 09:48:50 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: **31913**

		Legal Entity Name:	CliftonLarsonAllen LLP
Agency Name:	**ADMIN - DEFERRED COMPENSATION**	Contractor Name:	**CliftonLarsonAllen LLP**
Agency Code:	**920**	Address:	**PO Box 31001-2443**
Appropriation Unit:	**1017-04**		
Is budget authority available?:	**Yes**	City/State/Zip	**Pasadena, CA 91110-2443**
If "No" please explain:	Not Applicable	Contact/Phone:	Sam Hellwege 303-439-6082
		Vendor No.:	T29029873A
		NV Business ID:	NV20191385917

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 %**	**Def Comp Generated Fees**
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **03/01/2028**
   Contract term: **1 year and 355 days**
4. Type of contract: **Contract**
   Contract description: **Financial audit**
5. Purpose of contract:

This is a new contract to provide a Annual Financial Audit and develop and certify Financial Statements of Deferred Compensation Deferred Compensation Plan, FICA Alternative Plan, and a 401(a) Plan.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$74,500.00**
   Other basis for payment: FY 26 36,600 & FY27 $37,900

II. JUSTIFICATION

7. What conditions require that this work be done?

Compliance standard adopted in the NDC Plan Governing documents and ERISA guidelines adopted and followed by the Program Administration and NDC Committee

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This Financial Audit requires a third party CPA firm to verify and certify the Plan's Financial statements and complete a samplings audit of all the Plans in the NDC Program per the Program's adopted governing Plan Documents and at the direction of the NDC Governor's Appointed Committee/Board.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation 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	jvictor	03/03/2026 12:02:13 PM
Division Approval	rmill30	03/05/2026 12:07:09 PM
Department Approval	rmill30	03/05/2026 12:07:11 PM
Contract Manager Approval	ssands	03/09/2026 13:50:56 PM
Budget Analyst Approval	tday2	03/12/2026 10:59:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31795**

		Legal Entity Name:	B&W PLLC
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**B&W, PLLC dba Black & Wadhams, Attorneys at Law**
Agency Code:	**BDC**	Address:	**10777 W. Twain Ave. Ste. 300**
Appropriation Unit:	**B002 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Las Vegas, NV 89135**
If "No" please explain:	Not Applicable	Contact/Phone:	James Wadhams 7026833020
		Vendor No.:	
		NV Business ID:	NV20201791983

To what State Fiscal Year(s) will the contract be charged? **2027-2029**

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 %

Agency Reference #: NV Sate Board of Architecture

2. Contract start date:
   a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain

   Not Applicable

3. Termination Date: **06/30/2029**
   Contract term: **3 years**

4. Type of contract: **Contract**
   Contract description: **Professional Service**

5. Purpose of contract:

   This is a new contract to provide government relations services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$74,997.00**
   Payment for services will be made at the rate of $2,083.25 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

   In accordance with NRS Chapter 623, the Nevada State Board of Architecture, Interior Design, and Residential Design is mandated to review and recommend the establishment and amendments of legislation pertaining to the practice of architecture, interior design, and residential design. To effectively address these responsibilities, the Board must engage an expert in government affairs to obtain the necessary support during legislative sessions and any special sessions, including any interim committee meetings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   The Board operates with a limited staff that lacks the necessary expertise and knowledge of Nevada's legislative affairs and functions. Additionally, none of the board's staff members are registered lobbyists in Nevada because they do not meet the compliance requirements.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Black & Wadhams has provided outstanding representation for the Nevada State Board of Architecture, Interior Design, and Residential Design for over 20 years. Their deep historical knowledge and expertise in our laws and regulations make them invaluable in offering legislative support and guidance during regular and any other special legislative sessions.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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

Professional Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    No b. If "No", please explain:

