

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:

September 8, 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=YFgsqMaUrBw>

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 891 496 242#. 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 August 11, 2026 and August 26, 2026 Meeting Minutes (For possible action)

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 Agriculture	1	\$376,583
Nevada Department of Corrections	8	\$404,059
Nevada Department of Corrections	2	\$77,358
Department of Wildlife	4	\$71,322
State Department of Conservation and Natural Resources – Division of Water Resources	2	\$16,149

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

A. Nevada Department of Education

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Lori Navarrete to provide project coordinator services through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

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

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Steven Zuchowski to provide psychiatric assessment, medication prescribing services for individuals committed to the agency for competency restoration, and training services through statewide contract #99SWC-NV20-5284 with Reliable Health Care Services.

C. Governor's Office – Nevada Athletic Commission

Pursuant to NRS 333.705, subsection 1, the commission requests to contract with current employee Mallory Triplett, a current Lieutenant with the Department of Public Safety, to provide inspection services at sanctioned events.

D. State Department of Conservation and Natural Resources – Division of Environmental Protection

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Angele Wetzel to provide subject matter expertise in budget and grant management support for the Division of Environmental Protection through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

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

Office of the State Controller

Pursuant to NRS 353C.220, the State Controller requests, on behalf of state agencies, the Board of Examiners to designate a total of \$8,798,674.59 for 7,392 accounts receivables debt as bad debt deemed uncollectible and to write-off as they have been determined to be impossible or impractical to collect.

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 of the Attorney General submits the following Tort Claim request for approval:

Claimant:	Reed Russell
Claim No:	TC21585
Settlement Amount:	\$200,000
Date of Loss:	September 26, 2023

8. Request for Exception to State Administrative Manual Policy
(For possible action)

Department of Human Services – Division of Child and Family Services – Rural Child Welfare

Pursuant to NRS 281.160 and State Administrative Manual (SAM) 0006, the division requests an exception to SAM 0204, Board of Examiners Travel Policy, and 0210, Travel Status, to allow reimbursement of per diem, lodging, and/or vehicle expenses within the 50-mile threshold for instances when emergency transport of youth facing imminent risks makes these expenditures necessary. This request augments and does not supersede the travel exception approved by the Board of Examiners at the March 12, 2024 meeting.

9. [Approval of Proposed Leases](#) (For possible action)
10. [Approval of Proposed Contracts](#) (For possible action)
11. [Approval of Proposed Master Service Agreements](#) (For possible action)
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 July 11, 2026 through August 7, 2026.

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, State Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of August 14, 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, 4th 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 April 1, 2026 through June 30, 2026.

C. State Department of Conservation and Natural Resources – Division of State Lands – Annual Land Bank Report

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners with an annual report regarding lands or interests in lands transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This report covers the period of July 1, 2025 through June 30, 2026.

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 891 496 242#. 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.

15. 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: August 11, 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: We will call to order the State of Nevada Board of Examiners meeting scheduled for today, August 11, 2026, with the time being 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 627 049 763#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: We will move on to the first opportunity for public comment. No action may be taken upon a matter raised under the public comment period unless the matter itself has been specifically included on the agenda as an action item. We will impose a three-minute time limit.

Is there any public comment there in Carson City?

Clerk of the Board: No, sir.

Governor: Do we have anybody here in Las Vegas wishing to speak? Seeing none.

Is anybody waiting on the phone?

Clerk of the Board: No, we don't have anybody on the phone.

Governor: We will close public comment.

3. Approval of the July 14, 2026 Meeting Minutes (For possible action)

Governor: Agenda item number three, *Approval of the July 14, 2026 Meeting Minutes for Possible Action*. Are there any questions, concerns, deletions, additions? If not, I'll entertain a motion for approval.

Secretary of State: So moved.

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

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

Pursuant to NRS 334.010 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 Veterans Services	1	\$65,979
Department of Wildlife	4	\$261,182

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

Clerk of the Board: Pursuant to NRS 334.010 and SAM 0304, no state vehicles may be purchased without prior written consent of the State Board of Examiners. The first request is from the Department of Veterans Services. The department requests approval to purchase one vehicle for a total amount not to exceed \$65,979.

The next request is from the Department of Wildlife. The department requests approval to purchase four vehicles for a total amount not to exceed \$261,182. Are there any questions on any of these items?

Governor: Are there 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 passes unanimously.

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

A. **Department of Motor Vehicles**

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Antonio Leal to provide project-management functions and support critical information security for the department's ongoing modernization initiatives through statewide contract #99SWC-NV25-23509 with Guidesoft dba Knowledge Services.

B. **Department of Veterans Services**

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Sherrill Sundell to provide assistance with grants management for rural health programming through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

C. State Department of Conservation and Natural Resources – Director’s Office

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Richard Jacobs to provide subject matter expertise in budget and grant management support for the Nevada Water Conservation and Infrastructure Initiative through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

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

Clerk of the Board: The first request is from the Department of Motor Vehicles. The department requests to contract with former employee Antonio Leal to provide project-management functions and support critical information security for the department’s ongoing modernization initiatives through a statewide contract with Knowledge Services.

The next request is from the Department of Veterans Services. The department requests to contract with former employee Sherrill Sundell to provide assistance with grants management for rural health programming. I would note the contractor name has been revised from Marathon Staffing Group, Inc. to HAT Limited Partnership, DBA Manpower.

The next request is from the State Department of Conservation and Natural Resources, Director’s Office. The department requests to contract with former employee Richard Jacobs to provide subject matter expertise in budget and grant management for the Nevada Water Conservation and Infrastructure Initiative through a statewide contract with Manpower. Are there any questions on these items?

Governor: Are there any questions?

Secretary of State: No questions. Motion to approve items 5.A through C.

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

6. Request for Approval of Sale or Lease of State Lands Pursuant to NRS 321.335 (For possible action)

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

Pursuant to NRS 321.335, subsection 2, whenever the State Land Registrar deems it to be in the best interests of the State of Nevada that any lands owned by the State and not used or set apart for public purposes be sold or leased, the State Land Registrar may, with the approval of the State Board of Examiners and the Interim Finance Committee, cause those lands to be sold or leased.

The State Land Registrar has determined the following state-owned properties are no longer needed for a public purpose:

- A. Henderson DMV
1339 American Pacific Drive, Las Vegas
- B. Human Resources Complex
620 Belrose Street, Las Vegas
- C. Future 50-Bed Forensic Facility
Near the corner of Ann and Sloan, North Las Vegas
- D. Former National Guard Armory
2525 – 2601 South Carson Street, Carson City

Governor: Agenda item number six, *Request for Approval of Sale or Lease of State Lands Pursuant to NRS 321.335 for Possible Action*.

Clerk of the Board: This request is from the State Department of Conservation and Natural Resources, Division of State Lands. Pursuant to NRS 321.335, subsection 2, the State Land Registrar has determined the following state-owned properties are no longer needed for public purpose: Henderson DMV, 1339 American Pacific Drive, Las Vegas; Human Resources Complex, 620 Belrose Street, Las Vegas; Future 50-Bed Forensic Facility, Near the corner of Ann and Sloan, North Las Vegas; and Former National Guard Armory, 2525 through 2601 South Carson Street, Carson City. Are there any questions on this item?

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.

7. 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 – High Desert State Prison

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$4,074,873 from the Interim Finance Committee Contingency Account to fund a shortfall in High Desert State Prison due to overtime usage for shift and medical transport coverage.

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

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$731,000 from the Interim Finance Committee Contingency Account to fund an unanticipated shortfall at the Lakes

Crossing Center due to sanctions imposed by the Second Judicial Court in Washoe County.

C. Department of Indigent Defense Services

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$4,289,553 from the Interim Finance Committee Contingency Account to reimburse counties for indigent defense services.

Governor: Agenda item number seven, *Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account for Possible Action*. Let's take those separately, Ms. Greenameyer.

Clerk of the Board: The first request is from the Department of Corrections, High Desert State Prison. The department requests a recommendation for approval to the Interim Finance Committee for an allocation of \$4,074,873 from the Interim Finance Committee Contingency Account to fund a shortfall in High Desert State Prison due to overtime usage for shift and medical transport coverage. Are there any questions on this item?

Governor: We have the Director here. Are there any Board Member questions?

Attorney General: No.

Secretary of State: No questions.

Governor: I'll entertain a motion.

Attorney General: Move approval.

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

Item 7.B.

Clerk of the Board: This request is from the Department of Human Services, Division of Public and Behavioral Health. The department requests a recommendation for approval to the Interim Finance Committee for an allocation of \$731,000 from the Interim Finance Committee Contingency Account to fund an unanticipated shortfall at the Lakes Crossing Center due to sanctions imposed by the Second Judicial Court in Washoe County. Are there any questions on this item?

Secretary of State: No questions. Motion to approve item 7.B.

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

Item 7.C.

Clerk of the Board: This request is from the Department of Indigent Defense Services. The department requests a recommendation for approval to the Interim Finance Committee for an allocation of \$4,289,553 from the Interim Finance Committee Contingency Account to reimburse counties for indigent defense services. Are there any questions on this item?

Attorney General: None here.

Secretary of State: No. Motion to approve item 7.C.

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

8. Approval of Proposed Contracts (For possible action)

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

Clerk of the Board: There are 37 contracts under this agenda item. Are there any questions on any of these?

Governor: Are there 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 passes unanimously.

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

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

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

Governor: Are there 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 passes unanimously.

10. Information Item – Clerk of the Board Contracts

Pursuant to NRS 333.700, the Clerk of the Board may approve all contract transactions for amounts less than \$100,000. Per direction from the September 14, 2021 meeting of the Board of Examiners, the Board wished to receive an informational item listing all approvals applicable to the new threshold (\$10,000 - \$99,999). Attached is a list of all applicable approvals for contracts and amendments approved from June 13, 2026 through July 10, 2026.

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

Clerk of the Board: There are 80 contracts within the threshold of \$10,000 to \$99,999 that were approved by the Clerk of the Board from June 13, 2026 through July 10, 2026. This item is informational. Are there any questions on any of these items?

Governor: Are there questions?

Secretary of State: No questions.

Attorney General: None here.

11. Information Item Reports

A. Governor's Finance Office – Budget Division

Pursuant to NRS Chapter 353, the division presents a reconciled fund balance report for the Tort Claim Fund, Statutory Contingency Account, Stale Claims Account, Emergency Account, Disaster Relief Account, and the IFC Contingency Fund as of July 15, 2026, for fiscal year 2026. Additionally, a reconciliation of the Extradition Coordinator budget account has been prepared at the request of the Board.

B. Department of Motor Vehicles – Complete Streets Program

Pursuant to NRS 482.1825, subsection 2, the department shall certify to the Board of Examiners the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report covers the period of April 1, 2026 through June 30, 2026.

Governor: Agenda item number 11, *Information Item Reports*.

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 July 15, 2026. The balances are as follows: Tort Claim Fund, \$250,473.95; Statutory Contingency Account, \$1,763,425.65; Stale Claims Account, \$1,413,641.36; Emergency Account, \$397,960.79;

Disaster Relief Account, \$16,712,380.29; IFC Contingency Unrestricted General Fund, \$40,344,044.88; IFC Contingency Unrestricted Highway Fund, \$1,638,068.35; IFC Contingency Restricted General Fund, \$102,841,210.00; IFC Contingency Restricted Highway Fund, \$6,924,146.00; and Extradition Coordinator, \$348,764.27. This item is informational. Are there any questions on this item?

Secretary of State: No questions.

Governor: No questions here.

Clerk of the Board: The next item is the Department of Motor Vehicles, Complete Streets Program report. Pursuant to NRS 482.1825, subsection 2, the department shall certify to the Board of Examiners, the amount of the voluntary contributions collected for each county by the department and its agents, and that the money has been distributed as provided in statute. This report covers the period of April 1, 2026 through June 30, 2026. Are there any questions on this item?

Governor: Do we have any questions?

Attorney General: No.

Secretary of State: No.

Governor: No questions, thank you.

12. Public Comment

This public comment period is for any matter that is within the jurisdiction of the public body. No action may be taken upon a matter raised under this public comment period unless the matter itself has been specifically included on an agenda as an action item. The Chair of the Board has imposed a time limit of three minutes. Public comment may be provided in person or via telephone. To provide public comment on an item on the agenda via telephone, dial 775-321-6111 or 702-329-3435. When prompted to provide the meeting ID, please enter 627 049 763#. When the Chair opens the public comment period, dial *5 to request to be unmuted. To resolve any issues related to dialing in to provide public comment for this meeting, please call (775) 684-0222.

Governor: This is second opportunity for public comment. Is anybody for public comment in Carson City?

Clerk of the Board: No, sir.

Governor: Do we have anybody here in Las Vegas? Seeing none.

Is anybody on the phone?

Clerk of the Board: No, sir.

13. Adjournment (For possible action)

Governor: I'll entertain a motion for adjournment.

Secretary of State: So moved.

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

Thank you, everybody.

Governor Joe Lombardo
Chairman

Tiffany Greenameyer
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MEETING MINUTES

Date and Time: August 26, 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
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Las Vegas, Nevada 89119

MEMBERS PRESENT:

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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: Let's call to order State of Nevada Board of Examiners scheduled for today, August 26, 2026, with the time being 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 890 060 147#. 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 two, the first opportunity for 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 the public comment period unless the matter itself has been specifically included on the agenda as an action item. We 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 here in Las Vegas? There is not any.

Do we have anybody on the phone?

Clerk of the Board: No, no one is on the line.

Governor: Alright, we will close public comment.

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

A. Governor's Office – Office of Emergency Management

Pursuant to NRS 353.2755, subsection 7, the office requests a recommendation to the Interim Finance Committee for a grant in the amount of \$5,665,337 from the Disaster Relief Account to cover expenditures for in-state emergency responses related to the Ward, Bug, Fred Mountain, Stallion, and Hawk fires.

B. Governor's Office – Office of Emergency Management

Pursuant to NRS 353.2755, subsection 7, the office requests a recommendation to the Interim Finance Committee for a grant in the amount of \$11,000,000 from the Disaster Relief Account on behalf of the State Department of Conservation and Natural Resources, Division of Forestry, to cover expenditures for in-state emergency responses related to the Ward, Bug, Fred Mountain, Stallion, and Hawk fires.

Governor: Agenda item number 3, *Request for a Recommendation of Approval to the Interim Finance Committee for a Grant or Loan from the Disaster Relief Account for Possible Action.*

Clerk of the Board: This request is from the Governor's Office, Office of Emergency Management. Pursuant to NRS 353.2755, subsection 7, the office requests a recommendation to the Interim Finance Committee for a grant in the amount of \$5,665,337 from the Disaster Relief Account to cover expenditures for in-state emergency responses related to the Ward, Bug, Fred Mountain, Stallion, and Hawk fires.

The next request is from the Governor's Office, Office of Emergency Management. Pursuant to NRS 353.2755, subsection 7, the office requests a recommendation to the Interim Finance Committee for a grant in the amount of \$11,000,000 from the Disaster Relief Account on behalf of the State Department of Conservation and Natural Resources, Division of Forestry, to cover expenditures for in-state emergency responses related to the Ward, Bug, Fred Mountain, Stallion, and Hawk fires.

Are there any questions on these items?

Governor: Do you have any questions?

Secretary of State: No questions.

Attorney General: None here, move for approval.

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

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

State Department of Conservation and Natural Resources – Division of Forestry

Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$5,000,000 from the Interim Finance Committee Contingency Account to cover expenditures for in-state emergency responses related to the Hawk fire.

Governor: Agenda item number 4, *Request for a Recommendation of Approval to the Interim Finance Committee for an Allocation Amount from the Contingency Account for Possible Action.*

Clerk of the Board: This request is from the State Department of Conservation and Natural Resources, Division of Forestry. Pursuant to NRS 353.268, the department requests a recommendation to the Interim Finance Committee for an allocation of \$5,000,000 from the Interim Finance Committee Contingency Account to cover expenditures for in-state emergency responses related to the Hawk and other fires. Are there any questions on this item?

Governor: You said "...and other fires" – is that new language? I don't have that on my agenda.

Clerk of the Board: Yes, sir. That is to allow the Division of Forestry to pay for all the invoices that are other than the Hawk Fire.

Governor: Okay, I understand.

Alright, do we have any Member questions? If not, I'll entertain a motion.

Secretary of State: No questions.

Attorney General: Move for approval.

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

5. 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 890 060 147#. 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 five, the second opportunity for public comment.

Is there any public comment there in Carson City?

Clerk of the Board: No, sir.

Governor: Anybody here in Las Vegas? Seeing none.

Do we have anybody on the line? There is none.

We will close public comment.

6. Adjournment (For possible action)

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

Thank you all for your time.

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: August 10, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF AGRICULTURE

Agenda Item Write-up:

Pursuant to NRS 334.010, the department requests approval to purchase one replacement vehicle for a total amount not to exceed \$376,583.

Additional Information:

The department is requesting to purchase one semi-truck and trailer with boom crane that replaces a semi-truck that has exceeded the mileage and age requirements for replacement. Funding was approved during the 2025 Legislative Session.

Statutory Authority:

NRS 334.010

REVIEWED: 
ACTION ITEM: _____

JOE LOMBARDO
Governor

STATE OF NEVADA

J.J. GOICOECHEA, DVM
Director



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

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

DEPARTMENT OF AGRICULTURE

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

To: Dustin Speed, Executive Branch Budget Officer I
From: Cathy Balcon, Administrator, Administrative Services Division
CC: Douglas Farris, Deputy Director
William Striejewski, Administrator, Division of Measurement Standards
Date: June 5, 2026
Subject: Vehicle Request for Budget Account 4551

Attached for your review and approval is a Board of Examiners Request for Approval to Purchase a State Vehicle form. This request is for one replacement state vehicle approved for purchase by the 83rd Legislative Session.

The Department is requesting to purchase the following vehicle:

One (1) 2027 Kenworth T880 6x4 conventional cab (G.V.W. Rating 66,000/80,000 lbs.) w/ Flat Bed and Knuckle Boom for \$376,582.25

The purchasing of the new semi and trailer with boom crane will replace a current state semi and trailer with boom crane (State ID# 295848) that has reached the age and mileage requirements for replacement.

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

Agency Name: Nevada Department of Agriculture	Budget Account #: 4551
Contact Name: William Striejewski	Telephone Number: (775) 353-3726
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: Number of vehicles requested: <u>1</u> Amount of the request: <u>\$376,582.25</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: _____ Mission of the requested vehicle(s): Inspection of highway truck scales, hay scales, and similar large capacity scales.	
Were funds legislatively approved for the request? ☒ Yes ☐ No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): ☐ _____ Addition(s) ☒ <u>1</u> Replacement(s)	
Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain. Yes, both for age and mileage.	
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: 2007 Odometer Reading: 121,122 Type of Vehicle: Heavy Weight Truck/Semi Vehicle #2 Model Year: Odometer Reading: Type of Vehicle:	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:  _____ Agency Appointing Authority Deputy Director _____ Title 6/4/26 _____ Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase _____ Board of Examiners _____ Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2027 Kenworth T880 6x4 conventional cab (G.V.W. Rating 66,000/80,000 lbs) w/ Flat Bed and Knuckle Boom		
Dealer Name:	Irving Equipment, LLC (Knuckle Boom Cranes Sales, Service & Parts)		
Delivery Location:	Dealership in Reno/Sparks, NV		
Vehicle Colors:	Exterior: Silver	Interior: Black	X Cloth With X Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$376,554.00	\$376,554.00
SPECIFY OPTIONS:			\$
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	Delivery included in price.		\$0
Total purchase price with options			\$376,554.00
DMV Title and DRS Fee's			\$28.25
GRAND TOTAL:			\$376,582.25

Registered Owner:	Agency Name & Address: Nevada Department of Agriculture 405 S. 21 st Street Sparks, NV 89431
Legal Owner:	Agency Name & Address: Nevada Department of Agriculture 405 S. 21 st Street Sparks, NV 89431
County Vehicle Based In:	Washoe County
Name & Phone of Person to contact when vehicle is ready for delivery:	Bill Striejewski wstriejewski@agri.nv.gov 775-353-3726 (O) or 775-846-1166 (C)

Knuckle Boom Cranes
Sales, Service & Parts



1785 County Road 1
Tiffin, OH 44883
Phn: 419-448-9891
Cell: 419-934-1682
mirving@irvingequipment.net

Nevada Department Of Agriculture
(NV)

June 1, 2026

SUMMARY AND SCOPE: New heavy duty scale test straight truck with flat bed and knuckle bed on rear of truck, unit setup and rated to pull a trailer.

PRICE QUOTE

CRANE:

1- New COPMA brand knuckle boom model **198.3** with the following specifications:

- Model description: "19" ton lift, "3" hydraulic extensions on main boom.
- Hydraulic reach of **33'-8"**, with **3,460 lb** capacity at end, main boom at 15 degrees, not max. reach. *Minus the weight of hydraulic rotator, spreader bar and any other items suspended from boom. Please refer to applicable load charts.*
- **Full hydraulic rotation system** using rack and pinion system, 420 degrees rotation, fully greaseable rotation system. Overlap area will be set over the front of truck to have full access over rear. All areas around the truck are accessible. *Overlap could be set over the rear while ordering the unit if requested.*
- Hydraulic extending outrigger beams with **21'-4"** extension, hydraulic up/down legs, also includes pilot operated check valves (safety valves in case of hose failure), with controls on each side of base. Non-tilting legs. Charts for various short rigging operations included.
- LED lights (amber) wrap around on each outrigger leg, Lights turned on with crane power.
- (2) Large 24" PVC outrigger pads (& storage area under bed/crane per space).
- Hydraulic oil tank with site and temperature gauge tank mounted on crane base.
- High pressure filter on crane base and a return oil filter (before oil goes back to tank).
- Hydraulic oil cooler, 12v electric, thermostatically controlled, separate electric circuit.
- All crane control levers with electric Danfoss brand proportional control valve installed on one side of crane base. Back-up for radio remote control.
- **Fully proportional radio remote** control system for all boom functions with HI/LOW range, E-Stop, (2) re-chargeable batteries, (1) 12v battery charger installed in truck cab. Back-up cord is included for programming.
- Load hook with safety latch at boom tip mounted on hydraulic rotator with connecting links.
- This crane would have (2) hoses going to the boom tip to power a continuous turn hydraulic rotating load hook. This hydraulic rotating hook would be controlled on the radio remote handset (fully proportional) in addition to control levers on the crane base.
- Includes a spreader bar to pick (3) standard "Rice Lake" type or similar cast 1,000 lbs test weights at one time with (3) J hooks and or pick (1) weight at a time with the same bar. Spreader bar will have a hook loop on top for easy hook/ unhook from crane.

- Crane will fold with rotator and hook installed. Spreader bar to be removed, stored and secured on side of weight rack on bed. Operator can connect the bar while standing on ground or on top of bed.
- Hydraulic rotator, links and spread bar will be rated to 3,000 lbs. Note: The spreader bar and other components will be tested to 4,000 lbs or 1.33% over the stated capacity. Weight and capacity durably and clearly marked on the spreader bar. (Larger spreader bar for more weight is available on request).
- **Fully hydraulic overload protection system** on crane to prevent overloading booms/cylinders with warning light & beeper (**no computer required to service this crane**). If crane is overloaded the affected functions will stop, it can be re-set easily.
- Stock safety yellow and charcoal color.
- Crane fully installed on rear of suitable truck.
- Crane unfolds on the passenger side- for a standard mount.
- Standard Copma limited warranty, 1 Year parts on crane (non-structural).
2 Years on all structural components, Wear items not included.
This crane can be serviced locally in the Reno/ Sparks, NV area.
- New hydraulic piston type pump (4,785 PSI) and “over-driven” PTO set for crane to have maximum speed and power with the truck engine at (low: 800-1,000 R.P.M.). No auxiliary controls required on remote handset to rev up truck engine.
- PTO with electric shift for Allison automatic transmission. Light on dash to show that truck computer senses it in is PTO mode.
- Boom installed at REAR of truck frame on 6” (tall) x 3” (wide) severe duty steel tube sub-frame with appropriate cross members, shear plates and other bracing near and at base of crane, all mount bolts, subframe installed.
- (1) Tool storage area on front of bed, 3-door vault cab rack, approximate 68” x 84” x 18” size, Merritt aluminum cabinet or similar. Lockable, sealed. Access from top of truck deck.
- (1) 36” aluminum toolbox, lockable (diamond plate, drop down door) mounted under passenger side. Other/ more toolboxes are optional. (as space permits).
- (1) Folding/pull-out step under each side of bed, (as space permits).
- LED lights (2) on top of truck headboard can be aimed to sides or rear, switch in truck dash.
- LED lights (2) on rear of crane base aimed to rear for backing up, connecting trailer or other actions behind truck, switch in truck dash (not connected to reverse lights of truck).

FLATBED:

- **New steel flat bed for SCALE TEST WEIGHTS, deck spare to be 11’-0” long**
- Deck to be 8’-6” wide, tie rails under both sides of bed, (no pockets or side rails).
- Front of bed area protection by purpose made storage area bolted at front of bed in lieu of a fabricated headboard on bed.
- No rear tailboard, (rear tailboard is optional).

- Tube subframe protrudes out rear of bed for crane subframe.
 - Grab handles on driver and passenger sides of headboard- full length for safety.
 - Cross member 10" O.C. with steel decking. Anti-slip coating on top of deck.
 - HD plate on rear of truck frame to tie frame rails together, (2) bent D-rings
 - 45 Ton rear pintle hitch (no-slack air solenoid to tighten pintle ring) air & light lines on the rear, with plug & glad hands (truck chassis must have "full truck kit"- air & light lines to the rear already). 28" pintle hitch height (ground to bottom of loop), unless noted.
 - Full rear ICC tube bumper with protected rear LED taillights. Rear bumper as high as legal for higher ramp angle to allow access to smaller and tighter roads.
 - Full front, middle, rear lighting package per D.O.T. guidelines, Reflective D.O.T. on tape sides & rear. Lights on rear corners.
 - All electrical connections soldered and sealed.
 - All steel sandblasted, primed and painted BLACK before mounting on truck to get all areas of the bed.
-
- Weight rack/box configured for (16) 1,000 lbs weights standard "Rice Lake" type or similar cast 1,000 lbs test weights in (4) rows of (4). Consisting of four steel sides and securely bolted to deck. Front of rack taller than sides and rear. Top portion of sides to be tapered for easy loading. No cover for over top of weights, (optional). Location of weights determined as one of the last items once unit is built and weighed to get the correct axle loading.
 - (6) 2" ratchets and 2" straps x 27'-0" long flat hooks, stored in toolbox. Straps are to secure weights and other items on the deck during transport.
 - (4) Rubber wheel chocks stored under the bed, (2) per side.
 - (4) Safety cones and storage holder under truck bed.
 - No extra/spare tires figured in specifications or quote.

TRUCK CHASSIS:

- 1- New **2027** Kenworth T880 6x4 conventional cab (G.V.W. Rating 66,000/80,000 lbs), Double frame, **Cummins X-15 500 HP engine (1850 ft/lbs)** with 3-Stage Jake brake, Allison 4500 RDS **automatic transmission**, 100 US gal fuel tank, DEF tank, (1)-**20,000** pound rated front axle and equip, **425** front tires, **11R22.5** rear tires, **46,000** pound rated tandem, Hendrickson air ride rear suspension, 2-full locking rears (both rear axles lock straight), **4.10 ratio**, (54" space), air ride driver seat, air ride pass seat, A/C, heated/ power mirrors, power windows & locks, cruise control, tilt-tele wheel, large front tow hook, full truck kit (for pulling trailer), phosphate frame paint all other standard equipment for this chassis, windows tinted dark as legal, **215" Wheelbase, cab color "SILVER"**, **See Kenworth specification pages for complete details.** (copy attached)
Standard truck warranties apply, Customer to check if sufficient for intended hours/miles. Other warranties can be purchased through Kenworth Truck direct.



Entire Package (truck, crane, bed) as listed above \$ 376,554.00

(No F.E.T. and/or state sales tax is included for truck and bed or any other parts of the unit listed above because it would be sold to a state bureau.)

POPULAR OPTIONS: (not on specifications listed above)

A. Camera installed on rear of truck to assist in backing and driving, monitor on truck dash wired to truck ignition, so it is ON while truck is on, not just in reverse. Option Adds \$988

B. Fluid Film (black) underside of truck chassis, flatbed and subframe- "bumper to bumper". A rust and corrosion inhibitor for steel components. Option Adds \$865

If a certain option is required and not listed above please inquire.

TERMS: \$0 Down with signed order, properly signed and documented Purchase Order from the State. *We will conform to buyers' standard payment procedures. Customer visits are welcomed and encouraged anytime during the build. Video calls to show progress are also supported. Once 100% of money is received and all documents completed a title for the truck will be sent as instructed.

LEAD TIME: New truck chassis' to be built when ordered. New crane and bed to be built when ordered. If order for unit is received by August 1, 2026 the finished package will be ready February 15, 2027, and ready for shipping. Per date order is received and any special options requested. *Other completion dates could be available, please inquire.*

DELIVERY: Completed package is quoted delivered to the Nevada Department of Agriculture (Sparks, Nevada office/shop area) unless other site requested. This includes full operation training, service training and commissioning for crane and basic items of truck chassis. Also includes one day for PDI at local truck dealer before in-service and a day at end user. All delivery, shipping and training are included in pricing, unless noted.

NOTE: Plus any/all applicable taxes. *(No F.E.T. and/or state sales tax is included for truck and bed or any other parts of the unit listed above because it would be sold to a state bureau).* Quote valid for 30 days from date above.

Any/all components on this quote are subject to possible tariffs and fees. This includes and is not limited to the truck chassis, crane and any other applicable parts. The unit quoted does already include certain tariff fees that we know would be added currently should this package be purchased. We do reserve the right to add or remove tariff fees as conditions change.

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: August 10, 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.

NEVADA DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 334.010, the department requests approval to purchase eight vehicles for a total amount not to exceed \$404,059.

Additional Information:

The department is requesting to purchase eight vehicles necessary to support the Community Transition Program. The vehicle request consists of seven Ford Police Interceptors and one pickup truck, to aid housing verification, compliance checks, offender transport in cases of program failure, and respond to emergencies requiring investigator presence. The funds for this purchase were approved through Assembly Bill 4 of the 2025 Special Legislative Session.

Statutory Authority:

NRS 334.010

REVIEWED:

ACTION ITEM:

Joe Lombardo
Governor

James E. Dzurenda
Director

Todd Myler
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: August 6, 2026

To: Vince Young-Brown
Executive Branch Budget Officer

From: Todd Myler
Deputy Director, Support Services 

Subject: New Vehicle Purchase Request

We are submitting this request for Board of Examiners approval to move forward with purchasing eight (8) new vehicles: seven (7) SUVs and one (1) pickup truck.

Pursuant to AB 4 from the 2025 Special Legislative Session, NDOC received appropriations to purchase vehicles necessary to support the Community Transition Program. The Department is requesting approval to purchase eight (8) vehicles—seven (7) Ford Police Interceptor SUVs and one (1) pickup truck—to ensure staff can conduct housing verification, compliance checks, offender transport in cases of program failure, and respond to emergencies requiring investigator presence.

The only requested upgrade to the SUVs is a lights-and-siren package to support emergency and investigative response needs. The selected pickup truck is equipped with manufacturer and dealer-installed options already present on the lot and will be used to transport evidence, range equipment, and program supplies. These vehicles were chosen for their reliability and suitability for rural and all-weather operations.

All purchases will be made in accordance with the State Administrative Manual upon BOE approval.

Thank you for your consideration and assistance with this request.

Attachments:
Request for Approval to Purchase State Vehicle
Vehicle Order Form (2)
AB 4- page 72

cc: Emily Testwuide, Deputy Director, Programs
Bryan Shields, Inspector General

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

Agency Name: Nevada Department of Corrections	Budget Account #: 3710
Contact Name: Bryan Shields	Telephone Number: 702-286-0434
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: 8 Amount of the request: \$404058.50 Is the requested vehicle(s) new or used: New Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: 7 Ford Explorer Police Interceptors 1 Toyota Tundra Pickup Truck Mission of the requested vehicle(s): Transport investigators in their performance of duties within the Community Transition Program	
Were funds legislatively approved for the request? ☒ Yes ☐ No	If yes, please provide the decision unit number: AB4 section 60.5 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): ☒ 8 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.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: Odometer Reading: Type of Vehicle: Vehicle #2 Model Year: Odometer Reading: Type of Vehicle: <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. N/A If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. Please refer to the attached justification memo
APPOINTING AUTHORITY APPROVAL:  _____ Agency Appointing Authority Deputy Director, Support Service _____ Title August 6, 2026 _____ Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase _____ Board of Examiners _____ Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Ford Explorer Police Interceptor		
Dealer Name:	Capitol Ford		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Silver	Interior: Black	☒ Cloth ☐ Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	7	\$ 51400.00	\$359800.00
SPECIFY OPTIONS: (description)			\$5953.50
Lights/Siren Package	7	\$850.50	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	
Total purchase price with options			\$365753.50
DMV Title and DRS Fee's	7	\$28.25	\$197.75
GRAND TOTAL:			\$365951.25

Registered Owner:	Agency Name & Address: Nevada Department of Corrections 5500 SnyderAve Bldg #89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Department of Corrections 5500 SnyderAve Bldg #89 Carson City, NV 89701
County Vehicle Based In:	Clark
Name & Phone of Person to contact when vehicle is ready for delivery:	Bryan Shields 702-286-0434

DEAL# 61601
TO CUST# 255861

RETAIL ORDER FOR A MOTOR VEHICLE

DEALER

07/30/2026

CAPITAL FORD

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



NEVADA DEPARTMENT OF CORRECTIONS

5500 SNYDER AVE

CARSON CITY NV 89701-6752

SALESMAN'S NAME

RES. PHONE

STATE
(775) 882-3201
BUS. PHONE

PLEASE ENTER MY ORDER FOR THE FOLLOWING ☒ NEW ☒ CAR

MODEL OR
SERIES EXPLORER

BODY
TYPE

☐ USED ☐ TRUCK
COLOR

YEAR

MAKE FORD

SERIAL NO.

TO BE DELIVERED ON OR ABOUT

07/30 20 26

STOCK NO. G555

CASH DELIVERED PRICE OF UNIT

\$ 51400.00

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

07/30/2026

G555

I

COST

KEY

ACCT. NO.

SALE

KEY

NEVADA TITLE FEE

C

3

DUE BILL

C

2424

COST

C

2310

RECON

C

4

COST

C

4

EX. WAR. N

C

5

EX. WAR. U

C

5

WAR. PBL

C

2315

INS. N

C

5

INS. U

C

5

INS. PBL

C

2315

DOC. FEE

C

5

FIN. N

C

5

FIN. U

C

5

FIN. REC.

C

12

CAR DEAL NO.

SALES TAX

2150

LIEN PAYOFFS

2311

DEPOSITS

2300

CONTRACTS IN TRANSIT

10

CASH & VEHICLE ACCTS. REC.

1110

2000

1111

VALUE
OF
TRADE

STOCK NO.
STOCK NO.

I
I

+

1. TOTAL PRICE OF UNIT \$ 51428.25

2. DOWN PAYMENT: \$ N/A

3. UNPAID CASH BALANCE DUE ON DELIVERY (difference between Items 1 and 2) \$ 51428.25

PURCHASER'S SIGNATURE

DATE 07/30/26

ACCEPTED BY: DEALER OR HIS AUTHORIZED REPRESENTATIVE

****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 Toyota Tacoma 3TYLD5KN3TT029344		
Dealer Name:	Carson City Toyota		
Delivery Location:	Carson City		
Vehicle Colors:	Exterior: Silver	Interior: Black	☒ Cloth ☐ Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)		\$	\$37305.00
SPECIFY OPTIONS: (description)			\$774.00
Spray Bedliner	1	\$575.00	
All weather floor mats	1	\$199.00	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			
Total purchase price with options			\$38079.00
DMV Title and DRS Fee's	1		\$28.25
GRAND TOTAL:			\$38107.25

Registered Owner:	Agency Name & Address: Nevada Department of Corrections 5500 Snyder Ave Bldg #89 Carson City, NV 89701
Legal Owner:	Agency Name & Address: Nevada Department of Corrections 5500 Snyder Ave Bldg #89 Carson City, NV 89701
County Vehicle Based In:	Clark
Name & Phone of Person to contact when vehicle is ready for delivery:	Bryan Shields 702-286-0434



TOYOTA

Carson City Toyota

2590 South Carson Street

Carson City NV 89701

775-882-8211

2026 TACOMA

Tacoma SR

Model: 2026 Tacoma SR 2.4L 4-Cyl. Turbo Engine 4-Wheel
Drive 5-ft. bed Double Cab 7594G

VIN: 3TYLD5KN3T1029344

Stock: 72091

Engine: i-FORCE 2.4L 4-Cyl. Turbo Engine

Transmission: 8-Speed Automatic Transmission



EXTERIOR

Celestial Silver Metallic

INTERIOR

Black fabric

PRICE

Base MSRP * \$37,305.00

Port Installed Packages & Accessories \$774.00

Delivery Processing and Handling \$1,745.00

Total Dealer Fees \$499.00

Total Advertised Price \$40,323.00

FUEL ECONOMY



21

MPG

Combined City/Hwy

19

MPG

City

24

MPG

Highway

INSTALLED PACKAGES & ACCESSORIES

50 State Emissions

FIO \$0.00

Spray-On Bedliner

PIO \$575.00

Get the spray-on bedliner that's as tough and durable as your Tacoma. Protect your bed from damage with this permanently bonded fixture.

Now, Toyota-exclusive softer material to keep items from sliding in the bed.

Toyota quality standards assure uniform thickness and a consistent texture.

Textured surface is designed to prevent cargo from sliding.

No lost cargo space, minimal added weight.

Proprietary application method helps create a straight and crisp edge.

Fully warranted; repairs completed quickly and easily at a Toyota dealership.

All-Weather Floor Liners

PIO \$199.00

Engineered to precisely fit your vehicle, all-weather floor liners are made from durable, flexible, weather-resistant material that cleans easily.

Precise injection molding uses Toyota's original vehicle design data for a perfect fit.

Liners feature ribbed channels to better hold moisture with a stylish vehicle logo.

Skid-resistant backing and driver-side quarter-turn fasteners help keep the liners in place.

Total Optional Equipment

PRICE INCLUDES

\$774.00

Vehicle Base Model

2 YEARS OR 25,000

\$37,305.00

Delivery Processing and Handling

MILE SERVICE

\$1,745.00

MAINTENANCE AT NO CHARGE

NO

Total Dealer Fee

Doc Fee

\$499.00

NO

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: August 10, 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.

NEVADA DEPARTMENT OF CORRECTIONS

Agenda Item Write-up:

Pursuant to NRS 334.010 and SAM 0304, the department requests approval to purchase two utility vehicles for a total amount not to exceed \$77,358.

Additional Information:

The department is requesting to purchase two replacement utility vehicles with additional components to support operational needs within the facility. All vehicles being replaced will be in accordance with State Administrative Manual 1316. Funds for this purchase were approved through Senate Bill 490 of the 2025 Session.

Statutory Authority:

NRS 334.010
SAM 0304

REVIEWED: 
ACTION ITEM: _____

Joe Lombardo
Governor

James E. Dzurenda
Director

Todd Myler
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: July 9, 2026

To: Vince Young-Brown
Executive Branch Budget Officer

From: Todd Myler
Deputy Director, Support Services

Subject: Replacement Utility Vehicles

A handwritten signature in dark ink, appearing to be "T. Myler", is written over the "From:" line of the memorandum.

The Nevada Department of Corrections (NDOC) was approved for the purchase of vehicles during the 83rd Session of the Nevada Legislature. Pursuant to SB 490, the Department received authorization to acquire two utility vehicles (UTVs) for Lovelock Correctional Center (LCC). The quotes obtained for Kubota-brand utility vehicles exceed the appropriated funding by \$8,243.50. However, in accordance with NRS 333 and subject to Board of Examiners approval, the vehicles will be procured through the competitive bid process, with the contract awarded to the lowest responsive and responsible bidder. If the lowest bid exceeds the appropriated amount, NDOC will submit a work program to address the additional funding needed.

The requested UTVs are base-model units that must be equipped with additional components to support operational needs within the facility.

The first RTV-X Long Bed will be used outdoors in all weather conditions and will be outfitted with a canopy, windshield, wiper kit, mirrors, wire harness, and strobe light to ensure operator, staff, and offender safety. A trailer hitch will allow the vehicle to tow equipment and culinary carts, while mudguards protect both the UTV and towed items from debris and corrosion. Front and rear guard kits protect the vehicle from impact damage, and heavy load springs will extend the service life of the UTV by supporting heavier loads and towing requirements.

The second RTV-X Long Bed will also be used outdoors year-round and will be equipped with a canopy, windshield, wiper kit, mirrors, wire harness, and strobe light. Additional LED work lights will provide necessary visibility during nighttime or severe weather operations. This unit will serve as a snowplow, and the snowplow assembly—including heavy-load springs, hydraulic

valve kits, hydraulic pump, auxiliary pump, air cooler, hand throttle, straight shifter, and a 72-inch front blade—is essential for clearing snow from parking areas, walkways, and other ingress/egress points. Snow removal is critical for maintaining life safety and emergency access. The front quick-hitch system, combined with the hydraulic and suspension components, allows the UTV to convert seasonally from snowplow to street sweeper, improving safety and efficiency at a facility operating with a maintenance staff below 50 percent.

Attached are the Board of Examiners Request for Approval to Purchase State Vehicle form, the Vehicle Order Information forms, and a copy of SB 490. All vehicle replacements and related purchases will be conducted in accordance with State Administrative Manual 1316.

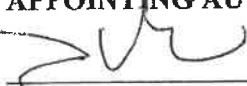
Attachments:

Request for Approval to Purchase State Vehicle

Vehicle Order Information forms (2)

SB 490

**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 #: 3759
Contact Name: Todd Myler	Telephone Number: 775-977-5500
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: \$77,357.50 Number of vehicles requested: 2 Amount of the request: _____ Is the requested vehicle(s) new or used: New Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Utility Vehicles	
Mission of the requested vehicle(s): Replacement of excessed non-operative vehicles used for transportation and maintenance.	
Were funds legislatively approved for the request? ☒ Yes ☐ No	If yes, please provide the decision unit number: SB490 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: ID#338201 Odometer Reading: John Deere Gator Type of Vehicle: junked Vehicle #2 Model Year: Odometer Reading: ID#223725 Type of Vehicle: 1997 Utility Vehicle junked	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. Please refer to the attached agency justification memo.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL:  _____ Agency Appointing Authority Todd Myler Deputy Director, Support Service _____ Title 8-7-26 _____ Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase _____ Board of Examiners _____ Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	Kubota		
Dealer Name:	Nevada Power Products		
Delivery Location:	Lovelock		
Vehicle Colors:	Exterior: orange	Interior: black	Cloth X Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 20863.72	\$20863.72
SPECIFY OPTIONS: (description)			\$27361.67
Canopy		\$982.20	
Windshield		\$2266.72	
Wiper kit		\$341.23	
Wire harness kit		\$231.27	
Single side mirror		\$78.79	
Front LED work lights		\$249.99	
Strobe light		\$230.24	
X-series straight shifter		\$281.23	
Hand throttle kit		\$267.00	
3 rd function hyd valve upgrade		\$504.00	
Aux hydraulic pump		\$607.00	
2 nd function hydraulic valve kit		\$3440.00	
72" xtra duty front blade		\$5561.00	

Front quick hitch		\$1390.00	
60" rotary broom		\$4974.00	
Oil cooler kit		\$1987.00	
Aux hydraulic pump		\$607.00	
Heavy load springs		\$187.00	
Factory freight		\$800	
Assembly fee		\$2376.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$0
Total purchase price with options			\$48225.39
DMV Title and DRS Fee's		\$n/a	\$0
GRAND TOTAL:			\$48225.39

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:	Kirsten Hertz 775-977-5450



Nevada Power Products, Inc.

Quote Number: 1050688
Effective Date: 05/27/2026
Valid Through: 05/31/2026

Ship To

Nevada Department of Corrections
Phillip Yancy
5500 Snyder Avenue Bldg. 17
Carson City, NV 89701
Work: (775) 977-5350
pyancy@doc.nv.gov

Kubota Dealer

Nevada Power Products, Inc. Brian MacDonald
1160 Glendale Ave. Phone: 775-358-0114
Sparks, NV 89431 Email: shopnpp3@yahoo.com

Bill To

Nevada Department of Corrections
Phillip Yancy
5500 Snyder Avenue
NV
Work: (775) 977-5350
pyancy@doc.nv.gov

RTVX2L-SKLA-1 - RTV-X LONG BED,ORNG,LINER,ATV,STEEL



Description	Manufacturer	Model #	Qty	MSRP	Price Each	Total
RTV-X LONG BED,ORNG,LINER,ATV,STEEL	Kubota	RTVX2L-SKLA-1	1	\$23,899.00	\$23,899.00	\$23,899.00
CANOPY - METAL (ORANGE)	Kubota	77700-VC5001	1	\$982.20	\$982.20	\$982.20
WINDSHIELD LAMINATED GLASS (AS1)	Kubota	77700-VC5020	1	\$2,266.72	\$2,266.72	\$2,266.72
WIPER KIT (172 DEGREE) PNF	Kubota	77700-VC5030	1	\$341.23	\$341.23	\$341.23
WIRE HARNESS KIT / MULTIPLE ACCESSORY	Kubota	77700-VC5080	1	\$231.27	\$231.27	\$231.27
SINGLE SIDE MIRROR - ROPS (1)	Kubota	77700-V4358	1	\$78.79	\$78.79	\$78.79
FRONT LED WORK LIGHTS KIT (2)	Kubota	77700-VC5050	1	\$249.99	\$249.99	\$249.99
STROBE LIGHT	Kubota	77700-VC5056	1	\$230.24	\$230.24	\$230.24
X-SERIES STRAIGHT SHIFTER	Kubota	77700-11119	1	\$281.23	\$281.23	\$281.23
HAND THROTTLE KIT	Kubota	V5245	1	\$267.00	\$267.00	\$267.00
3RD FUNCTION HYD VALVE UPGRADE KIT	Kubota	V5233	1	\$504.00	\$504.00	\$504.00
AUX HYDRAULIC PUMP D902	Kubota	V5271	1	\$607.00	\$607.00	\$607.00
2ND FUNCTION HYDRAULIC VALVE KIT	Kubota	V5232A	1	\$3,440.00	\$3,440.00	\$3,440.00
72" XTRA DUTY FRONT BLADE	Kubota	V5060	1	\$5,561.00	\$5,561.00	\$5,561.00
FRONT QUICK HITCH	Kubota	V5289	1	\$1,390.00	\$1,390.00	\$1,390.00
60" ROTARY BROOM	Kubota	V5260	1	\$4,974.00	\$4,974.00	\$4,974.00
OIL COOLER KIT	Kubota	V5240	1	\$1,987.00	\$1,987.00	\$1,987.00
AUX HYDRAULIC PUMP D1105	Kubota	V5272	1	\$607.00	\$607.00	\$607.00
heavy load springs	KUBOTA PARTS	k7591-99190	1	\$187.00	\$187.00	\$187.00

Kubota Disclaimer

Sales quote can only be provided by a participating Kubota dealer. Only Kubota and Kubota performance-matched Allied equipment are eligible. Inclusion of ineligible equipment may result in a higher blended APR. Stand Alone Kubota or Allied implements and attachments/accessories are subject to stand alone programs. Financing is available through Kubota Credit Corporation, U.S.A.; subject to credit approval. Program eligibility requirements are subject to change without notice and may be withdrawn without notice. Some exceptions apply. See dealer or go to KubotaUSA.com for more information.



Nevada Power Products, Inc.

Quote Number: 1050688

Effective Date: 05/27/2026

Valid Through: 05/31/2026

Cash Details

Equipment Total **	\$48,084.67
factory freight	\$800.00
assembly fee	\$2,376.00
Cash Sub-total	\$51,260.67

Purchase Options

Purchase Type	Sub-Total **	Incentives	Total After Incentives	Est. Taxes	Equipment Total	Down Payment	Est. KTAC Insurance	Amount Financed at Rate	Amount Financed at 0%	Est. Monthly Payment *
Cash	\$51,260.67	(\$3,035.28)	\$48,225.39	\$0.00	\$48,225.39	—	—	—	—	—

* Blending of APR may occur if the amount financed exceeds 125% of max invoice of New Kubota and selected New Allied Implements/Accessories using non-Kubota rates. KTAC, Orange Protection and K-Maintenance are blended using 0%.

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RTV-X LONG BED

Orange Models

* * * EQUIPMENT IN STANDARD MACHINE * * *

FEATURES

Digital Multi-function Display
Speedometer
Front Independent Adjustable Suspension
Rear Independent Adjustable Suspension
Brakes – Front/Rear Wet Discs
Rear Brake Lights / Front Headlights
2" Hitch Receiver, Front and Rear
Deluxe 60/40 split bench front seats with driver's side seat adjustment
Under front seat Storage Compartments
Lockable Glove Box
Front Guard (radiator guard and bumper)
Low/High LED Headlights
Factory Spray-on Bedliner

BASIC UNITS

RTV-X Long Bed Orange / Camo Models
Variable Hydro Transmission (VHT-X)

ENGINE

Model: Kubota D1105
3 Cyl, 68.8 cu in
+23.3 Gross Eng HP
60 Amp Alternator

TRANSMISSION

VHT-X
Variable Hydro Transmission (VHT-X)
Forward Speeds: Low 0-15 mph, High 0-25 mph
Reverse: 0-17 mph
Limited-slip Front Differential
Rear Differential Lock

HYDRAULICS

Hydrostatic Power Steering w/ manual tilt-feature
Hydraulic Cargo Dump
Hydraulic Oil Cooler

FLUID CAPACITY

Fuel Tank: 7.9 gal
Cooling: 8.6 qts
Engine Oil: 4.3 qts
Transmission Oil: 1.8 gal
Brake Fluid: 0.4 qts

DIMENSIONS

Width: 63 in
Height: 80 in
Length: 153 in
Wheelbase: 98.2 in
Tow Capacity: 1300 lbs
Ground Clearance F/R: 11.3 in / 9.4 in
Suspension Travel: 8.0 in
Turning Radius: 17.1 ft

CARGO BOX

Width: 54.5 in
Length: 72.3 in
Depth: 11.6 in
Load Capacity: 1212 lbs
Vol. Capacity: 26.1 cu ft

SAFETY EQUIPMENT

SAE J2194 & OSHA 1928 ROPS
Horn
Dash-mounted Parking Brake
Spark Arrester Muffler
Retractable 2-point Seat Belts
Rear Protection Screen



Orange Protection

- It is a true Kubota warranty - an extension of the basic warranty. Backed by the manufacturer.
- There is no deductible.
- Orange Protection can be financed with the sale of the machine.
- Repairs are performed by an Authorized Kubota dealer who will use genuine Kubota parts.
- Orange Protection is transferable.
- You get comprehensive machine coverage which means peace of mind and protection on your investment.