Black & Wadhams Attorneys at Law is 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:

    null, null Ph: null

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	harrison	02/03/2026 13:51:20 PM
Division Approval	harrison	02/03/2026 13:51:22 PM
Department Approval	harrison	02/03/2026 13:51:24 PM
Contract Manager Approval	harrison	02/03/2026 13:51:26 PM

Budget Analyst Approval	pokeefe	02/26/2026 10:42:26 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31885**

		Legal Entity Name:	CASEY NEILON, INC.
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**CASEY NEILON, INC.**
Agency Code:	**BDC**	Address:	**503 N DIVISION ST**
Appropriation Unit:	**B002 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**CARSON CITY, NV 89703-4104**
If "No" please explain:	Not Applicable	Contact/Phone:	Suzanne Olsen 775/283-5555
		Vendor No.:	T29010569
		NV Business ID:	NV20061293367

To what State Fiscal Year(s) will the contract be charged? **2027-2028**

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 **08/01/2026**
   Anticipated BOE meeting date 04/2026

   Retroactive? **No**

   If "Yes", please explain

   Not Applicable

3. Termination Date: **12/31/2027**
   Contract term: **1 year and 152 days**

4. Type of contract: **Contract**
   Contract description: **Auditing Services**

5. Purpose of contract:

   This is a new contract to provide ongoing accounting and auditing services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$47,350.00**

II. JUSTIFICATION

7. What conditions require that this work be done?

   Pursuant to NRS 218G.400, Boards are required to be audited annually or biannually by a certified public accountant or a public accountant. The audit report or balance sheet must be filed with the Legislative Auditor and the Chief of the Budget Division by December 1.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

   Board staff lacks the necessary certification to provide these services. Additionally, it is unethical for a state employee to review their own financial statements.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

   Not Applicable

   b. Soliciation 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?

    Yes If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    NV State Board of Accountancy - 2026

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

    Monica Harrison, Executive Director Ph: 7024867300

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	harrison	02/19/2026 12:11:34 PM
Division Approval	harrison	02/19/2026 12:11:35 PM
Department Approval	harrison	02/19/2026 12:11:37 PM
Contract Manager Approval	harrison	02/19/2026 12:11:39 PM
Budget Analyst Approval	pokeefe	02/26/2026 10:45:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31880**

		Legal Entity Name:	Insight Public Sector, Inc.
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Insight Public Sector, Inc.**
Agency Code:	**BDC**	Address:	**2701 E. Insight Way**
Appropriation Unit:	**B002 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Chandler, AZ 85286**
If "No" please explain:	Not Applicable	Contact/Phone:	Crystal Mcbride 5015054155
		Vendor No.:	
		NV Business ID:	NV20021477454

To what State Fiscal Year(s) will the contract be charged? **2027-2028**

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 **07/31/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **07/30/2027**
   Contract term: **364 days**
4. Type of contract: **Contract**
   Contract description: **Database Software**
5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-21684 which provides technology product solutions and related services. This service agreement provides for professional database licensing software.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$32,223.96**
   Payment for services will be made at the rate of $32,223.96 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada State Board of Architecture is seeking to contract with Thentia Cloud through Insight Public Sector, which is an authorized vendor with the State of Nevada.
New contracting requirements with the State have made it difficult to contract directly with the vendor and waive the formal solicitation process.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state employees or agencies have the necessary expertise to provide these professional database services. Thentia Cloud has been delivering professional database services to us and numerous state agencies for many years.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Per statewide contract 99SWC-NV24-21684.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	harrison	02/19/2026 13:59:08 PM
Division Approval	harrison	02/19/2026 13:59:10 PM
Department Approval	harrison	02/19/2026 13:59:12 PM
Contract Manager Approval	harrison	02/19/2026 13:59:14 PM
EITS Approval	ljean	02/20/2026 14:24:09 PM
Budget Analyst Approval	pokeefe	03/09/2026 13:26:03 PM

Joe Lombardo
Governor

Timothy D. Galluzi
State Chief Information Officer

Darla J. Dodge
Sr. Deputy Director/COO

Jason Benshoof
Interim Deputy Director/CDO

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: Monica Harrison, Executive Director, NSBAIDRD

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Jason Benshoof, Interim Deputy Director/Chief Data Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – NSBAIDRD – *Database Professional Services* – TIE 1542, Revision 1 – BA(s) B002

DATE: March 4, 2026

We have completed our review of the Nevada State Board of Architecture, Interior Design and Residential Design (NSBAIDRD) investment which has an estimated total value of $32,223.96, allocated to FY2026 as a one-time cost.

Funding source(s): 100% Licensing Fees.

This investment is for a one-year contractual agreement with Thentia USA, which is procured through Insight Public Sector, an approved vendor with the State of Nevada. Under this agreement, Thentia will provide professional database services that support the Board's licensing and renewal operations. The contract includes ongoing vendor support, access to the Thentia knowledge base, and assistance with the use and administration of the Thentia online portal. These services ensure continued availability and operational support for the platform used to manage licensing, credentialing, and renewal workflows.

The business case for this investment is to maintain operational support and continued access to Thentia Cloud. Continuing the contract through Insight ensures that the Board retains vendor support, system updates, and access to technical resources necessary for the reliable operation of the platform.

From a security and compliance standpoint, Thentia Cloud maintains multiple security certifications and compliance attestations. The platform is FedRAMP authorized, which satisfies the State's GovRAMP security expectations for cloud solutions and indicates alignment with federal security control baselines for handling regulated government data. These certifications provide assurance that the vendor maintains standardized security controls, monitoring practices, and compliance documentation consistent with government cloud environments.

Maintaining vendor support and access to the Thentia service environment helps ensure continuity of licensing and renewal services, preserves system stability, and supports compliance with state security expectations for cloud-hosted government applications. The investment is consistent with maintaining an established line-of-business system that supports the Board's statutory regulatory functions.

The GTO technology risk score indicates a moderate level of cybersecurity 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 CONTRACT

1. Contract Number: **31798**

		Legal Entity Name:	Summit Government Affairs, Ltd.
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Summit Government Affairs, Ltd.**
Agency Code:	**BDC**	Address:	**708 University Way**
Appropriation Unit:	**B014 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Reno, NV 89501**
If "No" please explain:	Not Applicable	Contact/Phone:	775-843-6649
		Vendor No.:	
		NV Business ID:	NV20253371752

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 **03/12/2026**

Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2027**

Contract term: **1 year and 294 days**

4. Type of contract: **Contract**

Contract description: **Legislative Services**

5. Purpose of contract:

This is a new contract to provide government relations services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **$22,000.00**

Payment for services will be made at the rate of $2,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

It is a necessity for the Board to receive expert advice on legislative and government affairs, which requires special skill, expertise, and knowledge of an experienced legislative liaison.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board operates with a small staff and does not have the availability, expertise, or knowledge to perform the needed 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):

Tri Strategies
The Griffin Company
Summit Government Affairs, Ltd.

b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was the only proposer, has extensive experience in legislative services, and the cost was reasonable.

d. Last bid date: 12/01/2025 Anticipated re-bid date: 12/01/2027

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

State of Nevada Board of Massage Therapy
State of Nevada Board of Social Workers

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation 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	jmcnutt1	03/03/2026 11:55:06 AM
Division Approval	jmcnutt1	03/03/2026 11:55:11 AM
Department Approval	jmcnutt1	03/03/2026 11:55:15 AM
Contract Manager Approval	jmcnutt1	03/03/2026 11:55:20 AM
Budget Analyst Approval	pokeefe	03/12/2026 14:24:12 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31838**

		Legal Entity Name:	A to Z Services LLC dba A to Z Bookkeeping
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**A to Z Services LLC dba A to Z Bookkeeping**
Agency Code:	**BDC**	Address:	**6028 Earmark Ct**
Appropriation Unit:	**B029 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89436**
If "No" please explain:	Not Applicable	Contact/Phone:	Christyne Ekizian 775-527-1044
		Vendor No.:	
		NV Business ID:	NV20171728305