K-Maintenance

- Regular and scheduled maintenance to keep your machine running smoothly.
- Protection from unnecessary downtime and unexpected costs.
- Price protection from inflation on parts and service.
- K-Maintenance is transferable.
- K-Maintenance can be financed with the sale of the machine.
- Services are performed by authorized Kubota technicians using genuine Kubota parts.

KTAC

Benefits of a Term Policy through KTAC*:

- Meets the insurance requirement for Kubota Credit Corporation, U.S.A
- Original Sales Price Protection for the first 60 months (plus taxes and fees).
- Locked in rate for the term of the contract.
- Premium included with retail contract payment.
- Low \$250 deductible per occurrence.
- Dedicated claims service.

*This is a summary of the Kubota-Endorsed Property Damage Insurance. This information is not a complete description of all terms, conditions, and exclusions applicable. Actual coverage is subject to the language of the policy issued. This policy is underwritten and issued by Ohio Indemnity Company. Policy is offered and valid only to residents located in the fifty states of the United States of America. Policy is not available for U.S. districts and territories, Canada, or Mexico.

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.:	Kubota		
Dealer Name:	Nevada Power Products		
Delivery Location:	Lovelock		
Vehicle Colors:	Exterior: orange	Interior: black	Cloth X Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 22442.21	\$22442.21
SPECIFY OPTIONS: (description)			\$6689.90
Canopy		\$982.20	
Windshield		\$2266.72	
Wire harness kit		\$231.27	
Mirrors-external		\$216.05	
Strobe light		\$230.24	
Trailer hitch – ball mount		\$69.53	
CV-J guard kit front		\$157.77	
CV-J guard kit rear		\$157.77	
Mud guard rear wheels		\$258.12	
Heavy duty front springs		\$187.00	
Wiper kit		\$341.23	
Factory freight		\$800.00	
Assembly fee		\$792.00	

DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$	\$0
Total purchase price with options			\$29132.11
DMV Title and DRS Fee's		\$n/a	\$0
GRAND TOTAL:			\$29132.11

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:	Kirsten Hertz 775-977-5450

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:	Kirsten Hertz 775-977-5450



Nevada Power Products, Inc.

Quote Number: 1045178
Effective Date: 05/14/2026
Valid Through: 05/31/2026

Ship To

Nevada Department of Corrections
Phillip Yancy
5500 Snyder Avenue Bldg. 17
Carson City, NV 89701
Work: (775) 977-5350
pyancy@doc.nv.gov

Kubota Dealer

Nevada Power Products, Inc. Brian MacDonald
1160 Glendale Ave. Phone: 775-358-0114
Sparks, NV 89431 Email: shopnpp3@yahoo.com

Bill To

Nevada Department of Corrections
Phillip Yancy
5500 Snyder Avenue
NV
Work: (775) 977-5350
pyancy@doc.nv.gov

RTVX2L-SKLH-1 - RTV-X LONG BED,ORNG,LINER,HDMP,STEEL



Description	Manufacturer	Model #	Qty	MSRP	Price Each	Total
RTV-X LONG BED,ORNG,LINER,HDMP,STEEL	Kubota	RTVX2L-SKLH-1	1	\$24,399.00	\$24,399.00	\$24,399.00
CANOPY - METAL (ORANGE)	Kubota	77700-VC5001	1	\$982.20	\$982.20	\$982.20
WINDSHIELD LAMINATED GLASS (AS1)	Kubota	77700-VC5020	1	\$2,266.72	\$2,266.72	\$2,266.72
MIRRORS - EXTERNAL (2)	Kubota	77700-VC5076	1	\$216.05	\$216.05	\$216.05
WIRE HARNESS KIT / MULTIPLE ACCESSORY	Kubota	77700-VC5080	1	\$231.27	\$231.27	\$231.27
STROBE LIGHT	Kubota	77700-VC5056	1	\$230.24	\$230.24	\$230.24
TRAILER HITCH - BALL MOUNT	Kubota	77700-V5200	1	\$69.53	\$69.53	\$69.53
CV-J GUARD KIT - FRONT	Kubota	K7591-99150	1	\$157.77	\$157.77	\$157.77
CV-J GUARD KIT - REAR	Kubota	K7591-99160	1	\$157.77	\$157.77	\$157.77
MUD GUARD - REAR WHEELS PNF	Kubota	K7591-99510	1	\$258.12	\$258.12	\$258.12
heavy front springs	KUBOTA PARTS	k7591-99190	1	\$187.00	\$187.00	\$187.00
WIPER KIT (172 DEGREE) PNF	Kubota	77700-VC5030	1	\$341.23	\$341.23	\$341.23

Kubota Disclaimer

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Nevada Power Products, Inc.

Quote Number: 1045178

Effective Date: 05/14/2026

Valid Through: 05/31/2026

Cash Details

Equipment Total **	\$29,496.90
factory freight	\$800.00
assembly fee	\$792.00
Cash Sub-total	\$31,088.90

Purchase Options

Purchase Type	Sub-Total **	Incentives	Total After Incentives	Est. Taxes	Equipment Total	Down Payment	Est. KTAC Insurance	Amount Financed at Rate	Amount Financed at 0%	Est. Monthly Payment *
Cash	\$31,088.90	(\$1,956.79)	\$29,132.11	\$0.00	\$29,132.11	--	--	--	--	--

* Blending of APR may occur if the amount financed exceeds 125% of max invoice of New Kubota and selected New Allied Implements/Accessories using non-Kubota rates. KTAC, Orange Protection and K-Maintenance are blended using 0%.

Kubota Disclaimer

Sales quote can only be provided by a participating Kubota dealer. Only Kubota and Kubota performance-matched Allied equipment are eligible. Inclusion of ineligible equipment may result in a higher blended APR. Stand Alone Kubota or Allied implements and attachments/accessories are subject to stand alone programs. Financing is available through Kubota Credit Corporation, U.S.A.; subject to credit approval. Program eligibility requirements are subject to change without notice and may be withdrawn without notice. Some exceptions apply. See dealer or go to KubotaUSA.com for more information.

RTV-X LONG BED**Orange Models**

* * * EQUIPMENT IN STANDARD MACHINE * * *

FEATURES

Digital Multi-function Display
 Speedometer
 Front Independent Adjustable Suspension
 Rear Independent Adjustable Suspension
 Brakes – Front/Rear Wet Discs
 Rear Brake Lights / Front Headlights
 2" Hitch Receiver, Front and Rear
 Deluxe 60/40 split bench front seats with driver's side seat adjustment
 Under front seat Storage Compartments
 Lockable Glove Box
 Front Guard (radiator guard and bumper)
 Low/High LED Headlights
 Factory Spray-on Bedliner

BASIC UNITS

RTV-X Long Bed Orange / Camo Models
 Variable Hydro Transmission (VHT-X)

ENGINE

Model: Kubota D1105
 3 Cyl, 68.8 cu in
 +23.3 Gross Eng HP
 60 Amp Alternator

TRANSMISSION

VHT-X
 Variable Hydro Transmission (VHT-X)
 Forward Speeds: Low 0-15 mph, High 0-25 mph
 Reverse: 0-17 mph
 Limited-slip Front Differential
 Rear Differential Lock

HYDRAULICS

Hydrostatic Power Steering w/ manual tilt-feature
 Hydraulic Cargo Dump
 Hydraulic Oil Cooler

FLUID CAPACITY

Fuel Tank: 7.9 gal
 Cooling: 8.6 qts
 Engine Oil: 4.3 qts
 Transmission Oil: 1.8 gal
 Brake Fluid: 0.4 qts

DIMENSIONS

Width: 63 in
 Height: 80 in
 Length: 153 in
 Wheelbase: 98.2 in
 Tow Capacity: 1300 lbs
 Ground Clearance F/R: 11.3 in / 9.4 in
 Suspension Travel: 8.0 in
 Turning Radius: 17.1 ft

CARGO BOX

Width: 54.5 in
 Length: 72.3 in
 Depth: 11.6 in
 Load Capacity: 1212 lbs
 Vol. Capacity: 26.1 cu ft

SAFETY EQUIPMENT

SAE J2194 & OSHA 1928 ROPS
 Horn
 Dash-mounted Parking Brake
 Spark Arrester Muffler
 Retractable 2-point Seat Belts
 Rear Protection Screen



Orange Protection

- It is a true Kubota warranty - an extension of the basic warranty. Backed by the manufacturer.
- There is no deductible.
- Orange Protection can be financed with the sale of the machine.
- Repairs are performed by an Authorized Kubota dealer who will use genuine Kubota parts.
- Orange Protection is transferable.
- You get comprehensive machine coverage which means peace of mind and protection on your investment.

K-Maintenance

- Regular and scheduled maintenance to keep your machine running smoothly.
- Protection from unnecessary downtime and unexpected costs.
- Price protection from inflation on parts and service.
- K-Maintenance is transferable.
- K-Maintenance can be financed with the sale of the machine.
- Services are performed by authorized Kubota technicians using genuine Kubota parts.

KTAC

Benefits of a Term Policy through KTAC*:

- Meets the insurance requirement for Kubota Credit Corporation, U.S.A
- Original Sales Price Protection for the first 60 months (plus taxes and fees).
- Locked in rate for the term of the contract.
- Premium included with retail contract payment.
- Low \$250 deductible per occurrence.
- Dedicated claims service.

*This is a summary of the Kubota-Endorsed Property Damage Insurance. This information is not a complete description of all terms, conditions, and exclusions applicable. Actual coverage is subject to the language of the policy issued. This policy is underwritten and issued by Ohio Indemnity Company. Policy is offered and valid only to residents located in the fifty states of the United States of America. Policy is not available for U.S. districts and territories, Canada, or Mexico.

PROPERTY DISPOSITION REPORT

TO: NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM
515 E. MUSSER ST., STE 300
CARSON CITY, NV 89701
PH: (775) 684-0192 Fax: (775) 684-0188
Email completed forms to sp@admin.nv.gov

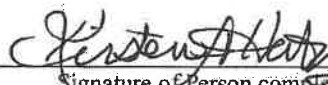
FROM: Agency Name: LOVELOCK CORRECTIONAL CENTER
Contact Name: Kirsten A. Hertz
Phone: (775) 977-5450 Fax: _____
Property Address: 1200 Prison Road, Lovelock, NV 89419

DISPOSITION OF PROPERTY IS EXCESS, BEYOND REPAIR, LOST/STOLEN OR TRANSFERRED/DONATED

A separate report for each disposition action must be completed. Must provide a complete description of property including condition and State I.D. # (if applicable). **Agency must obtain disposition approval from Nevada State Purchasing Property Management before agency may proceed with disposition.**

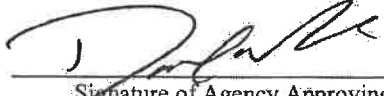
- ☐ **EXCESS** to the needs of this department; request pickup by State Purchasing. Point of contact and telephone number must be provided above.
- ☒ **BEYOND REPAIR: MUST PROVIDE DETAILED EXPLANATION AS TO CONDITION TO RECOMMEND PROPERTY TO BE JUNKED.** Removal of property is at agencies expense; or contact Buildings and Grounds. Remove State ID# tag and any State emblems before disposal.
- ☐ **LOST/MISSING/STOLEN:** The agency head must be notified immediately of lost/missing/stolen items. Please attach a police report or other documentation to describe circumstances. Agency must process a FC document in Advantage noting date of Lost/Missing item(s). Item(s) must remain on agency's inventory for two inventory cycles prior to processing PDR and item(s) being removed.
- ☐ **DONATION:** Please provide explanation of property condition and name of organization. Agency must obtain a receipt signature from organization receiving property. **AGENCY MUST HAVE PRIOR AUTHORIZATION BEFORE DONATING PROPERTY.** Remove State ID# tag and any State emblems before donating. Name of Organization for Donation: _____
- ☐ **STATE I.D. TAG REQUEST:** Duplicate ☐ New ☐ (Unit Cost > \$5,000)
If NEW, please provide the agency account coding, cost and backup documents approving the direct purchase, including a copy of the invoice and payment voucher.
FUND _____ AGENCY _____ ORG _____ ACTIVITY _____ OBJECT _____ APPR UNIT _____ LOC CODE _____ UNIT COST \$ _____
- ☐ **TRANSFER:** Transfers between State agencies only; process FC document for Purchasing approval in ADVANTAGE. Maintain PDR for agency records. FROM Location: _____ To Location: _____ Signature of Receiving Agency _____ Date: _____
- ☐ **ELECTRONIC RECYCLE:** To be used only for Non-working Electronics. Once recycling is completed, return this approved PDR along with a copy of the receipt or check to remove items from your fixed asset inventory (If applicable)
- ☐ **OTHER:** Please provide detailed explanation.

FA Type (E,U or X)	STATE ID #	DETAILED DESCRIPTION AND CONDITION OF PROPERTY	OFFICE USE ONLY	
			FC or FD Doc	Warehouse #
E	287096	WALK BEHIND GRINDER #05-60550		
E	287594	COMPACT DUST COLLECTOR		
E	295599	CUTMASTER 51		
E	295846	COOLING UNIT: GAS/ELECTRIC		
E	295847	ROOFTOP COOLING UNIT		
E	297052	EVEREST 2 DOOR FREEZER		
E	338201	UTLY VEHIC JOHN DEERE TS GATOR		


Signature of Person completing this form

Kirsten A. Hertz ASOZ
Print Name and Title

11/3/25
Date


Signature of Agency Approving Authority

Daniel Collier
Print Name and Title

11/3/25
Date

PROPERTY DISPOSITION REPORT

TO: NEVADA STATE PURCHASING DIVISION
PROPERTY MANAGEMENT PROGRAM
515 E. MUSSER ST., STE 300
CARSON CITY, NV 89701
PH: (775) 684-0192 Fax: (775) 684-0188
Email completed forms to sp@admin.nv.gov

FROM: Agency Name: Corrections - Lovelock Correctional Center
Contact Name: Kirsten Hertz, ASO 2
Phone: (775) 977-5450 Fax: _____
Property Address: 1200 Prison Road, Lovelock, NV 89419

DISPOSITION OF PROPERTY IS EXCESS, BEYOND REPAIR, LOST/STOLEN OR TRANSFERRED/DONATED

A separate report for each disposition action must be completed. Must provide a complete description of property including condition and State I.D. # (if applicable). Agency must obtain disposition approval from Nevada State Purchasing Property Management before agency may proceed with disposition.

- ☐ **EXCESS** to the needs of this department; request pickup by State Purchasing. Point of contact and telephone number must be provided above.
- ☐ **BEYOND REPAIR: MUST PROVIDE DETAILED EXPLANATION AS TO CONDITION TO RECOMMEND PROPERTY TO BE JUNKED.** Removal of property is at agencies expense; or contact Buildings and Grounds. Remove State ID# tag and any State emblems before disposal.
- ☐ **LOST/MISSING/STOLEN:** The agency head must be notified immediately of lost/missing/stolen items. Please attach a police report or other documentation to describe circumstances. Agency must process a FC document in Advantage noting date of Lost/Missing item(s). Item(s) must remain on agency's inventory for two inventory cycles prior to processing PDR and item(s) being removed.
- ☐ **DONATION:** Please provide explanation of property condition and name of organization. Agency must obtain a receipt signature from organization receiving property. **AGENCY MUST HAVE PRIOR AUTHORIZATION BEFORE DONATING PROPERTY.** Remove State ID# tag and any State emblems before donating. Name of Organization for Donation: _____
- ☐ **STATE I.D. TAG REQUEST:** Duplicate ☐ New ☐ (Unit Cost > \$5,000)
If NEW, please provide the agency account coding, cost and backup documents approving the direct purchase, including a copy of the invoice and payment voucher.
FUND _____ AGENCY _____ ORG _____ ACTIVITY _____ OBJECT _____ APPR UNIT _____ LOC CODE _____ UNIT COST \$ _____
- ☐ **TRANSFER:** Transfers between State agencies only; process FC document for Purchasing approval in ADVANTAGE. Maintain PDR for agency records. FROM Location: _____ To Location: _____ Signature of Receiving Agency _____ Date: _____
- ☐ **ELECTRONIC RECYCLE:** To be used only for Non-working Electronics. Once recycling is completed, return this approved PDR along with a copy of the receipt or check to remove items from your fixed asset inventory (If applicable)
- ☐ **OTHER:** Please provide detailed explanation.

FA Type (E,U or X)	STATE ID #	DETAILED DESCRIPTION AND CONDITION OF PROPERTY	OFFICE USE ONLY	
			FC or FD Doc	Warehouse #
E	223725	Utility Vehicle 2 CYL AWD G SNW006X4X027303		
		Vehicle was purchased in 1997 - has been inoperable		
		Vehicle has been stripped of usable parts to repair		
		other vehicles of the same type		

Kirsten Hertz
Signature of Person completing this form

Kirsten A. Hertz, ASO 2
Print Name and Title

11/1/21
Date

Briffell (Warden)
Signature of Agency Approving Authority

Nathanjah Breitenbach (Warden)
Print Name and Title

7/15/21
Date

S.B. 490

SENATE BILL NO. 490—COMMITTEE ON FINANCE

(ON BEHALF OF THE OFFICE OF FINANCE
IN THE OFFICE OF THE GOVERNOR)

MAY 15, 2025

Referred to Committee on Finance

SUMMARY—Makes appropriations to the Department of Corrections for the purchase and replacement of equipment at certain prisons. (BDR S-1208)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Contains Appropriation included in Executive Budget.

~

EXPLANATION – Matter in ***bolded italics*** is new; matter between brackets ~~{omitted material}~~ is material to be omitted.

AN ACT making appropriations to the Department of Corrections for the purchase and replacement of equipment at certain prisons; and providing other matters properly relating thereto.

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

- 1 **Section 1.** 1. There is hereby appropriated from the State
2 General Fund to the Department of Corrections the sum of \$147,054
3 for the Ely State Prison budget account for the replacement of
4 maintenance, warehouse and security equipment.
5 2. Any remaining balance of the appropriation made by
6 subsection 1 must not be committed for expenditure after June 30,
7 2027, by the entity to which the appropriation is made or any entity
8 to which money from the appropriation is granted or otherwise
9 transferred in any manner, and any portion of the appropriated
10 money remaining must not be spent for any purpose after
11 September 17, 2027, by either the entity to which the money was
12 appropriated or the entity to which the money was subsequently
13 granted or transferred, and must be reverted to the State General
14 Fund on or before September 17, 2027.



Sec. 2. 1. There is hereby appropriated from the State General Fund to the Department of Corrections the sum of \$227,313 for the Lovelock Correctional Center budget account for the purchase of locksmith equipment and the replacement of laundry, maintenance and warehouse equipment.

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. 3. 1. There is hereby appropriated from the State General Fund to the Department of Corrections for the Lovelock Correctional Center budget account for the replacement of security equipment the following sums:

For the Fiscal Year 2025-2026..... \$2,982

For the Fiscal Year 2026-2027..... \$994

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. 1. There is hereby appropriated from the State General Fund to the Department of Corrections the sum of \$398,347 for the Florence McClure Women's Correctional Center budget account for the replacement of culinary and laundry equipment.

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



* 5 8 4 9 0 *

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: August 11, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Dustin Speed, Executive Branch Budget Officer
Budget Division
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

DEPARTMENT OF WILDLIFE

Agenda Item Write-up:

Pursuant to NRS 334.010 and SAM 0304, the department requests approval to purchase one trailer, one ATV, and two UTV's for a total amount not to exceed \$71,322.

Additional Information:

This department is requesting to purchase one tandem axle utility trailer, one ATV, and two UTV's. Funding was appropriated from the 2025 Legislative Session for these purchases.

Statutory Authority:

NRS 334.010
SAM 0304

REVIEWED:

ACTION ITEM:



STATE OF NEVADA
DEPARTMENT OF WILDLIFE

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

ALAN JENNE
Director

JORDAN GOSHERT
Deputy Director

CALEB MCADOO
Deputy Director

MIKE SCOTT
Deputy Director

MEMORANDUM

Date: July 31, 2026
To: Dustin Speed, Executive Branch Budget Officer, Governor's Finance Office
From: Jordan Goshert, Deputy Director *J Goshert*
Subject: Request for BOE Approval to Purchase New Equipment

Pursuant to the requirements in the State Administrative Manual (SAM) 0304A, the Nevada Department of Wildlife (NDOW) is seeking the Board of Examiners' approval to purchase 4 new equipment items. The agency received authority during the 2025 Legislative Session to purchase equipment.

The agency is requesting the purchase of one (1) new trailer to support the Air Operations Program within the Game Division. This trailer will be used to transport aviation jet fuel and will be paired with a modified fuel truck currently utilized by the program. The trailer will increase the agency's capacity to safely transport and deliver fuel to aircraft operating in remote locations throughout Nevada, where commercial fueling services are often unavailable. This equipment is critical for supporting aerial wildlife surveys, capture operations, telemetry flights, fire response support, and other aviation missions. The addition of the trailer will improve operational efficiency, reduce refueling delays, and enhance the agency's ability to safely support aircraft during field operations.

The agency is requesting the purchase of one (1) new all-terrain vehicle (ATV). This ATV will be located at our Pioche office and utilized to support wildlife surveys and management activities statewide. The ATV will provide staff with reliable access to remote and rugged terrain that is inaccessible to standard vehicles without adding wear and tear. Primary uses include conducting pronghorn population surveys, bighorn lamb production surveys, spring sage-grouse lek counts, general wildlife inventory and monitoring, and implementing mule deer habitat enhancement projects such as fence removal and modification, seeding efforts, invasive species management, and habitat restoration. The ATV will improve staff efficiency, reduce travel time to project sites, and provide a safe, effective means of accessing remote areas while minimizing impacts to sensitive habitats.

The agency is requesting the purchase of one (1) new off-road utility vehicle (UTV). This UTV will be located at our Reno office and utilized to support a wide range of wildlife management and habitat conservation activities across northwestern Nevada. Primary uses include conducting big game population surveys, wildlife habitat inventories, upland game bird translocation projects, sage-grouse lek counts, and accessing remote habitat restoration and enhancement projects for planning, implementation, and monitoring. The UTV will provide safe and reliable access to rugged terrain while reducing wear and maintenance costs associated with using full-size fleet vehicles in off-road conditions. This equipment will improve operational efficiency, extend the service life of the agency's existing vehicle fleet, and enhance staff's ability to complete critical wildlife management activities in remote areas.

The agency is requesting to purchase one (1) new off-road utility vehicle (UTV). This UTV will be located at our Elko office and is needed to access field sites safely and efficiently across northeast Nevada to

complete management objectives in the Sport Fish Restoration program within the Fisheries Division. This includes meeting recovery goals for Lahontan Cutthroat Trout and Bull Trout that will assist with delisting these species. Many of the areas Fisheries staff must work in when managing Lahontan Cutthroat Trout, Bull Trout, Redband Rainbow Trout, Mountain Whitefish, and some other native aquatic species are extremely remote and challenging to access in 4-wheel drive trucks which adds additional travel time and repair costs to vehicles. The UTV quote includes accessories needed to protect the equipment. The mid rear fab panel, EVA front doors, and tip-out glass are added safety items to provide a cab and windshield to protect and allow better visibility for staff when operating the UTV in inclement conditions. The heater will allow staff to operate in colder weather since the UTV will be used year-round and often in variable weather conditions. The aluminum skid plate, front brush guard, PC headache rack, and winch are all to provide additional protection to the UTV since it will be operated in variable off-highway conditions and ensure staff can safely navigate to field work sites without damaging critical operating components on this equipment. The fuse box is necessary for operating the winch and heater.

Quotes have been provided with the attached BOE approval to purchase a state vehicle request forms and the vehicle order information forms.

Please feel free to contact me if you have any questions.

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

Agency Name: Department of Wildlife	Budget Account #: 4464
Contact Name: Jordan Goshert	Telephone Number: 775-688-1982
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: Number of vehicles requested: <u>3</u> Amount of the request: <u>\$41,405.82</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: One trailer, one all-terrain vehicle (ATV) and one off-road vehicle (UTV). Mission of the requested vehicle(s): Please see attached memo.	
Were funds legislatively approved for the request? ☒ Yes ☐ No	If yes, please provide the decision unit number: E710 If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): ☒ <u>3</u> 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.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ Vehicle #2 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ _____ <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. N/A If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.
APPOINTING AUTHORITY APPROVAL: _____ Agency Appointing Authority Deputy Director _____ Title 7/31/2026 _____ Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase _____ Board of Examiners _____ Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 MAXX-D U4X 18' x 83" 10K Tandem Axle Utility Trailer Stock #M141127		
Dealer Name:	Huntley Motor World		
Delivery Location:	Reno, Nevada		
Vehicle Colors:	Exterior: BLACK	Interior: Black	☐ Cloth ☐ Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$6,795.00	\$ 6,795.00
SPECIFY OPTIONS: (description)	0	0	\$0
DELIVERY COST: (If other than Reno\Carson or Las Vegas)	0	0	\$0
Total purchase price with options	\$ 6,795.00		
DMV Title and DRS Fee's	1	\$28.25	\$28.25
GRAND TOTAL:	\$6,823.25		

Registered Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89511
Legal Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89511
County Vehicle Based In:	Washoe County
Name & Phone of Person to contact when vehicle is ready for delivery:	Emily Hobbs 775-688-1529 or Martha Lorentzen 775-688-1429

YERINGTON (HTTPS://HUNTLEYMOTORWORLD.COM/LOCATION/YERINGTON-NV/)

CARSON CITY (HTTPS://HUNTLEYMOTORWORLD.COM/LOCATION/CARSON-CITY-NV/)



2026 MAXX-D U4X 18' X 83" 10K TANDEM AXLE UTILITY TRAILER | STOCK #M141127



U4X - 10K Tandem Axle Utility Trailer | MAXX-D 202
MAXX-D Trailers

HUNTLEY MOTOR
WORLD® YERINGTON,
NV

(775) 553-0305
(TEL:+17755530305)

sales@huntleymotorworld.com
(mailto:sales@huntleymotorworld.com)

309 W Goldfield Ave
Yerington, Nevada 89447



Watch on

Contact Us

UTILITY TRAILERS
([HTTPS://HUNTLEYMOTORWORLD.COM/TRAILER-TYPE/UTILITY-TRAILERS/](https://huntleymotorworld.com/trailer-type/utility-trailers/))

x

MSRP: \$7,895

\$6,795

PRICE

SAVE \$1,100!

START FINANCING
APPLICATION

GET MORE INFORMATION

Email: **UNIT DETAILS**

Phone:

2026 MAXX-D U4X 18' X 83" 10K TANDEM AXLE UTILITY

TRAILER

Prefilled Contact Method:

Stock #M141127 | VIN: 5R8BU1825TM141127

Price: \$6,795

HEAVY-DUTY 10K UTILITY TRAILER FOR SALE IN
NEVADA

By clicking on this link, for a serious 10K utility trailer from Huntley Motor World® regarding inquiries, order updates and service reminders. Message M141127 | VIN: 5R8BU1825TM141127 | Price: \$6,795. Message & data rates may apply. Reply STOP to opt out. Reply HELP for assistance. View our Privacy Policy (<https://huntleymotorworld.com/privacy-policy/>) and Terms & Conditions (<https://huntleymotorworld.com/terms-conditions/>) here.

Quick Specs

Settled in Texas and engineered for contractors, landscapers,

equipment haulers, and ranch use, this trailer is ready to go to work immediately.

Yerington, NV

Location: (<https://huntleymotorworld.com/nv/>)

Stock Number: M141127

SEND MESSAGE

KEY SPECIFICATIONS

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 Kawasaki Brute Force 750		
Dealer Name:	Ridezilla		
Delivery Location:	PICK UP		
Vehicle Colors:	Exterior: Red	Interior:	☒ Cloth ☐ Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$ 10,216.25	\$10,216.25
SPECIFY OPTIONS: (description)			\$0
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		PICK UP	\$0
Total purchase price with options			\$10,216.25
DMV Title and DRS Fee's		\$28.25	\$28.25
GRAND TOTAL:			\$10,244.50

Registered Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89521
Legal Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89521
County Vehicle Based In:	Lincoln County
Name & Phone of Person to contact when vehicle is ready for delivery:	Emily Hobbs 775 688-1529 Martha Lorentzen 775 688 1429



Date: 7/30/2026
Salesperson: Nick Pickering
Manager: Matt Martin

FOR INTERNAL USE ONLY

BUSINESS NAME Nevada Department Of Wildlife Home Phone : _____
CONTACT Emily Hobbs
1100 Valley Road
Address : RENO, NV 89512 Work Phone : _____
WASHOE
E-Mail : emily.hobbs@ndow.org Cell Phone : (775) 688-1529

VEHICLE

Stock # : 502213 New / Used : New VIN : JKAVFDM13TB502213 Mileage: 1
Vehicle : 2026 Kawasaki Brute Force 750 Color : Firecracker Red
Type : _____

Market Value Selling Price	<u>10,216.25</u>
Balance	<u>10,216.25</u>

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

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Polaris Ranger 1000 Premium Polaris		
Dealer Name:	Ridezilla		
Delivery Location:	PICK UP		
Vehicle Colors:	Exterior: Granite Gray	Interior: Black	☒ Cloth ☐ Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$24,309.82	\$24,309.82
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		PICK UP	\$0
Total purchase price with options			\$24,309.82
DMV Title and DRS Fee's		\$28.25	\$28.25
GRAND TOTAL:			24,338.07

Registered Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89521
Legal Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway, Suite 120 Reno, NV 89521
County Vehicle Based In:	Washoe County
Name & Phone of Person to contact when vehicle is ready for delivery:	Emily Hobbs 775 688-1529 Martha Lorentzen 775 688 1429



Date: 7/30/2026
Salesperson: Nick Pickering
Manager: Matt Martin

FOR INTERNAL USE ONLY

BUSINESS NAME Nevada Department Of Wildlife Home Phone : _____
CONTACT Emily Hobbs
1100 Valley Road
Address : RENO, NV 89512 Work Phone : _____
WASHOE
E-Mail : emily.hobbs@ndow.org Cell Phone : (775) 688-1529

VEHICLE

Stock # : 000751 New / Used : New VIN : 4XARRE999T8000751 Mileage: 1
Vehicle : 2026 Polaris Ranger XP 1000 Premium Polaris Color : Polaris Pursuit
Type : _____

Market Value Selling Price	<u>24,309.82</u>
Balance	<u>24,309.82</u>

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

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

Agency Name: Department of Wildlife	Budget Account #: 4465	
Contact Name: Jordan Goshert	Telephone Number: 775-688-1982	
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: Number of vehicles requested: <u>1</u> Amount of the request: <u>\$29,915.44</u> Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: <u>One off-road vehicle (UTV).</u> Mission of the requested vehicle(s): <u>Please see attached memo.</u>		
Were funds legislatively approved for the request? ☒ Yes ☐ No	If yes, please provide the decision unit number: <u>E710</u> If no, please explain how the vehicles will be funded?	
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): ☒ <u>1</u> 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.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ Vehicle #2 Model Year: _____ Odometer Reading: _____ Type of Vehicle: _____ <i>Please attach an additional sheet if necessary</i>	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. N/A _____ If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade.	
APPOINTING AUTHORITY APPROVAL:		
 _____ Agency Appointing Authority	Deputy Director _____ Title	7/31/2026 _____ Date
BOARD OF EXAMINERS' APPROVAL:		
☐ Approved for Purchase ☐ Not Approved for Purchase		
_____ Board of Examiners	_____ Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Honda Pioneer 100 Deluxe (Model SXS10M3DT)		
Dealer Name:	5 th Gear Powersports		
Delivery Location:	285 Spruce Rd Elko, NV 89801		
Vehicle Colors:	Exterior: Hero Red	Interior: N/A	☐ Cloth ☐ Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	1	\$22,284.00	\$22,284.00
SPECIFY OPTIONS: (description)			\$7,602.49
Heater	1	\$1,253.95	
Mid Rear Fab Panel	1	\$288.95	
EVA Front Doors	1	\$1,171.95	
Aluminum Skid Plate	1	\$457.95	
Front Brush Guard	1	\$363.95	
PC Headache Rack	1	\$731.95	
Tip-out Glass W/S	1	\$1,076.85	
Honda 4500 Winch Kit Pioneer 1000	1	\$699.99	
Fusebox Wiring - DLX	1	\$128.95	
Labor/Installation for accessories listed above	1	\$1,428.00	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)		\$0	\$0
Total purchase price with options			\$29,886.49
DMV Title and DRS Fee's	1	\$28.95	\$28.95

GRAND TOTAL:				\$29,915.44
Registered Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway Suite 120 Reno, NV 89511			
Legal Owner:	Agency Name & Address: Nevada Department of Wildlife 6980 Sierra Center Parkway Suite 120 Reno, NV 89511			
County Vehicle Based In:	Elko County			
Name & Phone of Person to contact when vehicle is ready for delivery:	Cody Byrne 775-777-2303 or Martha Lorentzen 755-688-1429			

Invoice #	343094	PO #	CODY 775
DL#			
DL#			

5th Gear Powersports

285 SPRUCE RD
Elko, NV 89801
{775} 738-8933

BUYERS NDOW/RENO JAKE KREAMER				PHONE NUMBER(s) C-{775} 688-1547				DATE SOLD 07-29-2026	
ADDRESS				CITY		COUNTY		STATE	ZIP
SALESPERSON Jessie Swett		DELIVERY DATE 07-29-2026		HULL MATERIAL		DELIVERY INSTRUCTIONS			
UNIT #1: MAKE HONDA	YEAR 2026	SIZE	MODEL SXS10M3DT	COLOR	ODOMETER 0	VIN	NEW USED	X	22,284.00
UNIT #2: MAKE	YEAR	SIZE	MODEL	COLOR	ODOMETER	VIN	NEW USED		
UNIT #3: MAKE	YEAR	SIZE	MODEL	COLOR	ODOMETER	VIN	NEW USED		
UNIT #4: MAKE	YEAR	SIZE	MODEL	COLOR	ODOMETER	VIN	NEW USED		

OPTIONAL EQUIPMENT AND ACCESSORIES				TOTAL PURCHASE	
HEATER	1,253.95	Cash Price of ALL Units		22,284.00	
MID REAR FAB PANEL	288.95				
EVA FRONT DOORS	1,171.95	Price of Unit(s) After Discount		22,284.00	
ALUMINUM SKID PLATE	457.95	Freight and Prep		N/A	
FRONT BRUSH GUARD	363.95	Extended Service Policy		N/A	
PC HEADACHE RACK	731.95	Optional Equipment and Accessories		7,602.49	
TIP-OUT GLASS W/S	1,762.95	GAP Coverage		N/A	
Honda 4500 Winch Kit Pioneer 1000	699.99	Theft Coverage		N/A	
FUSEBOX WIRING - DLX	128.95	DOC/Admin Fees		N/A	
		Sales Tax		N/A	
		Sub-Total		29,886.49	
		Cash Down		N/A	
		Trade Allowance		N/A	
		Less Total Down Payment		N/A	
		Net Sale		29,886.49	
		Trade Payoff		N/A	
Accessories Discount	686.10			N/A	
		License/Registration/Title Fees		28.95	
		Total Other Fees		28.95	
Labor / Installation for Accessories	1,428.00	Unpaid Balance		29,915.44	

OPTIONAL EQUIPMENT CARRIED FORWARD	7,602.49	NOTE: WARRANTY AND EXCLUSIONS AND LIMITATIONS OF DAMAGES ON THE NEXT 2 PAGES.

Lienholder:				Dealer and Buyer(s) certify that the additional terms and conditions printed on the 2nd & 3rd pages of this contract are agreed to as a part of this agreement the same as if printed above the signature. Buyer(s) certify that optional equipment, accessories, and insurance, if any, has been voluntarily purchased by Buyer(s). Buyer(s) trade-in is free from all liens and encumbrances whatsoever, except as Buyer(s) have indicated herein. (See Par. #3 and #12 on the 2nd & 3rd pages of this agreement). Dealer and Buyer(s) agree that if any paragraph or provision should violate the law and/or is unenforceable, the rest of this contract will remain valid. ☐ WHEN THIS BOX IS CHECKED, BUYER(S) UNDERSTAND THAT THE UNIT BUYER(S) IS/ARE BUYING FROM DEALER DESCRIBED ABOVE IS BEING SOLD TO BUYER(S) 'AS-IS' AND BUYER(S) ACCEPT THE ENTIRE RISK AS TO THE QUALITY AND PERFORMANCE OF THIS UNIT AND THAT BUYER(S) DID USE BUYER(S) OWN JUDGEMENT AND INSPECTION.
DESCRIPTION OF TRADE-IN				
MAKE	YEAR	SIZE	MODEL / VEHICLE TYPE	
SERIAL NO.				
MAKE	YEAR	SIZE	MODEL / VEHICLE TYPE	
SERIAL NO.				
MAKE	YEAR	SIZE	MODEL / VEHICLE TYPE	
SERIAL NO.				
AMOUNT OWING	TO WHOM OWED			
N/A				

TOTAL TRADE-IN ALLOWANCE		N/A	BUYER(S) HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS ORDER AND THAT BUYER(S) HAVE READ THE FOLLOWING 2 PAGES OF THIS AGREEMENT. BUYER(S) ALSO AGREE THAT THE BALANCE WILL BE PAID BY CASH, BANK DRAFT, CERTIFIED CHECK, OR BY THE EXECUTION OF A RETAIL INSTALLMENT CONTRACT, OR A SECURITY AGREEMENT AND ITS ACCEPTANCE BY A FINANCING AGENCY.
DEBT BUYER OWES ON TRADE-IN TO BE PAID BY:		DEALER BUYER	
NOT VALID UNLESS SIGNED AND ACCEPTED BY AN OFFICER OF THE COMPANY			
BY:			Buyer Sign X
APPROVED, SUBJECT TO ACCEPTANCE OF FINANCING BY BANK OR FINANCE CO.			Co-Buyer Sign X
READ ALL PAGES OF THIS AGREEMENT BEFORE SIGNING THIS DOCUMENT			

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: July 31, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Rosa Rogula, 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.

**STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES –
DIVISION OF WATER RESOURCES**

Agenda Item Write-up:

Pursuant to NRS 334.010 and SAM 0304, the department requests approval to purchase two replacement vehicles for a total amount not to exceed \$16,149.

Additional Information:

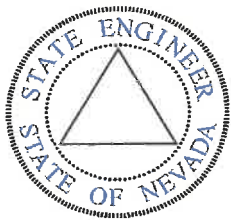
The department is requesting to purchase two replacement vehicles to complete field work across Nevada. The vehicles will be supporting field operations statewide, with primary use in the Humboldt region, to carry out essential management of Nevada's water resources. Funding for these vehicles will come from non-executive budget accounts 4213 and 4214..

Statutory Authority:

NRS 334.010
SAM 0304

REVIEWED:

ACTION ITEM:



Nevada Division of
WATER RESOURCES

STATE OF NEVADA
Department of Conservation and Natural Resources
Joe Lombardo, *Governor*
Vinson Guthreau, *Director*
Joe Cacioppo, P.E., *State Engineer*

MEMORANDUM

Date: July 30, 2026

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

From: Natalie Wood, Deputy Administrator, Division of Water Resources

Subject: ATV Replacement Request – 2026 Yamaha Kodiak 450

This request seeks to replace two ATVs purchased through non-executive funding in accordance with SAM 1314 and 1316.

- 202409/1721428 1990 Polaris 250 Trail Boss 4x4
- 193535/1761445 1990 Polaris 250 Trail Boss 2x4

Attached is a request to the Board of Examiners Request for Approval to Purchase two ATVs, pursuant to NRS 334.010.

The ATVs will support field operations statewide, with primary use in the Humboldt region, to carry out essential management of Nevada's water resources.

Thank you in advance for your consideration of this request.

Natalie Wood
Deputy Administrator
Nevada Division of Water Resources
Department of Conservation and Natural Resources
901 S. Stewart Street, Suite 2002, Carson City, Nevada 89701
n.wood@water.nv.gov
Office: 775-684-2872

RECEIVED

JUL 31 2026

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

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

Agency Name: Nevada Division of Water Resources	Budget Account #: 4213/4214
Contact Name: Natalie Wood, Deputy Administrator	Telephone Number: 775-684-2872
Pursuant to NRS 334.010, agencies must receive prior written consent to purchase State vehicles. This applies to all new and used vehicles. Please provide the following information: Number of vehicles requested: <u>(2) two</u> Amount of the request: \$16,148.50 Is the requested vehicle(s) new or used: <u>New</u> Type of vehicle(s) purchasing e.g. compact sedan, intermediate sedan, SUV, pick up, etc.: Mission of the requested vehicle(s): The ATVs will support field operations statewide, with primary use in the Humboldt region, to carry out essential management of Nevada's water resources.	
Were funds legislatively approved for the request? ☐ Yes ☒ No	If yes, please provide the decision unit number: If no, please explain how the vehicles will be funded?
Is the requested vehicle(s) an addition to an existing fleet or replacement vehicle(s): ☐ Addition(s) ☒ <u>2</u> Replacement(s)	
Does the requested vehicle(s) comply with requirements pursuant to SAM 1314? If not, please explain. <u>Yes, the vehicles comply with SAM 1314.</u>	
Please Complete for Replacement Vehicles Only: (For type of vehicle, i.e., compact sedan, intermediate sedan, SUV, pick up, etc.) <u>Current Vehicle Information:</u> Vehicle #1 Model Year: 1990 Odometer Reading: NA Type of Vehicle: 1990 Polaris 250 TrailBoss 4X4 Vehicle #2 Model Year: 1990 Odometer Reading: NA Type of Vehicle: 1990 Polaris 250 TrailBoss 2x4	Does this request meet the replacement schedule criteria pursuant to SAM 1316? If no, explain why the vehicle is being replaced. Yes If the replacement vehicle is an upgrade to the existing vehicle, explain the need for the upgrade. This request is for both ATVs to be 4x4 to ensure field work can be conducted in remote areas throughout Nevada.
<i>Please attach an additional sheet if necessary</i>	
APPOINTING AUTHORITY APPROVAL: _____ Agency Appointing Authority Joe Cacioppo, P.E., State Engineer _____ Title <u>7-30-2016</u> _____ Date	
BOARD OF EXAMINERS' APPROVAL: ☐ Approved for Purchase ☐ Not Approved for Purchase _____ Board of Examiners _____ Date	

Vehicle Order Information Form

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

Please print out this page and complete all fields.

Vehicle Item No., Make, Model & No.:	2026 Yamaha Kodiak 450 YFM45KPATG		
Dealer Name:	Sonoma Cycle		
Delivery Location:	Elko, NV		
Vehicle Colors:	Exterior: GREEN	Interior: BLACK	☐ Cloth ☒ Vinyl
	Quantity	Unit Cost	Total Cost
BASE PRICE (Reno, Carson City or Las Vegas delivery)	2	\$ 8,046	16,092.00
SPECIFY OPTIONS: (description)			
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
DELIVERY COST: (If other than Reno\Carson or Las Vegas)			
Total purchase price with options			\$
DMV Title and DRS Fee's	2	\$28.25	\$56.50
GRAND TOTAL:			\$16,148.50

Registered Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite 2002 Carson City, Nevada 89701
Legal Owner:	Agency Name & Address: Nevada Division of Water Resources 901 S. Stewart Street, Suite 2002 Carson City, Nevada 89701
County Vehicle Based In:	Elko, NV
Name & Phone of Person to contact when vehicle is ready for delivery:	Mike Starr mike.starr@water.nv.gov 775-753-3558

SONOMA CYCLE

ARTIC CAT * BETA * KAWASAKI * POLARIS *
SUZUKI * YAMAHA * CAN-AM

Purchasers Information

MIKE STARR

DIVISION OF WATER RESOURCE

7/30/26

Last Name

First Name

Sale Date

1250 LAMOILLE HWY STE 940

ELKO

NV

89801

Street Address

City

State

Zip

775-753-3558

MIKE.STARR@WATER.NV.GOV

Phone Number

Email Address

Vehicle Being Purchased

☒ NEW ☐ MOTORCYCLE ☐ PWC
☐ USED ☒ ATV ☐ TRAILER
☐ DEMO ☐ SIDE X SIDE ☐ SNOW

Year 2026 Make YAMAHA
Model YFM45KPATG Body KODIAK 450
Color GREEN Trim BLACK

Vin # TBD

Engine Type 4-STROKE

Mileage 1

Stock Number TBD

Salesman DANIEL BROOKS

Used Vehicle Traded In / Credits

Year Make

Model Body

Vin #

I certify that the odometer reading on my above trade
reads _____ miles. The odometer
has _____ has not _____
exceeded 100,000 miles.

Signature

Used Trade-In Allowance 0.00
Balance Owed on Trade-In 0.00
Net Allowance on Used Trade 0.00
Cash with Order 0.00
Down Payment 0.00
Total Credit (Transfer to Right) 0.00

Cash Delivered Price of Vehicle

Accessories

Part #

Documentation Fee
Surcharge
Freight

Cash Price of Vehicle & Accessories

Extended Warranty _____ Months Total

Labor

State Tax

Title and/or Registration Fee

Sale Total

Total Credit (Transferred from Left Column)

Unpaid Cash Balance Due on Delivery

Purchaser agrees that this Order includes all of the terms and conditions on both the face and reversed 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 BECOME BINDING UNTIL ACCPETED 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.

Purchasers Signature

Date

Dealer Representative

Date

Sonoma Cycle

405 W. Winnemucca Blvd. - Winnemucca, NV 89445
Phone (775) 623-6888 Fax - (775) 623-0463 - Toll Free 800-575-9709

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: July 28, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Michael Rankin, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

NEVADA DEPARTMENT OF EDUCATION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Lori Navarrete to provide project coordinator services through statewide contract #99SWC-NV25-25408 with Marathon Staffing Group, Inc.

Additional Information:

Ms. Navarrete retired from the Nevada System of Higher Education on June 30, 2026, and is receiving pension benefits. She will be working as an Education Programs Professional onboarding and rolling out the Nevada Transitions Roadmap through Innovative Partnerships program. The department requests to contract with Ms. Navarrete from October 1, 2026 to March 31, 2027 on a part-time basis.

Statutory Authority:

NRS 333.705(1)

REVIEWED: AR 12
ACTION ITEM: _____

Joe Lombardo
Governor

Victor Wakefield
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: Annette Morfin, Purchasing Officer, Department of Administration, Purchasing Division

FROM: Dr. Victor Wakefield, Superintendent of Public Instruction 
Victor Wakefield

DATE: July 22, 2026

SUBJECT: Authorization to Contract with Former Employee – Lori Navarrete

The Nevada Department of Education (NDE) is requesting to contract with a former State employee – Lori Navarrete, using Manpower Temporary Services. The request is made in accordance with the State Administrative Manual Chapter 0323. In her previous position, Ms. Navarrete was a Professor, Associate Professor, Dean/Interim Dean, Associate Dean/Interim Associate Dean for Nevada State University.

Through this contract Ms. Navarrete will perform duties as an Educational Programs Professional in the Office of Comprehensive Student Services (OCSS). This includes but is not limited to collaborating with the Nevada TRIP Outreach Specialists from the pilot LEAs to build strong working relationships and identify lessons learned from the Year 2–3 rollout to inform onboarding efforts in Years 4–5. Facilitating monthly meetings with the Nevada TRIP Outreach Specialists from the onboarding LEAs, preparing them for and supporting them through the Nevada TRIP rollout. Provide guidance and technical assistance to LEAs throughout the rollout process, including but not limited to:

- Completion of the LEA Self-Assessment of Transition Services (S-ATS);
- Utilization of the data from the LEA S-ATS to prioritize growth areas and develop transition services to improve postsecondary outcomes for students with disabilities;
- Completion of the Nevada TRIP website launch for student registration;
- Data collection and reporting using the tool developed by RMC Research Corporation (the external evaluator).