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 **02/13/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **12/31/2027**
   Contract term: **1 year and 321 days**

4. Type of contract: **Contract**
   Contract description: **Bookkeeping Services**

5. Purpose of contract:
   This is a new contract to provide ongoing bookkeeping services.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$20,000.00**
   Payment for services will be made at the rate of $90.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?
   The board is in need of specialized experience in bookkeeping services to process accounts payable and receivable and to reconcile accounts.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   The Board does not have state employees with this specialized experience.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Board of Examiners for Social Workers has utilized services from this vendor and they 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:

    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	vericks8	02/09/2026 11:19:18 AM
Division Approval	vericks8	02/09/2026 11:19:21 AM
Department Approval	vericks8	02/09/2026 11:19:25 AM
Contract Manager Approval	vericks8	02/12/2026 12:33:29 PM
Budget Analyst Approval	pokeefe	02/13/2026 15:28:57 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31806**

		Legal Entity Name:	Albertson Consulting Inc.
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Albertson Consulting Inc.**
Agency Code:	**BDC**	Address:	**100 Main Street South**
Appropriation Unit:	**B029 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Minot, ND 58701-3872**
If "No" please explain:	Not Applicable	Contact/Phone:	Daniel Albertson 701-839-7523
		Vendor No.:	
		NV Business ID:	NV20171387080

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 %**	**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 **02/26/2026**
   Anticipated BOE meeting date 03/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Termination Date: **12/31/2029**
   Contract term: **3 years and 309 days**
4. Type of contract: **Contract**
   Contract description: **Licensure Database**
5. Purpose of contract:

This is a new contract to provide ongoing licensing for the compliance database.

6. NEW CONTRACT
   The maximum amount of the contract for the term of the contract is: **$71,400.00**
   Payment for services will be made at the rate of $23,800.00 per Year
   Other basis for payment: 2 years at $24,800 and 1 year at $21,800

II. JUSTIFICATION

7. What conditions require that this work be done?

This agency will continue to maintain our licensing and regulatory database so applicants and licensees can continue to apply and renew their Social Work licenses online.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a separate agency that manages our database to ensure is operates correctly. There are no employees with that skill set in this office.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

   b. Soliciation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    Board of Examiners for Social Workers and the quality of work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:

    Other

    Non-Commercial Registered Agent

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vericks8	02/03/2026 15:02:53 PM
Division Approval	vericks8	02/03/2026 15:02:57 PM
Department Approval	vericks8	02/03/2026 15:03:02 PM
Contract Manager Approval	vericks8	02/19/2026 10:35:13 AM
Budget Analyst Approval	pokeefe	02/26/2026 11:22:29 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **31814**

		Legal Entity Name:	Numbers Inc
Agency Name:	**BDC LICENSING BOARDS & COMMISSIONS**	Contractor Name:	**Numbers Inc**
Agency Code:	**BDC**	Address:	**1285 Baring Blvd #309**
Appropriation Unit:	**B029 - All Categories**		
Is budget authority available?:	**Yes**	City/State/Zip	**Sparks, NV 89434**
If "No" please explain:	Not Applicable	Contact/Phone:	Carol Woods 775-742-2962
		Vendor No.:	
		NV Business ID:	NV20031345377

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 **02/12/2026**
   Anticipated BOE meeting date 03/2026

   Retroactive? **No**
   If "Yes", please explain
   Not Applicable

3. Termination Date: **12/31/2027**
   Contract term: **1 year and 322 days**

4. Type of contract: **Contract**
   Contract description: **Accounting Services**

5. Purpose of contract:
   This is a new contract to provide ongoing accounting services.

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 $500.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?
   The Board is in need of experience in accounting services to complete payroll, state benefit reporting and financial review for the yearly audit.