If additional information or clarification is needed, please contact Kaylene Hoyt, Contracts Manager at 775-687-9101 or NDEcontracts@doe.nv.gov.

cc: Torrey Palmer, Deputy Superintendent, Student Achievement Division



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Authorization to Contract with a Former Employee

Employee Information				
Former Employee Name:	Lori Navarrete			
Former Employee ID Number:	1000003861 - NSHE			
Former Job Title:	Professor, Associate Professor, Dean/Interim Dean, Associate Dean/Interim Associate Dean			
Former Employee Agency:	Nevada State University			
Former Class and Grade:	Class:	N/A	Grade:	N/A
Former Employment Dates:	From:	2006	To:	June 30, 2026
Requesting Agency:	Nevada Department of Education, Office of Comprehensive Student Services			
Vendor:	Manpower			

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
	Summarize scope of contract work.
	The Nevada Transitions Roadmap through Innovative Partnerships (Nevada TRIP) Project Coordinator collaborates with Nevada TRIP partners to design, implement, and evaluate systems that support onboarding and rollout within local education agencies (LEAs). This role leads efforts related to onboarding, continuous improvement, and scaling and preparation for statewide implementation.
A	Responsibilities include: - Collaborate with the Nevada TRIP Outreach Specialists from the pilot LEAs to build strong working relationships and identify lessons learned from the Year 2–3 rollout to inform onboarding efforts in Years 4–5. - Facilitate monthly meetings with the Nevada TRIP Outreach Specialists from the onboarding LEAs, preparing them for and supporting them through the Nevada TRIP rollout. - Provide guidance and technical assistance to LEAs throughout the rollout process, including but not limited to: - Completion of the LEA Self-Assessment of Transition Services (S-ATS); - Utilization of the data from the LEA S-ATS to prioritize growth areas and develop transition services to improve postsecondary outcomes for students with disabilities; - Completion of the Nevada TRIP website launch for student registration; - Data collection and reporting using the tool developed by RMC Research Corporation (the external evaluator);

	○ Sharing lessons learned for use with future onboarding districts during the statewide rollout in Years 4-5; and ○ Facilitation of sharing of progress and working together as thought partners to address issues and celebrate successes with support from the Nevada TRIP Project Director and RMC Research Corporation. • Prepare and maintain documentation related to project implementation, progress monitoring, and reporting requirements. • Contribute to cross-agency collaboration and alignment of project goals, resources, and strategies. • Support the development and refinement of scalable systems to ensure effective implementation and sustainability across LEAs.
B	Document former job description. As a faculty member, responsibilities included teaching, scholarship, service, and other related academic duties. As a dean, responsibilities included providing strategic leadership, managing budgets and schedules, overseeing program and curriculum development, supporting marketing and outreach initiatives, and performing other administrative and leadership responsibilities.
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? N/A
D	Explain why existing State employees within your agency cannot perform this function. Existing State employees within the Nevada Department of Education cannot perform this function because the contract position was awarded through the 84.421E Disability Innovation Fund (DIF), Pathways to Partnerships Innovative Model Demonstration Project, Assistance: Nevada Transitions Roadmap through Innovative Partnerships Project (Nevada TRIP).
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. Contractor hourly rate = \$54.93 (24.8%); employee's hourly rate = \$40.00.
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate. Education Programs Professional, 40-10, \$54.93.
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result? N/A
I	Document justification for hiring contractor. The justification for hiring the contractor is that the position was awarded through the 84.421E Disability Innovation Fund (DIF), Pathways to Partnerships Innovative Model Demonstration Project, Assistance: Nevada Transitions Roadmap through Innovative Partnerships Project (Nevada TRIP).
J	Will the employee be collecting PERS at any time during the contract? No
K	What is the duration of the contract with the former employee? (Include start and end date)

	October 1, 2026 – March 31, 2027
L	Will the former employee be working full time or part time? If part time, how many hours?
	Part-time at 20 hours per week
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:


Victor Wakefield (Jul 23, 2026 09:40:30 PDT)

Jul 23, 2026

Signature of Agency Head Authorizing Request

Date



Budget Analyst Signature

8/28/2026

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: August 10, 2026

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

From: Roxana Gifford, Executive Branch Budget Officer
Governor's Finance Office

Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HUMAN SERVICES –
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Steven Zuchowski to provide psychiatric assessment, medication prescribing services for individuals committed to the agency for competency restoration, and training services through statewide contract #99SWC-NV20-5284 with Reliable Health Care Services.

Additional Information:

Dr. Zuchowski retired from the department on June 01, 2026, and is receiving pension benefits. He will work to transfer his specialized knowledge to newer psychiatrists as well as residents. The department requests to contract with Dr. Zuchowski from September 8, 2026 to December 30, 2026 on a part-time basis.

Statutory Authority:
NRS 333.705(1)

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

Joe Lombardo
Governor

Laura Rich
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Andrea R. Rivers,
MS
Administrator

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

MEMORANDUM

DATE: July 29th, 2026

TO: Roxana Gifford
Executive Branch Budget Officer I, Governor's Finance Office, Budget Division

FROM: Lily Stidham
Contract Unit, Division of Public and Behavioral Health

SUBJECT: Submission for the September 8th, 2026, Board of Examiners Meeting

The following is being submitted for the September 8th, 2026, BOE meeting:

Authorization to Contract with a Former Employee – BA 3162
Steven Zuchowski

Thank you,

Lily Stidham

contractunit@health.nv.gov | lstidham@health.nv.gov | msilzell@health.nv.gov | bmccabe@health.nv.gov

RECEIVED

JUL 29 2026

**GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION**

Joe Lombardo
Governor

Laura Rich
Director



DEPARTMENT OF HUMAN SERVICES



NEVADA DIVISION of PUBLIC
and BEHAVIORAL HEALTH



Andrea R. Rivers,
MS
Administrator

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

MEMORANDUM

DATE: August 3, 2026
TO: Roxana Gifford, Executive Branch Budget Officer, Governors Finance Office
THROUGH: Andrea R. Rivers, MS, Administrator, Division of Public and Behavioral Health
FROM: Drew Cross, State Forensic Director, Division of Public and Behavioral Health
RE: Request Authorization to Contract with Former Employee- Dr. Steve Zuchowski

Initial
AR

Dr. Steve Zuchowski is a long-term state Senior Psychiatrist with close to 20 years of state service and over 25 years of experience practicing medicine who retired June 1, 2026. During his time with the State, he has provided the statutorily required service, under NRS 178.425, of forensic competency restoration to the inpatient and outpatient populations at Lake's Crossing Center. This included psychiatric treatment and competency evaluations.

During his time at Lake's Crossing, he was a highly valued member of a multidisciplinary treatment team and his knowledge about the specialized population Lake's Crossing serves cannot be overstated. Dr. Zuchowski has maintained the specialized training and certification requirement of a state evaluator. He is accepted by the courts of Nevada as a subject matter expert and his testimony is highly valued and sought.

Demand for forensic services continues to grow and we are currently experiencing a waitlist for these services. With over 180 individuals awaiting forensic services across the state, and the court ordering transport within 7 days, it is more important than ever to have a robust team of evaluators able to address this need. Recruitment efforts are ongoing and made through direct outreach, residency-based collaborations with the universities, and utilizing postings on multiple social media platforms.

The retiree wishes to continue their service to statewide forensic efforts. This comes at a critical time as the state continues to bolster competency restoration services in an effort to mitigate potential sanctions that are levied in response to individuals waiting longer than seven days for transport to a state hospital from the detention center.



**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

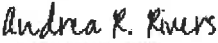
Employee Information			
Former Employee Name:	Steven Zuchowski		
Former Employee ID Number:	045832		
Former Job Title:	Senior Psychiatrist		
Former Employee Agency:	Lake's Crossing Center		
Former Class and Grade:	Class:	U9088	Grade: 55
Former Employment Dates:	From:	12/05/2010	To: 06/01/2026
Requesting Agency:	Department of Human Services, Division of Public and Behavioral Health, Lake's Crossing Center		
Vendor:	Reliable Health Care Services		

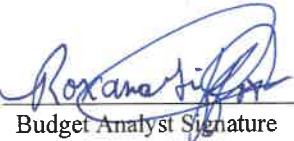
Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Contract work will entail performing competency evaluations under Nevada Revised Statute 178.425, psychiatric assessment and prescribing of medication of individuals committed to DPBH for competency restoration, training, and working with the interdisciplinary team.
B	Document former job description. As a member of the treatment team, the Senior Psychiatrist is expected to complete the statutorily required assessment of criminal competency for the courts and be available to testify as an expert witness. The Senior Psychiatrist collaborates with multiple disciplines in the treatment of the forensic client population. This includes prescribing and titrating appropriate psychotropic medications. The Senior Psychiatrist is a valued member of the treatment team and provides subject matter expertise respective to their medical background.
C	Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer? Yes, Dr. Zuchowski has specialized knowledge of psychiatric treatment and forensic evaluations for this population. He is certified to perform the evaluations pursuant to NRS 178.417. Dr. Zuchowski will work to transfer his specialized knowledge to newer psychiatrists as well as residents.

D	Explain why existing State employees within your agency cannot perform this function.
	Qualified state employees cannot keep up with the evaluation demand. Additional employees will assist in helping to complete reports, which will assist the agency in meeting its statutory obligation.
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.
	The contractor's hourly rate is \$233/hour. The employee's hourly rate is \$200/hour.
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.
	SR PSYCHIATRIST (RANGE C), Grade 55, \$101.16/hr
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	The contract rate is set to help with recruitment and maintenance of qualified contract staff. The specialized training and demand for psychiatrists across the public and private sector have created an environment of competitive compensation. While the contractor's hourly rate is higher than the maximum employee/employer rate for a comparable State position, it reflects the market rate these specialists can earn outside of State service, while remaining below the national average nonetheless. Forensic psychiatrists have a limited labor pool, and statewide shortages make recruitment highly competitive. Contract rates must align with prevailing private-sector compensation in order for the agency to secure qualified forensic clinicians and maintain required clinical, legal, and accreditation standards. Per the National Library of Medicine, "The average hourly rate charged by psychiatrists for forensic work, aggregated across all types of referral questions, regions, and employment settings is \$280.23" (Neal, T.M.S., & Line, E.N. <i>Income, demographics, and life experiences of clinical-forensic psychiatrists in the United States.</i>) This rate has not limited the contract term.
I	Document justification for hiring contractor.
	Lake's Crossing Center has historically had difficulty finding and hiring psychiatry staff, which requires the agency to utilize contract staff to meet the mission of the agency. Lake's Crossing has taken an active role in recruiting for the specialized position of Forensic Psychiatrist. This includes collaborating with the state universities to establish residency programs. In addition, we continue to post these positions on several highly visible online platforms. While these efforts have shown benefit, vacancies remain.
J	Will the employee be collecting PERS at any time during the contract?
	Yes, the former employee is currently drawing their PERS benefit.
K	What is the duration of the contract with the former employee? (Include start and end date)
	The contract would begin Upon BOE approval and terminate 12/30/26
L	Will the former employee be working full time or part time? If part time, how many hours?
	The former employee would be returning in a part-time role, working at a maximum, 12 hours per week.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Signed by:	
	8/5/2026
ESB13E90C1E66ED	
Signature of Agency Head Authorizing Request	Date

	8/28/26
Budget Analyst Signature	Date

Clerk of the Board of Examiners Signature	Date

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: August 10, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Shayne Powell, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

GOVERNOR'S OFFICE - NEVADA ATHLETIC COMMISSION

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the commission requests to contract with current employee Mallory Triplett, a current Lieutenant with the Department of Public Safety, to provide inspection services at sanctioned events.

Additional Information:

NRS 467.050 allows the commission to utilize and employ inspectors as independent contractors. The commission does not employ staff with sufficient knowledge to support the regulatory oversight and duties required during sanctioned weigh-ins and events. Ms. Triplett has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed, with satisfactory performance, previous inspection services for the commission. The commission requests to contract with Ms. Triplett from September 8, 2026 through July 31, 2030 on a part-time basis.

Statutory Authority:
NRS 333.705(1)

REVIEWED: *SL*
ACTION ITEM:



Joe Lombardo
Governor

STATE OF NEVADA
ATHLETIC COMMISSION

Jeff Mullen
Executive Director

Chairman: Dallas Haun

Members: Alexander G. Chen, David Chesnoff, Anthony A. Marnell III, Richard Reviglio

MEMORANDUM

To: State of Nevada Board of Examiners

From: Jeff Mullen, Executive Director

Date: July 14, 2026

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

SUMMARY

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

BACKGROUND

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

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

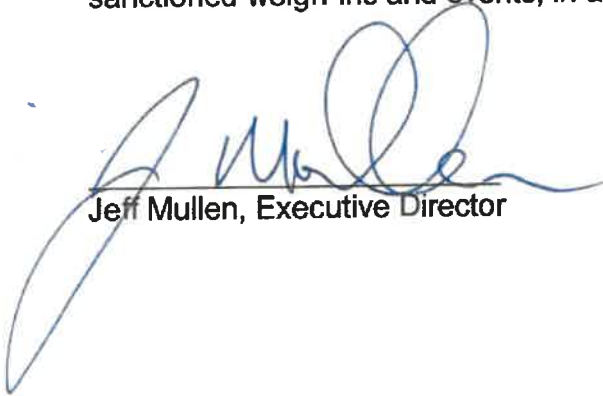
NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

This vendor has extensive knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms with satisfactory performance. Due to the inherently dangerous nature of the sport, it is imperative that the entire NSAC team (including Inspectors), are well versed in the

regulations/statutes/rules and catastrophic injury protocol. Ms. Triplett has proven herself to be an asset in this area.

RECOMMENDATION

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

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

Jeff Mullen, Executive Director



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

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

Authorization to Contract with a Current Employee

Employee Information			
Employee Name:	Mallory Triplett		
Employee ID Number:	42325		
Job Title:	Lieutenant		
Current Employee Agency:	Department of Public Safety Nevada State Police Division of Parole and Probation		
Current Class and Grade:	Class:	13.204	Grade: 45
Employment Dates:	From:	03/03/2023	To: Current
Requesting Agency:	Athletic Commission		
Vendor:	Mallory Triplett		

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

X	Contract is with a current State employee (contractor) or a temporary employment agency providing a current employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a current State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Scope of work includes supporting the Athletic Commission staff during unarmed combat sports weigh ins and events. High level summary of duties includes Pre-Inspection of Premises and Dressing Rooms; Gloves Review; Corner Inspectors; Dressing Rooms; Post-Fight Support; Other Duties as required.
B	Document the employee's current job description. DPS Lieutenant – (High Level Summary) responsible for the operations and administrative functions of an assigned work unit to include overseeing law enforcement activities, services and programs within an assigned division of DPS.
C	Explain how this differs from current State duties. Contractor role helps support the regulatory oversight of unarmed combat
D	Explain why existing State employees within your agency cannot perform these duties.

	Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has a very small staff and would not be able to meet the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks.
E	Document if the individual overseeing or establishing the contract is related to the contractor. If so, explain the relationship and why this would not affect independence and why this would not violate NAC 284.750. There is no relationship between any Athletic Commission staff member and the contractor/s, including the individuals who oversee, monitor, or establish the contract.
F	List contractors' hourly rate and employee's hourly rate. Contractors are paid per weigh-in or event. There is a sliding scale based on the size of the event. The average time at an event is 10 hours therefore the hourly range falls between \$15.00 and \$25.00 per hour. The state employee's hourly rate is \$56.62.
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate. AG Criminal Investigator Grade 41 \$40.07 – \$57.53; Compliance/Enforcement Investigator 2 Grade 40 \$38.34 - \$57.53
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). N/A
I	Document justification for hiring contractor. This vendor has knowledge of the rules and regulations or unarmed combat and has successfully completed previous Inspector services contract terms. Performance was satisfactory.
J	Will the employee be collecting PERS at any time during the contract? No
K	What is the duration of the contract with the current employee? (Include start and end date) Inspector contracts are for a four (4) year period. If approved, the contract period would be from 8/1/2026 through 7/31/2030.
L	Will the current employee be working full time or part time? If part time, how many hours? Less than part time. Assignments are based on contractor availability and at times assignments are considered by skill level, i.e. language skills as many of our combatants are international. This individual worked approximately 300 hours over the course of FY26, and we expect future fiscal year estimates to be similar
M	Is the employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s). No

Comments – Provide any additional comments:

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

Approval for Authorization to Contract with a Current Employee:



Signature of Agency Head Authorizing Request Date



Budget Analyst Signature Date 6/10/2022

Clerk of the Board of Examiners Signature Date

Secondary Employment Disclosure

Employee Name: Mallory Triplett
Employee ID number: 42325
Name of Secondary Employer: Nevada State Athletic Commission
(If self employed, enter the business name)
Address of Secondary Employer/Self Employment: 3300 W. Sahara Ave, Suite 450 Las Vegas, NV 89102
Secondary Employer Phone Number: 702-486-2575

Describe the nature of the work performed by the secondary employer or self employment business.	Enforce the rules and regulations of NAC 467 and the Nevada Rules of Unarmed Combat Sports during professional and amateur events.
Might this activity require or induce you to disclose controlled information obtained as part of your job or impair your independence or ethics?	No
List the specific duties, functions, and activities that you personally will perform for the secondary employer or in the self-employment business.	Oversee professional and amateur unarmed combatants and their coaches. Inspect the venue and equipment prior to the start of the event. Ensure combatants complete any drug testing required of them. Escort the combatant through the venue and into the ring.
Document your work schedule with the secondary/self employment; how many and what hours weekly; what your State work schedule is; how many and what hours you will work weekly. Will this conflict with your State work hours?	20 hours per week/days and work schedule vary. State work schedule is a 40 hour variable work schedule. This secondary employment will not conflict with my state work hours.
If applicable, list provider agreements, brief scope of services, and associated State agencies.	

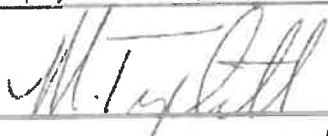
Comments:

Employee statement

I certify that my outside employment does not present a conflict with my State employment. The employment may not be construed as an extension of my duties or responsibilities with the State. I will devote my full time, attention and effort to State employment during official duty hours and not to contractual obligations. If a potential conflict arises I will notify my supervisor and agency head, within three business days I agree to submit a new application for approval by July 1 of each year, or within 30 days of a change in outside employment status.

Employee's agency head shall check one of the following statements:

☒ I have reviewed the information provided on this form and determined that this secondary employment **DOES NOT** present a real or potential conflict of interest to the State of Nevada.
☐ I have reviewed the information provided on this form and determined that this secondary employment **DOES** present a real or potential conflict of interest to the State of Nevada.

 7/14/26
 Employee's Signature and Date
 7/14/2024
 Agency Head's Signature and 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: July 31, 2026

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

From: Rosa Rogula, Executive Branch Budget Officer *RR*
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.

**STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES –
DIVISION OF ENVIRONMENTAL PROTECTION**

Agenda Item Write-up:

Pursuant to NRS 333.705, subsection 1, the department requests to contract with former employee Angele Wetzel to provide subject matter expertise in budget and grant management support for the Division of Environmental Protection through statewide contract #99SWC-NV25-25409 with HAT Limited Partnership dba Manpower.

Additional Information:

Ms. Wetzel retired from the Nevada Division of Environmental Protection on May 16, 2026, and is receiving pension benefits. Despite recruitment efforts, the agency has been unable to fill the positions due to a lack of qualified candidates. Hiring Ms. Wetzel temporarily would allow the department to complete fiscal services and federal grants reporting to be properly reconciled, reported, and closed in a timely manner. The department requests approval to contract with Ms. Wetzel from September 9, 2026 through December 9, 2026.

Statutory Authority:

NRS 333.705(1)

REVIEWED: *ARR*
ACTION ITEM: _____



NEVADA DIVISION OF
**ENVIRONMENTAL
PROTECTION**

A division of the
Nevada Department of Conservation & Natural Resources

STATE OF NEVADA
Joe Lombardo, *Governor*
Vinson Guthreau, *Director*
Jennifer L. Carr, *Administrator*

901 S. Stewart Street, Suite 4001
Carson City, Nevada 89701
p: 775-687-4670 f: 775-687-5856
ndep.nv.gov

Date: July 31, 2026

To: Rosa Rogula, Executive Branch Budget Officer 1
Governor's Office of Finance

From: Sheryl Fontaine, Chief, Bureau of Administrative Services *SF*
Nevada Division of Environmental Protection

Subject: Authorization to Contract with a Former Employee

On behalf of the Nevada Division of Environmental Protection (NDEP), I respectfully request approval to contract with a former Nevada Department of Conservation and Natural Resources employee, Angele Wetzel, through Manpower Temporary Staffing.

We are requesting this contract with Ms. Wetzel due to her experience and expertise with Departmental and NDEP Fiscal Management branch and State of Nevada biennial federal reporting processes. The NDEP Office of Fiscal Management provides critical fiscal services and support to the entire Division and Ms. Wetzel's expertise and experience are needed to ensure that NDEP's federal reporting is submitted accurately and timely. This request is due, in part, to current and pending vacancies within the Office of Fiscal Management.

Thank you for your consideration. If you have any questions, please contact me at 775-687-9374 or sfontaine@ndep.nv.gov.



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

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

Authorization to Contract with a Former Employee

Employee Information			
Former Employee Name:	Angele Wetzel		
Former Employee ID Number:	31952		
Former Job Title:	Budget Analyst III		
Former Employee Agency:	State of Nevada, Department of Conservation and Natural Resources, Nevada Division of Environmental Protection, Bureau of Administrative Services		
Former Class and Grade:	Class:	7.620	Grade: 38-10
Former Employment Dates:	From:	09/27/2004	To: 05/16/2026
Requesting Agency:	State of Nevada, Department of Conservation and Natural Resources, Nevada Division of Environmental Protection, Bureau of Administrative Services		
Vendor:	Manpower Temporary Services, Vendor Number: T81030068		

Please mark which of the following applies and complete Sections 'A' through 'M' below:	
X	Contract is with a former State employee (contractor) or a temporary employment agency providing a former employee.
	Contract is with an entity (contractor) other than a temporary employment agency that employs a former State employee who will be performing any or all of the contracted services.
A	Summarize scope of contract work. Contractor will work directly with Administrative Services Officer (ASO) IV within the DCNR NDEP Bureau of Administrative Services to ensure that the Division's federal grants are properly reconciled, reported, and closed in a timely manner. This work is necessary due to several vacancies in the bureau and recently hired Budget Analyst staff that are not familiar with the Division's numerous federal grants and reporting requirements. Duties will include (but are not limited to): a. Prepare Federal Financial Reports (FFR) b. Prepare Single Audit Reporting Forms (SARFs), c. Prepare Single Audit Certification (SAC d. Prepare Sub-Recipient Reporting e. Provide Federal grant oversight, including tracking and draws f. Provide training for new Budget Analyst staff on all of the above and other duties g. Provide training on other duties as required of the agency's Budget Analysts
B	Document former job description.

	Contractor served as a Budget Analyst III within NDEP for many years and performed all duties consistent with the Budget Analyst specifications and necessary for the agency.
C	Is the former employee being hired because of their specialized knowledge of the agency's operations? Is there a clause in the contract for transfer of the specialized knowledge of the contracting agency and a timeframe for the transfer?
	Yes, Contract employee retired in May 2026 and was a long-term NDEP employee with historical knowledge that can help the new Budget Analysts understand their job duties in a more thorough manner.
D	Explain why existing State employees within your agency cannot perform this function.
	The agency has experienced vacancies in 2 of the 3 Budget Analyst positions with new Budget Analysts not familiar with the numerous federal grants and reporting requirements necessary in time to meet state and federal fiscal year closing deadlines.
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.
	Contractor's Hourly Rate: \$57.76 per hour / Employee's Hourly Rate: \$52.51 per hour
G	List the range of comparable State employee rates. This should include the job title, pay grade and hourly rate.
	Budget Analyst III grade 38, step 10 plus 10% = \$57.76 per hour
H	Justify contract rate if it exceeds the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). Additionally, has the contract term been limited as a result?
	The contract rate does not exceed the maximum employee/employer rate for a comparable State position by more than 10 percent (10%). The contract term is limited to 3 months.
I	Document justification for hiring contractor.
	This work is necessary due to several vacancies in the bureau and recently hired Budget Analyst staff that are not familiar with the Division's numerous federal grants and reporting requirements.
J	Will the employee be collecting PERS at any time during the contract?
	Yes, employee retired in May 2026 and is collecting PERS.
K	What is the duration of the contract with the former employee? (Include start and end date)
	3 Months: September 9, 2026 – December 9, 2026
L	Will the former employee be working full time or part time? If part time, how many hours?
	Part-time, approximately 20 hours per week.
M	Is the former employee currently serving on any Boards or Commissions? If yes, identify which Board(s) or Commission(s).
	No

Comments – Provide any additional comments:

Approval for Authorization to Contract with a Former Employee:

Jeffrey Kinder, Deputy Adm.
Jeffrey Kinder, Deputy Adm. (Jul 30, 2026 14:05:47 PDT)

07/30/2026

Signature of Agency Head Authorizing Request

Date

Rosa Regula

7/31/2026

Budget Analyst Signature

Date

Clerk of the Board of Examiners Signature

Date

Joe Lombardo
Governor



Tiffany Greenameyer
Director

Curtis Palmer
Deputy Director

David Lenzner
Deputy Director

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

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

Date: August 8, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Nima Rezaie, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

OFFICE OF THE STATE CONTROLLER

Agenda Item Write-up:

Pursuant to NRS 353C.220, the State Controller requests, on behalf of state agencies, the Board of Examiners to designate a total of \$8,798,674.59 for 7,392 accounts receivables debt as bad debt deemed uncollectible and to write-off as they have been determined to be impossible or impractical to collect.

Additional Information:

The State Controller's Office (SCO) private collection agency has been unable to recover the outstanding debts associated with this request. Upon approval, SCO shall direct the removal of the debt from the books of account of the State of Nevada. A bad debt that is removed remains a legal and binding obligation owed by the debtor to the State of Nevada.

Statutory Authority:

NRS 353C.220

REVIEWED: _____
ACTION ITEM: _____

ANDY MATTHEWS
Controller

STATE OF NEVADA

JAMES SMACK
Chief Deputy Controller



**OFFICE OF THE
STATE CONTROLLER**

MEMORANDUM

RECEIVED

AUG 04 2026

**GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION**

Date: August 4, 2026

To: State Budget Division – The Board of Examiners
Budget Analyst: Nima Rezaie

From: State Controller's Office

Subject: Request for Designation of Bad Debt

NRS 353C.220 delegates authority to the State Controller to request, on behalf of state agencies, that the State Board of Examiners (or Clerk of the Board) designate certain debts as bad debts. This includes the uncollectible accounts receivable submitted to the Controller's Office for collections from all state agencies and departments.

Enclosed is a summary of delinquent accounts that have been referred to the Controller's Office for collections and to write off. Our private collection agency has been unable to recover any of the outstanding debts listed. Please review these accounts and write them off accordingly if you concur.

Request Summary:

To	# Accounts	Amount
Board of Examiners	7392	\$8,798,674.59

The Board of Examiners

Date

Submitted to the Board of Examiners 2026

State Agency Name	Amount Sent to BOE	# of Accounts
AG-ADM_Attorney General - Administration	\$ 45,845.57	58
A. Fee-Attorney	\$ 13,155.17	12
B. Fee-Extradition	\$ 28,789.53	42
C. Fee-Restitution	\$ 3,900.87	4
AG-MFCU_Attorney General - Medicaid Fraud Control Unit	\$ 635,368.13	7
A. Fee-Restitution	\$ 635,368.13	7
BDC-PILB_State of Nevada Private Investigator's Licensing Board	\$ 2,500.00	1
A. Fine-Other	\$ 2,500.00	1
BI-LC_Business and Industry - Labor Commissioner	\$ 1,721,308.75	333
A. Fee-Administration	\$ 38,500.00	11
B. Fine-Administrative	\$ 21,400.00	7
C. Unpaid Wages	\$ 1,661,408.75	315
BI-MH_Business and Industry - Manufactured Housing	\$ 3,561.00	1
A. Receivables	\$ 3,561.00	1
BI-MLD_Business and Industry - Mortgage Lending Division	\$ 12,920.00	2
A. Fee-Inspection	\$ 7,920.00	1
B. Fine-Administrative	\$ 5,000.00	1
BI-TA_Business and Industry - Transportation Authority	\$ 208,528.10	46
A. Fine-Citation	\$ 176,851.10	42
B. Fine-Other	\$ 31,677.00	4
CNR-EP_Conservation and Natural Resources - Environmental Protection	\$ 31,000.28	146
A. Fee-Annual	\$ 26,300.28	124
B. Fee-Other	\$ 4,700.00	22
CONT-BD_Contractors Board - Contractors Board	\$ 424,405.97	56
A. Fine-Administrative	\$ 94,090.20	5
B. Fine-Other	\$ 330,315.77	51
CORR-CORR_Corrections - Corrections	\$ 756,983.77	1859
A. Fee-Other	\$ 724,062.52	1297
B. Fee-Other A	\$ 4,156.59	141
C. Fee-Other C	\$ 135.00	6
D. Fine-Other	\$ 28,629.66	415
DHHS-CS_Health and Human Services - Welfare and Supportive Services- CI	\$ 2,963.35	2
A. Overpayment-Child Support	\$ 2,963.35	2
DHHS-DPBH_Health and Human Service - Division of Public and Behavioral	\$ 76,880.06	46
A. Fee-Service	\$ 504.84	1
B. Receivables	\$ 76,375.22	45
DHHS-WSS_Health and Human Services - Welfare and Supportive Services	\$ 865,980.81	344
A. Loan-TANF	\$ 13,041.40	3
B. Overpayment-Child Care	\$ 48,811.81	20
C. Overpayment-Medicaid	\$ 600,630.83	214
D. Overpayment-Other	\$ 203,496.77	107
DMV-MC_Motor Vehicles - Motor Carrier	\$ 360,641.65	218
A. Fine-Administrative	\$ 11,569.10	10
B. Fine-Audit Citation	\$ 69.34	1
C. Fine-IFTA Audit	\$ 35.89	1
D. Fine-Other	\$ 2,309.05	3
E. IFTA/IRP Audit	\$ 3,953.20	1
F. Receivables	\$ 37,470.80	18
G. Registration	\$ 344.40	1
H. Taxes	\$ 26,600.23	1

State Agency Name	Amount Sent to BOE	# of Accounts
I. Taxes-Other	\$ 278,289.64	182
DMV-MV_Motor Vehicles - Motor Vehicles	\$ 524,500.87	449
A. Dishonored Payment	\$ 84,903.03	164
B. Receivables	\$ 439,597.84	285
EC-ETHICS_Ethics Commission - Ethics Commission	\$ 200.00	1
A. Receivables	\$ 200.00	1
GOV-ED_Governors Office Economic Development	\$ 249,275.68	6
A. Loan-Other	\$ 249,275.68	6
MBE-MBE_Nevada State Board of Medical Examiner	\$ 6,244.75	1
A. Fee-Other	\$ 6,244.75	1
NDVS-VS_Nevada Department of Veterans Services	\$ 1,014,597.89	75
A. Skilled Nursing Care	\$ 1,014,597.89	75
NHA-HCQC_Nevada Health Authority - Health Care Quality Compliance	\$ 3,373.72	5
A. Fee-Inspection	\$ 563.15	1
B. Fine-Citation	\$ 2,810.57	4
NSBC-NSBC_Nevada State Board of Cosmetology	\$ 3,000.00	7
A. Fine-Citation	\$ 3,000.00	7
NSBMT-LMT_Nevada State Board of Massage Therapists	\$ 5,858.09	2
A. Fine-Citation	\$ 5,858.09	2
PEBP-PEBP_Public Employees Benefit Program - Public Employees Benefit F	\$ 10,408.05	39
A. Overpayment-Claim	\$ 86.74	2
B. Premium-Health Insurance	\$ 10,205.55	35
C. Receivables	\$ 115.76	2
PH-PHARM_Pharmacy - Pharmacy, State Board	\$ 631,319.54	4
A. Fee-Other	\$ 68,859.77	1
B. Fine-Citation	\$ 5,200.00	2
C. Receivables-Labor	\$ 557,259.77	1
PS-PP_Public Safety - Parole and Probation	\$ 1,153,401.18	3602
A. Fee-DNA	\$ 865.00	7
B. Fee-Other	\$ 1,081.67	5
C. Fee-Psych	\$ 1,780.00	3
D. Fee-Supervision	\$ 1,149,674.51	3587
PS-RCC_Public Safety- Records Communications and Compliance Division	\$ 861.50	5
A. Fee-Brady Background Check	\$ 822.50	4
B. Fee-Fingerprinting/Background Check	\$ 39.00	1
PUC-PUC_Public Utilities - Public Utilities Commission	\$ 13,302.32	13
A. Fine-Administrative	\$ 13,302.32	13
SOS-SOS_Secretary of State - Secretary of State	\$ 28,355.65	63
A. Fee-Inspection	\$ 925.65	1
B. Fee-NSF	\$ 4,620.00	36
C. Fee-Other	\$ 860.00	9
D. Fee-Service	\$ 17,050.00	1
E. Fine-Notary	\$ 4,900.00	16
TRES-TRES_Treasurer's Office	\$ 5,087.91	1
A. Fine-Civil Penalty	\$ 5,087.91	1
Grand Total	\$ 8,798,674.59	7392

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: July 30, 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: Reed Russell
Claim No: TC21585
Settlement Amount: \$200,000
Date of Loss: September 26, 2023

Payment of this claim to be made to:

Henness and Haight
8972 Spanish Ridge Ave
Las Vegas, NV 89148

Additional Information:

A settlement agreement and full and final release of further claims has been entered into for the total amount of \$200,000 for claimants. A total of \$200,000 will be paid from the Tort Claim Fund.

Statutory Authority:
NRS 41.036

REVIEWED: 
ACTION ITEM: _____

CRAIG A. NEWBY
First Assistant Attorney General

AARON D. FORD
Attorney General

LESLIE NINO PIRO
General Counsel

CHRISTINE JONES BRADY
Assistant Attorney General



HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

To: Budd Milazzo, Executive Branch Budget Officer
Aaron Frantz, Executive Branch Budget Officer

From: Nancy Katafias, Tort Claims Manager

Date: July 30, 2026

Subject: BOE Agenda Submittal for September 8, 2026, TC 21585 Russell

Please place the following item on the September 8, 2026, Board of Examiner's agenda for approval. Upon approval, this item will be paid from Budget 1348/15.

Plaintiff: Reed Russell

Claim No.: TC 21585

Payment: \$200,000.00

Payable to:

Hennes and Haight
8972 Spanish Ridge Ave
Las Vegas NV 89148

TORT CLAIM RECOMMENDATION

DATE: July 23, 2026
CLAIMANT: Reed Russell
CLAIM NUMBER: TC21585
DATE OF LOSS: September 26, 2023
DAMAGES CLAIMED: \$200,000
AGENCY: DPS/P&P
AGENCY EMPLOYEE: Kourtney Campbell

DISCUSSION

In the administrative claim filed against the State, through counsel, the claimant alleged that he was traveling north on US 95 when he was rearended by the Parole and Probation (P&P) employee. This personal injury claim was not settled during the administrative claim process and counsel for the claimant filed a lawsuit. Damages to the claimant's 2023 Ford Maverick were paid in the amount of \$25,000 to his automobile insurance carrier.

The investigation found that the NHP responded to the scene and the State employee, while not cited, was found to be at fault. The investigation found that the P&P employee was driving a State of Nevada vehicle and was in the course and scope of employment when the incident occurred.

The lawsuit was in the initial discovery phase when counsel filed an Offer of Judgment in the amount of \$200,000. Counsel informed the State that prior to this incident, his client was actively deployable and was awaiting another deployment. As a result of the accident, he is no longer deployable. Prior to the incident, the claimant had no prior spine issues; due to the accident, he will now require spinal surgery.

To avoid the cost of continued discovery, which would have included expert witnesses in accident reconstruction and medical treatment, and the probable payment of opposing counsel attorney fees, the case was settled at \$200,000.

RECOMMENDATION

It is recommended that the claim be paid in the amount of \$200,000.00

RECOMMENDATION: PAY

G/L 7352 Henness and Haight
8972 Spanish Ridge Ave
Las Vegas NV 89148

Approved:



NANCY KATAFIAS, CLAIMS MANAGER

July 23, 2026

DATE

 Jeffrey W. Chronister for Leslie Nino Piro
LESLIE NINO PIRO, GENERAL COUNSEL

July 29, 2026

DATE

SETTLEMENT AGREEMENT AND FULL AND FINAL RELEASE

THIS SETTLEMENT AGREEMENT AND FULL AND FINAL RELEASE (hereinafter referred to as the "Agreement") is made by and between the STATE OF NEVADA EX REL. PAROLE AND PROBATION, DEPARTMENT OF PUBLIC SAFETY ("DPS"), on behalf of itself and all of its officers, directors, employees, former employees, agents, predecessors, divisions, successors, administrators, and assigns, including, but not limited to Officer KOURTNEY CAMPBELL ("Officer Campbell"), and any other persons named in the Amended Complaint who are or were DPS employees (collectively referred to as "DPS" or "Defendants"), and Plaintiff REED THOMAS RUSSELL ("Plaintiff"). Defendants and Plaintiff shall collectively be referred to herein as the "Parties" and each may be referred to individually as a "Party."

BACKGROUND

WHEREAS a dispute has arisen in which Plaintiff seeks damages for injuries and property damage stemming from an automobile accident which occurred on September 26, 2023 in Clark County, Nevada ("the Dispute"). At all times relevant to the Dispute, Officer Campbell was a DPS employee, and Plaintiff is or was a resident of the State of Nevada.

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound hereby, Defendants and Plaintiff hereby agree as follows:

AGREED TERMS

1. Payments by DPS. DPS agrees to pay Plaintiff a total of \$200,000.00 (two hundred thousand dollars and zero cents) (the "Settlement Payment"). Plaintiff is represented in the matter by counsel: Henness & Haight. Plaintiff and Plaintiff's counsel have separately negotiated and agreed upon an apportionment of the settlement amount. The State of Nevada will disburse the settlement amount as instructed by Plaintiff and Plaintiff's counsel. The following apportionment of the settlement amount of \$200,000 dollars and 00/100 cents is reported to fulfill the parties' obligations under NRS 41.0375(1)(b):

- A. \$200,000.00 disbursed to Plaintiff Reed Thomas Russell and paid to Reed Thomas Russell and his attorneys Henness & Haight.
- B. \$80,000.00 in attorney fees to be disbursed to counsel
- C. \$2,970.30 in costs to be disbursed to counsel

The Settlement Payment will be made payable to, and mailed to, Henness & Haight, at the address 8972 Spanish Ridge Ave, Las Vegas, NV 89148, in the form of a check. The Settlement Payment shall be mailed not later than thirty (30) calendar days after the Nevada Board of Examiners has approved the Agreement. In the event the Settlement Payment is not received within thirty (30) days, Plaintiff agrees to notify counsel for Defendants and give Defendants an informal opportunity to address any concerns. Counsel for Defendants shall provide an executed copy of this Agreement to counsel for Plaintiff not later than the date DPS must pay the Settlement Payment.

2. Taxes. Plaintiff shall be solely responsible for, and is legally bound to make payment of, any taxes determined to be due and owing (including penalties and interest related thereto) by him to any federal, state, local, or regional taxing authority as a result of the Settlement Payment. Plaintiff understands that Defendants have not made, and they do not rely upon, any representations regarding the tax treatment of the sums paid pursuant to this Agreement. Moreover, Plaintiff agrees to indemnify and hold Defendants harmless in the event that any governmental taxing authority asserts against Defendants any claim for unpaid taxes, failure to withhold taxes, penalties, or interest based upon the payment of the Settlement Payment.

3. Mutual Release. The Parties, on behalf of themselves, their respective divisions or agencies, their past, present, and future officers, directors, members, partners, attorneys, agents, employees, managers, representatives, assigns, and successors in interest, and all persons acting by, through, under, or in concert with them, and each of them, hereby release and discharge the other Party, together with their respective divisions or agencies, their past, present, and future officers, directors, members, partners, attorneys, agents, employees, managers, representatives,

assigns, and successors in interest, and all persons acting by, through, under, or in concert with them, and each of them, from all known and unknown charges, complaints, claims, grievances, liabilities, obligations, promises, agreements, controversies, damages, actions, causes of action, suits, rights, demands, costs, losses, debts, penalties, fees, wages, medical costs, pain and suffering, mental anguish, emotional distress, expenses (including attorneys' fees and costs actually incurred), and punitive damages, of any nature whatsoever, known or unknown, which either Party has, or may have had, against the other Party, whether or not apparent or yet to be discovered, or which may hereafter develop, for any acts or omissions related to or arising from:

(a) the Dispute;

(b) the action captioned *Reed Thomas Russell v. State of Nevada Department of Public Safety Parole & Probation, et al.*, Case No. A-25-928500-C, pending in Clark County District Court ("the Litigation");

(c) an agreement between the Parties;

(d) any other matter between the Parties; and/or

(e) any claims under federal, state or local law, rule, or regulation.

This Agreement resolves any claim for relief that is, or could have been alleged, no matter how characterized, including, without limitation, compensatory damages, damages for breach of contract, bad faith damages, reliance damages, liquidated damages, damages for humiliation and embarrassment, punitive damages, costs, and attorneys' fees related to or arising from the Dispute.

4. Medical Liens. Plaintiff releases the Defendants from any known or unknown past, current or future lien asserted on his behalf for any Medicare benefits that may be payable on his behalf regarding the Litigation, and he will be responsible for fulfilling any lien imposed by Medicare regarding this claim.

Plaintiff further releases the Defendants from any known or unknown past, current or future lien asserted on his behalf for any other insurance benefits, including but not limited to private health insurance that may be payable regarding the Litigation and will be responsible for fulfilling

any lien imposed by any other insurer regarding this claim.

5. No Outstanding or Known Future Claims/Causes of Action. Each Party affirms that it has not filed with any governmental agency or court any type of action or report against the other Party other than the Litigation and currently knows of no existing act or omission by the other Party that may constitute a claim or liability excluded from the release in paragraph 3 above.

6. Acknowledgment of Settlement. The Parties, as broadly described in paragraph 3 above, acknowledge that (a) the consideration set forth in this Agreement, which includes, but is not limited to, the Settlement Payment, is in full settlement of all claims or losses of whatsoever kind or character that they have, or may ever have had, against the other Party, as broadly described in paragraph 3 above, including by reason of the Dispute and (b) by signing this Agreement, and accepting the consideration provided herein and the benefits of it, they are giving up forever any right to seek further monetary or other relief from the other Party, as broadly described in paragraph 3 above, for any acts or omissions up to and including the Effective Date, as set forth in paragraph 18, including, without limitation, the Dispute.

7. No Admission of Liability. The Parties acknowledge that the Settlement Payment was agreed upon as a compromise and final settlement of disputed claims and that payment of the Settlement Payment is not, and may not be construed as, an admission of liability by Defendants and are not to be construed as an admission that Defendants engaged in any wrongful, tortious, or unlawful activity. Defendants specifically disclaim and deny (a) any liability to Plaintiff and (b) engaging in any wrongful, tortious, or unlawful activity.

8. Dismissal of Litigation. Plaintiff agrees to voluntarily dismiss with prejudice Clark County District Court case number A-25-928500-C in its entirety. Plaintiff further agrees to direct his attorney to execute a Stipulation and Order for Dismissal with Prejudice within ten (10) calendar days of receiving the Settlement Payment, and to otherwise cooperate with Defendants in securing the dismissal of the litigation.

9. Agreement is Legally Binding. The Parties intend this Agreement to be legally binding upon and shall inure to the benefit of each of them and their respective successors, assigns, executors, administrators, heirs, and estates. Moreover, the persons and entities referred to in paragraph 3 above, but not a Party, are third-party beneficiaries of this Agreement.

10. Entire Agreement. The recitals set forth at the beginning of this Agreement are incorporated by reference and made a part of this Agreement. This Agreement constitutes the entire agreement and understanding of the Parties and supersedes all prior negotiations and/or agreements, proposed or otherwise, written or oral, concerning the subject matter hereof. 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 Agreement is the payment of the above-mentioned sum. Furthermore, no modification of this Agreement shall be binding unless in writing and signed by each of the parties hereto.

11. New or Different Facts: No Effect. Except as provided herein, this Agreement shall be, and remain, in effect despite any alleged breach of this Agreement or the discovery or existence of any new or additional fact, or any fact different from that which either Party now knows or believes to be true. Plaintiff further recognizes that any injuries or illnesses related to the Dispute are or may be permanent and progressive and that the recovery from said injuries or illnesses is uncertain and indefinite, and in entering into this Agreement are not relying on any statement of any of the Defendants with respect to the nature, extent, or duration of said injuries. Notwithstanding the foregoing, nothing in this Agreement shall be construed as, or constitute, a release of any Party's rights to enforce the terms of this Agreement.

12. Interpretation. Should any provision of this Agreement be declared or be determined by a court of competent jurisdiction to be illegal or invalid, the validity of the remaining parts, terms, or provisions shall not be affected thereby and said illegal or invalid part, term, or provision shall be deemed not to be a part of this Agreement. The headings within this Agreement are purely for convenience and are not to be used as an aid in interpretation. Moreover,

this Agreement shall not be construed against either Party as the author or drafter of the Agreement.

13. Reliance on Own Counsel. In entering into this Agreement, the Parties acknowledge that they have relied upon the legal advice of their respective attorneys, who are the attorneys of their own choosing, that such terms are fully understood and voluntarily accepted by them, and that, other than the consideration set forth herein, no promises or representations of any kind have been made to them by the other Party. The Parties represent and acknowledge that in executing this Agreement they did not rely, and have not relied, upon any representation or statement, whether oral or written, made by the other Party or by that other Party's agents, representatives, or attorneys with regard to the subject matter, basis, or effect of this Agreement or otherwise.

14. Choice of Law. This Agreement and all related documents, and all matters arising out of or relating to this Agreement, whether sounding in contract, tort, or statute, are governed by, and construed in accordance with, the laws of the State of Nevada, United States of America, without giving effect to the conflict of law provisions thereof to the extent such principles or rules would require or permit the application of the laws of any jurisdiction other than those of the State of Nevada.

15. Choice of Forum. The state courts of Nevada, located in Clark County, shall be the exclusive forums for litigation concerning this Agreement. All parties to this Agreement consent to personal jurisdiction in such courts as well as service of process by any means authorized by Nevada law.

16. Counterparts. This Agreement may be executed by the Parties in counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

17. Authority to Execute Agreement. By signing below, each Party warrants and represents that the person signing this Agreement on its behalf has authority to bind that Party and that the Party's execution of this Agreement is not in violation of any by-law, covenants, and/or

other restrictions placed upon them by their respective entities.

18. Effective Date. The terms of the Agreement will be effective on the date the Nevada Board of Examiners approves the Agreement.

READ THE FOREGOING DOCUMENT CAREFULLY. IT INCLUDES A RELEASE OF KNOWN AND UNKNOWN CLAIMS.

IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties hereto has caused this Agreement to be executed as of the date(s) set forth below.

PLAINTIFF

**STATE OF NEVADA EX REL.
PAROLE AND PROBATION,
DEPARTMENT OF PUBLIC SAFETY**

By:

ETAC-11 per P.O.A.
Reed Thomas Russell
Plaintiff

By:

George Togliatti
Director, Department of Public Safety

DATED: 7.27.2026

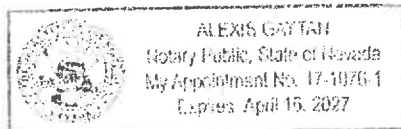
DATED: _____

Kourtney Campbell
Defendant

DATED: _____

STATE OF Nevada)
COUNTY OF Clark) ss.

On this 27th day of July, 2026 before me, a Notary Public, personally appeared ERIC A. CARROLL, 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.



Alexis Gattan
NOTARY PUBLIC

Exhibit "A"

POWER OF ATTORNEY

I Reed Russell ("client/principal") have made, constituted and appointed **HENNESS & HAIGHT, Injury Attorneys ("H&H")** as my attorneys and agent and hereby give and grant unto **H&H** full power and authority to act in my place and in accordance with the Retainer Agreement executed by me on 04/14/2025 to sign and endorse my name on any and all settlements, releases, dismissals, forms, checks, drafts, authorizations for medical records and billing and other papers as necessary to represent client/principal, resolve the claim or case, and/or distribute any funds recovered on my behalf.



Client/Principal

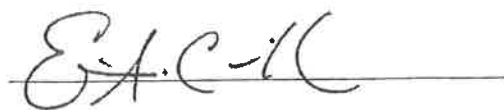
STATE OF NEVADA)
) ss:
COUNTY OF CLARK)

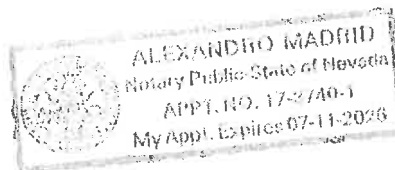
On this 14 day of 04, 2025, before me, a Notary Public, in and for the above-named county and state, appeared Reed Thomas Russell, who acknowledged to me that he/she executed the above Power of Attorney for the uses and purposes therein stated.



NOTARY PUBLIC in and for said
County and State

For HENNESS & HAIGHT:





other restrictions placed upon them by their respective entities.

18. Effective Date. The terms of the Agreement will be effective on the date the Nevada Board of Examiners approves the Agreement.

READ THE FOREGOING DOCUMENT CAREFULLY. IT INCLUDES A RELEASE OF KNOWN AND UNKNOWN CLAIMS.

IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties hereto has caused this Agreement to be executed as of the date(s) set forth below.

PLAINTIFF

**STATE OF NEVADA EX REL.
PAROLE AND PROBATION,
DEPARTMENT OF PUBLIC SAFETY**

By: _____

By: _____

Reed Thomas Russell
Plaintiff

George Tagliatti
Director, Department of Public Safety

DATED: _____

DATED: 07/29/2026

Kourtney Campbell
Defendant

DATED: _____

STATE OF Nevada)
COUNTY OF Clark) ss.

On this 29 day of July, 2026 before me, a Notary Public, personally appeared George Tagliatti, 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.



NOTARY PUBLIC

other restrictions placed upon them by their respective entities.

18. Effective Date. The terms of the Agreement will be effective on the date the Nevada Board of Examiners approves the Agreement.

READ THE FOREGOING DOCUMENT CAREFULLY. IT INCLUDES A RELEASE OF KNOWN AND UNKNOWN CLAIMS.

IN WITNESS WHEREOF, and intending to be legally bound, each of the Parties hereto has caused this Agreement to be executed as of the date(s) set forth below.

PLAINTIFF

STATE OF NEVADA EX REL.
PAROLE AND PROBATION,
DEPARTMENT OF PUBLIC SAFETY

By:

By:

Reed Thomas Russell
Plaintiff

George Togliatti
Director, Department of Public Safety

DATED: _____

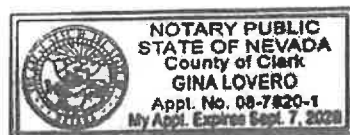
DATED: _____

Kourtney Campbell
Defendant

DATED: 7/28/2026

STATE OF Nevada)
COUNTY OF Clark) ss.

On this 28th day of July, 2026 before me, a Notary Public, personally appeared Kourtney Campbell, 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.



NOTARY PUBLIC

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: July 31, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Maria Gassaway, Executive Branch Budget Officer
Governor's Finance Office
Subject: BOARD OF EXAMINERS **ACTION** ITEM

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

**DEPARTMENT OF HUMAN SERVICES – DIVISION OF CHILD AND FAMILY
SERVICES – RURAL CHILD WELFARE AND YOUTH PAROLE SERVICES**

Agenda Item Write-up:

Pursuant to NRS 281.160 and State Administrative Manual (SAM) 0006, the division requests an exception to SAM 0204, Board of Examiners Travel Policy, and 0210, Travel Status, to allow reimbursement of per diem, lodging, and/or vehicle expenses within the 50-mile threshold for instances when emergency transport of youth facing imminent risks makes these expenditures necessary. This request augments and does not supersede the travel exception approved by the Board of Examiners at the March 12, 2024 meeting.

Additional Information:

The division employees working in rural areas must respond to emergency situations arising from harm or potential harm to Nevada youth. In these circumstances, an employee may face financial burdens if these emergency situations fall within the 50-mile threshold for reimbursements of per diem, lodging, and/or vehicle expenses. Therefore, the division requests an exception to these provisions for such emergencies.

Statutory Authority:
NRS 281.160 and SAM 0006

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

Joe Lombardo
Governor

Laura Rich
Director



**DEPARTMENT OF
HUMAN SERVICES**
DIVISION OF CHILD AND FAMILY SERVICES
Helping people. It's who we are and what we do.



Kimberly Abbott
Administrator

June 3, 2026

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

Through: Maria Gassaway, Executive Branch Budget Officer

From: Kimberly Abbott, Administrator, Division of Child and Family Services *K Abbott*

Subject: Request exception per SAM 0006 for SAM 0204 and 0210

The Division of Child and Family Services (the Division, DCFS) requests an exception per SAM 0006 for SAM 0204 and SAM 0210 regarding reimbursement rates for certain travelers transporting youth in emergency situations within Budget Accounts 3229 and 3263 only. DCFS requests this exception with the added requirement that DCFS shall submit quarterly reports to the Governor's Finance Office detailing the times and costs of the exception to the 50-mile requirement. Per SAM 0204 employees are eligible for per diem, lodging and/or vehicle rental reimbursements only if they are 50 miles or more from their official duty station. The Division requests an exception to the 50-mile threshold for reimbursement of per diem, lodging and/or vehicle expenses for instances when emergency transport of youth facing imminent risk results in lodging within the 50-mile radius of the official duty station.

Per SAM 0210, the reimbursement rate for State employees traveling for official State business should match the rates established by the General Services Administration (GSA). This includes a reimbursement rate of 75% of the reimbursement rates for the destination city/county on the first and last day of travel. The Division requests an exception for the reimbursement rate on first and last day of travel, proposing 100% of rates for the destination city/county for employee travelers chaperoning youth facing imminent risk.

The purpose of the requested exceptions is to minimize the financial burden on caseworkers who respond to emergency situations arising from harm or potential harm to Nevada youth when the removal of children from the home. e cost of lodging for a short period of time would prevent

The relevant section for the proposed reimbursement rate changes are found in Section J of the DCFS Travel Policy, as follows:

J. Emergency Transport of Youth

1. Travel for transporting youth as a normal part of Juvenile Justice's youth centers'

day-to-day business is exempt from advance notice requirements. In these cases, the applicable superintendent's written approval is sufficient to approve travel on the Travel Request form.

2. Travel to transport youth as a normal part of Child Welfare's day-to-day business is exempt from advance notice requirements. In these cases, the applicable chief's written approval is sufficient to approve travel on the Travel Request form.
3. Exceptions to the two (2) week or 30 days' advance notice requirement are allowed in cases of an emergency involving youth that is not covered by C.1. or C.2. of this policy and must be noted on the travel request forms.
4. If the travel is emergency in nature for youth travel, and the required travel request forms cannot be submitted prior to travel due to the nature of the emergency, verbal or telecommunicated approval from the supervisor or Division Administrator (or designee) is allowed. Upon approval, supervisors must communicate the situation, verbally or in writing, to their immediate supervisor through the chain up to and including the Administrator. Travel requests must be submitted immediately upon return from travel and include documentation that the verbal or telecommunicated approval was received during the emergency. Approval is still required prior to payment of reimbursement, including of any necessary travel memos.
5. An exception is made to reimbursable per diem rates set forth in Section D, for emergency transport of youth facing imminent risk. Travelers responsible for chaperoning youth will be reimbursed at 100% of all days while in travel status for this purpose. See Section H for reimbursement of meal purchases for youth while in emergency transport.
6. Exceptions to the requirement of a distance of at least 50 miles from the duty station is made for employees who are providing short-term lodging supervision for youth in cases where emergency shelter cannot be obtained, until a foster home or emergency shelter bed is obtained. DCFS will submit quarterly reports to the Governor's Finance Office that include the times and costs resulting from the exception of the requirement of a distance of at least 50 miles from the duty station.
7. Exceptions in this section are only applicable for employees in Child Welfare, budget account 3229, and Youth Parole Services, budget account 3263.

The Division now seeks an exception per SAM 0006 to include these exceptions for emergency transport of youth in the Division's Travel Policy (attached).



Nevada Division of Child and Family Services Travel Policy

Created:	9/27/1999 – Central Fiscal
Revised:	4/10/2018
Revised:	12/31/2018
Revised:	11/6/2020 – C. Davis-Solis
Revised:	8/4/2021 – H. Bugg
Revised:	4/7/2022 – B. Kizer
Revised:	03/29/2023 – B. Knight
Revised:	01/29/2024 – B. Knight
Revised:	2/1/2024 – D. Frohlich
Revised:	8/15/2024 - D. Frohlich
Revised:	03/17/2026 T. McBride

Purpose: To establish travel policies for state employees and contractors the Division of Child and Family Services (DCFS) requesting reimbursement for travel. This policy is intended as a supplement to Chapter 0200 and 1302 of the State Administrative Manual (SAM) and 281.160 of the Nevada Revised Statute (NRS) *and does not supercede SAM 0224, SAM 0226 or the DCFS Special Use State Liability Travel Card Internal Control.*

This policy has been developed to authorize travel for official state business necessary to meet the goals and objectives of the Division. This policy adheres to the Board of Examiner's Travel Policy (SAM 0204) and is intended to only pay travel expenses, e.g., per-diem, transportation, etc. for the least expensive mode of travel and time required for qualified individuals to be away from their official duty station.

Reference: Nevada State Administrative Manual, Chapter 0200. Nevada State Administrative Manual, Chapter 1302. Nevada Revised Statute 281.160. Department of Human Services (DHS) Department Travel Policy.

Forms: Travel Workbook – Travel Request, Estimated Travel Costs, Travel Expense Reimbursement Claim, Exception on Travel Request Submission, and Exception on Travel Claim Submission. Other forms: Out of State Travel Memo, Travel Advance Request Memo, Lodging Rates Exceed GSA Rates Memo, Out of Budget Account Travel Memo, Request to Combine Personal Travel Memo, and Request for more than one Traveler to Attend Same Event Memo, Travel Card Individual Request Form and Travel Card Individual Agreement.

Positions: Division Traveler, Division Traveler's Supervisor, Deputy Division Administrator, Division Administrator, Fiscal Staff including: Administrative Assistants, Travel Clerk, Accounting Assistants, Budget Account Manager, Administrative Service Officers.

DEFINITIONS

Per Diem: The daily amount allowed for lodging (excluding taxes), meals and incidental expenses. Payment to individuals on travel status to cover meals and commercial lodging is based on published current GSA rates.

State Administrative Manual (SAM): Compilation of policy statements concerning the internal operations of state government.

Travel Status: Includes only the time "actually" spent traveling between the official duty station and a temporary duty station in order to conduct official state business, or between two temporary duty stations and the usual waiting time that precedes or interrupts such travel (OPM.gov).

U.S. General Services Administration (GSA): Federal entity that sets the per diem rates for meals, lodging and incidentals for the employee's primary destination (see GSA.gov).

RESPONSIBILITIES

A. All State Employees and Contractors are responsible for:

1. Utilizing the least expensive means of conducting business (e.g. tele-conference, video conference, e-mail) before travel is considered.
2. Understanding that no travel reservations or commitments should be made without obtaining all required approvals.
3. Preparing and submitting all required forms and associated documents and securing proper approvals (signatures) in advance of all travel within policy timeframes.
4. Notifying the appropriate fiscal staff immediately when travel changes occur and working with fiscal staff to amend the approved travel request to ensure funding is available. Failure to do so may result in the employee bearing responsibility for any additional expense(s).
5. Ensuring all reimbursement/claim forms and associated documents are complete, submitted within policy timeframes, and the travel status timeframes noted on the travel claim match the timesheet for the pay period in which travel is completed.
6. Following the Division's leave and overtime policies if the employee becomes ill while traveling on Division business.
7. Understanding that the rate of reimbursement for lodging, meals, and incidentals must be compliant with the General Services Administration (GSA) rates based on travel destination.
8. Understanding that all cancellation fees or charges for travel booked using booking websites (such as Expedia) may not be reimbursed.
9. Understanding that not adhering to the travel policy may result in not traveling, not being reimbursed, and/or disciplinary action.
10. Employees are responsible for making their own lodging arrangements.
11. The Travel Request form is required for any off-site training or conference.

B. Supervisors and Managers are responsible for:

1. Ensuring that employees are aware no travel reservations or commitments are to be made prior to all proper approvals of the travel request.
2. Ensuring that employees complete the appropriate documents and obtain appropriate approvals for travel prior to travel request approval and travel claim reimbursement.
3. Ensuring the least expensive mode of travel is considered.

4. Approving or rejecting travel requests in a timely manner; verifying necessity of the travel and budget authority prior to approval; and verifying and approving travel claims, and if needed, requests for overtime.
5. Ensuring that the employee's timesheet reflects the same travel status information as noted on the claim if time is worked outside of the employee's normal schedule.

C. Division Administrators are responsible for:

1. Ensuring that their Division complies with the Department of Human Services (DHS) Travel Policy and any additional Divisional policies and procedures.

D. Fiscal staff are responsible for:

1. Verifying budget authority for the intended travel, auditing submitted documents for completeness and accuracy, and providing approval to travel requests and reimbursements to ensure compliance with the travel policy/procedure for their program area, SAM Chapter 0200, 1302 and NRS 281.160.
2. Ensuring reimbursements are processed in accordance with SAM 0218 - 0238.
3. Travel clerks or fiscal employees are responsible for booking airfare and booking fleet services vehicles.,,

PROCEDURES

A. In-State Travel

Prior to traveling:

1. Employees planning travel for state business are encouraged to alert fiscal staff that a travel request will be submitted in order to facilitate the approval process.
2. The traveling employee must submit a Travel Request form, an Estimated Travel Costs form and a screenshot of preferred flights, if applicable, two (2) weeks prior to travel if requesting reimbursement of expenses and release time. A Travel Request form is required even if only release time is requested. Sufficient justification for the travel must be provided with the request.
3. Verification of allowable reimbursement rates is required with the travel request. This includes applicable current GSA rates for the primary destination of travel, lodging quote if exceeding GSA rates, airline quote, transportation request, e.g., Fleet Services rates, Uber/Taxi quote, or shuttle quote, estimated mileage, registration form showing fees, and a schedule or agenda if the request is for a conference or training.
4. All approvals indicated on the Travel Request form must be obtained prior to making reservations, committing to travel or training, or traveling. The exception to this is for release time requests, which do not require fiscal approval and should be submitted to the employee's supervisor only.
5. If training is requested along with travel, a separate purchase order is not required for the registration costs. If fee-based remote training only is being requested, a purchase order (PO) must be submitted along with a memorandum explaining why the training is beneficial.
6. If all reimbursable items (lodging, mileage, rentals, meals) are not listed on the Estimated Travel Costs form because any of them are being provided by friends or family (e.g. staying at family member's home while on work-based travel), a note should be made on the Travel Request form in the "Funding Source" field.
7. If a work program is needed to allow for the travel, fiscal staff must begin the process immediately to ensure timely and proper payment of expenses.

8. If a Fleet Services vehicle is being requested, the MP-2 Fleet Services Division Rental Request form must be included with the travel request. The form is available on the state Fleet Services website. The Division's assigned Travel Clerk or designee shall make all Fleet Services reservations based upon the approved trip plan.
9. Upon approval of a travel request including air travel, the traveler shall forward the approval form to the Travel Clerk requesting flight reservations be made. Flight reservations are required to be charged to the state sponsored credit card (ghost card) by fiscal staff. The airfare confirmation shall be sent in an email that will include all required information, including the confirmation number, amount paid for the flight, and the last four digits of the credit card used.

Upon return from traveling:

10. A Travel Reimbursement Claim form located in the Travel Workbook must be completed, signed by the traveler, and submitted with all associated documents no later than 30 days after the completion of travel, unless the traveler has been issued a state sponsored travel credit card. Employees with a state sponsored travel credit card must submit travel claims within five (5) business days after returning from travel status; claims submitted later than five (5) business days may result in interest fees being applied to the state credit card that the employee could be responsible for paying. Gratuity for ride-sharing (e.g. Uber, Lyft), shuttles or taxis are reimbursed up to 20% of total ride fee.
11. An employee whose trip is funded in part or in whole by an outside entity or organization must still receive travel approval in accordance with this policy. In addition, the employee must abide by the reimbursement rates indicated in this policy and Nevada state per diem reimbursement rates when requesting reimbursement. Travel claims must only request reimbursement of the unreimbursed portion of travel costs incurred.
12. Reimbursement must be requested for allowable expenses, which can be different from the original travel request. Travel claims in excess of approved travel requests may not be reimbursed and the difference may be the responsibility of the employee. Reservations made using internet travel websites, where cancellation fees are assessed, may result in unreimbursed costs to the employee.
13. If an employee becomes ill while in travel status, the employee shall report the appropriate hours of used sick leave upon return. Allowable reimbursements will be made on approved travel expenses such as flights, per diem, lodging, rentals and mileage.
14. If exceptional circumstances prohibit the timely submission of the travel claim, the Exception on Travel Claim Submission form must be completed and approved by the Division Administrator.

B. Out-of-State Travel

1. Instructions outlined in Section A for in-state travel apply to out-of-state travel, except as indicated in this section.
2. The State Travel Request form, Out of State Travel Memo, and associated documents must be submitted with the Travel Workbook 30 days prior to travel.
3. The Administrator or designee must approve all out-of-state travel requests.

C. Exceptions to Advance Notice Requirements

1. Exceptions to the two (2) week or 30 days' advance notice requirement are allowed in cases where the need for travel is not known that far in advance and must be noted on the travel request forms.
2. If an exception that is not covered by this policy is requested, it must be made in writing detailing the circumstances and approved by the employee's supervisor and the Division Administrator or designee prior to making reservations, commitments, or traveling.

D. Overnight Lodging and Per Diem Reimbursement

1. Per diem expenses include the daily amount allowed for lodging (excluding taxes), meals, and incidental expenses. Staff on authorized travel are allowed lodging and current GSA per diem rates for the destination city (see [GSA Per Diem Rates](#)). The first and last day for travel reimbursement will be made at 75% of the prescribed meals and incidental expenses, regardless of the start or end time of travel (see CFR 301-11.101 CFR 301-11.101). One day travel will not be reimbursable unless it is over a period of more than 12 hours, in which case it is reimbursable at 75% of the prescribed meals and incidental expenses. This means that travelers that leave their duty location and return the same day will not be reimbursed for meals or incidentals if they are in travel status for less than 12 hours. The current GSA rate schedule for the destination city must be attached to the Travel Authorization Request form.
2. Reimbursement of per diem must be at the rates prescribed by the GSA for the primary destination of travel regardless of where the lodging is booked.
3. Exceptions to prescribed lodging amounts are allowed with extenuating circumstances and are identified in the section of SAM 0210 depending on whether the travel is In-State or Out-of-State. Lodging rates over the GSA rate must be approved prior to reservations being made with the submittal of the Lodging Rates Exceed GSA Rates memo.
4. Requested travel status should begin no more than two hours prior to flight departure time and end no more than two hours after the flight arrival time. Exceptions will be made to the two-hour limit, within reason. For example, an employee may need to travel over two hours to reach an airport prior to departure, or large airports with long wait times may necessitate leaving earlier to reach the flight gate on time.
5. Once the travel request is approved, the employee will call the hotel of their choice and request accommodations under the GSA rate or any specials that may be offered at the time of booking. Hotels are paid for by the employee and reimbursed upon completion and approval of the travel claim.
6. A hotel front desk receipt, obtained at checkout, must be attached to the travel claim. If the hotel room was reserved through an internet travel site (e.g. Expedia), a receipt from that site must also be attached. The internet travel site receipts are submitted to document the room rate paid. The hotel front desk receipt is submitted to document the actual stay and any other fees incurred that are reimbursable.
7. In addition to the reimbursable lodging rates, employees may be reimbursed for lodging taxes and fees. Lodging taxes are limited to the taxes on reimbursable lodging rates. For example, if the maximum lodging rate is \$110 per night, and the traveler elects to stay at a hotel that costs \$200 per night, the traveler can only claim the amount of taxes on \$110 which is the maximum authorized lodging rate.
8. The use of short-term home rental services such as Airbnb, Vrbo, or similar platforms are prohibited for official state travel.
9. Per SAM 0204, Travelers must be at a location at least fifty (50) miles (one-way) from their duty station to be eligible to claim meals on their travel claim. Meals are allowable only if staff is on uninterrupted travel status for 12 hours or more at a rate of 75% on the first day and last day of travel regardless of the start or end time of travel. If on continuous travel, meals are reimbursed at 100% for all days in between first and last days of travel. When crossing time zones, the time zone of origin for that day will apply for the entire day and be noted on the claim. A traveler will neither receive a per diem or compensatory time benefit, nor experience a loss of per diem or compensatory time, simply by crossing a time zone during travel. When flying, meals can be claimed if travel is over 12 hours for one day trip at 75% of the GSA rate regardless of the start or end time of travel. Pursuant to SAM, when meals are provided to the traveler during the business day, the traveler will not be reimbursed the per diem rate for that meal unless the meal is a continental breakfast. Travelers will also not be reimbursed the per

- diem rate when in-flight meals are part of the airfare for meals served in-route. If staff have specific dietary needs and they are unable to participate in a provided meal, a justification memo for reimbursement must accompany the Travel Expense Reimbursement Claim form.
10. Pursuant to GSA guidelines, an incidental fee of \$5.00 per day may be claimed when there is a hotel stay or a flight is taken.

E. Overnight Lodging and Per Diem Reimbursement within 50 Miles of Principle Station

1. There are exceptions to the requirement of a distance of at least 50 miles from the duty station in order to be reimbursed for lodging and meals. These are:
 - a. Inclement weather conditions make travel difficult or impossible,
 - b. Late official meetings are required,
 - c. Individuals involved are conference hosts responsible for meeting arrangements,
2. If any of the above situations occur, a written statement from the traveler, authorized and signed by their supervisor or manager, must accompany the travel request justifying the need for lodging.

F. Air Transportation

1. Air transportation between Las Vegas and Reno must be booked using accounts that have been established through statewide contracts for air travel as listed on State Purchasing website. Travel clerks are responsible for booking airfare, using the ghost card accounts set up for booking air travel exclusively, and should book travel as far in advance as possible. Travel requests must always reflect the least expensive mode of travel offering a refundable and/or transferable rate. All related costs, including employee salary for extended travel hours should also be considered when arranging airline reservations. Baggage fees will be reimbursed, up to one (1) checked bag per employee per flight, and up to two (2) per youth per flight who are being transported in emergencies. Receipts for baggage fees must be submitted for reimbursement. In general, advanced planning for travel will allow for the purchase of airline tickets at discounted rates.

G. Use of Personal Aircraft

If an employee requests the use of personal aircraft for travel at the Division's expense, prior approval from the Division Administrator must be obtained.

H. Reimbursement for Meals Purchased for Youth in Custody of DCFS

1. State officers or employees who purchase meals for youth in their custody are entitled to reimbursement for the actual cost of such meals (SAM 0220). A receipt for each meal purchased must accompany claims for reimbursement. If a state agency sends an unchaperoned or unguarded client to an institution for treatment or care by public conveyance, an employee of the agency may advance an allowance for meals at the same rate allowed State employees. Reimbursement for such advance shall be made upon a regular travel claim, with the receipt waived.

I. Claiming Mileage While Using Personal Vehicle

1. Personal vehicle estimated costs must be included in the travel request and be pre-approved.
2. Reimbursement for official state use will be at the standard rate established by the Department of Administration and must demonstrate that a state vehicle was not available for use.
3. All mileage is paid from the official duty station or the employee's residence (whichever is the shortest route) to the primary travel destination. Mileage required for the normal commute will not be reimbursed, even if the employee commutes to the official duty station prior to departing for travel.

4. Miles are to be rounded up to the nearest whole number when calculating mileage reimbursement.
5. Reimbursement for an employee's personal convenience will be at one-half the standard mileage reimbursement.
6. Airport parking will be reimbursed at the long-term parking rate. A receipt must accompany the reimbursement request.

J. Emergency Transport of Youth

1. Travel for transporting youth as a normal part of Juvenile Justice's youth centers' day-to-day business is exempt from advance notice requirements. In these cases, the applicable superintendent's written approval is sufficient to approve travel on the Travel Request form.
2. Travel to transport youth as a normal part of Child Welfare's day-to-day business is exempt from advance notice requirements. In these cases, the applicable chief's written approval is sufficient to approve travel on the Travel Request form.
3. Exceptions to the two (2) week or 30 days' advance notice requirement are allowed in cases of an emergency involving youth that is not covered by C.1. or C.2. of this policy and must be noted on the travel request forms.
4. If the travel is emergency in nature for youth travel, and the required travel request forms cannot be submitted prior to travel due to the nature of the emergency, verbal or telecommunicated approval from the supervisor or Division Administrator (or designee) is allowed. Upon approval, supervisors must communicate the situation, verbally or in writing, to their immediate supervisor through the chain up to and including the Administrator. Travel requests must be submitted immediately upon return from travel and include documentation that the verbal or telecommunicated approval was received during the emergency. Approval is still required prior to payment of reimbursement, including of any necessary travel memos.
5. An exception is made to reimbursable per diem rates set forth in Section D, for emergency transport of youth facing imminent risk. Travelers responsible for chaperoning youth will be reimbursed at 100% of all days while in travel status for this purpose. See Section H for reimbursement of meal purchases for youth while in emergency transport.
6. Exceptions to the requirement of a distance of at least 50 miles from the duty station is made for employees who are providing short-term lodging supervision for youth in cases where emergency shelter cannot be obtained, until a foster home or emergency shelter bed is obtained. DCFS will submit quarterly reports to the Governor's Finance Office that include the times and costs resulting from the exception of the requirement of a distance of at least 50 miles from the duty station.
7. Exceptions in this section are only applicable for employees in Child Welfare, budget account 3229, and Youth Parole Services, budget account 3263.

K. Combining State Business and Personal Travel

1. Employees must submit a Request to Combine Personal Travel memo, for approval to the Division Administrator as a part of the travel approval process. The memo must clearly state the dates and times spent on personal time versus the dates and times spent on business, the purpose for combining the two trips, and demonstrate how the costs borne by the state are not increased by personal travel.
2. Reimbursement of travel expenses will be for official state business without the additional personal time and expenses. A scanned copy of the approved memo request must be attached to the travel request.

L. Travel Advances from the Agency Budget Account

1. Advances may be issued in accordance with SAM 0222 and the DHS Travel Policy. If repeated advances are needed, the Travel Card Administrator (TCA) for the Division should be contacted for the issuance of a state sponsored credit card.
2. Only state officers and employees may receive a travel advance. Independent contractors are not eligible to receive travel advances. Employees may not receive a travel advance if they have an issued travel credit card. A travel advance constitutes a lien upon an employee's wages (NRS 281.172, 281.173).
3. A Travel Advance Request memo is required for travel advance requests and must be submitted with the original travel request, including appropriate signatures.
4. Upon approval, travel advances will be provided no sooner than 10 days prior to travel and will only cover the cost of lodging and approved meals. If an advance is given, employees must submit a travel claim within five (5) working days of return of the trip and reconciled against the advance.

M. State Sponsored Credit Cards for Official Travel

1. Individual travel cards may be issued with an approved Travel Card Individual Request form by the TCA. The TCA will cancel a state sponsored credit card when an employee terminates employment or transfers to another agency.
2. Questions and/or issues with the state sponsored credit account are managed by the TCA.
3. The state sponsored credit card can only be used for pre-approved official state travel expenses; it cannot be used for personal expenses unrelated to the authorized travel.
4. It is the responsibility of the employee to ensure that the balance on the card is paid in full each month. If a state sponsored credit card bill is not paid timely, NRS 281.1745 authorizes the state to withhold from an employee's paycheck the amount required to pay any delinquent balance.
5. Per SAM 0218, interest charges incurred due to delays beyond the control of the traveler will be travel expenses reimbursable by the employee's agency.
6. *Nothing in this section overrides or supercedes SAM 0224, SAM 0226 or the DCFS Special Use State Liability Travel Card Internal Control.*

N. Employees Traveling as Members of Non-State Agencies

1. Employees traveling as members of non-state agencies (non-state advisory board or similar body) must submit a request memo for approval to the Division Administrator. The request must explain the reason for the travel, how it applies to state business, and who is responsible for the costs.
2. Travel costs should be paid by the non-state agency if possible. If the costs are to be borne by the State, normal travel policies and procedures must be followed.

O. Non-State Employees Traveling with State Agencies

1. Excludes youth travel under the care of DCFS.
2. Non-state employees must abide by the same travel policies as state employees.
3. Non-state employees are required to be established as a vendor with the Controller's Office.
4. Travel costs should be included as part of the contract or are disallowed.

P. Travel Outside of Authorized Budget

1. An Out of Budget Account Travel memo is required for travel outside of the authorized budget account and needs to be submitted with the original travel request. The memo should be directed to the Deputy Administrator over Administrative Services and include the appropriate signatures, purpose, and justification of the travel.

2. The head of the agency paying for the travel must approve exceptions to this rule in advance of the travel.
3. A log must be maintained to track Out of Budget Travel. This log is currently being managed by Central Fiscal staff.

Q. Travel and Moving Expenses on Transfer or Hire of Employee

1. Refer to SAM 0230 and NRS 281.167 when considering authorizing reimbursement of travel and moving expenses with regard to the transfer or hire of state employees.
2. It is recommended to work with the Administrative Services Officer (ASO) over the hiring program prior to offering a potential candidate reimbursement for moving expenses.

Q. Policy Exception

1. On occasion, there are special circumstances that may necessitate the granting of an exception to this policy. Exceptions, while not common, require written justification and the written approval of the Division Administrator.

LEASES SUMMARY

BOE #	LESSEE		LESSOR	AMOUNT
1.	BOARD OF OCCUPATIONAL THERAPY		SCOTT MICHAEL COOLEY	\$191,004
	This is an extension of an existing lease.			
		Term of Lease:	12/01/2026 – 11/30/2031	Located in Reno

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

For Budget Division Use Only	
Reviewed by:	<i>Miller</i> 8/10/26
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency:	Board of Occupational Therapy 6170 Mae Anne Avenue, Suite 1 Reno, Nevada 89523 Heather Hartley T: 775.746.4101 E: board@nvot.org						
Remarks:	This is a five-year lease renewal for the Board of Occupational Therapy. The Tenant is not requesting any tenant improvements, however, they are requesting the longstanding maintenance issue with the leaking roof be addressed. Lease terms approved by Director Grimmer.						
Exceptions/Special notes:							
2. Lessee:	Department of Administration, Public Works Division, Buildings and Grounds						
3. Name of Lessor:	Scott Michael Cooley						
4. Address of Lessor:	15900 Kennedy Road Los Gatos, California 95032						
5. Property contact:	Cooley Commercial 15900 Kenney Road Los Gatos, California 95032 Scott Cooley T: 408.829.4130 E: scottmcooley@hotmail.com						
6. Address of Lease property:	6170 Mae Anne Avenue, Suite 1 Reno, Nevada 89523						
a. Square Footage:	☐ Rentable ☒ Usable 1,447						
b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Improv ement cost per square foot	Base Rent cost per square foot	Actual cost per square foot
	\$ 3,067.64	12	\$ 36,811.68	December 1, 2026 - November 30, 2027	\$0.00	\$0.00	\$2.12
2%	\$ 3,125.52	12	\$ 37,506.24	December 1, 2027 - November 30, 2028	\$0.00	\$0.00	\$2.16
2%	\$ 3,183.40	12	\$ 38,200.80	December 1, 2028 - November 30, 2029	\$0.00	\$0.00	\$2.20
2%	\$ 3,241.28	12	\$ 38,895.36	December 1, 2029 - November 30, 2030	\$0.00	\$0.00	\$2.24
2%	\$ 3,299.16	12	\$ 39,589.92	December 1, 2030 - November 30, 2031	\$0.00	\$0.00	\$2.28
c. Total Lease Consideration:	60		\$ 191,004.00				
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:	Five (5) Years						
h. Pass-thrus/CAM/Taxes	☒ Landlord ☐ Tenant						
i. Utilities:	☒ Landlord ☐ Tenant						
j. Janitorial:	☒ Landlord ☐ Tenant		☒ 3 day ☐ 5 day	☐ Rural 3 day ☐ Rural 5 day	☐ Other (see special notes)		
k. Repairs:	Major: ☒ Landlord ☐ Tenant		Minor: ☒ Landlord ☐ Tenant				
l. Comparable Area Market Rate Average:	\$2.34						
m. Specific termination clause in lease:	Breach/Default lack of funding						
n. Lease will be paid for by Agency Budget Account Number:	BO36						
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

Heather Hartley 7/18/2026
Authorized Agency Signature Date
staff count here 5

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.):	<u>Sole Proprietor</u>		
f. Nevada Business ID Number:	<u>NV20263558878</u>	Exp: <u>4/30/2027</u>	
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	☒ YES	☐ NO	
i. State of Nevada Vendor number:	<u>Board Paid</u>		
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

[Signature]
Authorized Signature
Public Works Division

8.7.2026
Date

your initials here jw
For Board of Examiners

☒ YES ☐ NO

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	MAYER BROWN LLP	OTHER: STATUTORY CONTINGENCY	\$5,997,778	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing special counsel services. This amendment extends the termination date from December 31, 2026 to December 31, 2027 and increases the maximum amount from \$2,081,000.00 to \$8,078,777.68 due to the continued need for these services. This contract is contingent upon approval of IFC work program #C84766.				
	Term of Contract:	08/11/2025 - 12/31/2027	Contract # 31097			
2.	030	ATTORNEY GENERAL'S OFFICE - GRANTS UNIT	SOCIAL ENTREPRENEURS, INC.	OTHER: TRANSFER FROM DEPARTMENT OF HUMAN SERVICES - DIVISION OF PUBLIC AND BEHAVIORAL HEALTH	\$171,642	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides support, planning, and implementation of the program objectives of the Substance Use Response Working Group.				
	Term of Contract:	10/01/2026 - 07/31/2027	Contract # 32770			
3.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	SYLVESTER & POLEDNAK, LTD. A NEVADA PROFESSIONAL CORPORATION	OTHER: STATUTORY CONTINGENCY	\$3,377,562	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides special counsel services. This amendment extends the termination date from December 31, 2026 to December 31, 2027 and increases the maximum amount from \$3,082,000 to \$6,459,562 due to the continued need for these services. This contract is contingent upon approval of IFC work program #C84766.				
	Term of Contract:	12/30/2024 - 12/31/2027	Contract # 30072			
4.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	ESTIPONA GROUP	GENERAL	\$159,500	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17892 which provides consulting and marketing support services. This service agreement provides strategic communications, creative production, and media support to assist the Nevada Secretary of State with statewide voter education and public information initiatives. This amendment extends the termination date from November 30, 2026 to June 30, 2027 and increases the maximum amount from \$90,500 to \$250,000 due to the continued need for these services.				
	Term of Contract:	05/07/2026 - 06/30/2027	Contract # 32374			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
5.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	GARTNER, INC.	GENERAL	\$1,275,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides IT research and advisory services. This service agreement provides independent project oversight and quality assurance services for the business registration filling system project.				
	Term of Contract:	10/01/2026 - 01/18/2029	Contract # 32863			
6.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	NEVADA BROADCASTERS ASSOCIATION	GENERAL	\$250,000	
	Contract Description:	This is the second amendment to the original service agreement under statewide contract #99SWC-NV24-20767 which provides radio and/or television public service advertisements to promote services and support to and for people in the community. This service agreement provides an outreach campaign to market and raise public awareness around voting. This amendment increases the maximum amount from \$74,000 to \$324,000 due to the increased need for these services.				
	Term of Contract:	03/19/2026 - 12/31/2026	Contract # 32060			
7.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	GARTNER, INC.	GENERAL	\$1,078,500	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides IT research and advisory services. This service agreement provides independent project oversight and quality assurance services for the centralized statewide database and election management system project.				
	Term of Contract:	11/01/2026 - 01/18/2029	Contract # 32864			
8.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	WASHOE COUNTY	GENERAL	\$238,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide election administration.				
	Term of Contract:	Upon Approval - 06/30/2028	Contract # 32822			
9.	060	CONTROLLER'S OFFICE	TYLER TECHNOLOGIES, INC.	GENERAL	\$222,681	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV22-12006 which provides a software solution that will provide the means to associate various records pertaining to an individual. This service agreement provides ongoing support and maintenance of the Open Finance Suite for the tracking of revenue, payroll, and expenditures.				
	Term of Contract:	09/15/2026 - 09/14/2029	Contract # 32777			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
10.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	XCEL MAINTENANCE SERVICES, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$139,500	
	Contract Description:	This is the first amendment to the original contract which provides janitorial services to the Department of Motor Vehicles (DMV) facility on Decatur Boulevard located in Las Vegas. This amendment increases the maximum amount from \$442,349 to \$581,849 due to the addition of the DMV's Silverado facility located in Las Vegas.				
	Term of Contract:	02/01/2023 - 01/31/2027	Contract # 26992			
11.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	CLARK & SULLIVAN CONSTRUCTORS, INC.	BONDS	(\$2,131,955)	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides owner construction manager at-risk services for the Heroes Memorial Building & Annex - Seismic Retrofit and Renovation CIP Project: CIP Project 23-C03; SPWD Contract No. 116358. This amendment decreases the maximum amount from \$25,782,030.00 to \$23,650,075.30 due to the return of contingency funds and allowances.				
	Term of Contract:	03/12/2024 - 06/30/2027	Contract # 28851			
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	WELLES PUGSLEY ARCHITECTS, LLP	BONDS	\$600,000	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Las Vegas State Office Buildings Purchase and Improvements CIP Project: CIP Project No. 25-C26; SPWD Contract No. 118149. This amendment increases the maximum amount from \$349,000 to \$949,000 due to additional design services and construction improvements needed at several building locations.				
	Term of Contract:	11/12/2025 - 06/30/2029	Contract # 31154			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	WELLES PUGSLEY ARCHITECTS LLP	OTHER: AGENCY FUNDED CIP	\$2,194,700	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Advanced Planning of the Combined Support Maintenance Shop CIP Project, to include pre-design services, schematic design, design development, and construction documents for a 38,000 square foot support maintenance shop: CIP Project No. 26-A14; SPWD Contract No. 118835.				
		Term of Contract:	Upon Approval - 06/20/2030	Contract # 32744		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	WOOD RODGERS, INC.	OTHER: AGENCY FUNDED CIP PROJECTS	\$187,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Taxiway Throat Panel Replacement & Hanger Apron Repairs CIP Project: CIP Project No. 26-A02; SPWD Contract No. 118242. This amendment increases the maximum amount from \$45,500 to \$232,500 due to additional engineering design services and submission support services needed.				
		Term of Contract:	11/25/2025 - 06/30/2029	Contract # 31289		
15.	300	DEPARTMENT OF EDUCATION - STUDENT AND SCHOOL SUPPORT	APPLIED LEARNING TECHNOLOGY ASSOCIATES	FEDERAL	\$104,000	
	Contract Description:	This is the second amendment to the original contract which provides comprehensive needs assessment, service delivery plan, assessment of migrant student recruitment, evaluation of the state Migrant Program and membership to the MiraCORE consortium. This amendment extends the termination date from December 31, 2026 to December 31, 2028 and increases the maximum amount from \$360,000 to \$464,000 due to the continued need for these services.				
		Term of Contract:	01/01/2020 - 12/31/2028	Contract # 22277		
16.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - RURAL REGIONAL CENTER	THERAP SERVICES, LLC	GENERAL 98% FEE: TELEPHONE SURCHARGE FEE/ COMMUNICATION ACCESS SERVICES 1% FEDERAL 1%	\$6,165,037	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV26-29306 which provides cloud and software solutions. This service agreement provides information technology-related products, services, system configurations, and cloud solutions for the modernization of the case management system.				
		Term of Contract:	09/15/2026 - 06/30/2030	Contract # 32837		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
17.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - PLANNING, ADVOCACY, AND COMMUNITY GRANTS	PUBLIC HEALTH SUPPORTIVE SERVICES LLC	FEDERAL	\$295,000	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17889 which provides consulting, marketing, and education services. This service agreement provides services to implement a standardized training curriculum, establish a recruitment pipeline, and provide professional development opportunities for the Lifespan Respite Program.				
		Term of Contract:	Upon Approval - 08/31/2027	Contract # 32838		
18.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - COMMUNICABLE DISEASES	LIBERTY DENTAL PLAN OF NEVADA, INC.	OTHER: REBATES	\$1,384,320	
	Contract Description:	This is the third amendment to the original contract which provides dental services to participants in the Ryan White Part B Program. This amendment extends the termination date from December 31, 2026 to December 31, 2027 and increases the maximum amount from \$3,200,000 to \$4,584,320 due to the continued need for these services.				
		Term of Contract:	01/01/2020 - 12/31/2027	Contract # 22535		
19.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ADMINISTRATION	CARAHSOFT TECHNOLOGY CORPORATION	GENERAL 75% FEDERAL 25%	\$399,475	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement provides SAS Payment Integrity for Food Assistance services to transform the Supplemental Nutrition Assistance Program quality management. This amendment extends the termination date from September 15, 2026 to March 15, 2027 and increases the maximum amount from \$751,959.79 to \$1,151,435.01 due to the continued need for these services.				
		Term of Contract:	01/13/2026 - 03/15/2027	Contract # 31459		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
20.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - CHILD SUPPORT ENFORCEMENT PROGRAM	CARAHSOFT TECHNOLOGY CORPORATION	OTHER: STATE SHARE OF COLLECTIONS 34% FEDERAL 66%	\$262,719	
	Contract Description:	This is the first amendment to the original service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement provides disbursement software to support the State Collections and Disbursement Unit as part of the Child Support Enforcement Program. This amendment extends the termination date from September 15, 2026 to March 15, 2027 and increases the maximum amount from \$439,928.99 to \$702,647.63 due to the continued need for these services.				
	Term of Contract:	11/01/2025 - 03/15/2027	Contract # 30961			
21.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - NEVADA YOUTH TRAINING CENTER	DANIEL C. JONES	GENERAL	\$432,000	
	Contract Description:	This is a new contract to provide ongoing physician services for youth under the care and custody of the agency.				
	Term of Contract:	10/01/2026 - 09/30/2030	Contract # 32173			
22.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - NORTHERN NEVADA CHILD AND ADOLESCENT SERVICES	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	\$113,409	Exempt
	Contract Description:	This is a new interlocal agreement to provide ongoing services utilizing the Psychiatry Fellows Program.				
	Term of Contract:	10/01/2026 - 09/30/2028	Contract # 32687			

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
23.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO THE UNIVERSITY OF NEVADA, LAS VEGAS, SCHOOL OF MEDICINE	OTHER: REVENUE	\$6,047,780	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share of the Practitioner Upper Payment Limit supplemental payment program and targeted case management.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32435		
24.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO THE UNIVERSITY OF NEVADA, RENO, SCHOOL OF MEDICINE	OTHER: REVENUE	\$27,085,057	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share for the Practitioner Upper Payment Limit supplemental payment program.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32437		
25.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - INTER-GOVERNMENTAL TRANSFER PROGRAM	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO THE UNIVERSITY OF NEVADA, RENO, SCHOOL OF MEDICINE	OTHER: REVENUE	\$29,204,137	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide funds for the non-federal share of the Graduate Medical Education and Indirect Medical Education supplemental payment program for non-state government owned or operated teaching hospitals.				
		Term of Contract:	07/01/2026 - 06/30/2030	Contract # 32440		
26.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	DOUGLAS COUNTY SOCIAL SERVICES	OTHER: REVENUE	\$1,866,638	Exempt
	Contract Description:	This is the third amendment to the original revenue interlocal agreement which provides the non-federal share for medical care of indigent persons within the Medicaid County Match Program. This amendment increases the maximum amount from \$1,755,310.67 to \$3,621,948.96 due to increased medical care costs.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28557		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
27.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	NYE COUNTY HEALTH AND HUMAN SERVICES	OTHER: REVENUE	\$1,782,426	Exempt
	Contract Description:	This is the second amendment to the original revenue interlocal agreement which provides the non-federal share for medical care of indigent persons within the Medicaid County Match Program. This amendment increases the maximum amount from \$2,996,994.26 to \$4,779,420.33 due to increased medical care costs.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28566		
28.	414	NEVADA HEALTH AUTHORITY - NEVADA MEDICAID - MEDICAID	PERSHING COUNTY	OTHER: REVENUE	\$836,169	Exempt
	Contract Description:	This is the second amendment to the original revenue interlocal agreement which provides the non-federal share for medical care of indigent persons within the Medicaid County Match Program. This amendment increases the maximum amount from \$1,190,017.00 to \$2,026,185.74 due to increased medical care costs.				
		Term of Contract:	07/01/2023 - 06/30/2027	Contract # 28567		
29.	440	DEPARTMENT OF CORRECTIONS - INMATE WELFARE ACCOUNT	BUFORD SATELLITE SYSTEMS, LP	OTHER: INMATE WELFARE	\$3,947,391	
	Contract Description:	This is a new contract to provide digital television services.				
		Term of Contract:	08/24/2026 - 09/07/2030	Contract # 32872		
30.	550	STATE DEPARTMENT OF AGRICULTURE - DAIRY FUND	CARAHSOFT TECHNOLOGY CORPORATION	FEE: DAIRY	\$2,573,575	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement is for a cloud-based software as a service platform to support both applicant-facing services and internal agency operations on a unified architecture.				
		Term of Contract:	Upon Approval - 09/30/2031	Contract # 32831		
31.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	LUMOS & ASSOCIATES, INC.	FEE: SPORTSMEN REVENUE	\$70,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional civil engineering, construction inspection, materials testing, and surveying services. This amendment extends the termination date from December 31, 2027 to December 31, 2029 and increases the maximum amount from \$50,000 to \$120,000 due to the continued need for these services.				
		Term of Contract:	12/05/2025 - 12/31/2029	Contract # 31146		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
32.	702	DEPARTMENT OF WILDLIFE - DIRECTOR'S OFFICE	SGF ENGINEERING, LLC	FEE: SPORTSMEN REVENUE 50% FEDERAL 50%	\$90,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides climate control replacement mechanical engineering services at Mason Valley Fish Hatchery office and at department facilities throughout the state. This amendment extends the termination date from October 31, 2026 to December 4, 2028 and increases the maximum amount from \$65,000 to \$115,000 due to the continued need for these services.				
		Term of Contract:	12/05/2024 - 12/04/2028	Contract # 29873		
33.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - PARK IMPROVEMENTS-NON-EXEC	LGA ARCHITECTURE	OTHER: FUND TO PROTECT LAKE TAHOE	\$1,609,675	Professional Service
	Contract Description:	This is a new contract to provide architectural and engineering services for the design and construction documentation at Sand Harbor State Park.				
		Term of Contract:	Upon Approval - 11/30/2027	Contract # 32737		
34.	705	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - WATER RESOURCES	UNITED STATES DEPT OF INTERIOR	FEDERAL	\$218,437	Exempt
	Contract Description:	This is the first amendment to the original joint funding agreement which provides updated estimates of groundwater availability and the science supporting these estimates. This amendment increases the maximum amount from \$4,616,000.00 to \$4,834,437.11 due to the addition of matching funds from the U.S. Geological Survey.				
		Term of Contract:	01/10/2023 - 12/31/2026	Contract # 27030		
35.	740	DEPARTMENT OF BUSINESS AND INDUSTRY - ADMINISTRATION	INSIGHT PUBLIC SECTOR, INC	GENERAL	\$124,126	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-12500 which provides software value-added resources. This service agreement provides enterprise licensing services to support document management, collaboration, and records storage needs.				
		Term of Contract:	Upon Approval - 07/30/2027	Contract # 32760		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
36.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	BAKER TILLY ADVISORY GROUP, LP	FEE: EXAMINATION	\$4,000,000	
	Contract Description:	This is a new contract to provide examination services for statutory analysis.				
		Term of Contract:	Upon Approval - 08/30/2030	Contract # 32846		
37.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	EXAMINATION RESOURCES, LLC	FEE: EXAMINATION	\$4,000,000	
	Contract Description:	This is a new contract to provide examination services for statutory analysis.				
		Term of Contract:	Upon Approval - 08/30/2030	Contract # 32842		
38.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	INS REGULATORY SERVICES, INC.	FEE: EXAMINATION	\$4,000,000	
	Contract Description:	This is a new contract to provide examination services for statutory analysis.				
		Term of Contract:	Upon Approval - 08/30/2030	Contract # 32841		
39.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	LEWIS & ELLIS, LLC	FEE: EXAMINATION	\$4,000,000	
	Contract Description:	This is a new contract to provide examination services for statutory analysis.				
		Term of Contract:	Upon Approval - 08/30/2030	Contract # 32577		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
40.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	NOBLE CONSULTING SVCS INC.	FEE: EXAMINATION	\$4,000,000	
	Contract Description:	This is a new contract to provide examination services for statutory analysis.				
		Term of Contract:	Upon Approval - 08/30/2030	Contract # 32845		
41.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	REGULATORY INSURANCE ADVISORS, LLC	FEE: EXAMINATION	\$4,000,000	
	Contract Description:	This is a new contract to provide examination services for statutory analysis.				
		Term of Contract:	Upon Approval - 08/30/2030	Contract # 32843		
42.	741	DEPARTMENT OF BUSINESS AND INDUSTRY - INSURANCE - INSURANCE REGULATION	RISK & REGULATORY CONSULTING, LLC	FEE: EXAMINATION	\$4,000,000	
	Contract Description:	This is a new contract to provide examination services for statutory analysis.				
		Term of Contract:	Upon Approval - 08/30/2030	Contract # 32847		
43.	810	DEPARTMENT OF MOTOR VEHICLES - AUTOMATION	ADVANCED POWER PROTECTION INDUSTRIES, INC.	HIGHWAY	\$200,000	
	Contract Description:	This is a new contract to provide inspections and corrective maintenance services for uninterruptible power supply systems and components.				
		Term of Contract:	Upon Approval - 09/30/2030	Contract # 32807		

CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
44.	810	DEPARTMENT OF MOTOR VEHICLES - SYSTEM TECHNOLOGY APPLICATION REDESIGN	CARAHSOFT TECHNOLOGY CORPORATION	HIGHWAY	\$12,401,863	
	Contract Description:	This is the sixth amendment to the original service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement provides commercial off-the-shelf based software solutions to replace the current outdated systems as part of the System Modernization project. This amendment extends the termination date from September 8, 2026 to March 16, 2027 and increases the maximum amount from \$118,779,304.19 to \$131,181,166.88 due to the continued need for these services.				
		Term of Contract:	09/22/2021 - 03/16/2027	Contract # 24759		
45.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION	SOUTHLAND INDUSTRIES	OTHER: COST ALLOCATION	\$250,000	
	Contract Description:	This is a new contract to provide ongoing heating, ventilation, and air conditioning repair and maintenance services to locations in southern Nevada.				
		Term of Contract:	Upon Approval - 09/07/2030	Contract # 32791		
46.	B011	LICENSING BOARDS AND COMMISSIONS - CONTRACTORS	TELE/DATA CONTRACTORS. INC.	FEE: LICENSURE	\$224,000	
	Contract Description:	This is a new contract to provide replacement of audio and video conferencing equipment, including licenses at the office located in Reno.				
		Term of Contract:	09/08/2026 - 09/07/2027	Contract # 32728		

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31097**Amendment Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity Name: **Mayer Brown LLP**Agency Code: **030**Contractor Name: **Mayer Brown LLP**Appropriation Unit: **1030-04**Address: **1999 K Street, N.W.**Is budget authority available?: **Yes**City/State/Zip: **Washington, DC 20006-1101**

If "No" please explain: Not Applicable

Contact/Phone: **Nicole A. Saharsky 202-263-3052**Vendor No.: **PENDING**NV Business ID: **NV20253440630**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 % Statutory Contingency

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/11/2025**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2026**Contract term: **2 years and 142 days**4. Type of contract: **Contract**Contract description: **Special Counsel**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing special counsel services. This amendment extends the termination date from December 31, 2026 to December 31, 2027 and increases the maximum amount from \$2,081,000.00 to \$8,078,777.68 due to the continued need for these services. This contract is contingent upon approval of IFC work program #C84766.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,081,000.00	\$2,081,000.00	\$2,081,000.00	Yes - Action
2. Amount of current amendment (#1):	\$5,997,777.68	\$5,997,777.68	\$5,997,777.68	Yes - Action
3. New maximum contract amount:	\$8,078,777.68			
and/or the termination date of the original contract has changed to:	12/31/2027			

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:

Office of the Attorney General has determined that providing legal services to the clients would render the legal services "impracticable" and "uneconomical".

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Special Counsel for GCB lawsuit.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

LLP

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rjon21	08/04/2026 15:21:28 PM
Division Approval	rjon21	08/04/2026 15:21:30 PM
Department Approval	rjon21	08/04/2026 15:21:32 PM
Contract Manager Approval	cthorso1	08/04/2026 15:26:58 PM
Budget Analyst Approval	vmilazz1	08/05/2026 17:40:31 PM
BOE Agenda Approval	vmilazz1	08/12/2026 09:26:36 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32770**Agency Name: **ATTORNEY GENERAL'S OFFICE**Agency Code: **030**Appropriation Unit: **1040-16**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Social Entrepreneurs, Inc.