8. Explain why State employees in your agency or other State agencies are not able to do this work:
   The Board does not have state employees with this specialized experience.

9. Were quotes or proposals solicited? No
   Was the solicitation (RFP) done by the Purchasing Division? No
   a. List the names of vendors that were solicited to submit proposals (include at least three):
   Not Applicable
   b. Soliciation Waiver: **Not Applicable**
   c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

    b. Is the contract part of an IT investment project over $50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

    No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

    Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

    No

    b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

    No

    c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

    No If "Yes", please explain

    Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

    Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

    The Board of Examiners for Social Workers and the work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

    No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

    Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

    Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

    Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

    Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

    Yes

19. Agency Field Contract Monitor:

20. Contract Status:

    Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vericks8	02/04/2026 09:35:51 AM
Division Approval	vericks8	02/04/2026 09:35:55 AM
Department Approval	vericks8	02/04/2026 09:35:59 AM
Contract Manager Approval	vericks8	02/09/2026 13:09:42 PM
Budget Analyst Approval	pokeefe	02/12/2026 09:36:58 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: March 26, 2026

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.

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 March 17, 2026, for 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 realized funding available balance for each account:

Tort Claim Fund	$ 627,461.51
Statutory Contingency Account	$ 5,086,493.64
Stale Claims Account	$ 2,538,930.61
Emergency Account	$ 372,673.00
Disaster Relief Account	$ 16,062,882.46
IFC Contingency Unrestricted General Fund	$ 48,733,946.47
IFC Contingency Unrestricted Highway Fund	$ 1,638,068.35
IFC Contingency Restricted General Fund	$ 147,902,810.00
IFC Contingency Restricted Highway Fund	$ 6,924,146.00
Attorney General's Office - Extradition Coordinator	$ 1,212,988.07

Statutory Authority:

NRS 331.187, 353.264, 353.097, 353.263, 353.2735, 353.268, 179.225

REVIEWED: KL

INFORMATION ITEM: _____

Fiscal Year	2026
Fund	715
Agency	030
Budget Account	1348
Statutory Authority NRS	331.187

Tort Claim Fund

Balance Sheet

March 17, 2026

Receipts/Funding				**Balance**
Beginning Cash	$	268,283.00		
Revenue from Boards	$	183,793.24		
Cost Allocation	$	6,036,468.61		
Loan Repayment	$	5,000.00		
Total Receipts/Funding			$	**6,493,544.85**
Operating Expenditures - Non Claims				
Operating Expenditures	$	130,449.32		
Tort Claims Overhead	$	179,279.58		
Risk Management Insurance Policy	$	1,871,000.00		
Total Operating Expenditures			$	**2,180,728.90**
Net Receipts less Operating			$	**4,312,815.95**
Tort Claims				
Tort Claims - AGO Approved	$	1,837,854.44		
Tort Claims - Board of Examiners Approved	$	1,847,500.00		
Total Tort Claims			$	**3,685,354.44**
REALIZED FUNDING AVAILABLE			$	***627,461.51***
Approved Claims Pending Payment	$	-		
	$	-		
	$	-		
Total Projected Claims			$	-
Projected Realized Funding Available			$	***627,461.51***
NOTES - Tort Claims Paid from Statutory Contingency Fund				
October BOE - NDOC: Walker	$	4,599,500.00		
Janaury BOE - NDOC: Scott	$	597,000.00		
Total Tort Claims Paid from Statutory Contingency Fund			$	**5,196,500.00**
NOTES - Pending Transactions				
	$	-		