Contractor Name: **Social Entrepreneurs, Inc.**Address: **6548 South McCarran Blvd.
Ste B**City/State/Zip: **Reno, NV 89509**

Contact/Phone: Kim Hopkinson 775-324-4567

Vendor No.: T27004599

NV Business ID: NV19961250456

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 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Transfer from Department of Human Services
- Division of Public and Behavioral Health**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2027**Contract term: **303 days**4. Type of contract: **Contract**Contract description: **Consulting Services**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17884 which provides consulting, marketing, and education services. This service agreement provides support, planning, and implementation of the program objectives of the Substance Use Response Working Group.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$171,642.50**

Other basis for payment: As invoiced by the Contractor and approved by the State

II. JUSTIFICATION

7. What conditions require that this work be done?

81st Legislative Session, Assembly Bill 374, established the Statewide Substance Use Response Working Group (SURG) within the Office of the Attorney General. The objective of SEI is to support and ensure effective implementation and support to meet the legislative requirements as outlined in AB 374.

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

State employees do not have the expertise needed and lack of program staffing.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

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

b. Solicitation Waiver: **Not Applicable**

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

Statewide Contract #99SWC-NV23-17884 and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	rjon21	07/18/2026 16:55:39 PM
Division Approval	rjon21	07/18/2026 16:55:43 PM
Department Approval	jdekoekk	07/20/2026 09:03:39 AM
Contract Manager Approval	cthorso1	07/20/2026 13:06:24 PM
Budget Analyst Approval	vmilazz1	07/23/2026 18:18:31 PM
BOE Agenda Approval	vmilazz1	07/23/2026 18:18:35 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 CONTRACT1. Contract Number: **30072**Amendment Number: **2**Legal Entity Name: **SYLVESTER & POLEDNAK, LTD. A NEVADA PROFESSIONAL CORPORATION**Agency Name: **ATTORNEY GENERAL'S OFFICE**Contractor Name: **SYLVESTER & POLEDNAK, LTD. A NEVADA PROFESSIONAL CORPORATION**Agency Code: **030**Address: **1731 Village Center Circle**Appropriation Unit: **1348-15**Is budget authority available?: **Yes**City/State/Zip: **Las Vegas, NV 89134**

If "No" please explain: Not Applicable

Contact/Phone: **Jeffrey R. Sylvester 702-952-5200**Vendor No.: **T29049974**NV Business ID: **NV19981131366**To what State Fiscal Year(s) will the contract be charged? **2025-2028**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/30/2024**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2026**Contract term: **3 years and 1 day**4. Type of contract: **Contract**Contract description: **Special Counsel**

5. Purpose of contract:

This is the second amendment to the original contract which provides special counsel services. This amendment extends the termination date from December 31, 2026 to December 31, 2027 and increases the maximum amount from \$3,082,000 to \$6,459,562 due to the continued need for these services. This contract is contingent upon approval of IFC work program #C84766.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$500,000.00	\$500,000.00	\$500,000.00	Yes - Action
a. Amendment 1:	\$2,582,000.00	\$2,582,000.00	\$2,582,000.00	Yes - Action
2. Amount of current amendment (#2):	\$3,377,562.00	\$3,377,562.00	\$3,377,562.00	Yes - Action
3. New maximum contract amount:	\$6,459,562.00			
and/or the termination date of the original contract has changed to:	12/31/2027			

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:

State employees do not have the expertise in this area of law.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Professional services exemption, based on expertise.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rjon21	08/07/2026 11:38:50 AM
Division Approval	rjon21	08/07/2026 11:38:52 AM
Department Approval	jdekoekk	08/07/2026 11:46:28 AM

Contract Manager Approval	cthorso1	08/07/2026 12:14:49 PM
Budget Analyst Approval	vmilazz1	08/12/2026 09:21:43 AM
BOE Agenda Approval	vmilazz1	08/12/2026 09:26:14 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32374**Amendment
Number: **1**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity
Name: **Estipona Group**Agency Code: **040**Contractor Name: **Estipona Group**Appropriation Unit: **1050-41**Address: **PO Box 10606**Is budget authority
available?: **Yes**City/State/Zip **Reno, NV 89510**

If "No" please explain: Not Applicable

Contact/Phone: **Nicole 775-624-3587**Vendor No.: **T29035435**NV Business ID: **NV19951042070**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 **05/07/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **11/30/2026**Contract term: **1 year and 54 days**4. Type of contract: **Contract**Contract description: **Voter Ed Public Info**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV23-17892 which provides consulting and marketing support services. This service agreement provides strategic communications, creative production, and media support to assist the Nevada Secretary of State with statewide voter education and public information initiatives. This amendment extends the termination date from November 30, 2026 to June 30, 2027 and increases the maximum amount from \$90,500 to \$250,000 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:	\$90,500.00	\$90,500.00	\$90,500.00	Yes - Info
2. Amount of current amendment (#1):	\$159,500.00	\$159,500.00	\$250,000.00	Yes - Action
3. New maximum contract amount:	\$250,000.00			
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 2026 election cycle presents heightened challenges, including declining public trust in election systems, increased misinformation, and the need to effectively reach diverse and geographically dispersed populations across Nevada. Additionally, upcoming election timelines require rapid deployment of coordinated messaging across multiple platforms.

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

The scope requires specialized expertise in statewide marketing strategy, media buying, creative production, and analytics. The Secretary of State's Office does not have the internal staffing capacity or infrastructure to execute a campaign of this scale and complexity.

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

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

b. Solicitation Waiver: **Not Applicable**

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

Statewide Vendor

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor has done work for the agency 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:
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

adale

08/03/2026 12:14:00 PM

Division Approval	adale	08/03/2026 12:14:04 PM
Department Approval	adale	08/03/2026 12:14:06 PM
Contract Manager Approval	jmckeeha	08/03/2026 12:17:48 PM
Budget Analyst Approval	mranks1	08/11/2026 15:04:44 PM
BOE Agenda Approval	mranks1	08/11/2026 15:05:19 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32863**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1050-42**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **PO BOX 911319**City/State/Zip: **DALLAS, TX 75391**Contact/Phone: **YVETTE TOLEDO 602-561-8599**

Vendor No.:

NV Business ID: **NV19941112701**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.

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 **10/01/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/18/2029**Contract term: **2 years and 110 days**4. Type of contract: **Contract**Contract description: **Orion Consultation**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides IT research and advisory services. This service agreement provides independent project oversight and quality assurance services for the business registration filing system project.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,275,000.00**

Other basis for payment: as invoiced by the vendor and approved by the state

II. JUSTIFICATION

7. What conditions require that this work be done?

Nearly 560,000 businesses in Nevada manage their state business licensing & renewals through the SilverFlume Business Portal. Last year alone, SilverFlume generated approximately \$200 million for the State General Fund. This is a critical tool for Nevada's business community and a vehicle for our economy, but there is a need to streamline & improve the user experience. The improvements will help the thousands of business owners that rely on SilverFlume, and drive more business to the State of Nevada. The Office requires a contractor to provide oversight to include project and program planning, readiness assessment, project health checks and technical assessments, vendor evaluation and recommendations and independent verification and validation.

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

State employees do not have the tools nor the expertise required to do this work.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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 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	07/31/2026 16:26:54 PM
Division Approval	adale	07/31/2026 16:26:55 PM
Department Approval	adale	07/31/2026 16:26:57 PM
Contract Manager Approval	jmckeeha	07/31/2026 16:27:34 PM
EITS Approval	ljea	08/21/2026 09:28:41 AM
Budget Analyst Approval	mraki1	08/05/2026 14:40:38 PM
BOE Agenda Approval	mraki1	08/05/2026 14:40:43 PM
BOE Final Approval	Pending	



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Gabriel Chiara, Chief Deputy Secretary of State, SOS
Deanna Reynolds, Deputy Sec. of State for Commercial Recording, SOS
Ashley Griffiths, Administrative Services Officer III, SOS
Josh Gruver, Chief IT Manager, SOS

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
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – SOS – *Project Orion* – TIE 734, Revision 2 –
BA(s) 1050

DATE: May 15, 2026

We have completed our review of the Secretary of State (SOS) investment which has an estimated total value of \$35,278,345.18, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost			\$ 1,834,721.00		\$ 1,834,721.00
SaaS business App			\$ 1,834,721.00		\$ 1,834,721.00
Ongoing Cost	\$ 5,895,262.20	\$ 4,995,262.20	\$ 3,435,565.52	\$ 4,117,534.26	\$ 18,443,624.18
MSA Consultants			\$ 1,486,240.52	\$ 1,486,240.52	\$ 2,972,481.04
SaaS business App				\$ 953,093.74	\$ 953,093.74
Services - MSA Consultants	\$ 2,665,262.20	\$ 2,665,262.20			\$ 5,330,524.40
Services - Vendor Consulting	\$ 1,000,000.00	\$ 1,000,000.00			\$ 2,000,000.00
Software - SaaS Business Applicatio	\$ 2,230,000.00	\$ 1,330,000.00			\$ 3,560,000.00
Vendor consulting			\$ 1,949,325.00	\$ 1,678,200.00	\$ 3,627,525.00
Grand Total	\$ 5,895,262.20	\$ 4,995,262.20	\$ 5,270,286.52	\$ 4,117,534.26	\$ 20,278,345.18

Funding source(s): 100% General Fund.

GTO approves concept and planning activities for modernization of the SilverFlume Business Portal, a critical public-facing platform used by Nevada businesses for business licensing and renewal activity. The business case establishes a clear operational need to improve customer experience, reduce manual workarounds, improve data quality, enhance customer service, support fraud reduction, strengthen disaster recovery planning, and improve monitoring and reporting for a high-volume service that supports State revenue and Nevada's business community.

The investment is appropriate at the concept and planning stage because it focuses on defining and organizing a portfolio of improvements for an existing State service rather than approving a final technical architecture or production deployment. The submission identifies several areas requiring future engineering and project controls, including the mix of agency-hosted, cloud-hosted, and third-party vendor components; system interfaces; WAN traffic impacts; data conversion needs; disaster recovery design; security architecture; and implementation sequencing. These details should be handled through project management, solution design, procurement planning, cybersecurity review, and implementation governance as the project matures.

Business risk is mitigated by the strong need to modernize an existing statewide licensing platform, reduce customer friction, address operational inefficiencies, and support continuity for a service with significant public and fiscal impact. No duplicative spend concern is apparent from the information provided because the request is directed at improving and planning around the existing SilverFlume environment and related business licensing capabilities. Fiscal stewardship is supported by the stated objectives to reduce manual labor, improve transaction quality, reduce fraud and dispute workload, enhance service availability, and improve the efficiency of State operations.

Cybersecurity and cloud risk should remain active project management considerations as specific tools, vendors, hosting models, integrations, and data flows are selected. Any cloud or third-party components should be reviewed for applicable State security, privacy, procurement, and GovRAMP expectations before implementation. Based on the current concept and planning scope, the investment aligns with State technology objectives by supporting service modernization, reliability, security, operational efficiency, and improved digital government services for Nevada businesses.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32060**Amendment Number: **2**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity Name: **NEVADA BROADCASTERS ASSOCIATION**Agency Code: **040**Contractor Name: **NEVADA BROADCASTERS ASSOCIATION**Appropriation Unit: **1050-41**Address: **PO BOX 400068**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89140**

If "No" please explain: Not Applicable

Contact/Phone: **ERIC BONNICI 702-794-4994**Vendor No.: **T80990324**NV Business ID: **NV19941133658**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 **03/19/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2026**

Termination Date:

Contract term: **287 days**4. Type of contract: **Contract**Contract description: **Mail Ballot Media**

5. Purpose of contract:

This is the second amendment to the original service agreement under statewide contract #99SWC-NV24-20767 which provides radio and/or television public service advertisements to promote services and support to and for people in the community. This service agreement provides an outreach campaign to market and raise public awareness around voting. This amendment increases the maximum amount from \$74,000 to \$324,000 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$65,000.00	\$65,000.00	\$65,000.00	Yes - Info
a. Amendment 1:	\$9,000.00	\$9,000.00	\$74,000.00	No
2. Amount of current amendment (#2):	\$250,000.00	\$259,000.00	\$324,000.00	Yes - Action
3. New maximum contract amount:	\$324,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The state is contracting with this vendor to provide a voter education outreach campaign to promote a four-tier outreach campaign designed to market and raise public awareness around the following topics: Mail Your Ballot Back by June 2, More Ways to Return Your Ballot, Track Your Ballot, and Signature Verification.

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

State employees do not have the tools nor the expertise required to do this work.

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

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

b. Solicitation Waiver: **Not Applicable**

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

SWC

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor has done work with the state and it has been satisfactory.

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

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

Not Applicable

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

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	adale	07/31/2026 16:17:45 PM
Division Approval	adale	07/31/2026 16:17:47 PM
Department Approval	adale	07/31/2026 16:17:49 PM
Contract Manager Approval	jmckeeha	07/31/2026 16:27:43 PM

Budget Analyst Approval
BOE Agenda Approval

mrarki1
mrarki1

08/05/2026 14:56:55 PM
08/05/2026 14:56:57 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32864**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1051-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GARTNER, INC.**Contractor Name: **GARTNER, INC.**Address: **PO BOX 911319**City/State/Zip: **DALLAS, TX 911319**Contact/Phone: **YVETTE TOLEDO 602-561-8599**

Vendor No.:

NV Business ID: **NV19941112701**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.

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **01/18/2029**Contract term: **2 years and 79 days**4. Type of contract: **Contract**Contract description: **VREMS Consulting**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV26-28049 which provides IT research and advisory services. This service agreement provides independent project oversight and quality assurance services for the centralized statewide database and election management system project.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,078,500.00**

Other basis for payment: as invoiced by the vendor and approved by the state.

II. JUSTIFICATION

7. What conditions require that this work be done?

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

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

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor has done work for the state and it has been satisfactory.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

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	adale	07/31/2026 16:41:03 PM
Division Approval	adale	07/31/2026 16:41:05 PM
Department Approval	adale	07/31/2026 16:41:06 PM
Contract Manager Approval	jmckeeha	07/31/2026 16:41:46 PM
EITS Approval	ljea	08/21/2026 09:28:27 AM
Budget Analyst Approval	mraki1	08/05/2026 14:36:19 PM
BOE Agenda Approval	mraki1	08/05/2026 14:36:22 PM
BOE Final Approval	Pending	



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

TO: Mark Wlaschin, Deputy Secretary for Elections, SOS
Josh Gruver, Chief IT Manager, SOS
Ashley Griffiths, Administrative Services Officer III, SOS

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 – SOS – *Voter Registration and Election Management Solution (VREMS)* – TIE 347, Revision 2 – BA(s) 1050, 1051

DATE: February 27, 2026

We have completed our review of the Nevada Secretary of State (SOS) investment which has an estimated total value of \$78,355,738.78, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost	\$ 13,372,729.15	\$ 17,007,729.15			\$ 30,380,458.30
Project Travel - In State	\$ 13,997.95	\$ 13,997.95			\$ 27,995.90
Services - MSA Consultants	\$ 4,694,331.20	\$ 4,694,331.20			\$ 9,388,662.40
Services - Vendor Consulting	\$ 2,649,400.00	\$ 2,649,400.00			\$ 5,298,800.00
Software - COTS Business Applicatio	\$ 6,015,000.00	\$ 9,650,000.00			\$ 15,665,000.00
Ongoing Cost			\$ 14,159,136.42	\$ 19,999,136.42	\$ 34,158,272.84
COTS Business Application			\$ 5,412,857.14	\$ 11,252,857.14	\$ 16,665,714.28
Project Travel - In State			\$ 15,000.00	\$ 15,000.00	\$ 30,000.00
Services - MSA Consultants			\$ 5,093,279.28	\$ 5,093,279.28	\$ 10,186,558.56
Services - Vendor Consulting (ESS)			\$ 638,000.00	\$ 638,000.00	\$ 1,276,000.00
Services - Vendor Consulting (GART)			\$ 3,000,000.00		\$ 3,000,000.00
Services Vendor Consulting - (GART)				\$ 3,000,000.00	\$ 3,000,000.00
Grand Total	\$ 13,372,729.15	\$ 17,007,729.15	\$ 14,159,136.42	\$ 19,999,136.42	\$ 64,538,731.14

Funding source(s): 80% Other, 20% Federal Funding.

This TIE revision is for a cost update through FY2029.

VREMS is a centralized, top-down 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 satisfies the 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).

The combined GTO investment and implementation risk, and technology risk scores indicate 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 CONTRACT1. Contract Number: **32822**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1051-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **WASHOE COUNTY**Contractor Name: **WASHOE COUNTY**Address: **1001 E. NINTH STREET, BLDG A, RM 135**City/State/Zip: **RENO, NV 89512**Contact/Phone: **ANDREW MCDONALD 775-328-3670**Vendor No.: **T40283400**NV Business ID: **N/A**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.

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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **1 year and 303 days**4. Type of contract: **Revenue Contract**Contract description: **Poll Pad Interlocal**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide election administration.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$238,000.00**

Payment for services will be made at the rate of \$119,000.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a Poll Pad Interlocal under the 17 counties and the Nevada Secretary of State's Office to enhance election administration capabilities while maintaining transparency, accountability, and public confidence in Nevada elections.

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

State employees do not have the expertise to do this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

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

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

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

County 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 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	adale	07/29/2026 09:55:10 AM
Division Approval	adale	07/29/2026 09:55:11 AM
Department Approval	adale	07/29/2026 09:55:14 AM
Contract Manager Approval	jmckeeha	07/29/2026 09:55:59 AM
EITS Approval	ljeane	08/21/2026 09:28:56 AM
Budget Analyst Approval	mranki1	08/05/2026 14:21:41 PM
BOE Agenda Approval	mranki1	08/05/2026 14:21:43 PM
BOE Final Approval	Pending	



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

TO: Mark Wlaschin, Deputy Secretary for Elections, SOS
Josh Gruver, Chief IT Manager, SOS
Ashley Griffiths, Administrative Services Officer III, SOS

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 – SOS – *Voter Registration and Election Management Solution (VREMS)* – TIE 347, Revision 2 – BA(s) 1050, 1051

DATE: February 27, 2026

We have completed our review of the Nevada Secretary of State (SOS) investment which has an estimated total value of \$78,355,738.78, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost	\$ 13,372,729.15	\$ 17,007,729.15			\$ 30,380,458.30
Project Travel - In State	\$ 13,997.95	\$ 13,997.95			\$ 27,995.90
Services - MSA Consultants	\$ 4,694,331.20	\$ 4,694,331.20			\$ 9,388,662.40
Services - Vendor Consulting	\$ 2,649,400.00	\$ 2,649,400.00			\$ 5,298,800.00
Software - COTS Business Applicatio	\$ 6,015,000.00	\$ 9,650,000.00			\$ 15,665,000.00
Ongoing Cost			\$ 14,159,136.42	\$ 19,999,136.42	\$ 34,158,272.84
COTS Business Application			\$ 5,412,857.14	\$ 11,252,857.14	\$ 16,665,714.28
Project Travel - In State			\$ 15,000.00	\$ 15,000.00	\$ 30,000.00
Services - MSA Consultants			\$ 5,093,279.28	\$ 5,093,279.28	\$ 10,186,558.56
Services - Vendor Consulting (ESS)			\$ 638,000.00	\$ 638,000.00	\$ 1,276,000.00
Services - Vendor Consulting (GART)			\$ 3,000,000.00		\$ 3,000,000.00
Services Vendor Consulting - (GART)				\$ 3,000,000.00	\$ 3,000,000.00
Grand Total	\$ 13,372,729.15	\$ 17,007,729.15	\$ 14,159,136.42	\$ 19,999,136.42	\$ 64,538,731.14

Funding source(s): 80% Other, 20% Federal Funding.

This TIE revision is for a cost update through FY2029.

VREMS is a centralized, top-down 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 satisfies the 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).

The combined GTO investment and implementation risk, and technology risk scores indicate 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 CONTRACT1. Contract Number: **32777**Agency Name: **CONTROLLER'S OFFICE**Agency Code: **060**Appropriation Unit: **1130-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TYLER TECHNOLOGIES, INC.**Contractor Name: **TYLER TECHNOLOGIES, INC.**Address: **ONE TYLER DR**City/State/Zip: **YARMOUTH, ME 04096**Contact/Phone: **Rob Kennedy-Jensen 207-518-4588**Vendor No.: **T32001084 A**NV Business ID: **NV20051167615**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.

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 #: **060**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **09/15/2026**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/14/2029**Contract term: **3 years**4. Type of contract: **Other (include description): Service Agreement via 99SWC-NV22-12006**Contract description: **Open Finance**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV22-12006 which provides a software solution that will provide the means to associate various records pertaining to an individual. This service agreement provides ongoing support and maintenance of the Open Finance Suite for the tracking of revenue, payroll, and expenditures.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$222,681.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The State of Nevada Controller's Office requires a platform that provides transparent access to comprehensive spending, budgetary, and payroll data so citizens can serve as informed stakeholders in the state's financial governance.

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

The State of Nevada does not have the capability to develop this type of management information system.

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

This vendor was selected by Purchasing as part of a multi award solicitation 99SWC-NV22-12006 to provide ongoing support and maintenance of the Open Finance Suite.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Office of Project Management on behalf of The State of Nevada Controller's Office - 8/8/23-9/14/26 - 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	jsmack	07/30/2026 12:42:28 PM
Division Approval	jsmack	07/30/2026 12:42:31 PM
Department Approval	jsmack	07/30/2026 12:42:33 PM
Contract Manager Approval	hcernigl	07/30/2026 12:43:24 PM
EITS Approval	ljean	07/30/2026 12:48:55 PM
Budget Analyst Approval	nrezaie	08/05/2026 07:34:01 AM
BOE Agenda Approval	nrezaie	08/17/2026 11:19:17 AM
BOE Final Approval	Pending	



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M E M O R A N D U M

TO: Andy Matthews, State Controller, SCO
James Smack, Chief Deputy Controller, SCO
Kevin Law, IT Manager, SCO
Amadou Ba, IT Supervisor, SCO
Christina Martino, Management Analyst II, SCO
Heather Cerniglia, Management Analyst II, SCO

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
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – SCO – *Tyler Technologies – Open Finance* – TIE
1700, Revision 1 – BA(s) 1130

DATE: April 24, 2026

We have completed our review of the State Controller's Office (SCO) investment which has an estimated total value of \$491,361.00, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
Ongoing Cost	\$ 74,227.00	\$ 74,227.00	\$ 74,227.00	\$ 74,227.00	\$ 296,908.00
Software Maintenance	\$ 74,227.00	\$ 74,227.00	\$ 74,227.00	\$ 74,227.00	\$ 296,908.00
Grand Total	\$ 74,227.00	\$ 74,227.00	\$ 74,227.00	\$ 74,227.00	\$ 296,908.00

Funding source(s): 100% General Fund.

GTO approves this investment in Tyler Technologies – Open Finance to implement and maintain a financial transparency application for SCO to track and publish information related to state revenue, payroll, and expenditures. The platform will support the State’s objective of providing public access to government financial data and improving transparency for Nevada citizens.

The solution enables SCO to aggregate and publish financial information through a centralized platform designed to make government spending, budgeting, and payroll data accessible to the public. This capability supports the State’s commitment to transparency and accountability by providing citizens with direct visibility into government financial activity.

GTO SME review findings indicate that Tyler Technologies’ Enterprise Data Platform (formerly Socrata) maintains a FedRAMP Moderate Authorization and operates on FedRAMP-authorized AWS infrastructure. This authorization demonstrates that the platform meets federal security standards aligned with NIST-based controls appropriate for moderate-impact cloud systems.

Given the platform’s role in supporting statewide financial transparency and the vendor’s FedRAMP Moderate authorization, GTO supports this investment. Coordination with the Office of Information Security should continue to ensure appropriate data governance and security practices are maintained for information published through the platform.

The GTO investment and implementation, and technology risk scores indicate a low level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor’s Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **26992**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **XCEL MAINTENANCE SERVICES, INC.**Agency Code: **082**Contractor Name: **XCEL MAINTENANCE SERVICES, INC.**Appropriation Unit: **1349-12**Address: **7260 W AZURE DR PMB 108**Is budget authority
available?: **Yes**City/State/Zip **LAS VEGAS, NV 89130-7999**

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-S2170 JS**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **02/01/2023**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **01/31/2027**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides janitorial services to the Department of Motor Vehicles (DMV) facility on Decatur Boulevard located in Las Vegas. This amendment increases the maximum amount from \$442,349 to \$581,849 due to the addition of the DMV's Silverado facility located in Las Vegas.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$442,349.00	\$442,349.00	\$442,349.00	Yes - Action
2. Amount of current amendment (#1):	\$139,500.00	\$139,500.00	\$139,500.00	Yes - Action
3. New maximum contract amount:	\$581,849.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Janitorial services are needed to provide a sanitary, and healthy environment as well as maintain the integrity of properties and the occupants that inhabit these facilities.

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

Buildings and Grounds do not have the manpower needed to maintain the integrity of additional properties.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #08DOA-S21700, and in accordance with NRS 333, the selected vendor was the highest-scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/26/2022 Anticipated re-bid date: 10/26/2026

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Since 2001, service has been satisfactory.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	07/22/2026 10:44:01 AM
Division Approval	nmann	07/22/2026 17:01:33 PM
Department Approval	nmann	07/22/2026 17:01:35 PM
Contract Manager Approval	ssands	07/29/2026 14:16:36 PM
Budget Analyst Approval	bmacke1	08/10/2026 10:46:40 AM
BOE Agenda Approval	bmacke1	08/10/2026 10:49:10 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **28851**Amendment Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **CLARK & SULLIVAN CONSTRUCTORS, INC.**Agency Code: **082**Contractor Name: **CLARK & SULLIVAN CONSTRUCTORS, INC.**Appropriation Unit: **1594-26**Address: **905 INDUSTRIAL WAY**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? **2024-2027**

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

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

Agency Reference #: **116358**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **3 years and 110 days**4. Type of contract: **Contract**Contract description: **OWNER - CMAR**

5. Purpose of contract:

This is the first amendment to the original contract which provides owner construction manager at-risk services for the Heroes Memorial Building & Annex - Seismic Retrofit and Renovation CIP Project: CIP Project 23-C03; SPWD Contract No. 116358. This amendment decreases the maximum amount from \$25,782,030.00 to \$23,650,075.30 due to the return of contingency funds and allowances.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,782,030.00	\$25,782,030.00	\$25,782,030.00	Yes - Action
2. Amount of current amendment (#1):	-\$2,131,954.70	-\$2,131,954.70	-\$2,131,954.70	Yes - Action
3. New maximum contract amount:	\$23,650,075.30			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Projects

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and currently with satisfactory results.

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

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

Not Applicable

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

Nevada Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/15/2026 15:13:02 PM
Division Approval	nmann	07/15/2026 15:13:04 PM
Department Approval	nmann	07/15/2026 15:13:07 PM
Contract Manager Approval	lwildes	07/15/2026 15:21:33 PM
Budget Analyst Approval	tday2	07/21/2026 12:45:42 PM
BOE Agenda Approval	bmacke1	08/11/2026 17:51:52 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31154**Amendment Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **WELLES PUGSLEY ARCHITECTS, LLP**Agency Code: **082**Contractor Name: **WELLES PUGSLEY ARCHITECTS, LLP**Appropriation Unit: **1594-43**Address: **151 E. WARM SPRINGS RD.**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89119-4101**

If "No" please explain: Not Applicable

Contact/Phone: **702-435-1150**Vendor No.: **T27038348**NV Business ID: **NV20031000034**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 #: **118149**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2025**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2029**Contract term: **3 years and 230 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 Las Vegas State Office Buildings Purchase and Improvements CIP Project: CIP Project No. 25-C26; SPWD Contract No. 118149. This amendment increases the maximum amount from \$349,000 to \$949,000 due to additional design services and construction improvements needed at several building locations.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$250,000.00	\$250,000.00	\$250,000.00	Yes - Action
a. Amendment 1:	\$99,000.00	\$99,000.00	\$99,000.00	Yes - Info
2. Amount of current amendment (#2):	\$600,000.00	\$600,000.00	\$699,000.00	Yes - Action
3. New maximum contract amount:	\$949,000.00			

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. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and with satisfactory results.

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

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

Not Applicable

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

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	nmann	07/15/2026 16:02:59 PM
Division Approval	nmann	07/15/2026 16:03:02 PM
Department Approval	nmann	07/15/2026 16:03:04 PM
Contract Manager Approval	lwildes	07/16/2026 07:09:54 AM
Budget Analyst Approval	tday2	07/23/2026 08:50:15 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32744**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: WELLES PUGSLEY ARCHITECTS LLP
Agency Code: 082	Contractor Name: WELLES PUGSLEY ARCHITECTS LLP
Appropriation Unit: All Appropriations	Address: 151 E. WARM SPRINGS RD.
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89119-4101
If "No" please explain: Not Applicable	Contact/Phone: 702-435-1150
	Vendor No.: T27038348
	NV Business ID: NV20031000034

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded CIP

Agency Reference #: **118835**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/20/2030**Contract term: **3 years and 293 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 Advanced Planning of the Combined Support Maintenance Shop CIP Project, to include pre-design services, schematic design, design development, and construction documents for a 38,000 square foot support maintenance shop: CIP Project No. 26-A14; SPWD Contract No. 118835.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,194,700.00**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 3650, expenditure category 10, Facilities.

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

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

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

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

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Yes. SPWD, and with satisfactory results.

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

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

Not Applicable

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

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:

Philip De La Mara, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/30/2026 14:00:10 PM
Division Approval	nmann	07/30/2026 14:00:12 PM
Department Approval	nmann	07/30/2026 14:00:14 PM
Contract Manager Approval	lwildes	07/30/2026 14:51:49 PM
Budget Analyst Approval	cpalme2	07/31/2026 13:57:58 PM
BOE Agenda Approval	cpalme2	07/31/2026 13:58:03 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31289**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **WOOD RODGERS, INC.**Agency Code: **082**Contractor Name: **WOOD RODGERS, INC.**Appropriation Unit: **All Appropriations**Address: **1361 CORPORATE BLVD.**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? **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 #: **118242**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **11/25/2025**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2029**Contract term: **3 years and 217 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 Taxiway Throat Panel Replacement & Hanger Apron Repairs CIP Project: CIP Project No. 26-A02; SPWD Contract No. 118242. This amendment increases the maximum amount from \$45,500 to \$232,500 due to additional engineering design services and submission support services needed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$45,500.00	\$45,500.00	\$45,500.00	Yes - Info
2. Amount of current amendment (#1):	\$187,000.00	\$187,000.00	\$232,500.00	Yes - Action
3. New maximum contract amount:	\$232,500.00			

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. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

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:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/14/2026 15:28:58 PM
Division Approval	nmann	07/14/2026 15:29:00 PM
Department Approval	nmann	07/14/2026 15:29:03 PM
Contract Manager Approval	lwildes	07/15/2026 07:22:24 AM
Budget Analyst Approval	tday2	07/22/2026 07:05:01 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22277**Amendment Number: **2**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Legal Entity Name: **APPLIED LEARNING TECHNOLOGY ASSOCIATES**Agency Code: **300**Contractor Name: **APPLIED LEARNING TECHNOLOGY ASSOCIATES**Appropriation Unit: **2712-16**Address: **10935 115th AVENUE**Is budget authority available?: **Yes**City/State/Zip: **HENDERSON, CO 80640**

If "No" please explain: Not Applicable

Contact/Phone: **WILLIAM BANSBERG 970-302-4944**Vendor No.: **T32007891**NV Business ID: **NV20191048110**To what State Fiscal Year(s) will the contract be charged? **2020-2029**

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

General Funds 0.00 % Fees 0.00 %

X Federal Funds **100.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 300

2. Contract start date:

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

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2026**Contract term: **9 years and 2 days**4. Type of contract: **Contract**Contract description: **Migrant Prgm Prf Ser**

5. Purpose of contract:

This is the second amendment to the original contract which provides comprehensive needs assessment, service delivery plan, assessment of migrant student recruitment, evaluation of the state Migrant Program and membership to the MiraCORE consortium. This amendment extends the termination date from December 31, 2026 to December 31, 2028 and increases the maximum amount from \$360,000 to \$464,000 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:	\$208,000.00	\$208,000.00	\$208,000.00	Yes - Action
a. Amendment 1:	\$152,000.00	\$152,000.00	\$152,000.00	Yes - Action
2. Amount of current amendment (#2):	\$104,000.00	\$104,000.00	\$104,000.00	Yes - Action
3. New maximum contract amount:	\$464,000.00			
and/or the termination date of the original contract has changed to:	12/31/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

The migrant program requires professional services to provide needs assessments.

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

This is a specialized service

9. Were quotes or proposals solicited?

Yes

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #30DOE-S626, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 05/31/2019

Anticipated re-bid date: 06/01/2023

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

No

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

No

III. OTHER INFORMATION

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

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

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

No

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

No

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

No

If "Yes", please explain

Not Applicable

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

Yes

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

Current contract with Department of Education, Satisfactory

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

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

nsanche2

07/09/2026 09:45:57 AM

Division Approval

psmorr1

07/09/2026 10:46:10 AM

Department Approval	psmorr1	07/16/2026 08:40:48 AM
Contract Manager Approval	khoy1	07/16/2026 09:43:17 AM
Budget Analyst Approval	mranks1	08/10/2026 08:28:37 AM
BOE Agenda Approval	mranks1	08/10/2026 08:28:39 AM

Purchasing Use Only:

Approval #:

743 @



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

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

CONTRACT EXTENSION JUSTIFICATION AND REQUEST FORM

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

1	Agency Contact Information: Note: Approved copy will be sent to <u>only</u> to the contact(s) listed below:		
	<u>ENTER YOUR STATE AGENCY NAME:</u> Department of Education		
	Contact Name and Title	Phone Number	Email Address
	Kaylene Hoyt, MA 3, Contracts Manager	775-687-9101	<u>ndecontracts@doe.nv.gov</u>

2	Contractor Information:	
	Contractor Name:	Applied Learning Technology Associates Corporation
	Contact Name:	William Bansberg, Director of Research
	Complete Address: City, State and Zip Code	10935 115 th Avenue
	Phone Number:	970-302-4944
	Email Address:	<u>billbansberg@alta-ed.org</u>

3	List <u>all previous</u> Contract Information for which the agency has contracted with this vendor (contract history):				
	Solicitation Type, if applicable:		N/A	#:	N/A
	Enter CETS Number:	N/A			
	Contract Amount:	N/A			
	Contract Term:	Start Date:	N/A	End Date:	N/A

4	Current Contract Information:

Purchasing Use Only:	
Approval #:	7430

Solicitation Type, if applicable:	RFP			#:	30DOE-S626
Enter CETS Number:	#22277				
Initial Contract Amount:	\$208,000.00				
Contract Term:	Start Date:	01/01/2020	End Date:	12/31/2023	

Amendment Information – List <u>all previously</u> approved amendments:				
	<i>Amd #:</i>	<i>Brief Synopsis of What Amendment Accomplished:</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
5	1	The first amendment to the original contract extended the termination date from December 31, 2023, to December 31, 2026, and increased the maximum amount from \$208,000 to \$360,000 due to the continued need for these services.	Added \$152,000.00 Total Do Not Exceed: \$360,00.00	12/31/2026

<u>Proposed</u> Amendment Information:				
	<i>Amd #:</i>	<i>Brief Synopsis of What the Requested Amendment will Accomplish</i>	<i>Dollar Change in Contract Amount</i>	<i>Change in End Date</i>
6	2	This is the second amendment to the original contract which provides comprehensive needs assessment, service delivery plan, assessment of migrant student recruitment, and evaluation of the state Migrant Program as well as provide membership to the MiraCORE consortium. This amendment extends the termination date from December 31, 2026 to December 31, 2028 and increases the maximum amount from \$360,000 to \$464,000 due to the continued need for these services.	Adding \$104,000.00 New Total Do Not Exceed: \$464,000.00	12/31/2028

What is the justification to extend the contract term beyond the State's four (4) year re-solicitation policy (SAM 0305)?

The request to extend the contract with Applied Learning Technologies Associates (ALTA) beyond the standard four-year re-solicitation policy is necessitated by federal legal mandates, fiscal responsibility, and the unique structural requirements of an interstate consortium grant.

- *Federal Compliance & Risk Mitigation: Under the Elementary and Secondary Education Act (ESEA) and ESSA, there is a zero-margin requirement for child count accuracy in Title I-C Migrant Education. ALTA provides specialized re-interviewing and program evaluation services that ensure Nevada remains in strict compliance, avoiding potential federal auditing failures.*
- *Non-Competitive Consortium Requirements: Nevada is a member of the 1308 Migrant Education Program Consortium (MEPC+). A significant portion of this contract is tied to a specific federal grant that names ALTA as the designated contractor. Nevada's receipt of federal incentive funds is contingent upon this membership; therefore, this component of the service is legally and functionally exclusive and cannot be competitively bid.*
- *Operational Continuity: All member states within the consortium utilize ALTA. Replacing the vendor for Nevada specifically would disrupt vital inter-state data integration and collaboration, jeopardizing the efficacy of the program.*

What are the potential consequences to the State if the contract extension request is denied?

Failure to approve this extension would trigger the immediate loss of federal Consortium Incentive Grants (CIG), as Nevada's eligibility is legally contingent upon utilizing the consortium's designated contractor. Beyond the financial loss, the state would face significantly higher audit risks and potential funding clawbacks due to the loss of ALTA's specialized "zero-margin" child count verification required by ESSA. Operationally, Nevada would be severed from the interstate data pipeline, making it impossible to track mobile students across state lines and resulting in a direct violation of federal coordination mandates. Finally, forced re-solicitation would be counterproductive, as no other vendor can provide the specific legal and functional integration required by the MEPC+ consortium. Effectively, non-approval forces a withdrawal from a vital national partnership and jeopardizes Nevada's federal standing.

Purchasing Use Only:	
Approval #:	7430

By signing below, I know and understand the proposed contract extension exceeds the State's policy pursuant to SAM Section 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.*

My Pto

Signature of Agency Representative Initiating Request

Megan Peterson, Deputy Superintendent, Student Investment Division

May 11, 2026

Print Name of Agency Representative Initiating Request

Date

Victor Wakefield

Victor Wakefield (May 11, 2026 19:02:01 PDT)

Signature of Agency Head Authorizing Request

Victor Wakefield, Superintendent of Public Instruction

May 11, 2026

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.	

This approval does not exempt an agency from any other contracting process.

Signed:

William J. F.

Administrator, Purchasing Division or Designee

6.16.2026

Date

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32837**

Agency Name:	DHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	THERAP SERVICES, LLC
Agency Code:	402	Contractor Name:	THERAP SERVICES, LLC
Appropriation Unit:	3167-26	Address:	333 KENNEDY DRIVE SUITE R101
Is budget authority available?:	Yes	City/State/Zip	TORRINGTON, CT 06790
If "No" please explain:	Not Applicable		
		Contact/Phone:	Gray Sigler 775-450-2916
		Vendor No.:	Pending
		NV Business ID:	NV20181441013

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.

X	General Funds	98.00 %	X	Fees	1.00 % Telephone Surcharge Fee/Communication Access Services
X	Federal Funds	1.00 %		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 **09/15/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 289 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **HCBS Case Management**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV26-29306 which provides cloud and software solutions. This service agreement provides information technology-related products, services, system configurations, and cloud solutions for the modernization of the case management system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,165,036.66**

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?

Ongoing maintenance and operations of case management solution to meet the needs of the business units.

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

We do not have the development expertise or staff to perform these tasks.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

MSA #99SWC-NV26-29306

d. Last bid date:

Anticipated re-bid date:

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Since 2020 with ADSD
Satisfactory

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

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

Not Applicable

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

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	ecreceli	07/30/2026 08:48:36 AM
Division Approval	ecreceli	07/30/2026 08:48:39 AM
Department Approval	ecreceli	07/30/2026 08:48:43 AM
Contract Manager Approval	tric1	07/30/2026 10:54:55 AM
EITS Approval	ljea	07/30/2026 12:49:09 PM
Budget Analyst Approval	khal5	08/05/2026 15:11:28 PM
BOE Agenda Approval	vmilazz1	08/05/2026 19:10:12 PM
BOE Final Approval	Pending	



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Dena Schmidt, Administrator, ADSD, DHHS
Ellen Crecelius, Deputy Administrator, ADSD, DHHS
Justin Robinson, IT Manager III, ADSD, DHHS
Kiran Tatavarthi, IT Manager I, ADSD, DHHS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Deputy CIO - Chief Operations Officer, GTO
David Axtell, Deputy CIO - Chief Technology Officer, GTO
Adam Miller, Deputy Director, OISCD

FROM: Lisa Jean, TIN Administrator, GTO

SUBJECT: TIN Completion Memo – ADSD – TIN 284 – Cloud Based Enterprise Case Management System – Update E – BA 3151, 3156, 3206, 3167, 3204, 3208, 3209, 3266, 3279, 3280, 3282

DATE: July 7, 2025

We have completed our review for the Department of Health and Human Services (DHHS), Aging and Disability Services Division's (ADSD) – *Cloud Based Enterprise Case Management System* – TIN 284, Update E.

The submitted TIN, for an estimated value of \$15,228,025.38 in the FY24/FY25 biennium, **\$7,134,532.64 in the FY26/FY27 biennium**, and \$322,231.42 in the FY28/FY29 biennium (55.33% ARPA, 30.98% Medicaid MFP, 6.93% General Fund for APS and LTCOP Wellsky contract, 3.51% contractor, 3.25% Wellsky 2 month contract extension), is to reflect updated cost, funding, and budget account information to support the modernization of ADSD's existing intake, case management and billing systems.

This investment eliminates manual processes and enables online accessibility for internal and external users. Modernization brings the benefit of a unified computing back-end that will allow the agency to track and report data across systems consistently and uniformly.

Project related development, implementation, testing, and training costs are supported in this TIN request. Ongoing licensing and maintenance costs will be paid with budgeted ADSD funds.

The agency considers the investment and final implementation to have an ongoing moderate security risk, as the investment will have a re-designed and/or re-implemented security architecture and the solution will transport, store, and process personal identification information that is subject to federal and/or other security standards.

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

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

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

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

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32838**Agency Name: **DHS - AGING AND DISABILITY SERVICES DIVISION**Agency Code: **402**Appropriation Unit: **3278-25**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PUBLIC HEALTH SUPPORTIVE SERVICES LLC**Contractor Name: **PUBLIC HEALTH SUPPORTIVE SERVICES LLC**Address: **9550 VIKINGHOLM RD**City/State/Zip: **RENO, NV 89521**Contact/Phone: **James Kuzhippala, MPH 702-883-5782**Vendor No.: **T32011707**NV Business ID: **NV20212199459**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 %	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: **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2027**Contract term: **364 days**4. Type of contract: **Other (include description): MSA**Contract description: **PHSS LIFESPAN**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17889 which provides consulting, marketing, and education services. This service agreement provides services to implement a standardized training curriculum, establish a recruitment pipeline, and provide professional development opportunities for the Lifespan Respite Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$295,000.00**

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 state requires a vendor to support the overall project management and implementation of this project.

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

ADSD does not have the staff resources available to support this project.

9. Were quotes or proposals solicited?

Yes

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

Yes

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

MSAb. Solicitation Waiver: **Not Applicable**

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

MSA RFP 99SWC-S2340

d. Last bid date:

Anticipated re-bid date:

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The contractor holds a Nevada Statewide Contract with Nevada State Purchasing and holds satisfactory status.

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

No If "Yes", please provide details of the litigation 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	lborntr1	07/30/2026 10:05:05 AM
Division Approval	mashcra1	07/30/2026 12:46:44 PM
Department Approval	mashcra1	07/30/2026 12:46:49 PM
Contract Manager Approval	tric1	07/30/2026 12:56:40 PM
Budget Analyst Approval	khal5	08/07/2026 16:53:03 PM
BOE Agenda Approval	vmilazz1	08/12/2026 09:56:16 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **22535**Amendment
Number: **3**Agency Name: **DHS - PUBLIC AND BEHAVIORAL
HEALTH**Legal Entity
Name: **LIBERTY DENTAL PLAN OF NEVADA,
INC.**Agency Code: **406**Contractor Name: **LIBERTY DENTAL PLAN OF NEVADA,
INC.**Appropriation Unit: **3215-24**Address: **1730 FLIGHT WAY STE 125**Is budget authority
available?: **Yes**City/State/Zip **TUSTIN, CA 92782**

If "No" please explain: Not Applicable

Contact/Phone: **Steven Sohn 888 401-1128**Vendor No.: **T32009052**NV Business ID: **NV20071098062**To what State Fiscal Year(s) will the contract be charged? **2020-2028**

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 % Rebates

Agency Reference #: **RFP#40DHHS-S822/C 17500**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **01/01/2020**
Examiner's approval?Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2026**
Termination Date:Contract term: **8 years and 1 day**4. Type of contract: **Contract**Contract description: **Dental Services**

5. Purpose of contract:

This is the third amendment to the original contract which provides dental services to participants in the Ryan White Part B Program. This amendment extends the termination date from December 31, 2026 to December 31, 2027 and increases the maximum amount from \$3,200,000 to \$4,584,320 due to the continued need for these services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,100,000.00	\$2,100,000.00	\$2,100,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$1,100,000.00	\$1,100,000.00	\$1,100,000.00	Yes - Action
2. Amount of current amendment (#3):	\$1,384,320.00	\$1,384,320.00	\$1,384,320.00	Yes - Action
3. New maximum contract amount:	\$4,584,320.00			
and/or the termination date of the original contract has changed to:	12/31/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

Oral Health Care was identified as a gap in health services as part of the Care and Prevention Integrated Treatment Plan submitted to the Health Resources and Services Administration (HRSA). Contracting with Liberty Dental will allow Ryan White Part B/ADAP to eliminate this gap for Ryan White Part B/ADAP clients.

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

State employees do not possess the knowledge or access to dental service plans to perform these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S822, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 08/27/2019 Anticipated re-bid date: 01/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Vendor with DHCFP since 1/18 - 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

msilzell

06/11/2026 16:51:58 PM

Division Approval	msilzell	06/11/2026 16:52:00 PM
Department Approval	msilzell	06/11/2026 16:52:03 PM
Contract Manager Approval	Istidha1	08/03/2026 16:33:15 PM
Budget Analyst Approval	rgiffor1	08/05/2026 09:41:31 AM
BOE Agenda Approval	klay0	08/07/2026 08:25:40 AM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31459**Amendment
Number: **1**Agency Name: **DSS - SOCIAL SERVICES**Legal Entity
Name: **CARAHSOFT TECHNOLOGY
CORPORATION**Agency Code: **407**Contractor Name: **CARAHSOFT TECHNOLOGY
CORPORATION**Appropriation Unit: **3228-40**Address: **CORPORATION
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.

X	General Funds	75.00 %	Fees	0.00 %
X	Federal Funds	25.00 %	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 **01/13/2026**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **09/14/2026**Contract term: **1 year and 60 days**4. Type of contract: **Other (include description): Service Agreement - 99SWC-NV24-17504**Contract description: **SAS Payment Integrity**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement provides SAS Payment Integrity for Food Assistance services to transform the Supplemental Nutrition Assistance Program quality management. This amendment extends the termination date from September 15, 2026 to March 15, 2027 and increases the maximum amount from \$751,959.79 to \$1,151,435.01 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:	\$751,959.79	\$751,959.79	\$751,959.79	Yes - Action
2. Amount of current amendment (#1):	\$399,475.22	\$399,475.22	\$399,475.22	Yes - Action
3. New maximum contract amount:	\$1,151,435.01			
and/or the termination date of the original contract has changed to:	03/15/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

The division continues its efforts to decrease the federal SNAP case error rates to avoid an unbudgeted increase of state match funding requirements of benefit assistance effective 10/01/2026, approved in the federal "Big Beautiful Bill" to the Supplemental Nutrition Assistance Program. Section 9, SB 4 of the 36th 2025 Legislative Session authorizes General Fund Appropriations for vendor costs for the administration of the federal SNAP program to assist in decreasing the state of Nevada's SNAP Error Rate.

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

State employees do not have the expertise or resources to provide these services.

9. Were quotes or proposals solicited? Yes

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

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

b. Solicitation Waiver: **Not Applicable**

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

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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	bbarlo1	07/24/2026 10:16:01 AM
Division Approval	bbarlo1	07/24/2026 10:16:04 AM
Department Approval	rthomps1	07/27/2026 07:50:56 AM
Contract Manager Approval	mpomerle	07/30/2026 09:47:51 AM
EITS Approval	ljean	07/30/2026 10:09:23 AM
Budget Analyst Approval	khal5	08/05/2026 15:44:07 PM
BOE Agenda Approval	vmilazz1	08/05/2026 19:20:18 PM



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

TO: Robert Thompson, Administrator, DSS, DHS
Kelly Cantrelle, Deputy Administrator, Program Field Ops., DSS, DHS
Crystal Buscay, Chief Financial Officer, DSS, DHS
Alexis Ochoa, Social Services Chief III, DSS, DHS
Andrew Tucker, Chief IT Manager, DSS, DHS
Monique Pomerleau, Management Analyst II, DSS, DHS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Michael D. Smith Jr., Deputy Director/Chief Technology Officer, GTO
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DSS – *SNAP Error Rate Reduction via Analytics* –
TIE 1475, Revision 2 – BA(s) 3228

DATE: June 24, 2026

We have completed our review of the Department of Human Services (DHS), Division of Social Services (DSS) investment which has an estimated total value of \$2,842,416.15, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
▣ One-Time Cost	\$ 950,213.24				\$ 950,213.24
Implementation and Use	\$ 950,213.24				\$ 950,213.24
▣ Ongoing Cost		\$ 563,379.13	\$ 652,168.63	\$ 676,655.15	\$ 1,892,202.91
Ongoing Maintenance and Support		\$ 563,379.13	\$ 652,168.63	\$ 676,655.15	\$ 1,892,202.91
Grand Total	\$ 950,213.24	\$ 563,379.13	\$ 652,168.63	\$ 676,655.15	\$ 2,842,416.15

Funding source(s): 50% Federal Grant and 50% General Fund.

GTO approves this investment to update cost information for the existing DSS analytical tools and reporting investment through FY2029, as it supports DSS efforts to identify SNAP cases most likely to contain errors, take proactive corrective action, and reduce the risk of exceeding the revised federal 6% cost-share threshold.

The business case supports approval because the investment assists the State in managing a significant fiscal exposure associated with SNAP payment accuracy and potential state funding liability. The update does not introduce a new scope, new system, or material change in use. No duplicative spending concern is identified based on the information provided. The continued use of the existing analytical and reporting capability supports operational continuity, performance management, and fiscal stewardship by helping DSS focus resources on cases with the greatest error-risk impact.

Cybersecurity, procurement, and governance risk remain limited to the existing reviewed investment because this request is a cost update associated with extension of the current contract. The agency must continue to manage the contract, data use, access controls, reporting, and vendor oversight in accordance with applicable State security, privacy, procurement, and technology governance requirements. The investment aligns with State technology objectives by using data and reporting to improve program integrity, reduce avoidable cost exposure, and support effective delivery of benefits to eligible Nevada families.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **30961**Amendment Number: **1**Agency Name: **DSS - SOCIAL SERVICES**Legal Entity Name: **CARAHSOFT TECHNOLOGY CORPORATION**Agency Code: **407**Contractor Name: **CARAHSOFT TECHNOLOGY CORPORATION**Appropriation Unit: **3238-23**Address: **CORPORATION
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: **Grace Shadduck 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	66.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	34.00 % State Share of Collections

Agency Reference #: **407**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2025**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/15/2026**Contract term: **1 year and 134 days**4. Type of contract: **Other (include description): Service Agreement - 99SWC-NV24-17504**Contract description: **SCaDU Disbrsmnt Sys.**

5. Purpose of contract:

This is the first amendment to the original service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement provides disbursement software to support the State Collections and Disbursement Unit as part of the Child Support Enforcement Program. This amendment extends the termination date from September 15, 2026 to March 15, 2027 and increases the maximum amount from \$439,928.99 to \$702,647.63 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:	\$439,928.99	\$439,928.99	\$439,928.99	Yes - Action
2. Amount of current amendment (#1):	\$262,718.64	\$262,718.64	\$262,718.64	Yes - Action
3. New maximum contract amount:	\$702,647.63			
and/or the termination date of the original contract has changed to:	03/15/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

Per Federal Regulation 45 CFR 302.32, SCaDU must disburse child support collections within two (2) business days of the payment being received, as long as sufficient information identifying the payee is provided. The Personal Responsibility & Work Opportunity Reconciliation Act (PRWORA) mandates the use of a statewide collection and disbursement system for child support enforcement payment processing. Failure to implement and maintain a statewide system will result in financial sanctions imposed by the federal government.

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

State employees do not have the expertise or resources to provide these services.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

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:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval	cbuscay	07/23/2026 09:37:40 AM
Division Approval	cbuscay	07/23/2026 09:37:45 AM
Department Approval	rthomps1	07/24/2026 11:09:34 AM
Contract Manager Approval	mpomerle	07/27/2026 16:35:35 PM
EITS Approval	ljean	07/28/2026 07:06:06 AM
Budget Analyst Approval	khal5	07/30/2026 13:29:14 PM
BOE Agenda Approval	vmilazz1	07/30/2026 14:51:45 PM



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

TO: Robert Thompson, Administrator, DHS, DSS
Brooke Barlow, Chief, Fiscal, DHS, DSS
Janae Kelly, Chief, SCaDU, 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
Michael D. Smith, Deputy Director/Chief Technology Officer, GTO
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DSS – *Child Support Disbursement and Collection Application* – TIE 370, Revision 2 – BA(s) 3238

DATE: May 21, 2026

We have completed our review of the Department of Human Services (DHS), Division of Social Services (DSS) investment, which has an estimated total value of \$5,938,419.05, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	FY30	FY31	Grand Total
One-Time Cost	\$ 494,231.00	\$ 525,436.17	\$ 551,708.00	\$ 579,294.00	\$ 596,672.00	\$ 128,104.63	\$ 2,875,445.80
Software - Saas Business Applicatio	\$ 494,231.00	\$ 525,436.17	\$ 551,708.00	\$ 579,294.00	\$ 596,672.00	\$ 128,104.63	\$ 2,875,445.80
Grand Total	\$ 494,231.00	\$ 525,436.17	\$ 551,708.00	\$ 579,294.00	\$ 596,672.00	\$ 128,104.63	\$ 2,875,445.80

Funding source(s): 66% Federal Grant and 34% State Share of Collections.

GTO approves this cost update and ongoing renewal of the existing Informatix RAPID payment-processing solution supporting the DSS Child Support Enforcement Program and NVKIDS operations. This update provides contract continuity through FY2031.

The investment supports continued processing of child support payment documentation, check capture, indexing, workflow routing, and posting support for NVKIDS. The business case supports approval because this is an existing operational service, and the submission indicates that redesigning or redeveloping the functionality within NVKIDS at this stage could create substantial delay, financial impact, and potential risk to project and federal funding stability.

Business, fiscal, and operational risks are low because the request is a renewal of an existing service rather than a new technology implementation or material scope change. Continued use of the current solution supports operational continuity, avoids disruption to payment-processing workflows, and mitigates the risk of unnecessary cost or delay from duplicative redevelopment. Procurement and governance considerations should continue to be managed through the existing contract renewal and expiration timeline.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32173**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3259-27**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DANIEL C. JONES**Contractor Name: **DANIEL C. JONES**Address: **HC 64 BOX 70**City/State/Zip: **DEETH, NV 89823-9702**Contact/Phone: **DANIEL C Jones 775/340-3286**Vendor No.: **T29038210**NV Business ID: **NV20161574025**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

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

Agency Reference #: **40DHHS-S3579 - JT**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2026**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Physician Services**

5. Purpose of contract:

This is a new contract to provide ongoing physician services for youth under the care and custody of the agency.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$432,000.00**

Payment for services will be made at the rate of \$9,000.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Youth Training Center is required to provide routine and emergency medical services to the youth in NYTC's care and custody.

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

There are no employees on staff with the required medical license.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):

Infrared Baron Inc
Joy Behavioral Health LLC
Marleen Grover APRN, CNM, LLC

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #40DHHS-S3579 and in accordance with NRS 333, the selected vendor was the only vendor to propose and, upon review, met the evaluation criteria.

d. Last bid date: 07/01/2021 Anticipated re-bid date: 07/01/2030

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Candita Strong, Program Monitor Ph: null

Vern Harlow, Fiscal Monitor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	vharlow	07/17/2026 08:51:03 AM
Division Approval	bmcdani	07/28/2026 08:26:54 AM
Department Approval	jvanderl	07/28/2026 08:41:54 AM
Contract Manager Approval	sknigge	07/28/2026 08:44:56 AM
Budget Analyst Approval	mgassawa	07/31/2026 12:10:57 PM
BOE Agenda Approval	klay0	08/17/2026 14:44:27 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32687**

Agency Name:	DHS - CHILD AND FAMILY SERVICES	Legal Entity Name:	Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno
Agency Code:	409	Contractor Name:	Board of Regents, Nevada System of Higher Education - OBO University of Nevada, Reno
Appropriation Unit:	3281-14	Address:	1644 N. Virginia St. MS 1332
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89557
If "No" please explain:	Not Applicable	Contact/Phone:	Susan Poore 775-784-6003
		Vendor No.:	D35000816
		NV Business ID:	Governmental Entity

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2028**Contract term: **2 years**4. Type of contract: **Interlocal Agreement**Contract description: **Psychiatric Fellows**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing services utilizing the Psychiatry Fellows Program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$113,409.10**

Other basis for payment: Per Attachment A - General Scope of Work - Fellows and Payment Schedule

II. JUSTIFICATION

7. What conditions require that this work be done?

The University of Nevada, Reno School of Medicine provides essential psychiatric assessment and support services in support of psychiatric and outpatient services provide by Northern Nevada Child and Adolescent Services.

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

The Division has insufficient staff to provide the services provided by the University of Nevada, Reno School of Medicine. In addition, the services provided serve as practical learning experience for University of Nevada, Reno School of Medicine fellows.

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

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

Not Applicable

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

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

NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

Yes If "Yes", please explain

The University of Nevada, Reno School of Medicine is part of the State of Nevada and some of its employees will be providing services.

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

Yes If "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, vendor is currently under contract with the Division. 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:

Rick Rassier, ASOIII-Fiscal Monitor Ph: null

Rhonda Lawrence, CPM2-Program Monitor Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	07/08/2026 13:54:34 PM
Division Approval	jvanderl	07/28/2026 11:25:01 AM
Department Approval	bmcdani	07/28/2026 14:50:13 PM
Contract Manager Approval	sknigge	07/28/2026 14:50:21 PM
Budget Analyst Approval	mgassawa	07/31/2026 11:40:03 AM
BOE Agenda Approval	pokeefe	08/03/2026 09:09:00 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 CONTRACT1. Contract Number: **32435**

Agency Name:	NEVADA MEDICAID	Legal Entity Name:	Board of Regents, Nevada System of Higher Education -OBO the University of Nevada, Las Vegas, School of Medicine
Agency Code:	414	Contractor Name:	Board of Regents, Nevada System of Higher Education -OBO the University of Nevada, Las Vegas, School of Medicine
Appropriation Unit:	3157-00	Address:	4505 South Maryland Pkwy.
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89154
If "No" please explain:	Not Applicable	Contact/Phone:	Sheila Barela 702-353-2120
		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 %
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 **07/01/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Presentation of the contract for review and signature was delayed due to coordination challenges with the board meeting schedule and staffing shortages.

3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Supp Payments/TCM**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the non-federal share of the Practitioner Upper Payment Limit supplemental payment program and targeted case management.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,047,779.96****II. JUSTIFICATION**

7. What conditions require that this work be done?

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

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

NVHA does not have the staff or expertise required to provide these services.

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

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

Not Applicable

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	nmaan1	05/15/2026 10:55:37 AM
Division Approval	scanfiel	05/15/2026 11:08:23 AM
Department Approval	staciew7	07/27/2026 13:49:16 PM
Contract Manager Approval	aestrada4	07/30/2026 11:37:06 AM
Budget Analyst Approval	khawkin1	08/04/2026 09:16:51 AM
BOE Agenda Approval	khawkin1	08/04/2026 09:16:56 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: July 28, 2026

TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office

FROM: Stacie Weeks, Director, Nevada Health Authority

RE: Request for Retroactive Start Date of July 1, 2026, for Board of Regents, Nevada System of Higher Education on Behalf of the University of Nevada, Reno, School of Medicine

The purpose of this memorandum is to respectfully request a retroactive start date of July 1, 2026, for Board of Regents, Nevada System of Higher Education on Behalf of the University of Nevada, Reno, School of Medicine CETS #32435, which is being scheduled for the September 8, 2026, BOE.

The purpose of this contract outlines the responsibilities between Nevada Health Authority and the University of Nevada Las Vegas School of Medicine with respect to ensure access to UNLV SOM practitioner services by needy individuals, in the State of Nevada, to recognize the higher costs incurred by teaching programs when providing said services, and to provide Targets Case management for Titles XIX and XXI.

This contract is under Budget 3157-00 / Object 4103.

Presentation of the contract for review and signatures was delayed due to coordination challenges with the board meeting schedule and staffing shortages at the state level. These factors resulted in a delay in finalizing the contract.

The division will account for vendor board meeting delays and summer scheduling constraints.

The Nevada Health Authority recognizes that retroactive contract requests are not standard practice. Any questions about this memo can be directed to Lynnette Aaron at L.aaron@nvha.nv.gov.

Thank you for your consideration.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32437**

Agency Name:	NEVADA MEDICAID	Legal Entity Name:	Board of Regents, Nevada System of Higher Education -OBO the University of Nevada, Reno, School of Medicine
Agency Code:	414	Contractor Name:	Board of Regents, Nevada System of Higher Education -OBO the University of Nevada, Reno, School of Medicine
Appropriation Unit:	3157-00	Address:	Pennington Medical Education Building 332
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89557
If "No" please explain:	Not Applicable	Contact/Phone:	Jeffrey Felsted 775-682-8178
		Vendor No.:	
		NV Business ID:	D35000816B
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 %
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 **07/01/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **Yes**

If "Yes", please explain

Retroactive due to negotiation and signature delays related to board meeting schedules.3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **Supplemental Pymt**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the non-federal share for the Practitioner Upper Payment Limit supplemental payment program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,085,057.08****II. JUSTIFICATION**

7. What conditions require that this work be done?

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

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

NVHA does not have the staff or expertise required to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	nmaan1	05/19/2026 10:15:33 AM
Division Approval	scanfiel	05/19/2026 11:23:37 AM
Department Approval	staciew7	07/27/2026 13:49:26 PM
Contract Manager Approval	aestrada	07/30/2026 11:36:28 AM
Budget Analyst Approval	khawkin1	08/04/2026 09:02:28 AM
BOE Agenda Approval	khawkin1	08/04/2026 09:02:33 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: July 29, 2026
TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office
FROM: Stacie Weeks, Director, Nevada Health Authority
RE: Request for Retroactive Start Date of July 1, 2026, for Board of Regents, Nevada System of Higher Education on Behalf of the University of Nevada, Reno, School of Medicine

The purpose of this memorandum is to respectfully request a retroactive start date of July 1, 2026 for Board of Regents, Nevada System of Higher Education on Behalf of the University of Nevada, Reno, School of Medicine CETS #32437 which is being scheduled for September 8, 2026, BOE.

The purpose of this contract outlines the responsibilities between Nevada Health Authority and the University of Nevada Reno School of Medicine with respect to ensure access to UNR SOM practitioner services by needy individuals, in the State of Nevada, to recognize the higher costs incurred by teaching programs when providing said services.

This contract is under Budget 3157-00-4103.

Presentation of the contract for review and signatures was delayed due to coordination challenges with the board meeting schedule and staffing shortages at the state level. These factors resulted in a delay in finalizing the contract.

The division will account for vendor board meeting delays and summer scheduling constraints.

The Nevada Health Authority recognizes that retroactive contract requests are not standard practice. Any questions about this memo can be directed to Lynnette Aaron at L.aaron@nvha.nv.gov.

Thank you for your consideration.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32440**

Agency Name:	NEVADA MEDICAID	Legal Entity Name:	Board of Regents, Nevada System of Higher Education -OBO the University of Nevada, Reno, School of Medicine
Agency Code:	414	Contractor Name:	Board of Regents, Nevada System of Higher Education -OBO the University of Nevada, Reno, School of Medicine
Appropriation Unit:	3157-00	Address:	Pennington Medical Education Building 332
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89557
If "No" please explain:	Not Applicable	Contact/Phone:	Jeffrey Felsted 775-682-8178
		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 %
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 **07/01/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Contract delayed due to negotiations and signatures related to the board meeting schedule.3. Termination Date: **06/30/2030**Contract term: **4 years**4. Type of contract: **Revenue Contract**Contract description: **UNSOM GME**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide funds for the non-federal share of the Graduate Medical Education and Indirect Medical Education supplemental payment program for non-state government owned or operated teaching hospitals.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,204,136.71****II. JUSTIFICATION**

7. What conditions require that this work be done?

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

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

State employees are doing this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Several contracts with satisfactory performance.

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

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

Not Applicable

15. The contractor is 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	nmaan1	05/19/2026 10:31:20 AM
Division Approval	scanfiel	05/19/2026 11:23:50 AM
Department Approval	staciew7	07/27/2026 13:49:33 PM
Contract Manager Approval	aestrada	07/30/2026 11:35:16 AM
Budget Analyst Approval	khawkin1	08/04/2026 09:03:46 AM
BOE Agenda Approval	khawkin1	08/04/2026 09:03:50 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: July 29, 2026
TO: Kirk Hawkins, Executive Branch Budget Officer, Governor's Finance Office
FROM: Stacie Weeks, Director, Nevada Health Authority
RE: Request for Retroactive Start Date of July 1, 2026, for Board of Regents, Nevada System of Higher Education on Behalf of the University of Nevada, Reno, School of Medicine

The purpose of this memorandum is to respectfully request a retroactive start date of July 1, 2026, for Board of Regents, Nevada System of Higher Education on Behalf of the University of Nevada, Reno, School of Medicine CETS #32440 contract which is being scheduled for September 8, 2026, BOE.

The purpose of this contract is for supporting the healthcare workforce challenges and to preserve access to hospital services for needy individuals in the State of Nevada, the State's Medicaid Hospital reimbursement system shall provide for the Graduate Medical Education supplemental payments to Renown regional medical Center as the teaching hospital.

This contract is under Budget 3157-00 / Object 4106.

Presentation of the contract for review and signatures was delayed due to coordination challenges with the board meeting schedule and staffing shortages at the state level. These factors resulted in a delay in finalizing the contract.

The division will account for vendor board meeting delays and summer scheduling constraints.

The Nevada Health Authority recognizes that retroactive contract requests are not standard practice. Any questions about this memo can be directed to Lynnette Aaron at L.aaron@nvha.nv.gov.

Thank you for your consideration.

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **28557**Amendment
Number: **3**Agency Name: **NEVADA MEDICAID**Agency Code: **414**Appropriation Unit: **3243-00**Is budget authority
available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity
Name: **Douglas County Social Services**Contractor Name: **Douglas County Social Services**Address: **PO Box 218**City/State/Zip **Minden, NV 89423**Contact/Phone: **Jodi Martinez 775-782-9825**Vendor No.: **T40174400G**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **07/01/2023**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2027**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **County Match**

5. Purpose of contract:

This is the third amendment to the original revenue interlocal agreement which provides the non-federal share for medical care of indigent persons within the Medicaid County Match Program. This amendment increases the maximum amount from \$1,755,310.67 to \$3,621,948.96 due to increased medical care costs.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,097,861.24	\$1,097,861.24	\$1,097,861.24	Yes - Action
a. Amendment 1:	\$657,449.43	\$657,449.43	\$657,449.43	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$1,866,638.29	\$1,866,638.29	\$1,866,638.29	Yes - Action
3. New maximum contract amount:	\$3,621,948.96			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

DHCFP since 2015 to 2023. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	swes2	07/28/2026 15:28:25 PM
Division Approval	tilto1	07/28/2026 17:11:33 PM
Department Approval	cleech	07/31/2026 11:15:23 AM
Contract Manager Approval	aestrada4	07/31/2026 11:31:57 AM
Budget Analyst Approval	khawkin1	08/06/2026 14:02:59 PM
BOE Agenda Approval	khawkin1	08/06/2026 14:03:02 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **28566**Amendment Number: **2**Agency Name: **NEVADA MEDICAID**Legal Entity Name: **Nye County Health and Human Services**Agency Code: **414**Contractor Name: **Nye County Health and Human Services**Appropriation Unit: **3243-00**Address: **1981 E. Calvada Blvd. North #120**Is budget authority available?: **Yes**City/State/Zip: **Pahrump, NV 89048**

If "No" please explain: Not Applicable

Contact/Phone: **Karyn Smith 775-751-7096**Vendor No.: **T80044560S**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **County Match**

5. Purpose of contract:

This is the second amendment to the original revenue interlocal agreement which provides the non-federal share for medical care of indigent persons within the Medicaid County Match Program. This amendment increases the maximum amount from \$2,996,994.26 to \$4,779,420.33 due to increased medical care costs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,091,742.44	\$2,091,742.44	\$2,091,742.44	Yes - Action
a. Amendment 1:	\$905,251.82	\$905,251.82	\$905,251.82	Yes - Action
2. Amount of current amendment (#2):	\$1,782,426.07	\$1,782,426.07	\$1,782,426.07	Yes - Action
3. New maximum contract amount:	\$4,779,420.33			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. NVHA pays providers and the counties reimburse the State for the non-federal share.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA since 2015 to present. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	swes2	06/02/2026 09:56:09 AM
Division Approval	scanfiel	06/02/2026 10:15:14 AM
Department Approval	staciew7	07/27/2026 13:48:57 PM
Contract Manager Approval	aestrada4	08/04/2026 09:00:09 AM
Budget Analyst Approval	khawkin1	08/07/2026 12:02:03 PM
BOE Agenda Approval	khawkin1	08/07/2026 12:02:05 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **28567**Amendment Number: **2**Agency Name: **NEVADA MEDICAID**Legal Entity Name: **Pershing County**Agency Code: **414**Contractor Name: **Pershing County**Appropriation Unit: **3243-00**Address: **PO Box 820**Is budget authority available?: **Yes**City/State/Zip: **Lovelock, NV 89419**

If "No" please explain: Not Applicable

Contact/Phone: **Lacey Donaldson 775-273-2208**Vendor No.: **T81041592A**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2024-2027**

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

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

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2023**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **4 years**4. Type of contract: **Interlocal Agreement**Contract description: **County Match**

5. Purpose of contract:

This is the second amendment to the original revenue interlocal agreement which provides the non-federal share for medical care of indigent persons within the Medicaid County Match Program. This amendment increases the maximum amount from \$1,190,017.00 to \$2,026,185.74 due to increased medical care costs.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$1,190,017.00	\$1,190,017.00	\$1,190,017.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#2):	\$836,168.74	\$836,168.74	\$836,168.74	Yes - Action
3. New maximum contract amount:	\$2,026,185.74			

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 428.010 counties are required to provide care, support and relief to the poor, indigent, incompetent, and incapacitated persons who lawfully reside in the county and are not supported by other means. The County Match Program provides fiscal relief to the counties for indigent long-term care costs for these individuals.

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

State employees operate the County Match Program. DHCFP pays providers and the counties reimburse the State for the non-federal share.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

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

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

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

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

NVHA since 2015 to present. Satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	swes2	06/02/2026 09:59:22 AM
Division Approval	scanfiel	06/02/2026 10:14:46 AM
Department Approval	staciew7	07/27/2026 13:48:47 PM
Contract Manager Approval	aestrada4	07/30/2026 11:38:15 AM
Budget Analyst Approval	khawkin1	08/07/2026 12:04:02 PM
BOE Agenda Approval	khawkin1	08/07/2026 12:04:04 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32872**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3763-58**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BUFORD SATELLITE SYSTEMS, LP**Contractor Name: **BUFORD SATELLITE SYSTEMS, LP**Address: **16255 County Road 178**City/State/Zip: **TYLER, TX 75703**Contact/Phone: **Greg Berthaut (866) 480-18**Vendor No.: **T81099591**NV Business ID: **NV20021183672**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

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

Agency Reference #: **44DOC-S3878 JW**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/24/2026**Anticipated BOE meeting date **10/2026**Retroactive? **Yes**

If "Yes", please explain

The urgent need for digital television services, due to current vendor potentially losing service.3. Termination Date: **09/07/2030**Contract term: **4 years and 15 days**4. Type of contract: **Contract**Contract description: **Digital Television**

5. Purpose of contract:

This is a new contract to provide digital television services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,947,391.36**

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?

Allowing offenders access to television improves the correctional management of inmates. Channels offered include educational and religious programming.

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

Historically, the Department has outsourced the satellite television services to a vendor with the technical expertise and/or equipment necessary to provide the 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):

**Vast Communications LLC
GENERAL DATATECH, L.P.
Skyfall Solutions LLC**

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 44DOC-S3878, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 07/14/2026 Anticipated re-bid date: 01/01/2030

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	msmi59	08/06/2026 08:53:40 AM
Division Approval	tmyler2	08/06/2026 09:56:36 AM
Department Approval	tmyler2	08/06/2026 09:56:38 AM
Contract Manager Approval	blewalle	08/06/2026 09:57:37 AM
Budget Analyst Approval	vyoungb	08/26/2026 09:22:51 AM
BOE Agenda Approval	nrezaie	08/26/2026 09:24:28 AM
BOE Final Approval	Pending	

Joe Lombardo
Governor

James E. Dzurenda
Director

Todd Myler
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: August 24, 2026

To: Vince Young-Brown
Executive Branch Budget Officer

From: Todd Myler 
Deputy Director, Support Services

Subject: Retroactive Contract Request – Buford Satellite Systems, LP (CETS 32872)

NDOC respectfully requests approval of a retroactive contract with Buford Satellite Systems, LP under CETS 32872 to cover services that may be performed prior to contract approval and to authorize continued satellite television service across NDOC facilities.

Pursuant to an email received on Friday, August 21, 2026, from J & L Digital, the incumbent contractor, NDOC has identified the following concerns:

- The current contractor's instability poses a direct risk to continued service and operational continuity.
- Buford Satellite Systems, LP has confirmed its ability to provide immediate transition and installation services.
- NDOC acted in good faith to mitigate an imminent threat to operations and safety.

Due to the emerging risk of service failure, NDOC initiated an expedited response to revise the proposed contract—awarded through a competitive Request for Proposals (RFP)—to Buford Satellite Systems, LP. The contract is currently pending Board of Examiners approval. To prevent a lapse in service, Buford has agreed to begin transition and preparatory work while NDOC finalizes contract approval. Retroactive authorization is necessary to ensure continuity of satellite television services and to compensate Buford for any services performed during this critical transition period.

cc: Joel Wixon, State Purchasing

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32831**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4470-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARAHSOFT TECHNOLOGY CORPORATION**Contractor Name: **CARAHSOFT TECHNOLOGY CORPORATION**Address: **1890 PRESTON WHITE DR STE 201**City/State/Zip: **RESTON, VA 20191**Contact/Phone: **Mark Heerens 703/871-8500**Vendor No.: **PUR0004357**NV Business ID: **NV20151127305**To what State Fiscal Year(s) will the contract be charged? **2027-2032**

What is the source of funds that will be used to 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 % Dairy
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **27-11**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2031**Contract term: **5 years and 30 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **SaaS platform DAIRY**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement is for a cloud-based software as a service platform to support both applicant-facing services and internal agency operations on a unified architecture.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,573,575.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The Nevada Department of Agriculture (NDA) is responsible for statewide regulatory oversight across numerous statutory programs, including food safety, dairy regulation, weights and measures, petroleum product quality, plant industry, pesticides, livestock identification, and agricultural commodities. Key statutory authorities such as NRS 584 (dairy inspection and enforcement), NRS 446 (food establishments and sanitation), and NRS 561 (department wide regulatory powers and duties) require NDA to license, inspect, sample, conduct investigations, issue enforcement actions, and maintain complete and legally defensible records. Additional program areas governed under NRS 581 and 582 (weights, measures, packaging and labeling), NRS 590 (petroleum product quality and device inspection), and NRS 555 (plant health, apiaries, pest control, quarantines) further expand NDA's need for integrated regulatory workflows, accurate documentation, and timely public facing services.

NDA's current paper based processes and aging legacy systems no longer meet the operational, statutory, or documentation requirements of these programs. The systems lack the ability to support efficient inspection scheduling, consistent violation documentation, enforcement tracking, laboratory data integration, complaint management, or revenue collection. Fragmented data stored across paper files, spreadsheets, and outdated databases creates delays, errors, incomplete case histories, and limited public transparency, hindering NDA's ability to meet mandated inspection frequencies and regulatory timeframes. These deficiencies impede compliance with core statutory obligations under NRS 584, NRS 446, NRS 561, and related regulations, as well as nationally recognized standards such as the NCIMS Grade "A" Pasteurized Milk Ordinance adopted through NAC 584.

Additionally, NDA must comply with statewide cybersecurity, records management, and accessibility requirements that the current systems cannot meet. Statutes such as NRS 603A (security of personal information) and NRS 242 (EITS technology and security standards) require strong data protection, authentication controls, encrypted systems, secure audit logging, and modern IT governance. NRS 239 (public records and confidentiality) further requires reliable, secure, and accurate record retention and disclosure processes. To fulfill these statutory, security, and operational responsibilities, NDA requires a modern, cloud based Inspection, Licensing, and Remittance Collection System capable of supporting online licensing and payments, digital inspections, automated scheduling, laboratory integration, complaint and enforcement workflows, comprehensive case histories, public self service access, and compliance with statewide security and accessibility mandates.

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

The Nevada Department of Agriculture (NDA) does not have internal staff with the specialized software engineering, cloud architecture, enterprise database design, cybersecurity, or large scale system integration expertise required to design, develop, or maintain a modern, cloud based Inspection, Licensing, and Remittance Collection System that serves all NDA regulatory programs. The system must support complex workflows across food safety, dairy, weights and measures, petroleum products, plant health, pesticides, livestock identification, and commodity programs, each with their own statutory requirements under authorities such as NRS 561, NRS 446, NRS 581, NRS 582, and NRS 590. Building a platform capable of supporting program specific inspection modules, configurable enforcement actions, laboratory data integrations, automated scheduling logic, secure online licensing and payments, and multiprogram data migration cannot be achieved with the skillsets found within existing NDA classification series.

In addition, NDA and other State agencies do not possess the internal capacity to perform enterprise level cloud development, advanced workflow automation, secure payment gateway integration, or continuous platform maintenance and upgrades necessary to operate a mission critical regulatory system. The system must align with statewide identity management and security requirements including multifactor authentication (MFA), single sign on (SSO), encryption standards, audit logging, and rolebased access controls required under NRS 603A (security of personal information) and enforced through NRS 242 (EITS technology and cybersecurity standards). These are specialized technical domains that require vendor teams with proven experience developing secure regulatory systems for high risk, compliance driven environments.

Furthermore, sustaining this system long term requires operational capacity that State IT teams cannot assume, including cloud hosting support, version control, defect remediation, enhancement releases, warranty services, and ongoing configuration management tailored to NDA's diverse regulatory programs. To ensure statutory compliance, data integrity, defensible enforcement actions, and secure, accessible public services, this work must be performed by a qualified vendor with demonstrated expertise in delivering integrated regulatory platforms that meet the operational, technical, and security needs of the Nevada Department of Agriculture.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Not Applicable**

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

Statewide Contract

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Nevada Department of Agriculture - work was satisfactory

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

Bob Ragar, Deputy Administrator Ph: (775)353-3708

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	08/04/2026 07:28:02 AM
Division Approval	jwilkin3	08/04/2026 07:28:05 AM
Department Approval	cbalcon	08/04/2026 07:44:09 AM
Contract Manager Approval	jwilkin3	08/04/2026 15:06:19 PM
EITS Approval	ljean	08/13/2026 12:21:31 PM
Budget Analyst Approval	dspeed1	08/14/2026 15:52:11 PM
BOE Agenda Approval	dspeed1	08/14/2026 15:53:35 PM
BOE Final Approval	Pending	



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: J.J. Goicoechea, Director, AGRI
Cathy Balcon, Division Administrator, AGRI
Bob Ragar, Deputy Administrator, AGRI
Jake Dawley, Chief, ITS, AGRI

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Michael D. Smith Jr., Deputy Director/Chief Technology Officer, GTO
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – AGRI – *NDA Dairy & Food Safety Licensing & Inspection System* – TIE 1966, Revision 1 – BA(s) 4470 (**Approved with Conditions**)

DATE: August 12, 2026

We have completed our review of the Department of Agriculture (AGRI) investment which has an estimated total value of \$2,573,574.01, allocated to the current and future biennia, as follows:

Cost Type	FY27	FY28	FY29	FY30	FY31	Grand Total
▣ One-Time Cost	\$ 1,462,262.41					\$ 1,462,262.41
Implementation Costs	\$ 1,462,262.41					\$ 1,462,262.41
▣ Ongoing Cost	\$ 201,119.40	\$ 211,175.40	\$ 221,734.20	\$ 232,820.76	\$ 244,461.84	\$ 1,111,311.60
Subscription Cost - SFY2027	\$ 201,119.40					\$ 201,119.40
Subscription Cost - SFY2029			\$ 221,734.20			\$ 221,734.20
Subscription Cost - SFY28		\$ 211,175.40				\$ 211,175.40
Subscription Cost - SFY30				\$ 232,820.76		\$ 232,820.76
Subscription Cost - SFY31					\$ 244,461.84	\$ 244,461.84
Grand Total	\$ 1,663,381.81	\$ 211,175.40	\$ 221,734.20	\$ 232,820.76	\$ 244,461.84	\$ 2,573,574.01

Funding source(s): 100% State Fees.

This investment is conditionally approved. The Nevada Department of Agriculture will procure and implement the Gov2Biz Regulatory Management Platform to modernize licensing, permitting, inspections, remittances, compliance tracking, and regulatory reporting for the Food Safety and Dairy Programs. The investment replaces an aging Food Safety application that lacks modern identity and security capabilities and an unsupported Dairy legacy platform with known security vulnerabilities and extensive reliance on spreadsheets, paper records, and disconnected processes. The investment supports the agency's strategic plan and establishes a sustainable platform for core regulatory operations.

The investment addresses material business and cybersecurity risk associated with obsolete technology, unsupported platforms, manual processing, and limited security controls. The proposed cloud solution incorporates AWS GovCloud hosting, AES-256 encryption, TLS 1.2, role-based access controls, privileged-user MFA, logging, vulnerability management, recurring penetration testing, incident response, encrypted backups, and disaster-recovery capabilities. The approved system boundary is limited to Nevada Tier 3-or-lower information. Tier 4 data, including CJIS information, is outside the approved scope. MFA must be enforced for State employees and privileged or administrative users, and material expansion of the data classification, integrations, or system boundary requires additional State review.

Gov2Biz does not presently provide evidence of a completed GovRAMP authorization applicable to this investment. **As a condition of approval**, the agency must require and retain evidence of Gov2Biz enrollment and continuing progress toward the applicable GovRAMP security status under the State's cloud security requirements and contractual transition framework. Required security evidence, including current independent assurance reports and supporting technical documentation, must remain available to qualified State reviewers. Appropriate State security review must be completed before production implementation, and identified deficiencies must be resolved or formally treated before the system processes production State data. If for any reason this requirement cannot be accomplished, the agency must obtain a waiver from the State CISO.

The investment consolidates fragmented legacy processes and does not present an identified duplicative-spend concern. Fiscal stewardship is supported by replacing unsupported and aging systems before continued maintenance, security exposure, and operational failure create greater cost and service risk. Procurement and contract administration must preserve State data ownership, United States data residency, service-level commitments, business continuity and disaster-recovery obligations, reasonable data-return provisions at termination, and appropriate controls over third-party integrations and hosting dependencies. Subject to these conditions, the investment provides a justified modernization of essential regulatory services and aligns with the State's objectives for secure, supportable, and reliable technology.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo,

including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **31146**Amendment
Number: **1**Agency Name: **DEPARTMENT OF WILDLIFE**Legal Entity
Name: **LUMOS & ASSOCIATES, INC.**Agency Code: **702**Contractor Name: **LUMOS & ASSOCIATES, INC.**Appropriation Unit: **4460-07**Address: **950 Sandhill Rd. #100**Is budget authority
available?: **Yes**City/State/Zip **RENO, NV 89521-8989**

If "No" please explain: Not Applicable

Contact/Phone: **Brian Moon 775/827-6111**Vendor No.: **T80912843A**NV Business ID: **NV19791006982**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 % Sportsmen Revenue
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **26-13**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **12/05/2025**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **12/31/2027**Contract term: **4 years and 27 days**4. Type of contract: **Contract**Contract description: **Engineering Services**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional civil engineering, construction inspection, materials testing, and surveying services. This amendment extends the termination date from December 31, 2027 to December 31, 2029 and increases the maximum amount from \$50,000 to \$120,000 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:	\$50,000.00	\$50,000.00	\$50,000.00	Yes - Info
2. Amount of current amendment (#1):	\$70,000.00	\$70,000.00	\$120,000.00	Yes - Action
3. New maximum contract amount:	\$120,000.00			
and/or the termination date of the original contract has changed to:	12/31/2029			

II. JUSTIFICATION

7. What conditions require that this work be done?

Various construction projects that require civil engineering design, specifications, construction inspection, materials testing, and surveying services for State Public Works permitting and construction solicitations.

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

Workload and special equipment, training, and certifications required to perform this work.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

- b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Located in the city/county that the work is being performed. Ability to travel throughout the State.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

No If "Yes", please provide details of the litigation 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	ktayl14	08/03/2026 11:43:46 AM
Division Approval	ktayl14	08/03/2026 11:43:48 AM
Department Approval	jneubau2	08/03/2026 11:52:20 AM

Contract Manager Approval	kander12	08/03/2026 14:17:34 PM
Budget Analyst Approval	dspeed1	08/14/2026 16:53:03 PM
BOE Agenda Approval	dspeed1	08/14/2026 16:53:08 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **29873**Amendment
Number: **1**Agency Name: **DEPARTMENT OF WILDLIFE**Legal Entity
Name: **SGF ENGINEERING, LLC**Agency Code: **702**Contractor Name: **SGF ENGINEERING, LLC**Appropriation Unit: **4460-07**Address: **9425 Double R Blvd, Suite F**Is budget authority
available?: **Yes**City/State/Zip **RENO, NV 89521**

If "No" please explain: Not Applicable

Contact/Phone: **SEAN FREY 775/591-4123**Vendor No.: **T27042760**NV Business ID: **NV20181807757**To what State Fiscal Year(s) will the contract be charged? **2025-2029**

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

General Funds 0.00 % **X** Fees **50.00 % Sportsmen Revenue****X** Federal Funds **50.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 25-25

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **12/05/2024**
Examiner's approval?

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **10/31/2026**
Termination Date:Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Mech. Eng. Scvs.**

5. Purpose of contract:

This is the first amendment to the original contract which provides climate control replacement mechanical engineering services at Mason Valley Fish Hatchery office and at department facilities throughout the state. This amendment extends the termination date from October 31, 2026 to December 4, 2028 and increases the maximum amount from \$65,000 to \$115,000 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:	\$65,000.00	\$65,000.00	\$65,000.00	Yes - Info
2. Amount of current amendment (#1):	\$90,000.00	\$90,000.00	\$155,000.00	Yes - Action
3. New maximum contract amount:	\$155,000.00			
and/or the termination date of the original contract has changed to:	12/04/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Aged and Failing Heating, Ventilation, and Air Conditioning systems at Nevada Department of Wildlife facilities.

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

Specialized design work that requires specific licensure.

9. Were quotes or proposals solicited? No

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

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

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

Ability to meet and get the work performed in a timely manner.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

Yes If "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 contracted numerous times prior by other agencies.

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

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

Not Applicable

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

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	nnarkhe1	06/11/2026 11:38:05 AM
Division Approval	nnarkhe1	06/11/2026 11:38:09 AM
Department Approval	jneubau2	07/09/2026 11:44:10 AM
Contract Manager Approval	kander12	07/09/2026 11:51:15 AM
Budget Analyst Approval	dspeed1	07/15/2026 17:35:21 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32737**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4168-13**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LGA ARCHITECTURE**Contractor Name: **LGA ARCHITECTURE**Address: **1226 S 3RD ST STE 110**City/State/Zip: **LAS VEGAS, NV 89104**Contact/Phone: **702-263-7111**Vendor No.: **T27041309**NV Business ID: **NV19861005290**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 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Fund to Protect Lake Tahoe

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date: **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **11/30/2027**Contract term: **1 year and 90 days**4. Type of contract: **Contract**Contract description: **SH Design**

5. Purpose of contract:

This is a new contract to provide architectural and engineering services for the design and construction documentation at Sand Harbor State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,609,675.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Professional services are needed in the development of design plans and documentation regarding Sand Harbor Master Plan

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

State employees do not possess the necessary skills to complete 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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 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	07/14/2026 11:20:55 AM
Division Approval	ethick1	07/14/2026 11:20:57 AM
Department Approval	ethick1	07/14/2026 11:20:59 AM
Contract Manager Approval	ethick1	07/20/2026 14:35:12 PM
Budget Analyst Approval	rmayhall	07/30/2026 12:39:41 PM
BOE Agenda Approval	dspeed1	08/05/2026 18:02:56 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **27030**Amendment
Number: **1**Agency Name: **DCNR - DIVISION OF WATER
RESOURCES**Legal Entity
Name: **UNITED STATES DEPT OF INTERIOR**Agency Code: **705**Contractor Name: **UNITED STATES DEPT OF INTERIOR**Appropriation Unit: **4171-19**Address: **US GEOLOGICAL SURVEY**Is budget authority
available?: **Yes****2730 N. DEER RUN RD.**City/State/Zip: **CARSON CITY, NV 89701**

If "No" please explain: Not Applicable

Contact/Phone: **PHILIP GARDNER 775-887-7664**Vendor No.: **PUR0000332D**NV Business ID: **Governmental Entity**To what State Fiscal Year(s) will the contract be charged? **2023-2027**

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

General Funds	0.00 %	Fees	0.00 %
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 **01/10/2023**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **12/31/2026**

Termination Date:

Contract term: **3 years and 356 days**4. Type of contract: **Interlocal Agreement**Contract description: **NWR Initiative**

5. Purpose of contract:

This is the first amendment to the original joint funding agreement which provides updated estimates of groundwater availability and the science supporting these estimates. This amendment increases the maximum amount from \$4,616,000.00 to \$4,834,437.11 due to the addition of matching funds from the U.S. Geological Survey.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$4,616,000.00	\$4,616,000.00	\$4,616,000.00	Yes - Action
2. Amount of current amendment (#1):	\$218,437.11	\$218,437.11	\$218,437.11	Yes - Action
3. New maximum contract amount:	\$4,834,437.11			

II. JUSTIFICATION

7. What conditions require that this work be done?

This work is required to update baseline water budget science for Nevada. Current estimates of water availability are often based on 50- to 70- year old reports. This work will use state-of-the-art methods and current data, which is necessary for the Division to make well-informed water management decisions.

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

This work is technically specialized and requires a level of quality assurance that the agency cannot provide in the project period with current staffing and resources. In addition, the USGS is an independent third-party scientific organization that will (through these studies) provide unbiased peer-reviewed public data usable by this agency or any other interested party.

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

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

Not Applicable

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

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

The State Engineer is authorized to enter into agreements with the USGS under NRS 532.170.

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

The Division has executed many agreements with the U.S. Geological Survey that have resulted in products widely used by governmental agencies and the public. The results have been satisfactory.

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

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

Not Applicable

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

16. Not Applicable

17. Not Applicable

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nwoo4	07/27/2026 07:21:34 AM
Division Approval	nwoo4	07/27/2026 07:21:37 AM
Department Approval	vfajota	07/27/2026 10:24:07 AM
Contract Manager Approval	nwoo4	07/27/2026 12:19:44 PM
Budget Analyst Approval	rmayhall	08/03/2026 08:48:10 AM
BOE Agenda Approval	dspeed1	08/05/2026 17:52:28 PM

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32760**Agency Name: **B&I - BUSINESS AND INDUSTRY**Agency Code: **740**Appropriation Unit: **4681-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Insight Public Sector, INC**Contractor Name: **Insight Public Sector, INC**Address: **270 E. Insight Way**City/State/Zip: **Chandler, AZ 85286**Contact/Phone: **Crystal McBride 800-467-4448**Vendor No.: **PUR0004545**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.

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 #: **74BAI-NV27-29903**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/30/2027**Contract term: **1 year and 29 days**4. Type of contract: **Contract**Contract description: **Record Storage**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-12500 which provides software value-added resources. This service agreement provides enterprise licensing services to support document management, collaboration, and records storage needs.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$124,126.09****II. JUSTIFICATION**

7. What conditions require that this work be done?

Budget Authority was provided in FY26/27 through E550 for the Department to engage in a enterprise level service agreement to provide a consolidated record storage database for multiple agencies. The state does not currently have a central repository record capable of supporting the regulatory needs of multiple state agencies.

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

Services required are not supported by State personnel.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

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

b. Solicitation Waiver: **Not Applicable**

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

Vendor provided best value for scope of work, solicited to multiple MSA Vendors.

d. Last bid date: 04/01/2026 Anticipated re-bid date: 04/01/2027

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Various agencies, all satisfied.

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

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

Not Applicable

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

Foreign Corporation

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

Yes

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

Yes

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

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rvradenb	07/16/2026 08:54:30 AM
Division Approval	rvradenb	07/16/2026 08:54:32 AM
Department Approval	rvradenb	07/16/2026 08:54:34 AM
Contract Manager Approval	rvradenb	07/16/2026 08:54:36 AM
EITS Approval	ljea	07/16/2026 12:09:14 PM
Budget Analyst Approval	vyoungb	07/23/2026 15:24:04 PM
BOE Agenda Approval	nrezaie	07/30/2026 10:47:34 AM
BOE Final Approval	Pending	



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Perry Faigin, Deputy Administrator, B&I
Emily Cervi, Administrative Services Officer III, B&I
Kelsey Hurzel, IT Manager III, B&I

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Michael D. Smith Jr., Deputy Director/Chief Technology Officer, GTO
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – B&I – *B&I - DO - BOX* – TIE 1882, Revision 1 –
BA(s) 3813, 3910, 4681, 4682 (**Approved with Conditions**)

DATE: June 9, 2026

We have completed our review of the Department of Business and Industry (B&I) investment which has an estimated total value of \$124,126.09 allocated to FY2027 as one-time and ongoing costs.

Funding source(s): 52.00% Worker's Comp Fund, 46% State Fees, and 2.00% Cost Allocation.

This investment is **conditionally approved** for B&I to implement the Box Content Cloud platform to address secure data intake, storage, collaboration, and document management needs across its divisions, including RED, MLD, OSHA/MCS, and DOI enterprise programs. The investment supports modernization of file-exchange workflows that currently rely on email, USB drives, physical binders, and limited-capacity SharePoint storage, and it supports the agency's need to manage high-volume submissions involving sensitive records, personally identifiable information, financial records, complaint materials, examination data, mortgage loan files, company admissions files, claim data, and cross-agency submissions.

The investment presents a valid business need and supports statutory, accreditation, security, operational, and compliance objectives. Use of a centralized secure content platform reduces risk associated with fragmented storage, manual file exchange, uncontrolled document transmission, and outdated collaboration methods. The agency's business case supports the need for improved intake, workflow, storage capacity, and secure collaboration across programs that handle sensitive agency and public data.

This conditional approval **requires the agency to procure and implement Box Enterprise or a higher subscription plan**. The agency must not implement a lower subscription tier for agency or public data because only the Enterprise or higher plans include the security controls necessary to protect and manage that data. Box's FedRAMP High authorization supports the cybersecurity posture of the proposed cloud platform; however, the agency's actual risk posture depends on the subscription tier, configuration, administrative controls, identity and access management, and implementation of appropriate governance over sensitive data.

The agency must **submit an updated TIE** with evidence that the Box Enterprise subscription plan, or a higher subscription tier, was procured and implemented before storing, transmitting, or managing agency or public data in the platform. They also should ensure that implementation includes appropriate access controls, administrative oversight, data governance, retention practices, user provisioning and deprovisioning, and configuration consistent with the sensitivity of the information stored and exchanged.

Procurement and implementation must preserve the FedRAMP-aligned security posture and must not materially reduce required controls through licensing, configuration, or unsupported use cases. Subject to these conditions, the investment supports fiscal stewardship by addressing duplicative and inefficient file-handling practices, reducing reliance on insecure or obsolete workflows, and improving secure collaboration across Department programs.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32846**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Baker Tilly Advisory Group, LP

Contractor Name: **Baker Tilly Advisory Group, LP**Address: **205 North Michigan Avenue**City/State/Zip: **Chicago, IL 60601**

Contact/Phone: 215-972-2277

Vendor No.:

NV Business ID: NV20243101470

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

General Funds	0.00 %	X	Fees	100.00 % EXAMINATION
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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2030**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **Regulatory Exam**

5. Purpose of contract:

This is a new contract to provide examination services for statutory analysis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Regulatory Examinations are required per Title 57 of the Nevada Revised Statutes (NRS) specifically Chapter 679B.300, which empowers the Commissioner of Insurance to determine the financial condition, obligations, and compliance with State law for domestic and foreign insurers, associations of self-insured employers and other similar entities.

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

This is a specialized service and only the Division's Chief Examiner is certified as a Chief Financial Examiner (CFE). This individual manages the work of the independent contractors conducting examinations on behalf of the Insurance Division.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	jwoo9	07/31/2026 09:02:41 AM
Division Approval	jwoo9	07/31/2026 09:02:43 AM
Department Approval	jwoo9	07/31/2026 09:02:45 AM
Contract Manager Approval	jwoo9	07/31/2026 15:32:09 PM
Budget Analyst Approval	njohnst1	08/06/2026 14:41:56 PM
BOE Agenda Approval	afrantz	08/06/2026 15:23:52 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32842**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Examination Resources, LLC

Contractor Name: **Examination Resources, LLC**Address: **20 10th Street NW, Suite 803**City/State/Zip: **Atlanta, GA 30309**

Contact/Phone: 404-816-6188

Vendor No.:

NV Business ID: NV20101392425

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

General Funds	0.00 %	X	Fees	100.00 % EXAMINATION
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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2030**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **Regulatory Exams**

5. Purpose of contract:

This is a new contract to provide examination services for statutory analysis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Regulatory Examinations are required per Title 57 of the Nevada Revised Statutes (NRS) specifically Chapter 679B.300, which empowers the Commissioner of Insurance to determine the financial condition, obligations, and compliance with State law for domestic and foreign insurers, associations of self-insured employers and other similar entities.

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

This is a specialized service and only the Division's Chief Examiner is certified as a Chief Financial Examiner (CFE). This individual manages the work of the independent contractors conducting examinations on behalf of the Insurance Division.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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	jwoo9	07/31/2026 09:00:22 AM
Division Approval	jwoo9	07/31/2026 09:00:24 AM
Department Approval	jwoo9	07/31/2026 09:00:26 AM
Contract Manager Approval	jwoo9	07/31/2026 15:38:39 PM
Budget Analyst Approval	njohnst1	08/06/2026 14:17:25 PM
BOE Agenda Approval	afrantz	08/06/2026 14:53:35 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 CONTRACT1. Contract Number: **32841**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **INS Regulatory Insurance Services, Inc.**Contractor Name: **INS Regulatory Insurance Services, Inc.**Address: **100 Crescent Court, Suite 7005**City/State/Zip: **Dallas, TX 75201**Contact/Phone: **913-568-7725**

Vendor No.:

NV Business ID: **NV20101398765**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

General Funds	0.00 %	X	Fees	100.00 % EXAMINATION
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: **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2030**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **INS Regulatory Insur**

5. Purpose of contract:

This is a new contract to provide examination services for statutory analysis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Regulatory Examinations are required per Title 57 of the Nevada Revised Statutes (NRS) specifically Chapter 679B.300, which empowers the Commissioner of Insurance to determine the financial condition, obligations, and compliance with State law for domestic and foreign insurers, associations of self-insured employers and other similar entities

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

This is a specialized service and only the Division's Chief Examiner is certified as a Chief Financial Examiner (CFE). This individual manages the work of the independent contractors conducting examinations on behalf of the Insurance Division.