Fiscal Year	2026	**Statutory Contingency Fund**		
Fund	101	**Balance Sheet**		
Agency	930			
Budget Account	4892	**March 17, 2026**		
Statutory Authority NRS	353.264			
Receipts/Funding				**Balance**
Beginning Cash		$ 7,355,586.00		
Trans from Interm Finance		$ 5,000,000.00		
Total Receipts/Funding			$	**12,355,586.00**
Claims				
Prison Claims - Clerk Approved		$ 573,356.95		
Tort Claims - Board of Examiners Approved		$ 5,196,500.00		
Wrongful Conviction Claims		$ 110,000.00		
Outside Counsel		$ 1,389,235.41		
Total Claims			$	**7,269,092.36**
Transfers to Agencies				
		$ -		
		$ -		
Total Transfers			$	-
REALIZED FUNDING AVAILABLE			$	***5,086,493.64***
Projected Claims				
Coyote Springs FY26 Estimate		$ 2,000,000.00		
		$ -		
Total Projected Claims			$	**2,000,000.00**
Projected Realized Funding Available			$	***3,086,493.64***
NOTES - Tort Claims Paid from Statutory Contingency Fund				
October BOE - NDOC: Walker - Paid		4,599,500.00		
Janaury BOE - NDOC: Scott - Paid		597,000.00		
Total Tort Claims Paid from Statutory Contingency Fund			$	**5,196,500.00**

Fiscal Year	2026
Fund	101
Agency	930
Budget Account	4888
Statutory Authority NRS	353.097

Stale Claims Account

Balance Sheet

March 17, 2026

Receipts/Funding			**Balance**
Beginning Cash	$	4,066,187.00	
Total Receipts/Funding			**$ 4,066,187.00**
Stale Claims			
Aging and Disability Services	$	29,663.82	
Agriculture	$	400.00	
Board of Examiners	$	1,749.60	
Child and Behavioral Health	$	3,714.00	
Child and Family Division	$	220,388.11	
Department of Corrections	$	649,812.23	
Department of Education	$	321,019.03	
Department of Native American Affairs	$	4,638.20	
Div Of Welfare&Supportive Svcs	$	18,722.76	
Ethics Commission	$	507.45	
Forestry Division	$	96,567.61	
Governor's Office - Finance Office	$	1,803.25	
Health Division	$	22,706.04	
Human Resources	$	38,182.85	
Judicial Discipline Commission	$	600.00	
Lieutenant Governor	$	276.52	
Military	$	10,866.80	
Nevada Health Authority	$	10,283.23	
Nevada Health Authority - Directors Office	$	18,415.13	
Nevada Health Authority - Nevada Medicaid	$	1,874.53	
Nevada Mental Health	$	2,043.75	
Public and Behavioral Health	$	6,851.59	
Public Works Board	$	39,748.00	
Science Innovation & Technology	$	752.00	
Secretary of State	$	19,865.82	
State Library and Archives	$	514.17	
State Printing	$	1,545.10	
Southern Nevada Mental Health	$	3,744.80	
	$	-	
Total Claims			**$ 1,527,256.39**
REALIZED FUNDING AVAILABLE			***$ 2,538,930.61***

Fiscal Year	2026	**Emergency Fund**	
Fund	101	**Balance Sheet**	
Agency	930		
Budget Account	4889	**March 17, 2026**	
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*	$ 39,400.00		
Public and Behavioral Health	$ 40,265.00		
	$ -		
Total Claims		$	**79,665.00**
REALIZED FUNDING AVAILABLE		$	***372,673.00***

*Cyber Attack overtime payment has been reversed back into the original budget account

Fiscal Year	2026	**Disaster Relief Fund**		
Fund	101	**Balance Sheet**		
Agency	170			
Budget Account	1335	**March 17, 2026**		
Statutory Authority NRS	353.2735			
Receipts/Funding				**Balance**
Beginning Cash		$ 14,712,115.00		
Quarterly Transfer from General Fund		$ 1,000,000.00		
Quarterly Treasurers Interest		$ 350,767.46		
Total Receipts/Funding			$	**16,062,882.46**
Disaster Relief Fund Expenditures				
		$ -		
Total Claims			$	-
REALIZED FUNDING AVAILABLE			$	**16,062,882.46**
Approved claims not processed				
		$ -		
Total Approved claims not processed			$	-
Disaster Relief Fund Available			$	***16,062,882.46***