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

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	jwoo9	07/31/2026 08:58:34 AM
Division Approval	jwoo9	07/31/2026 08:58:37 AM
Department Approval	jwoo9	07/31/2026 08:58:39 AM
Contract Manager Approval	jwoo9	07/31/2026 08:58:43 AM
Budget Analyst Approval	njohnst1	08/06/2026 12:26:32 PM
BOE Agenda Approval	afrantz	08/06/2026 13:32:12 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32577**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Lewis & Ellis, LLC**Contractor Name: **Lewis & Ellis, LLC**Address: **6600 Chase Oaks Blvd.
Suite 150**City/State/Zip: **Plano, TX 75023**Contact/Phone: **9728500850**

Vendor No.:

NV Business ID: **NV20232971908**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

General Funds	0.00 %	X	Fees	100.00 % EXAMINATION
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 **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2030**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **Lewis & Ellis, LLC**

5. Purpose of contract:

This is a new contract to provide examination services for statutory analysis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Regulatory Examinations are required per Title 57 of the Nevada Revised Statutes (NRS) specifically Chapter 679B.300, which empowers the Commissioner of Insurance to determine the financial condition, obligations, and compliance with State law for domestic and foreign insurers, associations of self-insured employers and other similar entities.

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

This is a specialized service and only the Division's Chief Examiner is certified as a Chief Financial Examiner (CFE). This individual manages the work of the independent contractors conducting examinations on behalf of the Insurance Division.

9. Were quotes or proposals solicited?

No

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

Yes

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

b. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	jwoo9	07/31/2026 08:59:24 AM
Division Approval	jwoo9	07/31/2026 08:59:26 AM
Department Approval	jwoo9	07/31/2026 08:59:28 AM
Contract Manager Approval	jwoo9	07/31/2026 08:59:30 AM
Budget Analyst Approval	njohnst1	08/06/2026 13:50:35 PM
BOE Agenda Approval	afrantz	08/06/2026 15:29:19 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 CONTRACT1. Contract Number: **32845**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Noble Consulting Svcs Inc.

Contractor Name: **Noble Consulting Svcs Inc.**Address: **211 N. Pennsylvania St.,**City/State/Zip **Indianapolis, IN 46202**

Contact/Phone: 317-608-4155

Vendor No.:

NV Business ID: NV20141214869

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

General Funds	0.00 %	X	Fees	100.00 % EXAMINATION
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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2030**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **Regulatory Exam**

5. Purpose of contract:

This is a new contract to provide examination services for statutory analysis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Regulatory Examinations are required per Title 57 of the Nevada Revised Statutes (NRS) specifically Chapter 679B.300, which empowers the Commissioner of Insurance to determine the financial condition, obligations, and compliance with State law for domestic and foreign insurers, associations of self-insured employers and other similar entities.

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

This is a specialized service and only the Division's Chief Examiner is certified as a Chief Financial Examiner (CFE). This individual manages the work of the independent contractors conducting examinations on behalf of the Insurance Division.

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

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	jwoo9	07/31/2026 09:01:06 AM
Division Approval	jwoo9	07/31/2026 09:01:16 AM
Department Approval	jwoo9	07/31/2026 09:01:17 AM
Contract Manager Approval	jwoo9	07/31/2026 15:18:12 PM
Budget Analyst Approval	njohnst1	08/06/2026 09:10:06 AM
BOE Agenda Approval	afrantz	08/06/2026 11:07:25 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 CONTRACT1. Contract Number: **32843**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Regulatory Insurance Advisors, LLC

Contractor Name: **Regulatory Insurance Advisors, LLC**Address: **2603 Superior St., Suite 101**City/State/Zip: **Lincoln, NE 68521**

Contact/Phone: 207-228-4603

Vendor No.:

NV Business ID: NV20232850758

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

General Funds	0.00 %	X	Fees	100.00 % EXAMINATION
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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2030**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **Regulatory Exam**

5. Purpose of contract:

This is a new contract to provide examination services for statutory analysis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Regulatory Examinations are required per Title 57 of the Nevada Revised Statutes (NRS) specifically Chapter 679B.300, which empowers the Commissioner of Insurance to determine the financial condition, obligations, and compliance with State law for domestic and foreign insurers, associations of self-insured employers and other similar entities.

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

This is a specialized service and only the Division's Chief Examiner is certified as a Chief Financial Examiner (CFE). This individual manages the work of the independent contractors conducting examinations on behalf of the Insurance Division.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	jwoo9	07/31/2026 15:37:38 PM
Division Approval	jwoo9	07/31/2026 15:37:40 PM
Department Approval	jwoo9	07/31/2026 15:37:42 PM
Contract Manager Approval	jwoo9	07/31/2026 15:37:44 PM
Budget Analyst Approval	njohnst1	08/06/2026 10:50:21 AM
BOE Agenda Approval	afrantz	08/06/2026 11:07:14 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32847**Agency Name: **B&I - INSURANCE DIVISION**Agency Code: **741**Appropriation Unit: **3813-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Risk & Regulatory Consulting, LLC

Contractor Name: **Risk & Regulatory Consulting, LLC**Address: **20 Batterson Park Road
Suite 380**City/State/Zip: **Farmington, CT 06032**

Contact/Phone: 855-246-0815

Vendor No.:

NV Business ID: NV20121280498

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

General Funds	0.00 %	X	Fees	100.00 % EXAMINATION
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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/30/2030**Contract term: **3 years and 364 days**4. Type of contract: **Contract**Contract description: **Regulatory Exam**

5. Purpose of contract:

This is a new contract to provide examination services for statutory analysis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$4,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Regulatory Examinations are required per Title 57 of the Nevada Revised Statutes (NRS) specifically Chapter 679B.300, which empowers the Commissioner of Insurance to determine the financial condition, obligations, and compliance with State law for domestic and foreign insurers, associations of self-insured employers and other similar entities.

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

This is a specialized service and only the Division's Chief Examiner is certified as a Chief Financial Examiner (CFE). This individual manages the work of the independent contractors conducting examinations on behalf of the Insurance Division.

9. Were quotes or proposals solicited?

No

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

No

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

Not Applicableb. Solicitation Waiver: **Not Applicable**

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

Not Applicable

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

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

Not Applicable

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

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	jwoo9	07/31/2026 09:02:08 AM
Division Approval	jwoo9	07/31/2026 09:02:09 AM
Department Approval	jwoo9	07/31/2026 09:02:11 AM
Contract Manager Approval	jwoo9	07/31/2026 15:33:52 PM
Budget Analyst Approval	njohnst1	08/06/2026 15:46:11 PM
BOE Agenda Approval	afrantz	08/07/2026 08:37:35 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

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

I. DESCRIPTION OF CONTRACT1. Contract Number: **32807**Agency Name: **DEPARTMENT OF MOTOR VEHICLES**Agency Code: **810**Appropriation Unit: **4715-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Advanced Power Protection Industries, INC.

Contractor Name: **Advanced Power Protection Industries, INC.**Address: **4730 S. Fort Apache Rd Suite 300**City/State/Zip: **Las Vegas, NV 89147**

Contact/Phone: 866-975-2774

Vendor No.: PUR0005058

NV Business ID: NV20061744755

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

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? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2030**Contract term: **4 years and 30 days**4. Type of contract: **Contract**Contract description: **UPS Maintenance**

5. Purpose of contract:

This is a new contract to provide inspections and corrective maintenance services for uninterruptible power supply systems and components.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

To provide inspections, corrective and emergency maintenance services for Uninterruptible Power Supply systems and components located in northern and southern Nevada Department of Motor Vehicle Offices.

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

Our agency employees do not have experience of performing the services contracted.

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):

DC Group
Facility Gateway Corp
ARC Generator Serviceb. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP #81DMV-S3894, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 10/23/2019 Anticipated re-bid date: 07/30/2026

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:

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	jpeat	07/28/2026 14:47:11 PM
Division Approval	bmusselm	07/28/2026 16:34:01 PM
Department Approval	bmusselm	07/28/2026 16:34:07 PM
Contract Manager Approval	mlynn	07/29/2026 09:21:45 AM
Budget Analyst Approval	pokeefe	08/10/2026 09:06:18 AM
BOE Agenda Approval	pokeefe	08/10/2026 13:28:52 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: **24759** Amendment Number: **6**

Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Legal Entity Name: **CARAHSOFT TECHNOLOGY CORPORATION**

Agency Code: **810** Contractor Name: **CARAHSOFT TECHNOLOGY CORPORATION**

Appropriation Unit: **4716-16** Address: **11493 SUNSET HILLS RD STE 100**

Is budget authority available?: **Yes** City/State/Zip: **RESTON, VA 20190**

If "No" please explain: Not Applicable Contact/Phone: 571-662-3456

Vendor No.: PUR0004357

NV Business ID: NV20151127305

To what State Fiscal Year(s) will the contract be charged? **2022-2027**

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

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
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 **09/22/2021**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **09/08/2026**

Termination Date:

Contract term: **5 years and 176 days**4. Type of contract: **Contract**Contract description: **Software Solutions**

5. Purpose of contract:

This is the sixth amendment to the original service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement provides commercial off-the-shelf based software solutions to replace the current outdated systems as part of the System Modernization project. This amendment extends the termination date from September 8, 2026 to March 16, 2027 and increases the maximum amount from \$118,779,304.19 to \$131,181,166.88 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:	\$51,038,212.98	\$51,038,212.98	\$51,038,212.98	Yes - Action
a. Amendment 1:	\$26,299,713.50	\$26,299,713.50	\$26,299,713.50	Yes - Action
b. Amendment 2:	\$10,682,107.74	\$10,682,107.74	\$10,682,107.74	Yes - Action
c. Amendment 3:	\$4,166,304.26	\$4,166,304.26	\$4,166,304.26	Yes - Action
d. Amendment 4:	\$683,175.88	\$683,175.88	\$683,175.88	Yes - Action
e. Amendment 5:	\$25,909,789.83	\$25,909,789.83	\$25,909,789.83	Yes - Action
2. Amount of current amendment (#6):	\$12,401,862.88	\$12,401,862.88	\$12,401,862.88	Yes - Action
3. New maximum contract amount:	\$131,181,167.07			

II. JUSTIFICATION

7. What conditions require that this work be done?

DMV is seeking to move core business systems to the cloud and allow for the public to access DMV services through the cloud. DMV is emphasizing a complete overhaul of services offerings that focus on a new way of business.

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

There are no State employees available 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. Solicitation Waiver: **Not Applicable**

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

The State of Nevada has a Statewide contract with Carahsoft which allows agencies to utilize the services under contract number 99SWC-NV18-421.

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

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

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

III. OTHER INFORMATION

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

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

Not Applicable

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

No

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

No

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

No If "Yes", please explain

Not Applicable

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

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

This vendor has done work with The State of Nevada since 2008. The work provided is satisfactory.

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

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

Not Applicable

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

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

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

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

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bmusselm	07/30/2026 11:57:49 AM
Division Approval	bmusselm	07/30/2026 11:57:52 AM
Department Approval	bmusselm	07/30/2026 11:57:55 AM
Contract Manager Approval	mlynn	07/30/2026 11:59:41 AM
EITS Approval	ljean	07/30/2026 12:49:34 PM
Budget Analyst Approval	tsmorra	08/11/2026 11:22:16 AM
BOE Agenda Approval	bmacke1	08/11/2026 17:49:23 PM



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Michele Lynn, Director of Administration, DMV
Molly Lennon, Administrator, Research & Project Management, DMV
Suzie Pollard, Administrator, MVIT, DMV
Letty DeLeon, Program Officer III, DMV

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 – DMV – *Slalom* – TIE 1639, Revision 1 – BA(s) 4716

DATE: April 14, 2026

We have completed our review of the Department of Motor Vehicles (DMV) investment which has an estimated total value of \$65,899,036.44, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost	\$ 21,711,590.00	\$ 19,023,393.42	\$ 15,098,431.81	\$ 10,065,621.21	\$ 65,899,036.44
Slalom	\$ 21,711,590.00	\$ 19,023,393.42	\$ 15,098,431.81	\$ 10,065,621.21	\$ 65,899,036.44
Grand Total	\$ 21,711,590.00	\$ 19,023,393.42	\$ 15,098,431.81	\$ 10,065,621.21	\$ 65,899,036.44

Funding source(s): 100% Highway Fund.

DMV is continuing its modernization effort through an amendment to its existing Slalom contract for implementation support within DMV's cloud architecture. The investment funds the remaining phase of a multi-year transformation initiative intended to improve customer service, reduce transaction processing

time, increase delivery speed for DMV products and services, and support evolving legislative, regulatory, and operational needs. Funding will support release management, development, data architecture, incremental product enhancements in Salesforce, modernization of data exchanges and AAMVA API integrations through MuleSoft, and continued alignment of contact center and appointment solutions, while also supporting the transition of knowledge and responsibilities to internal DMV technical staff.

This investment is approved by GTO as a continuation of an active modernization effort, as it supports completion of implementation work already in progress, stabilization of production releases, and gradual reduction of vendor dependence over time. The inclusion of multifactor authentication, least-privilege access, and logging is appropriate, and the agency should maintain clear oversight of vendor access, data handling, and transition planning. DMV must confirm that vendor access to state-controlled systems is limited, that no agency data is stored by the vendor, and that security and operational transition activities continue through project completion.

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 CONTRACT1. Contract Number: **32791**

Agency Name:	DETR - ADMINISTRATIVE SERVICES	Legal Entity Name:	SOUTHLAND INDUSTRIES
Agency Code:	908	Contractor Name:	SOUTHLAND INDUSTRIES
Appropriation Unit:	3272-04	Address:	4765 Cameron St.
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89103
If "No" please explain:	Not Applicable		
		Contact/Phone:	Kavon Asgari 702-533-5704
		Vendor No.:	T29045769
		NV Business ID:	NV19621000518

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

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

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 #: 90DETR-S3814 JW

2. Contract start date:

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

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/07/2030**Contract term: **4 years and 7 days**4. Type of contract: **Contract**Contract description: **HVAC Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing heating, ventilation, and air conditioning repair and maintenance services to locations in southern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$250,000.00**

Other basis for payment: As invoiced by the Contractor and approved by the State. Total contract not to exceed: \$250,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

HVAC mechanical systems need to be maintained for longevity and effective operation of equipment.

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

State employees do not have the expertise to perform these tasks.

9. Were quotes or proposals solicited? **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):

Sierra Eco Systems
The Service Companies
Emcor Services Mesa Energy Inc

b. Solicitation Waiver: **Not Applicable**

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

Pursuant to RFP 90DETR-S3814, and in accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 06/01/2026 Anticipated re-bid date: 02/01/2030

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

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 various state agencies since April 2024.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	mzich	07/31/2026 10:43:49 AM
Division Approval	cjacob	07/31/2026 11:26:48 AM
Department Approval	cjacob	07/31/2026 11:26:49 AM
Contract Manager Approval	wcune1	07/31/2026 11:27:06 AM
Budget Analyst Approval	Iramire7	07/31/2026 14:36:50 PM
BOE Agenda Approval	tgreenam	08/07/2026 16:22:32 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32728**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B011 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **TELE/DATA CONTRACTORS. INC.**Contractor Name: **TELE/DATA CONTRACTORS. INC.**Address: **7060 W WARM SPRINGS RD STE 190**City/State/Zip: **LAS VEGAS, NV 89113**Contact/Phone: **702-933-7600**Vendor No.: **T29048057**NV Business ID: **NV20021250516**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 **09/08/2026**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/07/2027**Contract term: **364 days**4. Type of contract: **Contract**Contract description: **Board Room AV**

5. Purpose of contract:

This is a new contract to provide replacement of audio and video conferencing equipment, including licenses at the office located in Reno.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$224,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The legacy Polycom 8000 videoconference units and Shure audio mixers are out of support.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Installation and configuration of Crestron based system is not a catalog service from state IT.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

- d. Last bid date: Anticipated re-bid date:
10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	kmccamp1	07/27/2026 08:51:46 AM
Division Approval	kmccamp1	07/27/2026 08:51:50 AM
Department Approval	kmccamp1	07/27/2026 08:51:53 AM
Contract Manager Approval	kmccamp1	07/27/2026 08:51:56 AM
Budget Analyst Approval	pokeefe	07/30/2026 09:11:10 AM
BOE Agenda Approval	pokeefe	07/30/2026 09:11:20 AM
BOE Final Approval	Pending	

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.		VARIOUS STATE AGENCIES	A VICTORIOUSCARE	OTHER: VARIOUS AGENCIES	\$16,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and supportive living arrangement services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32636			
2.		VARIOUS STATE AGENCIES	A.D.L. HOME CARE INC.	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
	Term of Contract:	Upon Approval - 05/31/2030	Contract # 32741			
3.		VARIOUS STATE AGENCIES	AM/PM PERSONAL CARE LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32759			
4.		VARIOUS STATE AGENCIES	ASSURED DOCUMENT DESTRUCTION, INC.	OTHER: VARIOUS AGENCIES	\$1,500,000	
	Contract Description:	This is a new contract to provide ongoing document destruction services.				
	Term of Contract:	11/01/2026 - 10/31/2030	Contract # 32381			
5.		VARIOUS STATE AGENCIES	ALPHA PRODUCTIONS TECHNOLOGIES, INC.	OTHER: VARIOUS AGENCIES	\$500,000	Exempt
	Contract Description:	This is a new contract to provide ongoing labor services such as custom cable assembly, hand soldering, wire harnesses, electronics sub-assembly, and re-work services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32832			
6.		VARIOUS STATE AGENCIES	AMERICAN MEDICAL ALERT CORP.	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing personal emergency response systems services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32745			
7.		VARIOUS STATE AGENCIES	APPLIED BEHAVIOR ANALYSIS SERVICES LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral supportive services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32616			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
8.		VARIOUS STATE AGENCIES	ASPIRE EXCELLENCE, LLC	OTHER: VARIOUS AGENCIES	\$2,500,000	
	Contract Description:	This is a new contract to provide ongoing occupational therapy, pediatric, physical therapy, speech pathology, therapy, and counseling services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32708			
9.		VARIOUS STATE AGENCIES	AUSTIN'S HOUSE	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide ongoing emergency shelter care services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32758			
10.		VARIOUS STATE AGENCIES	BEHAVIORAL HEALTH SOLUTIONS LLC	OTHER: VARIOUS AGENCIES	\$2,400,000	
	Contract Description:	This is a new contract to provide ongoing counseling, marriage and family therapy, mental health, psychiatry, psychology, and social worker services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32695			
11.		VARIOUS STATE AGENCIES	BEHAVIORAL SOLUTIONS OF SOUTHERN NEVADA LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing behavioral supportive, counseling, early intervention, educational tutoring, employment support, job development, mental health, and rehabilitation services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32733			
12.		VARIOUS STATE AGENCIES	CONVERGEONE, INC.	OTHER: VARIOUS AGENCIES	\$38,007,042	
	Contract Description:	This is the third amendment to the original contract which provides voice and data communications services statewide. This amendment increases the maximum amount from \$11,992,957.65 to \$50,000,000.00 due to the increased need for these services.				
	Term of Contract:	03/01/2019 - 02/28/2028	Contract # 21438			
13.		VARIOUS STATE AGENCIES	CAPABILITY HEALTH & HUMAN SERVICES	OTHER: VARIOUS AGENCIES	\$1,000,000	Exempt
	Contract Description:	This is a new contract to provide ongoing labor services such as printing, culinary staffing, cleaning, document imaging, packaging, and assembly.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32861			
14.		VARIOUS STATE AGENCIES	CITLALLI GARCIA LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support services.				
	Term of Contract:	Upon Approval - 08/31/2030	Contract # 32617			

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
15.		VARIOUS STATE AGENCIES	CREATIVE POSSIBILITIES OF NORTHERN NEVADA	OTHER: VARIOUS AGENCIES	\$17,300,000	
	Contract Description:	This is a new contract to provide ongoing assisted living, behavioral supportive, case management, group home, home health care, mental health, personal care, residential provider, respite care, and supportive living arrangement services.				
	Term of Contract:	Upon Approval - 08/31/2030		Contract # 32631		
16.		VARIOUS STATE AGENCIES	DR. JULIE CHANG, O.D., INC.	OTHER: VARIOUS AGENCIES	\$1,700,000	
	Contract Description:	This is a new contract to provide ongoing ophthalmology and optometry services.				
	Term of Contract:	Upon Approval - 08/31/2030		Contract # 32738		
17.		VARIOUS STATE AGENCIES	DEIDRE HAMMON	OTHER: VARIOUS AGENCIES	\$9,000,000	
	Contract Description:	This is a new contract to provide ongoing employment support and supportive living arrangement services.				
	Term of Contract:	Upon Approval - 08/31/2030		Contract # 32618		
18.		VARIOUS STATE AGENCIES	DIPHRENT, INC.	OTHER: VARIOUS AGENCIES	\$8,300,000	
	Contract Description:	This is a new contract to provide ongoing community work experience programs, counseling, employment support, job development, and mental health services.				
	Term of Contract:	Upon Approval - 08/31/2030		Contract # 32637		
19.		VARIOUS STATE AGENCIES	ELLISOR GROUP LLC	OTHER: VARIOUS AGENCIES	\$5,000,000	
	Contract Description:	This is a new contract to provide ongoing employment support and pre-employment related services.				
	Term of Contract:	Upon Approval - 08/31/2030		Contract # 32742		
20.		VARIOUS STATE AGENCIES	EMMA C. VICUNA, OD, LLC	OTHER: VARIOUS AGENCIES	\$400,000	
	Contract Description:	This is a new contract to provide ongoing optometry and supportive services for the blind and visually impaired.				
	Term of Contract:	10/01/2026 - 09/30/2030		Contract # 32634		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
21.		VARIOUS STATE AGENCIES	FOR A SUCCESSFUL TOMORROW (F.A.S.T.) BEHAVIOR TREATMENT AGENCY LLC	OTHER: VARIOUS AGENCIES	\$9,100,000	
	Contract Description:	This is a new contract to provide ongoing behavioral supportive, case management, educational tutoring and education support, marriage and family therapy, mental health, and pre-employment services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32711		
22.		VARIOUS STATE AGENCIES	GARRETT'S TREE SERVICE LLC	OTHER: VARIOUS AGENCIES	\$2,000,000	
	Contract Description:	This is a new contract to provide fire fuel reduction, vegetation reduction, and forest management services.				
		Term of Contract:	Upon Approval - 06/30/2027	Contract # 32736		
23.		VARIOUS STATE AGENCIES	GENCARE PSYCHOLOGICAL SERVICES LLC	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing case management, counseling, psychology, and social worker services.				
		Term of Contract:	10/01/2026 - 09/30/2030	Contract # 32619		
24.		VARIOUS STATE AGENCIES	KNR ASSISTED LIVING SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$20,000,000	
	Contract Description:	This is a new contract to provide ongoing community-based living arrangements and disabilities support services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32739		
25.		VARIOUS STATE AGENCIES	KRATU LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing assistive technology services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32620		
26.		VARIOUS STATE AGENCIES	LEE BESS CONSULTING LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32621		
27.		VARIOUS STATE AGENCIES	LIFELINE SYSTEMS COMPANY	OTHER: VARIOUS AGENCIES	\$200,000	
	Contract Description:	This is a new contract to provide ongoing personal emergency response systems services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32747		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
28.		VARIOUS STATE AGENCIES	LLOYDS HOMECARE FOUNDATION	OTHER: VARIOUS AGENCIES	\$6,200,000	
	Contract Description:	This is a new contract to provide ongoing home health care, personal care, respite care, and senior care services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32697		
29.		VARIOUS STATE AGENCIES	MIND POWER CREATIVITY CENTER LLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs, behavioral support, case management, community work experience programs, counseling, customized employment, disabilities support, early intervention, educational tutoring, employment support, job development, mental health, pediatric, and rehabilitation services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32748		
30.		VARIOUS STATE AGENCIES	MAXIM HEALTHCARE SERVICES, INC.	OTHER: VARIOUS AGENCIES	\$3,700,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance program, home health care, pediatric, and personal care services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32622		
31.		VARIOUS STATE AGENCIES	NADHC AT EASTERN, INC.	OTHER: VARIOUS AGENCIES	\$3,000,000	
	Contract Description:	This is a new contract to provide ongoing adult daycare services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32623		
32.		VARIOUS STATE AGENCIES	NEVADA PERSONAL CARE SERVICES 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:	Upon Approval - 08/31/2030	Contract # 32624		
33.		VARIOUS STATE AGENCIES	NORTHERN NEVADA CENTER FOR INDEPENDENT LIVING, INC.	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing disabilities support and supportive services for the blind and visually impaired.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32625		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.		VARIOUS STATE AGENCIES	PROGRESSIVE PEST MANAGEMENT	OTHER: VARIOUS AGENCIES	\$1,925,000	
	Contract Description:	This is the fourth amendment to the original contract which provides fire fuel reduction, vegetation reduction, and forest management services. This amendment increases the maximum amount from \$575,000 to \$2,500,000 due to the increased need for these services.				
		Term of Contract:	01/10/2023 - 06/07/2027	Contract # 26972		
35.		VARIOUS STATE AGENCIES	PERSONAL CARE NEVADA, LLC	OTHER: VARIOUS AGENCIES	\$3,200,000	
	Contract Description:	This is a new contract to provide ongoing home health care, personal care, respite care, and senior care services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32626		
36.		VARIOUS STATE AGENCIES	PHILLIP S. BAIER, L.C.S.W., INC.	OTHER: VARIOUS AGENCIES	\$17,500,000	
	Contract Description:	This is a new contract to provide ongoing behavioral supportive, case management, counseling, disabilities support, early intervention, mental health, and social worker services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32633		
37.		VARIOUS STATE AGENCIES	PRODUCTIVE HOMECARE SERVICES, LLC	OTHER: VARIOUS AGENCIES	\$500,000	
	Contract Description:	This is a new contract to provide ongoing personal care services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32706		
38.		VARIOUS STATE AGENCIES	REFLECTIONS THERAPY- DR. SOSEH ESMAEILI, PSYD, PLLC	OTHER: VARIOUS AGENCIES	\$1,600,000	
	Contract Description:	This is a new contract to provide ongoing counseling, mental health, and psychology services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32709		
39.		VARIOUS STATE AGENCIES	SUZANNE M. ABERASTURI, PHD, LLC	OTHER: VARIOUS AGENCIES	\$600,000	
	Contract Description:	This is a new contract to provide ongoing mental health and psychology services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32749		
40.		VARIOUS STATE AGENCIES	SILVER STATE HEARING & BALANCE, INC.	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing audiology services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32627		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
41.		VARIOUS STATE AGENCIES	SMILES ON WHEELS LLC	OTHER: VARIOUS AGENCIES	\$3,100,000	
	Contract Description:	This is a new contract to provide ongoing assistive technology, case management, dental, home health care, medical, prosthetics, orthotics, and senior care services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32629		
42.		VARIOUS STATE AGENCIES	SOAR LLC	OTHER: VARIOUS AGENCIES	\$1,000,000	
	Contract Description:	This is a new contract to provide ongoing applied behavioral analysis services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32732		
43.		VARIOUS STATE AGENCIES	SOLARA VITA HEALTH SERVICES PLLC	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is a new contract to provide ongoing acute medical, disabilities support, general medicine, mental health, psychiatry, and psychology services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32694		
44.		VARIOUS STATE AGENCIES	STEPHANIE SCHOEN	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32638		
45.		VARIOUS STATE AGENCIES	TANNERWOOD HOME, LLC	OTHER: VARIOUS AGENCIES	\$6,000,000	
	Contract Description:	This is a new contract to provide ongoing supportive living arrangement services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32704		
46.		VARIOUS STATE AGENCIES	THERAPLAY SOLUTIONS LLC	OTHER: VARIOUS AGENCIES	\$3,500,000	
	Contract Description:	This is a new contract to provide ongoing early intervention and related services				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32743		
47.		VARIOUS STATE AGENCIES	TRUCKEE MEADOWS FIRE PROTECTION DISTRICT	OTHER: VARIOUS AGENCIES	\$10,000,000	
	Contract Description:	This is the first amendment to the original contract which provides fire fuel reduction, vegetation reduction, and forest management services. This amendment increases the maximum amount from \$21,616,000 to \$31,616,000 due to the increased need for these services.				
		Term of Contract:	11/12/2024 - 07/08/2028	Contract # 29761		

MASTER SERVICE AGREEMENT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
48.		VARIOUS STATE AGENCIES	VALLEY HEALTH SPECIALISTS LLC	OTHER: VARIOUS AGENCIES	\$300,000	
	Contract Description:	This is a new contract to provide ongoing mental health services.				
		Term of Contract:	Upon Approval - 08/31/2030	Contract # 32731		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32636**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	A VICTORIOUSCARE
Agency Code:	MSA	Contractor Name:	A VICTORIOUSCARE
Appropriation Unit:	9999 - All Categories	Address:	7318 Warhol Drive
Is budget authority available?:	Yes	City/State/Zip	Sun Valley, NV 89433
If "No" please explain:	Not Applicable	Contact/Phone:	Victoria Olaegbe 775-674-0442
		Vendor No.:	T29025825
		NV Business ID:	NV20101241512
To what State Fiscal Year(s) will the contract be charged?	2027-2031		

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18577**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$16,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 10:27:43 AM
Division Approval	ldeloach	07/17/2026 10:27:47 AM
Department Approval	ldeloach	07/17/2026 10:27:50 AM
Contract Manager Approval	sbiddl1	07/20/2026 16:40:52 PM
Budget Analyst Approval	Iramire7	07/23/2026 16:43:10 PM
BOE Agenda Approval	mranki1	08/05/2026 15:05:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32741**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **A.D.L. HOME CARE INC.**Contractor Name: **A.D.L. HOME CARE INC.**Address: **5028 Alta Drive**City/State/Zip: **Las Vegas, NV 89107**Contact/Phone: **David Rees 702-933-3770**Vendor No.: **T81082985**NV Business ID: **NV19991477194**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 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X Other funding 100.00 % Various Agencies**Agency Reference #: **S3513-AS 99SWC-VQ18947**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **3 years and 273 days**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 15:28:10 PM
Division Approval	ldeloach	07/29/2026 15:28:12 PM
Department Approval	ldeloach	07/29/2026 15:28:14 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:42:44 PM
Budget Analyst Approval	lramire7	07/31/2026 11:55:35 AM
BOE Agenda Approval	tgreenam	08/07/2026 16:25:20 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32759**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **AM/PM PERSONAL CARE LLC**Contractor Name: **AM/PM PERSONAL CARE LLC**Address: **1640 East Sahara Avenue #E**City/State/Zip: **Las Vegas, NV 89104**Contact/Phone: **Claudia Y. Nunez 702-822-2655**Vendor No.: **T27036149**NV Business ID: **NV20111169018**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18940**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 15:34:32 PM
Division Approval	ldeloach	07/29/2026 15:34:34 PM
Department Approval	ldeloach	07/29/2026 15:34:36 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:44:30 PM
Budget Analyst Approval	lramire7	07/31/2026 11:59:22 AM
BOE Agenda Approval	tgreenam	08/07/2026 13:11:05 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 CONTRACT1. Contract Number: **32381**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **ASSURED DOCUMENT DESTRUCTION, INC.**Contractor Name: **ASSURED DOCUMENT DESTRUCTION, INC.**Address: **INC/ASSURED DOCUMENT MGMT
145 E WARM SPRINGS RD**City/State/Zip: **LAS VEGAS, NV 89119**Contact/Phone: **702-614-0001**Vendor No.: **T81096369**NV Business ID: **NV20001415539**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-S3694 - MG**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/01/2026**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Document Destruction**

5. Purpose of contract:

This is a new contract to provide ongoing document destruction 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?

Approximately 440,000 lbs. of confidential information is destroyed each year by individual State agencies. Contract provides a cost effective way for agencies to destroy the information and meets the requirements for HIPPA confidential documents.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The State Library and Archives has a means of destruction, but does not have the staff and therefore requires agencies to send their staff to use the equipment for shredding. In addition, the majority of the volume is in Southern Nevada and is not cost effective to transport documents to Northern Nevada, accompanied by an employee that must man the destruction.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Pursuant to RFP #99SWC-S3694, and in accordance with NRS 333, the selected vendor was the sole proposer that proposed correctly. The proposal was reviewed and deemed acceptable as determined by an independently appointed evaluation committee.

d. Last bid date: 06/21/2022 Anticipated re-bid date: 05/01/2030

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	Ideloach	05/04/2026 10:47:29 AM
Division Approval	Ideloach	05/04/2026 10:47:31 AM
Department Approval	Ideloach	05/04/2026 10:47:33 AM
Contract Manager Approval	mgonza20	05/04/2026 13:40:44 PM
Budget Analyst Approval	Iramire7	07/21/2026 11:46:13 AM
BOE Agenda Approval	mranki1	08/05/2026 15:04:07 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32832**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Alpha Productions Technologies, Inc.

Contractor Name: **Alpha Productions Technologies, Inc.**Address: **50 Freeport Boulevard Suite 3**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Marni Mast 775-359-4498

Vendor No.: PENDING

NV Business ID: NV19761005184

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #: Preferred Purchase

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Labor Services**

5. Purpose of contract:

This is a new contract to provide ongoing labor services such as custom cable assembly, hand soldering, wire harnesses, electronics sub-assembly, and re-work services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00**

Other basis for payment: Upon invoiced by the Contractor and approval by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides an option for state agencies to employ disabled persons for many of the services they seek at a competitive rate.

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 to perform these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 333.375 authorizes the award of a contract to an organization for training and employment of persons with mental or physical disabilities, without complying with the requirements for competitive bidding.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	Ideloach	07/29/2026 15:18:11 PM
Division Approval	Ideloach	07/29/2026 15:18:13 PM
Department Approval	Ideloach	07/29/2026 15:18:15 PM
Contract Manager Approval	ascaffid	07/31/2026 13:00:21 PM
Budget Analyst Approval	Iramire7	08/03/2026 14:24:43 PM
BOE Agenda Approval	tgreenam	08/07/2026 16:09:55 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 CONTRACT1. Contract Number: **32745**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: American Medical Alert Corp.

Contractor Name: **American Medical Alert Corp.**Address: **Tunstall Americas
30-30 47th Avenue Suite 620**City/State/Zip: **Long Island City, NY 11101**

Contact/Phone: Christine Rollins 508-988-1555

Vendor No.: T81026790

NV Business ID: NV20031464728

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18997

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal emergency response systems services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	07/29/2026 15:30:56 PM
Division Approval	ldeloach	07/29/2026 15:30:58 PM
Department Approval	ldeloach	07/29/2026 15:31:00 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:43:42 PM
Budget Analyst Approval	lramire7	07/31/2026 11:57:07 AM
BOE Agenda Approval	tgreenam	08/07/2026 13:22:54 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 CONTRACT1. Contract Number: **32616**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Applied Behavior Analysis Services LLC**Contractor Name: **Applied Behavior Analysis Services LLC**Address: **2601 South Pavilion Center Drive Unit 2102**City/State/Zip: **Las Vegas, NV 89135**Contact/Phone: **Tim Sinnott 702-532-5059**Vendor No.: **T29045151**NV Business ID: **NV20141496437**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18753**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral supportive 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?

NoWas the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/25/2025 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	07/17/2026 10:40:49 AM
Division Approval	ldeloach	07/17/2026 10:40:52 AM
Department Approval	ldeloach	07/17/2026 10:40:55 AM
Contract Manager Approval	sbiddl1	07/20/2026 16:44:23 PM
Budget Analyst Approval	Iramire7	07/23/2026 15:54:26 PM
BOE Agenda Approval	mranki1	08/07/2026 10:31:57 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 CONTRACT1. Contract Number: **32708**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Aspire Excellence, LLC**Contractor Name: **Aspire Excellence, LLC**Address: **Positive Outcomes
2109 Lula Road**City/State/Zip: **Minneola, FL 34715**Contact/Phone: **McKay Meyer 702-816-6700**Vendor No.: **T29053197**NV Business ID: **NV20253466423**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18904**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**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 occupational therapy, pediatric, physical therapy, speech pathology, therapy, and counseling 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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 15:37:46 PM
Division Approval	ldeloach	07/29/2026 15:37:51 PM
Department Approval	ldeloach	07/29/2026 15:37:54 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:58:14 PM
Budget Analyst Approval	Iramire7	07/31/2026 11:41:39 AM
BOE Agenda Approval	tgreenam	08/07/2026 16:17:33 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 CONTRACT1. Contract Number: **32758**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Austin's House
Agency Code:	MSA	Contractor Name:	Austin's House
Appropriation Unit:	9999 - All Categories	Address:	3589 North Sunridge Drive
Is budget authority available?:	Yes	City/State/Zip	Carson City, NV 89705
If "No" please explain:	Not Applicable	Contact/Phone:	Marla Morris 775-267-6711
		Vendor No.:	PUR0005303
		NV Business ID:	NV20031564889

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18351

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing emergency shelter care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 15:39:51 PM
Division Approval	ldeloach	07/29/2026 15:39:54 PM
Department Approval	ldeloach	07/29/2026 15:39:56 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:45:13 PM
Budget Analyst Approval	Iramire7	07/31/2026 12:01:08 PM
BOE Agenda Approval	tgreenam	08/07/2026 13:22:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32695**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Behavioral Health Solutions LLC

Contractor Name: **Behavioral Health Solutions LLC**Address: **2200 Paseo Verde Parkway Suite 190**City/State/Zip: **Henderson, NV 89052**

Contact/Phone: Krista Huey 702-589-4871

Vendor No.: T32009788

NV Business ID: NV20171816384

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18936

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing counseling, marriage and family therapy, mental health, psychiatry, psychology, and social worker services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,400,000.00****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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	Ideloach	07/29/2026 15:41:55 PM
Division Approval	Ideloach	07/29/2026 15:41:57 PM
Department Approval	Ideloach	07/29/2026 15:42:00 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:46:05 PM
Budget Analyst Approval	Iramire7	07/31/2026 12:02:30 PM
BOE Agenda Approval	tgreenam	08/07/2026 13:23:15 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32733**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Behavioral Solutions of Southern Nevada LLC

Contractor Name: **Behavioral Solutions of Southern Nevada LLC**Address: **701 North Green Valley Parkway Suite 299**City/State/Zip: **Las Vegas, NV 89074**

Contact/Phone: Destini Hunter 702-287-5519

Vendor No.: PENDING

NV Business ID: NV20253454472

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18737

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral supportive, counseling, early intervention, educational tutoring, employment support, job development, mental health, 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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 15:43:59 PM
Division Approval	ldeloach	07/29/2026 15:44:01 PM
Department Approval	ldeloach	07/29/2026 15:44:03 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:46:59 PM
Budget Analyst Approval	Iramire7	07/31/2026 10:54:44 AM
BOE Agenda Approval	tgreenam	08/07/2026 15:27:26 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **21438**Amendment Number: **3**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **CONVERGEONE, INC.**Agency Code: **MSA**Contractor Name: **CONVERGEONE, INC.**Appropriation Unit: **9999 - All Categories**Address: **3344 HIGHWAY 149**Is budget authority available?: **Yes**City/State/Zip: **EAGAN, MN 55121**

If "No" please explain: Not Applicable

Contact/Phone: **RYAN NELSON 651/393-6353**Vendor No.: **T32004231A**NV Business ID: **NV20011490185**To what State Fiscal Year(s) will the contract be charged? **2019-2028**

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 % Various Agencies

Agency Reference #: **99SWC-S362 GB**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/01/2019**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **02/28/2028**Contract term: **9 years and 1 day**4. Type of contract: **MSA**Contract description: **Voice/Data Services**

5. Purpose of contract:

This is the third amendment to the original contract which provides voice and data communications services statewide. This amendment increases the maximum amount from \$11,992,957.65 to \$50,000,000.00 due to the increased need for these services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$2,500,000.00	\$2,500,000.00	\$2,500,000.00	Yes - Action
a. Amendment 1:	\$9,492,957.65	\$9,492,957.65	\$9,492,957.65	Yes - Action
b. Amendment 2:	\$0.00	\$0.00	\$0.00	No
2. Amount of current amendment (#3):	\$38,007,042.35	\$38,007,042.35	\$38,007,042.35	Yes - Action
3. New maximum contract amount:	\$50,000,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Voice and data communications are necessary for all State agencies.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

ConvergeOne
Carosuel Industries
Vox Network Solutions

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor scored the highest points based on the evaluation committee scoring.

d. Last bid date: 10/16/2018 Anticipated re-bid date: 10/01/2022

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	Ideloach	07/23/2026 09:26:24 AM
Division Approval	Ideloach	07/23/2026 09:26:26 AM
Department Approval	Ideloach	07/23/2026 09:26:30 AM
Contract Manager Approval	amorfin	07/27/2026 15:43:02 PM

Budget Analyst Approval
BOE Agenda Approval

Iramire7
mranki1

07/28/2026 15:39:32 PM
08/07/2026 13:59:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32861**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Capability Health & Human Services

Contractor Name: **Capability Health & Human Services**Address: **6210 West Oakey Boulevard**City/State/Zip: **Las Vegas, NV 89146**

Contact/Phone: William C. Attinger 702-870-7050

Vendor No.: PUR0005112

NV Business ID: NV19761001232

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 #: Preferred Purchase

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Labor Services**

5. Purpose of contract:

This is a new contract to provide ongoing labor services such as printing, culinary staffing, cleaning, document imaging, packaging, and assembly.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,000,000.00**

Other basis for payment: Upon invoiced by the Contractor and approval by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides an option for state agencies to employ disabled persons for many of the services they seek at a competitive rate.

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 to perform these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 333.375 authorizes the award of a contract to an organization for training and employment of persons with mental or physical disabilities, without complying with the requirements for competitive bidding.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	wtaylo5	07/31/2026 10:04:49 AM
Division Approval	wtaylo5	07/31/2026 10:04:53 AM
Department Approval	wtaylo5	07/31/2026 10:04:55 AM
Contract Manager Approval	ascaffid	07/31/2026 13:00:44 PM
Budget Analyst Approval	Iramire7	08/03/2026 14:21:23 PM
BOE Agenda Approval	tgreenam	08/07/2026 13:24:01 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32617**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Citlalli Garcia LLC

Contractor Name: **Citlalli Garcia LLC**Address: **2030 Tivoli Lane**City/State/Zip: **Sparks, NV 89434**

Contact/Phone: Citlalli Garcia 775-225-2686

Vendor No.: T29052344

NV Business ID: NV20263538148

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18759

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 10:48:54 AM
Division Approval	ldeloach	07/17/2026 10:48:56 AM
Department Approval	ldeloach	07/17/2026 10:48:59 AM
Contract Manager Approval	sbiddl1	07/20/2026 16:15:13 PM
Budget Analyst Approval	Iramire7	07/23/2026 16:28:18 PM
BOE Agenda Approval	mranki1	08/06/2026 08:48:36 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32631**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Creative Possibilities Of Northern Nevada
Agency Code:	MSA	Contractor Name:	Creative Possibilities Of Northern Nevada
Appropriation Unit:	9999 - All Categories	Address:	1311 North McCarran Boulevard Suite 103
Is budget authority available?:	Yes	City/State/Zip	Sparks, NV 89431
If "No" please explain:	Not Applicable	Contact/Phone:	Patience Aiyuk 775-322-0669
		Vendor No.:	T81091266
		NV Business ID:	NV20001364610

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18812**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing assisted living, behavioral supportive, case management, group home, home health care, mental health, personal care, residential provider, respite care, and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 10:56:29 AM
Division Approval	ldeloach	07/17/2026 10:56:31 AM
Department Approval	ldeloach	07/17/2026 10:56:34 AM
Contract Manager Approval	sbiddl1	07/21/2026 10:10:45 AM
Budget Analyst Approval	lramire7	07/23/2026 14:54:45 PM
BOE Agenda Approval	mranki1	08/07/2026 11:19:01 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 CONTRACT1. Contract Number: **32738**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DR. JULIE CHANG, O.D., INC.**Contractor Name: **DR. JULIE CHANG, O.D., INC.**Address: **Vegas Vision
4388 East Craig Road Suite 150**City/State/Zip: **Las Vegas, NV 89115**Contact/Phone: **Dr. Julie Chang 702-592-6123**Vendor No.: **T29019755**NV Business ID: **NV20061510129**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18406**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing ophthalmology and optometry services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$1,700,000.00****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? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 15:50:41 PM
Division Approval	ldeloach	07/29/2026 15:50:44 PM
Department Approval	ldeloach	07/29/2026 15:50:45 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:47:42 PM
Budget Analyst Approval	lramire7	07/31/2026 10:56:59 AM
BOE Agenda Approval	tgreenam	08/07/2026 16:33:00 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32618**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Deidre Hammon

Contractor Name: **Deidre Hammon**Address: **4465 Boca Way
Space 212**City/State/Zip: **Reno, NV 89502**

Contact/Phone: Deidre Hammon 775-544-9338

Vendor No.: T81104377

NV Business ID: NV20171554929

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing employment support and supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 11:13:26 AM
Division Approval	ldeloach	07/17/2026 11:13:29 AM
Department Approval	ldeloach	07/17/2026 11:13:31 AM
Contract Manager Approval	sbiddl1	07/21/2026 10:13:26 AM
Budget Analyst Approval	Iramire7	07/23/2026 15:02:39 PM
BOE Agenda Approval	mranki1	08/07/2026 13:54:36 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32637**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Diphrent, Inc.**Contractor Name: **Diphrent, Inc.**Address: **4828 Camino Pacifico**City/State/Zip: **North Las Vegas, NV 89031**Contact/Phone: **Lakesha Washington 702-374-7233**Vendor No.: **T32018497**NV Business ID: **NV20201679701**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18888**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing community work experience programs, counseling, employment support, job development, and mental health services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$8,300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 11:24:31 AM
Division Approval	ldeloach	07/17/2026 11:24:34 AM
Department Approval	ldeloach	07/17/2026 11:24:37 AM
Contract Manager Approval	sbiddl1	07/28/2026 10:15:54 AM
Budget Analyst Approval	mranki1	08/05/2026 15:02:48 PM
BOE Agenda Approval	mranki1	08/05/2026 15:03:00 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32742**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Ellisor Group LLC**Contractor Name: **Ellisor Group LLC**Address: **9156 Vesey Avenue**City/State/Zip: **Las Vegas, NV 89148**Contact/Phone: **Mai Wortman 702-373-5578**Vendor No.: **PENDING**NV Business ID: **NV20243230843**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18946**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**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 employment support and pre-employment related 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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 15:52:21 PM
Division Approval	ldeloach	07/29/2026 15:52:23 PM
Department Approval	ldeloach	07/29/2026 15:52:26 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:48:26 PM
Budget Analyst Approval	lramire7	07/31/2026 10:59:11 AM
BOE Agenda Approval	tgreenam	08/07/2026 15:13:43 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32634**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Emma C. Vicuna, OD, LLC

Contractor Name: **Emma C. Vicuna, OD, LLC**Address: **7782 W. Sahara Avenue**City/State/Zip: **Las Vegas, NV 89117**

Contact/Phone: Emma Vicuna 702-254-7600

Vendor No.: T32008350

NV Business ID: NV20081279396

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18813

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing optometry 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: **\$400,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 11:32:41 AM
Division Approval	ldeloach	07/17/2026 11:32:44 AM
Department Approval	ldeloach	07/17/2026 11:32:46 AM
Contract Manager Approval	sbiddl1	07/20/2026 16:05:47 PM
Budget Analyst Approval	Iramire7	07/23/2026 16:25:11 PM
BOE Agenda Approval	mranki1	08/06/2026 08:47:24 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32711**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	FOR A SUCCESSFUL TOMORROW (F.A.S.T.) BEHAVIOR TREATMENT AGENCY LLC
Agency Code:	MSA	Contractor Name:	FOR A SUCCESSFUL TOMORROW (F.A.S.T.) BEHAVIOR TREATMENT AGENCY LLC
Appropriation Unit:	9999 - All Categories	Address:	4729 Concord Village Drive
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89108
If "No" please explain:	Not Applicable	Contact/Phone:	Fitzroy Winters 702-772-9109
		Vendor No.:	T27035324
		NV Business ID:	NV20131207488

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18963**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**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 supportive, case management, educational tutoring and education support, marriage and family therapy, mental health, and pre-employment services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$9,100,000.00****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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	Ideloach	07/29/2026 15:54:50 PM
Division Approval	Ideloach	07/29/2026 15:54:52 PM
Department Approval	Ideloach	07/29/2026 15:54:54 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:49:12 PM
Budget Analyst Approval	Iramire7	07/31/2026 11:15:09 AM
BOE Agenda Approval	tgreenam	08/07/2026 15:04:54 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 CONTRACT1. Contract Number: **32736**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Garrett's Tree Service LLC**Contractor Name: **Garrett's Tree Service LLC**Address: **209 Edgewood Lane**City/State/Zip: **Spring Creek, NV 89815**Contact/Phone: **Garrett Gonzalez 775-397-1661**Vendor No.: **T29053240**NV Business ID: **NV20243252953**To what State Fiscal Year(s) will the contract be charged? **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 #: **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 **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **302 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is a new contract to provide fire fuel reduction, vegetation reduction, and forest management services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$2,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

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 capacity 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):

**Progressive Pest Management
Rutledge Airborne Applications
RGZ Forestry LLC**b. Solicitation 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:

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	07/15/2026 07:55:00 AM
Division Approval	ldeloach	07/15/2026 07:55:03 AM
Department Approval	ldeloach	07/15/2026 07:55:05 AM
Contract Manager Approval	hmoon	07/15/2026 07:58:40 AM
Budget Analyst Approval	mranki1	08/07/2026 14:00:42 PM
BOE Agenda Approval	mranki1	08/07/2026 14:00:44 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 CONTRACT1. Contract Number: **32619**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: GenCare Psychological Services LLC

Contractor Name: **GenCare Psychological Services LLC**Address: **7331 West Charleston Boulevard Suite 120**City/State/Zip: **Las Vegas, NV 89117**

Contact/Phone: Dr. Jessica Browning 702-900-3134

Vendor No.: T27045173

NV Business ID: NV20243077502

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18730

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing case management, counseling, psychology, and social worker services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 12:09:47 PM
Division Approval	ldeloach	07/17/2026 12:09:49 PM
Department Approval	ldeloach	07/17/2026 12:09:51 PM
Contract Manager Approval	sbiddl1	07/28/2026 10:19:26 AM
Budget Analyst Approval	Iramire7	07/28/2026 15:23:55 PM
BOE Agenda Approval	mranki1	08/06/2026 08:51:11 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32739**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **KNR Assisted Living Services, LLC**Contractor Name: **KNR Assisted Living Services, LLC**Address: **4075 West Desert Inn Road Suite A**City/State/Zip: **Las Vegas, NV 89102**Contact/Phone: **Kurt Schmidt 702-220-3499**Vendor No.: **T27016368**NV Business ID: **NV20061784346**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18952**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing community-based living arrangements and disabilities support services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$20,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 15:58:44 PM
Division Approval	ldeloach	07/29/2026 15:58:46 PM
Department Approval	ldeloach	07/29/2026 15:58:48 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:33:16 PM
Budget Analyst Approval	lramire7	07/31/2026 11:46:37 AM
BOE Agenda Approval	tgreenam	08/07/2026 14:33:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32620**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	KRATU LLC
Agency Code:	MSA	Contractor Name:	KRATU LLC
Appropriation Unit:	9999 - All Categories	Address:	PO Box 88035
Is budget authority available?:	Yes	City/State/Zip	Phoenix, AZ 85080
If "No" please explain:	Not Applicable	Contact/Phone:	Niraj Parikh 602-418-9794
		Vendor No.:	T29039646
		NV Business ID:	NV20171542288

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18676**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing assistive technology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 12:21:59 PM
Division Approval	ldeloach	07/17/2026 12:22:02 PM
Department Approval	ldeloach	07/17/2026 12:22:04 PM
Contract Manager Approval	sbiddl1	07/21/2026 09:03:42 AM
Budget Analyst Approval	Iramire7	07/23/2026 16:07:58 PM
BOE Agenda Approval	mranki1	08/07/2026 10:11:12 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 CONTRACT1. Contract Number: **32621**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Lee Bess Consulting LLC
Agency Code:	MSA	Contractor Name:	Lee Bess Consulting LLC
Appropriation Unit:	9999 - All Categories	Address:	121 Washington Street
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89503
If "No" please explain:	Not Applicable	Contact/Phone:	Lee Bess 206-455-4188
		Vendor No.:	T29052905
		NV Business ID:	NV20263555035

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18762

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 12:46:23 PM
Division Approval	ldeloach	07/17/2026 12:46:26 PM
Department Approval	ldeloach	07/17/2026 12:46:28 PM
Contract Manager Approval	sbiddl1	07/20/2026 16:30:03 PM
Budget Analyst Approval	Iramire7	07/23/2026 16:33:09 PM
BOE Agenda Approval	mranki1	08/05/2026 15:06:54 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 CONTRACT1. Contract Number: **32747**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Lifeline Systems Company

Contractor Name: **Lifeline Systems Company**Address: **200 Donald Lynch Boulevard Suite 300**City/State/Zip: **Marlborough, MA 01752**

Contact/Phone: Christine Rollins 508-988-1555

Vendor No.: T29018805

NV Business ID: NV20111366535

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18994

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal emergency response systems services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	07/29/2026 16:04:34 PM
Division Approval	ldeloach	07/29/2026 16:04:36 PM
Department Approval	ldeloach	07/29/2026 16:04:38 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:35:04 PM
Budget Analyst Approval	Iramire7	07/31/2026 12:04:00 PM
BOE Agenda Approval	tgreenam	08/07/2026 13:21:49 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32697**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Lloyds Homecare Foundation
Agency Code:	MSA	Contractor Name:	Lloyds Homecare Foundation
Appropriation Unit:	9999 - All Categories	Address:	10120 South Eastern Avenue Suite 315
Is budget authority available?:	Yes	City/State/Zip	Henderson, NV 89052
If "No" please explain:	Not Applicable	Contact/Phone:	Shanise Grissett 702-421-4766
		Vendor No.:	T29051282
		NV Business ID:	NV20253427265

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18938

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing home health care, personal care, respite care, and senior care 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. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 16:33:47 PM
Division Approval	ldeloach	07/29/2026 16:33:49 PM
Department Approval	ldeloach	07/29/2026 16:33:51 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:50:30 PM
Budget Analyst Approval	Iramire7	07/31/2026 11:32:32 AM
BOE Agenda Approval	tgreenam	08/07/2026 16:26:43 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32748**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	MIND POWER CREATIVITY CENTER LLC
Agency Code:	MSA	Contractor Name:	MIND POWER CREATIVITY CENTER LLC
Appropriation Unit:	9999 - All Categories	Address:	Mind Power Creativity Center 5133 N Bronco Lane Las Vegas, NV 89130
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89130
If "No" please explain:	Not Applicable	Contact/Phone:	Gabriela Grasso 702-809-1038
		Vendor No.:	T29053559
		NV Business ID:	NV20263581514

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18973**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance programs, behavioral support, case management, community work experience programs, counseling, customized employment, disabilities support, early intervention, educational tutoring, employment support, job development, mental health, pediatric, 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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	Ideloach	07/29/2026 16:09:09 PM
Division Approval	Ideloach	07/29/2026 16:09:11 PM
Department Approval	Ideloach	07/29/2026 16:09:13 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:56:34 PM
Budget Analyst Approval	Iramire7	07/31/2026 11:44:19 AM
BOE Agenda Approval	tgreenam	08/07/2026 16:15:14 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32622**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Maxim Healthcare Services, Inc.