Fiscal Year	2026
Fund	101
Agency	170
Budget Account	2630
Statutory Authority NRS	353.268

IFC Contingency Unrestricted Balance Sheet

March 17, 2026

UNRESTRICTED GENERAL FUND

Unrestricted General Fund Revenue			**Balance**
Beginning Cash	$	31,461,759.69	
2026 Appropriations	$	31,490,000.00	
Balance Forward	$	4,793,691.17	
Total Receipts/Funding			**$ 67,745,450.86**
Unrestricted General Fund Expenditures			
LCB Meeting Costs	$	32,067.69	
Attorney General	$	1,278,250.00	
BOE SCF	$	5,000,000.00	
DPBH	$	1,509,055.00	
NDE	$	1,333,148.00	
Department of Corrections	$	349,125.00	
Department of Taxation	$	1,124,750.00	
Division of Forestry	$	4,433,971.00	
Division of Water Resources	$	331,841.00	
Governor's Finance Office - Food Bank	$	3,419,296.70	
Office of the Military	$	200,000.00	
Total Unrestricted General Fund Expenditures			**$ 19,011,504.39**
Unrestricted General Fund Realized Funding Available			***$ 48,733,946.47***
BOE approved IFC pending claims			
	$	-	
	$	-	
Total BOE approved IFC pending claims			**$ -**
Unrestricted General Fund Available			***$ 48,733,946.47***

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 Realized Funding Available			***$ 1,638,068.35***

Fiscal Year	2026
Fund	101
Agency	170
Budget Account	2630
Statutory Authority NRS	353.268

IFC Contingency Restricted Balance Sheet

March 17, 2026

RESTRICTED GENERAL FUND

Restricted General Fund Revenue			**Balance**
Beginning Cash	$	128,628,594.00	
2026 Appropriations	$	62,336,674.00	
Total Receipts/Funding			**$ 190,965,268.00**
Restricted General Fund Expenditures			
CoreNV	$	23,916,265.00	
State Public Charter School Authority	$	19,112,325.00	
NDE	$	33,868.00	
Total Restricted General Fund Expenditures			**$ 43,062,458.00**
Restricted General Fund Realized Funding Available			***$ 147,902,810.00***
Approved claims not processed			
NDE	$	45,000,000.00	
	$	-	
Total Approved claims not processed			**$ 45,000,000.00**
Restricted General Fund Available			***$ 102,902,810.00***

RESTRICTED HIGHWAY FUND

Restricted Highway Fund Revenue			**Balance**
Beginning Cash	$	-	
2026 Appropriations	$	12,534,135.00	
Total Receipts/Funding			**$ 12,534,135.00**
Restricted Highway Fund Expenditures			
CoreNV	$	5,609,989.00	
Total Restricted General Fund Expenditures			**$ 5,609,989.00**
Restricted Highway Fund Realized Funding Available			***$ 6,924,146.00***
Approved claims not processed			
	$	-	
Total Approved claims not processed			**$ -**
Restricted Highway Fund Available			***$ 6,924,146.00***

Fiscal Year	2026	**Attorney General's Office - Extradition Coordinator Balance Sheet March 17, 2026**		
Fund	101			
Agency	030			
Budget Account	1002			
Statutory Authority NRS	179.225			
Receipts/Funding				**Balance**
Appropriations		$ 1,676,123.00		
Recoveries		$ 15,897.66		
Total Receipts/Funding			$	**1,692,020.66**
Extradition Coordinator Expenditures				
Operating Expenses		$ 85,804.15		
Extradition Costs Reimbursed to Counties		$ -		
Extradition Expenses		$ 393,228.44		
Total Expenditures			$	**479,032.59**
Realized Funding Available			$	***1,212,988.07***