Contractor Name: **Maxim Healthcare Services, Inc.**Address: **7227 Lee Deforest Drive**City/State/Zip: **Columbia, MD 21046**

Contact/Phone: Kaitlin Moore 410-910-1500

Vendor No.: T29048046

NV Business ID: NV19961184841

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18169

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis, autism treatment assistance program, home health care, pediatric, and personal care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,700,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 Anticipated re-bid date: 06/01/2029

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ldeloach	07/17/2026 13:48:59 PM
Division Approval	ldeloach	07/17/2026 13:49:01 PM
Department Approval	ldeloach	07/17/2026 13:49:04 PM
Contract Manager Approval	sbiddl1	07/21/2026 09:20:50 AM
Budget Analyst Approval	Iramire7	07/23/2026 16:18:11 PM
BOE Agenda Approval	mranki1	08/06/2026 08:52:21 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32623**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: NADHC at Eastern, Inc.

Contractor Name: **NADHC at Eastern, Inc.**Address: **8695 South Eastern Avenue**City/State/Zip: **Las Vegas, NV 89123**

Contact/Phone: Cristina V. Vito 702-778-1234

Vendor No.: T27041808

NV Business ID: NV20101839265

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18745

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing adult daycare services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 14:34:41 PM
Division Approval	ldeloach	07/17/2026 14:34:44 PM
Department Approval	ldeloach	07/17/2026 14:34:46 PM
Contract Manager Approval	sbiddl1	07/21/2026 09:27:19 AM
Budget Analyst Approval	Iramire7	07/23/2026 14:35:34 PM
BOE Agenda Approval	mranki1	08/07/2026 13:47:58 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 CONTRACT1. Contract Number: **32624**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Nevada Personal Care Services Inc

Contractor Name: **Nevada Personal Care Services Inc**Address: **6615 South Eastern Avenue Suite 104**City/State/Zip: **Las Vegas, NV 89119**

Contact/Phone: Ganiyu Shittu 907-727-4090

Vendor No.: T27032810

NV Business ID: NV20121110226

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18675

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing 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. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 14:48:56 PM
Division Approval	ldeloach	07/17/2026 14:48:59 PM
Department Approval	ldeloach	07/17/2026 14:49:02 PM
Contract Manager Approval	sbiddl1	07/21/2026 09:57:58 AM
Budget Analyst Approval	Iramire7	07/23/2026 16:05:18 PM
BOE Agenda Approval	mranki1	08/07/2026 10:12:08 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32625**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Northern Nevada Center for Independent Living, Inc.

Contractor Name: **Northern Nevada Center for Independent Living, Inc.**Address: **999 Pyramid Way**City/State/Zip: **Sparks, NV 89431**

Contact/Phone: Mark Tadder 775-353-3599

Vendor No.: T32012843

NV Business ID: NV19821002990

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18668

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing disabilities support 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. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 16:00:06 PM
Division Approval	ldeloach	07/17/2026 16:00:08 PM
Department Approval	ldeloach	07/17/2026 16:00:10 PM
Contract Manager Approval	sbiddl1	07/21/2026 10:04:56 AM
Budget Analyst Approval	Iramire7	07/23/2026 14:51:26 PM
BOE Agenda Approval	mranki1	08/07/2026 11:20:05 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 CONTRACT1. Contract Number: **26972**Amendment
Number: **4**Agency Name: **MSA MASTER SERVICE
AGREEMENTS**Legal Entity
Name: **PROGRESSIVE PEST MANAGEMENT**Agency Code: **MSA**Contractor Name: **PROGRESSIVE PEST MANAGEMENT**Appropriation Unit: **9999 - All Categories**Address: **911 Linda Way**Is budget authority
available?: **Yes**City/State/Zip **Sparks, NV 89431**

If "No" please explain: Not Applicable

Contact/Phone: **Manford Glock 775-322-7378**Vendor No.: **T32012359**NV Business ID: **NV20243257276**To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Various Agencies

Agency Reference #: **RFQ 99SWC-S1979 NF**

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **01/10/2023**
Examiner's approval?Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/07/2027**
Termination Date:Contract term: **4 years and 148 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is the fourth amendment to the original contract which provides fire fuel reduction, vegetation reduction, and forest management services. This amendment increases the maximum amount from \$575,000 to \$2,500,000 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$150,000.00	\$150,000.00	\$150,000.00	Yes - Action
a. Amendment 1:	\$0.00	\$0.00	\$0.00	No
b. Amendment 2:	\$75,000.00	\$75,000.00	\$75,000.00	Yes - Info
c. Amendment 3:	\$350,000.00	\$350,000.00	\$425,000.00	Yes - Action
2. Amount of current amendment (#4):	\$1,925,000.00	\$1,925,000.00	\$1,925,000.00	Yes - Action
3. New maximum contract amount:	\$2,500,000.00			

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:

This contract provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

- a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

- c. Why was this contractor chosen in preference to other?

This RFQ is being awarded to 28 vendors that qualified in the various scopes of work.

- d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	Ideloach	07/27/2026 07:59:24 AM
Division Approval	Ideloach	07/27/2026 07:59:27 AM
Department Approval	Ideloach	07/27/2026 07:59:52 AM

Contract Manager Approval	hmoon	07/27/2026 08:07:38 AM
Budget Analyst Approval	lramire7	07/28/2026 13:59:53 PM
BOE Agenda Approval	mranks1	08/07/2026 13:50:54 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32626**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Personal Care Nevada, LLC
Agency Code:	MSA	Contractor Name:	Personal Care Nevada, LLC
Appropriation Unit:	9999 - All Categories	Address:	1009 South Cimarron Road
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89145
If "No" please explain:	Not Applicable	Contact/Phone:	Jessica Davis 725-300-0104
		Vendor No.:	T29052933
		NV Business ID:	NV20212145664

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18717

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing home health care, personal care, respite care, and senior care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,200,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 16:07:45 PM
Division Approval	ldeloach	07/17/2026 16:07:47 PM
Department Approval	ldeloach	07/17/2026 16:07:50 PM
Contract Manager Approval	sbiddl1	07/20/2026 16:26:29 PM
Budget Analyst Approval	Iramire7	07/23/2026 16:30:56 PM
BOE Agenda Approval	mranki1	08/05/2026 15:08:17 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32633**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Phillip S. Baier, L.C.S.W., Inc.**Contractor Name: **Phillip S. Baier, L.C.S.W., Inc.**Address: **1081 Quiet Summit Place**City/State/Zip: **Henderson, NV 890052**Contact/Phone: **Phillip Baier 702-689-1301**Vendor No.: **T27009363**NV Business ID: **NV20021385685**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18732**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing behavioral supportive, case management, counseling, disabilities support, early intervention, mental health, and social worker services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$17,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 16:12:38 PM
Division Approval	ldeloach	07/17/2026 16:12:40 PM
Department Approval	ldeloach	07/17/2026 16:12:42 PM
Contract Manager Approval	sbiddl1	07/20/2026 16:48:00 PM
Budget Analyst Approval	Iramire7	07/23/2026 15:59:09 PM
BOE Agenda Approval	mranki1	08/07/2026 10:29:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32706**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Productive Homecare Services, LLC**Contractor Name: **Productive Homecare Services, LLC**Address: **3435 West Craig Road Suite A**City/State/Zip: **North Las Vegas, NV 89032**Contact/Phone: **Nichole Nelson-Phillips 702-929-3297**Vendor No.: **T29039629**NV Business ID: **NV20111614491**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18944**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing personal care services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 16:11:41 PM
Division Approval	ldeloach	07/29/2026 16:11:43 PM
Department Approval	ldeloach	07/29/2026 16:11:45 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:37:11 PM
Budget Analyst Approval	lramire7	07/31/2026 12:05:22 PM
BOE Agenda Approval	tgreenam	08/07/2026 13:23:35 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 CONTRACT1. Contract Number: **32709**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Reflections Therapy- Dr. Soseh Esmaeili, PsyD, PLLC

Contractor Name: **Reflections Therapy- Dr. Soseh Esmaeili, PsyD, PLLC**Address: **2620 Regatta Drive Suite 210**City/State/Zip: **Las Vegas, NV 89128**

Contact/Phone: Soseh Esmaeili 702-553-2364

Vendor No.: T27041711

NV Business ID: NV20161080306

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18733

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing 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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 Anticipated re-bid date: 06/29/2029

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	07/29/2026 16:13:24 PM
Division Approval	ldeloach	07/29/2026 16:13:27 PM
Department Approval	ldeloach	07/29/2026 16:13:29 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:37:59 PM
Budget Analyst Approval	lramire7	07/31/2026 12:06:51 PM
BOE Agenda Approval	tgreenam	08/07/2026 13:15:58 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 CONTRACT1. Contract Number: **32749**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SUZANNE M. ABERASTURI, PHD, LLC**Contractor Name: **SUZANNE M. ABERASTURI, PHD, LLC**Address: **2450 Vassar Suite 3A**City/State/Zip: **Reno, NV 89502**Contact/Phone: **Suzanne Aberasturi 775-200-1232**Vendor No.: **T29034881**NV Business ID: **NV20091309907**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18895**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health and psychology 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? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 16:21:07 PM
Division Approval	ldeloach	07/29/2026 16:21:10 PM
Department Approval	ldeloach	07/29/2026 16:21:12 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:39:44 PM
Budget Analyst Approval	Iramire7	07/31/2026 11:26:26 AM
BOE Agenda Approval	tgreenam	08/07/2026 14:48:21 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32627**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Silver State Hearing & Balance, Inc.

Contractor Name: **Silver State Hearing & Balance, Inc.**Address: **501 Hammill Lane**City/State/Zip: **Reno, NV 89511**

Contact/Phone: Kelly Wilson 775-682-4000

Vendor No.: T29019074

NV Business ID: NV20071671629

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18742

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing audiology services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$300,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 16:16:12 PM
Division Approval	ldeloach	07/17/2026 16:16:14 PM
Department Approval	ldeloach	07/17/2026 16:16:17 PM
Contract Manager Approval	sbiddl1	07/20/2026 16:51:06 PM
Budget Analyst Approval	Iramire7	07/23/2026 16:02:35 PM
BOE Agenda Approval	mranki1	08/07/2026 10:16:04 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32629**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Smiles On Wheels LLC**Contractor Name: **Smiles On Wheels LLC**Address: **11731 Emerald Lave Avenue**City/State/Zip: **Las Vegas, NV 89138**Contact/Phone: **Michael Evans 702-205-2623**Vendor No.: **PENDING**NV Business ID: **NV20201852196**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18800**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**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 assistive technology, case management, dental, home health care, medical, prosthetics, orthotics, and senior care 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. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 16:19:44 PM
Division Approval	ldeloach	07/17/2026 16:19:47 PM
Department Approval	ldeloach	07/17/2026 16:19:49 PM
Contract Manager Approval	sbiddl1	07/21/2026 08:44:35 AM
Budget Analyst Approval	lramire7	07/23/2026 14:48:51 PM
BOE Agenda Approval	mranki1	08/07/2026 11:21:12 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 CONTRACT1. Contract Number: **32732**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Soar LLC**Contractor Name: **Soar LLC**Address: **6771 West Charleston Boulevard Suite C**City/State/Zip: **Las Vegas, NV 89146**Contact/Phone: **Hamed Emamzadeh 702-405-8772**Vendor No.: **T32011098**NV Business ID: **NV20201684239**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18279**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing applied behavioral analysis 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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 16:15:05 PM
Division Approval	ldeloach	07/29/2026 16:15:08 PM
Department Approval	ldeloach	07/29/2026 16:15:10 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:38:54 PM
Budget Analyst Approval	lramire7	07/31/2026 11:24:57 AM
BOE Agenda Approval	tgreenam	08/07/2026 16:30:41 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 CONTRACT1. Contract Number: **32694**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Solara Vita Health Services PLLC

Contractor Name: **Solara Vita Health Services PLLC**Address: **6725 S Eastern Avenue Suite 3**City/State/Zip: **Las Vegas, NV 89119**

Contact/Phone: Munachimso Ndukwu 702-670-2260

Vendor No.: T29053073

NV Business ID: NV20263580573

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18905

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing acute medical, disabilities support, general medicine, mental health, psychiatry, and psychology 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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 16:19:28 PM
Division Approval	ldeloach	07/29/2026 16:19:31 PM
Department Approval	ldeloach	07/29/2026 16:19:34 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:55:02 PM
Budget Analyst Approval	Iramire7	07/31/2026 11:39:32 AM
BOE Agenda Approval	tgreenam	08/07/2026 15:45:48 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 CONTRACT1. Contract Number: **32638**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Stephanie Schoen**Contractor Name: **Stephanie Schoen**Address: **329 Bret Harte Avenue**City/State/Zip: **Reno, NV 89509**Contact/Phone: **Stephanie Schoen 775-830-0641**Vendor No.: **T81038949**NV Business ID: **NV20161371052**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18897**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/17/2026 16:24:32 PM
Division Approval	ldeloach	07/17/2026 16:24:34 PM
Department Approval	ldeloach	07/17/2026 16:24:35 PM
Contract Manager Approval	sbiddl1	07/21/2026 08:57:13 AM
Budget Analyst Approval	Iramire7	07/23/2026 14:37:58 PM
BOE Agenda Approval	mranki1	08/07/2026 11:22:34 AM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32704**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Tannerwood Home, LLC**Contractor Name: **Tannerwood Home, LLC**Address: **PO Box 20065**City/State/Zip: **Reno, NV 89515**Contact/Phone: **Laura Perry 775-742-0520**Vendor No.: **T27023028**NV Business ID: **NV20091360104**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18262**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing supportive living arrangement services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$6,000,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **Yes**

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 16:22:54 PM
Division Approval	ldeloach	07/29/2026 16:22:57 PM
Department Approval	ldeloach	07/29/2026 16:22:58 PM
Contract Manager Approval	sbiddl1	07/31/2026 14:46:53 PM
Budget Analyst Approval	lramire7	07/31/2026 15:15:44 PM
BOE Agenda Approval	tgreenam	08/07/2026 13:20:34 PM
BOE Final Approval	Pending	

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32743**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Agency Code: **MSA**Appropriation Unit: **9999 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Theraplay Solutions LLC

Contractor Name: **Theraplay Solutions LLC**Address: **5155 Blue Diamond Road
Private Mailbox 1029**City/State/Zip: **Las Vegas, NV 89139**

Contact/Phone: Amy Kowalski 702-530-2532

Vendor No.: T32012693

NV Business ID: NV20222474425

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18507

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing early intervention and related services

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$3,500,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The agency does not have the personnel to perform these services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a specialized service that requires specially trained individuals to provide these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provide various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 16:24:45 PM
Division Approval	ldeloach	07/29/2026 16:24:47 PM
Department Approval	ldeloach	07/29/2026 16:24:49 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:41:20 PM
Budget Analyst Approval	lramire7	07/31/2026 11:30:43 AM
BOE Agenda Approval	tgreenam	08/07/2026 13:34:57 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 CONTRACT1. Contract Number: **29761**Amendment Number: **1**Agency Name: **MSA MASTER SERVICE AGREEMENTS**Legal Entity Name: **Truckee Meadows Fire Protection District**Agency Code: **MSA**Contractor Name: **Truckee Meadows Fire Protection District**Appropriation Unit: **9999 - All Categories**Address: **3663 Barron Way**Is budget authority available?: **Yes**City/State/Zip: **Reno, NV 89511**If "No" please explain: **Not Applicable**Contact/Phone: **Adam Crichton 775-737-8782**Vendor No.: **T32009979**NV Business ID: **Governmental Entity**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 % Various Agencies

Agency Reference #: **RFQ 99SWC-S818 NF**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/12/2024**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **07/08/2028**Contract term: **3 years and 238 days**4. Type of contract: **MSA**Contract description: **Fire Fuels Reduction**

5. Purpose of contract:

This is the first amendment to the original contract which provides fire fuel reduction, vegetation reduction, and forest management services. This amendment increases the maximum amount from \$21,616,000 to \$31,616,000 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$21,616,000.00	\$21,616,000.00	\$21,616,000.00	Yes - Action
2. Amount of current amendment (#1):	\$10,000,000.00	\$10,000,000.00	\$10,000,000.00	Yes - Action
3. New maximum contract amount:	\$31,616,000.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

To reduce the risk of wildfires, fuels and vegetation in various locations throughout the state.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This contact provides fuels reduction services for agencies that do not have capability to do the work, and to assist when the volume of reduction services is such that staff cannot accomplish all work in a timely manner.

9. Were quotes or proposals solicited? Yes

Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This RFQ has been awarded to 26 Vendors that qualified in the various scopes of work.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	Ideloach	06/05/2026 08:12:08 AM
Division Approval	Ideloach	06/05/2026 08:12:11 AM
Department Approval	Ideloach	06/05/2026 08:12:13 AM
Contract Manager Approval	hmoon	06/05/2026 08:13:52 AM
Budget Analyst Approval	Iramire7	07/15/2026 15:01:22 PM
BOE Agenda Approval	mranki1	08/07/2026 14:02:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32731**

Agency Name:	MSA MASTER SERVICE AGREEMENTS	Legal Entity Name:	Valley health specialists LLC
Agency Code:	MSA	Contractor Name:	Valley health specialists LLC
Appropriation Unit:	9999 - All Categories	Address:	10014 Pipestone Street
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89414
If "No" please explain:	Not Applicable	Contact/Phone:	Leah Gaitho 808-480-7590
		Vendor No.:	T29052446
		NV Business ID:	NV20201863824

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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-VQ18497

2. Contract start date:

a. Effective upon Board of Examiner's approval? **Yes** or b. other effective date: **NA**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/31/2030**Contract term: **4 years**4. Type of contract: **MSA**Contract description: **Direct Client Svcs**

5. Purpose of contract:

This is a new contract to provide ongoing mental health 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?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was selected as part of a multi award solicitation 99SWC-S3513 to provided various direct client services.

d. Last bid date: 10/16/2025 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	07/29/2026 16:26:43 PM
Division Approval	ldeloach	07/29/2026 16:26:45 PM
Department Approval	ldeloach	07/29/2026 16:26:48 PM
Contract Manager Approval	sbiddl1	07/29/2026 16:52:24 PM
Budget Analyst Approval	lramire7	07/31/2026 11:37:01 AM
BOE Agenda Approval	tgreenam	08/07/2026 15:45:30 PM
BOE Final Approval	Pending	

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
1.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	BERNIE BRUNO	FEE: ATHLETIC COMMISSION GATE FEES 90% OTHER: TICKET SURCHARGE 10%	\$30,000	
2.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	DAMIR MOUZDYBAEV	FEE: ATHLETIC COMMISSION GATE FEES 90% OTHER: TICKET SURCHARGE 10%	\$40,000	
3.	010	GOVERNOR'S OFFICE - ATHLETIC COMMISSION	PEDRO J YPINA	FEE: ATHLETIC COMMISSION GATE FEES 90% OTHER: TICKET SURCHARGE 10%	\$30,000	
4.	030	ATTORNEY GENERAL'S OFFICE - ADMINISTRATIVE BUDGET ACCOUNT	DICKINSON WRIGHT PLLC	OTHER: STATUTORY CONTINGENCY	\$90,000	Professional Service
5.	030	ATTORNEY GENERAL'S OFFICE - VICTIMS OF DOMESTIC VIOLENCE	WASHOE COUNTY	FEE: REVENUE	\$71,623	Exempt

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
6.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	ELITE MEDICAL EXPERTS, LLC	OTHER: TORT CLAIM FUND	\$15,875	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides expert witness services. This amendment increases the maximum amount from \$80,000 to \$95,875 due to the increased need for these services.				
	Term of Contract:	02/01/2024 - 06/30/2027		Contract # 29239		
7.	030	ATTORNEY GENERAL'S OFFICE - TORT CLAIMS FUND	WILLIAM BRADLEY NELSON	OTHER: TORT CLAIMS FUND	\$21,300	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing expert witness services. This amendment extends the termination date from December 31, 2026 to September 30, 2027 and increases the maximum amount from \$25,000 to \$46,300 due to the continued need for these services.				
	Term of Contract:	03/05/2025 - 09/30/2027		Contract # 30446		
8.	040	SECRETARY OF STATE'S OFFICE - SECRETARY OF STATE	SHI INTERNATIONAL CORP	GENERAL	\$10,890	
	Contract Description:	This is the first amendment to the service agreement under statewide contract #99SWC-NV23-12771 which provides software licensing, support, and related services. This service agreement provides data extraction services. This amendment extends the termination date from October 30, 2026 to March 31, 2027 and increases the maximum amount from \$174,300.50 to \$185,190.50 due to the continued need for these services.				
	Term of Contract:	10/14/2025 - 03/31/2027		Contract # 31073		
9.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	CHURCHILL COUNTY	GENERAL	\$20,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide election administration.				
	Term of Contract:	08/03/2026 - 06/30/2028		Contract # 32826		
10.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	HUMBOLDT COUNTY	GENERAL	\$20,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide election administration.				
	Term of Contract:	08/03/2026 - 06/30/2028		Contract # 32823		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
11.	040	SECRETARY OF STATE'S OFFICE - HELP AMERICA VOTE ACT ELECTION REFORM	NYE COUNTY	GENERAL	\$50,000	Exempt
	Contract Description:	This is a new revenue interlocal agreement to provide election administration.				
		Term of Contract:	08/03/2026 - 06/30/2028	Contract # 32825		
12.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	BOMBARD ELECTRIC, LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$20,000	
	Contract Description:	This is the first amendment to the original contract which provides repair, replacement, modification, and installation of various new electrical uninterruptible power sources in buildings located in southern Nevada. This amendment increases the maximum amount from \$47,157.75 to \$67,157.75 due to the increased need for these services.				
		Term of Contract:	04/05/2023 - 03/01/2027	Contract # 27295		
13.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	FUNDIN PUMP & WELL SERVICE LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$19,163	
	Contract Description:	This is a new contract to provide removal and replacement of submersible well pump/motor assembly at the Stewart Facility located in Carson City.				
		Term of Contract:	07/20/2026 - 07/01/2027	Contract # 32649		
14.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	NATURA PEST SERVICES LLC	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$80,000	
	Contract Description:	This is a new contract to provide pest control services in northern Nevada.				
		Term of Contract:	08/05/2026 - 08/01/2030	Contract # 32797		
15.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - BUILDINGS AND GROUNDS	RICK'S FLOOR COVERING, INC.	OTHER: BUILDINGS AND GROUNDS RENTAL INCOME	\$79,807	
	Contract Description:	This is a new contract to provide ongoing carpet and flooring installations and repair services in northern Nevada.				
		Term of Contract:	11/01/2026 - 10/31/2030	Contract # 32505		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
16.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	BERGER HANNAFIN ARCHITECTURE, L.L.P.	GENERAL	\$18,300	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Facility Maintenance (Department of Health and Human Services), Safety Barriers Building 8A (NNCAS) CIP Project: CIP Project No. 25-M02-09; SPWD Contract No. 118370. This amendment increases the maximum amount from \$30,000 to \$48,300 due to health care quality and compliance submittal and fire protection report.				
	Term of Contract:	01/22/2026 - 06/30/2029	Contract # 31597			
17.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - HEALTH AND HUMAN SERVICES CIP PROJECTS - NON-EXEC	R. BRANDON SPRAGUE, ARCHITECT, P.C.	BONDS	\$12,500	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Summit View Youth Center - Gymnasium Addition and Remodel CIP Project: CIP Project No. 23-C27; SPWD Contract No. 116127. This amendment increases the maximum amount from \$281,275 to \$293,775 due to additional construction administration fees.				
	Term of Contract:	01/09/2024 - 06/30/2027	Contract # 28544			
18.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - VETERANS CIP PROJECTS - NON-EXEC	CONSTRUCTION MATERIALS ENGINEERS, INC.	BONDS	\$35,730	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Committal Building (Northern Nevada Veterans Memorial Cemetery) CIP Project: CIP Project No. 23-C13; SPWD Contract No. 118469. This amendment increases the maximum amount from \$62,785 to \$98,515 due to additional site visits and inspection services.				
	Term of Contract:	02/20/2026 - 06/30/2027	Contract # 31703			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
19.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	VAN WOERT BIGOTTI ARCHITECTS, A PROFESSIONAL CORPORATION	GENERAL 13% BONDS 87%	\$21,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the HVAC System Replacement and Arc Flash Study (Data Center) Fan Coil Units, Raised Server Room Floor Replacement (Data Center), and the Statewide Roofing Program Roofing (OCIO Data Center) CIP Projects: CIP Project No. 25-M13, 25-M16, 25-S01-1; SPWD Contract No. 118300. This amendment increases the maximum amount from \$542,500 to \$563,500 due to the control room relocation and building access upgrades at the OCIO Data Center.				
	Term of Contract:	01/13/2026 - 06/30/2029	Contract # 31382			
20.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	LGA ARCHITECTURE	BONDS 59% FEDERAL 41%	\$59,290	Professional Service
	Contract Description:	This is a new contract to provide professional architectural/engineering services for the Reconfigure West Entrance (Valley of Fire State Park) CIP Project, to include construction administration services for the new fee booth and canopy design: CIP project No. 23-C23; SPWD Contract No. 118858.				
	Term of Contract:	07/15/2026 - 06/30/2027	Contract # 32659			
21.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DCNR AND AGRICULTURE CIP PROJECTS - NON-EXEC	SHAW ENGINEERING, LTD.	GENERAL	\$14,800	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional architectural/engineering services for the Hatchery Water Intrusion Repairs (Gallagher Fish Hatchery) CIP Project: CIP Project No. 23-M06; SPWD Contract No. 116244. This amendment increases the maximum amount from \$258,725 to \$273,525 due to additional architectural, structural, and civil services required to facilitate additional project bids and perform supplemental field observations.				
	Term of Contract:	02/13/2024 - 06/30/2027	Contract # 28717			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
22.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - TOURISM & CULTURAL AFFAIRS CIP PROJECTS - NON-EXEC	BROADBENT ASSOCIATES INC	BONDS	\$48,952	Professional Service
	Contract Description:	This is a new contract to provide services for the Exterior Quad Lighting CIP Project, to include project set up and field activities, archaeological monitoring, and reporting services for the design and construction of a pole mounted light at Building 6 Stewart Campus in Carson City: CIP Project No. 25-C21; SPWD Contract No. 118865.				
	Term of Contract:	07/31/2026 - 06/30/2029	Contract # 32774			
23.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	TATE SNYDER KIMSEY ARCHITECTS, LTD.	BONDS	\$29,750	Professional Service
	Contract Description:	This is the sixth amendment to the original contract which provides professional architecture/engineering services for the Heroes Memorial Building & Annex - Seismic Retrofit and Renovation CIP Project: CIP Project No. 23-C03; SPWD Contract No. 116357. This amendment increases the maximum amount from \$696,568 to \$726,318 due to the addition of monument signs adjacent to the Heroes Memorial building and the Frankie Sue Del Papa building in Carson City.				
	Term of Contract:	03/12/2024 - 06/30/2027	Contract # 28840			
24.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS - DEPARTMENT OF ADMINISTRATION CIP PROJECTS - NON-EXEC	WELLES PUGSLEY ARCHITECTS, LLP	BONDS	\$99,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for the Las Vegas State Office Buildings Purchase and Improvements CIP Project: CIP Project No. 25-C26; SPWD Contract No. 118149. This amendment increases the maximum amount from \$250,000 to \$349,000 due to additional design services needed.				
	Term of Contract:	11/12/2025 - 06/30/2029	Contract # 31154			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
25.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	LGA ARCHITECTURE	OTHER: AGENCY FUNDED CIP	\$31,700	Professional Service
	Contract Description:	This is the third amendment to the original contract which provides professional architectural/engineering services for the Carson City Adventure Center CIP Project: CIP Project No. 23-A023-2; SPWD Contract No. 115555. This amendment increases the maximum amount from \$345,125 to \$376,825 due to needed sign revisions, additional construction administration services, and structural design and calculations for site-built structures.				
	Term of Contract:	07/11/2023 - 05/31/2027 Contract # 27797				
26.	082	DEPARTMENT OF ADMINISTRATION - STATE PUBLIC WORKS	LGA ARCHITECTURE DBA LGA	OTHER: AGENCY FUNDED CIP	\$24,935	Professional Service
	Contract Description:	This is the fifth amendment to the original contract which provides professional architectural/engineering services for the Boulder City - Adventure Center CIP Project: CIP Project No. 23-A023-1; SPWD Contract No. 115554. This amendment increases the maximum amount from \$357,114.88 to \$382,049.88 due to additional structural design and calculations for on-site building structures and modifications to the exterior signage design.				
	Term of Contract:	07/11/2023 - 05/31/2027 Contract # 27790				
27.	300	DEPARTMENT OF EDUCATION - INDIVIDUALS WITH DISABILITIES ACT	LYON COUNTY SCHOOL DISTRICT	FEDERAL	\$11,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide professional development and training.				
	Term of Contract:	07/14/2026 - 09/30/2028 Contract # 32614				
28.	300	DEPARTMENT OF EDUCATION - INDIVIDUALS WITH DISABILITIES ACT	NYE COUNTY SCHOOL DISTRICT	FEDERAL	\$11,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide professional development and training.				
	Term of Contract:	07/14/2026 - 09/30/2028 Contract # 32588				
29.	402	DEPARTMENT OF HUMAN SERVICES - AGING AND DISABILITY SERVICES DIVISION - DESERT REGIONAL CENTER	C THRU GLASS	GENERAL	\$25,000	
	Contract Description:	This is a new contract to provide ongoing glass repair and replacement services.				
	Term of Contract:	11/10/2026 - 06/30/2030 Contract # 32565				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
30.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - SOUTHERN NEVADA ADULT MENTAL HEALTH SERVICES	THE W.W. WILLIAMS COMPANY LLC	GENERAL	\$57,720	
		Contract Description:	This is a new contract to provide ongoing generator maintenance services.			
		Term of Contract:	07/22/2026 - 04/30/2030	Contract # 32433		
31.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - BEHAVIORAL HEALTH PREVENTION AND TREATMENT	BOARD OF REGENTS, NEVADA SYSTEM OF HIGHER EDUCATION - OBO UNIVERSITY OF NEVADA, RENO	FEDERAL	(\$24,215)	
		Contract Description:	This is the first amendment to the original interlocal agreement which provides funding to the Behavioral Risk Factor Surveillance System project for questions and modules used for data collection for substance use and mental health. This amendment decreases the maximum amount from \$482,332.00 to \$458,116.88 due to the removal of one module.			
		Term of Contract:	08/07/2025 - 09/30/2027	Contract # 30281		
32.	406	DEPARTMENT OF HUMAN SERVICES - PUBLIC AND BEHAVIORAL HEALTH - RURAL CLINICS	BEST JANITORIAL SERVICES INC	GENERAL	\$22,512	
		Contract Description:	This is a new contract to provide janitorial services at the Hawthorne Rural Clinic.			
		Term of Contract:	07/24/2026 - 06/30/2028	Contract # 32390		
33.	407	DEPARTMENT OF HUMAN SERVICES - DIVISION OF SOCIAL SERVICES - ENERGY ASSISTANCE PROGRAM	NYE COUNTY HEALTH AND HUMAN SERVICES	OTHER: UNIVERSAL ENERGY CHARGE	\$14,600	Exempt
		Contract Description:	This is a new interlocal agreement to provide ongoing application services at the intake site to assist with the cost of home energy for eligible low income and senior populations.			
		Term of Contract:	07/30/2026 - 06/30/2030	Contract # 32388		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
34.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - SUMMIT VIEW YOUTH CENTER	RED STAR FENCE COMPANY, LLC	GENERAL	\$28,080	
		Contract Description:	This is a new contract to provide ongoing fencing maintenance and gate repair.			
		Term of Contract:	07/28/2026 - 06/30/2030	Contract # 32551		
35.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - YOUTH PAROLE SERVICES	APRICITY COUNSELING SERVICES, PLLC	GENERAL 50% OTHER: COUNTY REIMBURSEMENTS 50%	\$98,800	
		Contract Description:	This is a new contract to provide counseling for youth and families.			
		Term of Contract:	07/31/2026 - 06/30/2030	Contract # 32682		
36.	409	DEPARTMENT OF HUMAN SERVICES - CHILD AND FAMILY SERVICES - SOUTHERN NEVADA CHILD AND ADOLESCENT SERVICES	UNITED LOCK AND SECURITY, INC.	GENERAL 61% FEDERAL 39%	\$19,200	
		Contract Description:	This is a new contract to provide specialized hinges on security doors at the Desert Willow Treatment Center.			
		Term of Contract:	07/28/2026 - 06/30/2027	Contract # 32503		
37.	416	NEVADA HEALTH AUTHORITY - PUBLIC EMPLOYEES' BENEFITS PROGRAM	VIMO, INC.	OTHER: PREMIUM REVENUE	\$85,000	
		Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-17897 which provides consulting, marketing, and education services. This service agreement provides assessment services to improve division planning, goal setting, and accountability alignment engagement.			
		Term of Contract:	08/07/2026 - 06/30/2027	Contract # 32769		
38.	431	OFFICE OF THE MILITARY	ETCHEMENDY ENGINEERING INC. P.C.	FEDERAL	\$37,000	Professional Service
		Contract Description:	This is a new contract to provide professional architectural/engineering services for a water heater replacement design at the Las Vegas Readiness Center.			
		Term of Contract:	07/17/2026 - 06/30/2028	Contract # 32750		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
39.	431	OFFICE OF THE MILITARY	FENCING SPECIALISTS, INC.	GENERAL 50% FEDERAL 50%	\$99,920	
	Contract Description:	This is a new contract to provide ongoing fencing installation and repair services in southern Nevada. Term of Contract: 07/17/2026 - 06/30/2030 Contract # 32543				
40.	431	OFFICE OF THE MILITARY	KAP MECHANICAL SERVICES, LLC	GENERAL	\$95,000	
	Contract Description:	This is a new contract to provide removal of the watch tower at the Battle Born Youth Challenge campus located in Carlin. Term of Contract: 07/17/2026 - 07/31/2028 Contract # 32713				
41.	431	OFFICE OF THE MILITARY	SHARI G COOK & DENTON B COOK	FEDERAL	\$65,000	
	Contract Description:	This is a new contract to provide goats to graze on weeds in the Swan Lake area. Term of Contract: 07/24/2026 - 07/31/2028 Contract # 32766				
42.	431	OFFICE OF THE MILITARY	SUNSTONE BUILDING SPECIALTIES, INC	GENERAL 50% FEDERAL 50%	\$99,360	
	Contract Description:	This is a new contract to provide new office partition system installation for facilities located in Las Vegas. Term of Contract: 07/17/2026 - 06/30/2030 Contract # 32735				
43.	431	OFFICE OF THE MILITARY	WELLES PUGSLEY ARCHITECTS LLP	FEDERAL	\$45,200	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides professional architectural/engineering services for a conceptual design package for the new Limited Army Aviation Support facility located in North Las Vegas. This amendment increases the maximum amount from \$143,950 to \$188,950 due to the relocation of the project from Las Vegas to Reno. Term of Contract: 01/13/2026 - 09/30/2027 Contract # 31091				
44.	440	DEPARTMENT OF CORRECTIONS - FLORENCE MCCLURE WOMEN'S CORRECTIONAL CENTER	DESERT BOILERS & CONTROLS, INC	GENERAL	\$56,973	
	Contract Description:	This is a new contract to provide replacement of water storage tanks. Term of Contract: 10/01/2025 - 12/31/2026 Contract # 32524				
45.	550	STATE DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	CARLSON HVAC LLC	FEE: SHIPPING AND HANDLING 75% FEDERAL 25%	\$88,000	
	Contract Description:	This is a new contract to provide preventative maintenance and repair for the Food and Nutrition warehouse freezers located in Las Vegas. Term of Contract: 07/31/2026 - 06/30/2030 Contract # 32666				

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
46.	550	STATE DEPARTMENT OF AGRICULTURE - COMMODITY FOODS DISTRIBUTION PROGRAM	CINTAS CORPORATION NO 2	FEE: USDA FOODS SHIPPING AND HANDLING 66% FEDERAL 34%	\$15,106	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV22-11324 which provides rental of uniforms, floor mats, mops, towels, and related services. This service agreement provides placement and service of eyewash stations and first aid kits for the Reno and Las Vegas Food and Nutrition warehouses.				
		Term of Contract:	07/31/2026 - 06/08/2030	Contract # 32488		
47.	550	STATE DEPARTMENT OF AGRICULTURE - VETERINARY MEDICAL SERVICES	WASHINGTON STATE UNIVERSITY	GENERAL	\$24,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide diagnostic laboratory services to determine the presence and nature of infectious, contagious, or parasitic diseases.				
		Term of Contract:	07/31/2026 - 06/30/2030	Contract # 31686		
48.	550	STATE DEPARTMENT OF AGRICULTURE - AGRICULTURE ADMINISTRATION	RAY HEATING PRODUCTS, INC.	OTHER: COST ALLOCATION	\$99,990	
	Contract Description:	This is a new contract to provide ongoing preventative maintenance and repair services to the heating, ventilation, and air conditioning systems at the Sparks headquarters.				
		Term of Contract:	07/27/2026 - 06/30/2030	Contract # 32663		
49.	611	GAMING CONTROL BOARD	ORI INTEGRITY CONSULTING SERVICES, INC	GENERAL	\$15,000	
	Contract Description:	This is a new contract to provide regulatory training for the annual horse racing events located in White Pine and Elko counties.				
		Term of Contract:	08/04/2026 - 12/31/2026	Contract # 32796		
50.	611	GAMING CONTROL BOARD - FEDERAL FORFEITURE-NON-EXEC	LEXIPOL, LLC	FEDERAL	\$27,528	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV23-16700 which provides policy, training, reporting and wellness solutions. This service agreement provides licenses for Lexipol Field training and implementation services.				
		Term of Contract:	08/04/2026 - 08/15/2031	Contract # 32800		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
51.	651	DEPARTMENT OF PUBLIC SAFETY - NEVADA HIGHWAY PATROL DIVISION	CREATIVE CLEANING SERVICE, LLC.	HIGHWAY	\$56,160	
	Contract Description:	This is a new contract to provide ongoing janitorial services at the Nevada Highway Patrol substation located in Mesquite.				
	Term of Contract:	08/01/2026 - 07/31/2030	Contract # 32406			
52.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL	FIRETREX, INC.	FEES: TRANSFER FROM STATE EMERGENCY RESPONSE COMMISSION AND NEVADA DEPARTMENT OF ENVIRONMENTAL PROTECTION	\$34,000	Sole Source
	Contract Description:	This is the second amendment to the original contract which provides the hosting, maintenance, technical support, and routine updating of the NV IMPACT system to include annual on-site training to the State Fire Marshal's Training Bureau. This amendment extends the termination date from July 31, 2026 to July 31, 2028 and increases the maximum amount from \$65,500 to \$99,500 due to the continued need for these services.				
	Term of Contract:	08/01/2022 - 07/31/2028	Contract # 26793			
53.	656	DEPARTMENT OF PUBLIC SAFETY - FIRE MARSHAL	GL SOLUTIONS, LLC	FEE: PROGRAM, STATE EMERGENCY RESPONSE COMMISSION AND DIVISION OF ENVIRONMENTAL PROTECTION TRANSFERS	\$55,966	Sole Source
	Contract Description:	This is a new contract to provide ongoing software licensing and maintenance support services for web-based licensing and certification program.				
	Term of Contract:	06/01/2026 - 05/31/2028	Contract # 32661			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
54.	656	DEPARTMENT OF PUBLIC SAFETY - STATE EMERGENCY RESPONSE COMMISSION	IDSI INTERNATIONAL, INC.	HIGHWAY 40% FEE: HAZARDOUS MATERIALS 60%	\$72,000	Professional Service
	Contract Description:	This is the first amendment to the original contract which provides ongoing technical support and service for the Online Hazardous Materials Reporting system. This amendment extends the termination date from July 31, 2026 to September 2, 2027 and increases the maximum amount from \$288,000 to \$360,000 due to the continued need for these services.				
		Term of Contract:	08/01/2022 - 09/02/2027	Contract # 26267		
55.	659	DEPARTMENT OF PUBLIC SAFETY - JUSTICE GRANT	NATIONAL CRIMINAL JUSTICE ASSOCIATION	FEDERAL	\$34,650	Sole Source
	Contract Description:	This is a new contract to provide technical assistance in the administration and planning of the State Crisis Intervention Program funds.				
		Term of Contract:	07/21/2026 - 09/30/2026	Contract # 32527		
56.	702	DEPARTMENT OF WILDLIFE - GAME MANAGEMENT	TEXAS A & M AGRILIFE EXTENSION SERVICE	FEE: GAME PREDATOR MANAGEMENT FEE 63% OTHER: GAME WILDLIFE TRUST FUND 37%	\$80,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide a post-doctoral research project analyzing horn and antler records of ecological implications to ungulate ecology.				
		Term of Contract:	07/28/2026 - 06/30/2027	Contract # 32144		
57.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	PERSHING COUNTY SHERIFF'S OFFICE	OTHER: REVENUE	\$15,000	Exempt
	Contract Description:	This is a new interlocal agreement to provide Law Enforcement Rangers to assist with Burning Man 2026.				
		Term of Contract:	08/30/2026 - 09/07/2026	Contract # 32705		
58.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS	TRAILHEAD OUTFITTERS LLC	OTHER: REVENUE	\$45,000	
	Contract Description:	This is a new revenue contract to provide guided tours at Van Sickle Bi-State Park.				
		Term of Contract:	07/29/2026 - 10/01/2026	Contract # 32772		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
59.	704	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - STATE PARKS - PARK IMPROVEMENTS-NON-EXEC	JUB ENGINEERING INC	OTHER: PARKS CAPITAL PROJECTS 66% FEDERAL 34%	\$58,136	Professional Service
	Contract Description:	This is the second amendment to the original contract which provides professional design services at Spooner Lake State Park. This amendment increases the maximum amount from \$26,900 to \$85,036 to provide additional professional services, including construction staking, construction oversight, and materials testing.				
	Term of Contract:	05/11/2026 - 09/30/2026	Contract # 32372			
60.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	ADVANCED INTEGRATED PEST MGMT	GENERAL	\$10,994	
	Contract Description:	This is a new contract to provide ongoing pest control services to the Nevada Division of Forestry Southern Region.				
	Term of Contract:	07/29/2026 - 06/30/2030	Contract # 32756			
61.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	BATTLE BORN PEST LLC	GENERAL	\$18,192	
	Contract Description:	This is a new contract to provide ongoing pest control services to the Nevada Division of Forestry Northern Region.				
	Term of Contract:	07/20/2026 - 06/30/2030	Contract # 32632			
62.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	BATTLE BORN PEST LLC	GENERAL	\$29,289	
	Contract Description:	This is a new contract to provide ongoing pest control services to the Nevada Division of Forestry Western Region.				
	Term of Contract:	07/20/2026 - 06/30/2030	Contract # 32662			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
63.	706	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES - FORESTRY - ADMINISTRATION	CRANETECH USA INC	GENERAL	\$40,000	
	Contract Description:	This is a new contract to provide ongoing services for annual inspections on overhead, mobile, and vehicle mounted cranes at facilities statewide.				
		Term of Contract:	07/29/2026 - 06/30/2030	Contract # 32757		
64.	740	DEPARTMENT OF BUSINESS AND INDUSTRY - ADMINISTRATION	QUORUM	GENERAL	\$22,580	
	Contract Description:	This is a new contract to provide legislative tracking software.				
		Term of Contract:	07/16/2026 - 06/30/2027	Contract # 32471		
65.	742	DEPARTMENT OF BUSINESS AND INDUSTRY - INDUSTRIAL RELATIONS - OCCUPATIONAL SAFETY & HEALTH ENFORCEMENT	CENTRALSQUARE TECHNOLOGIES, LLC	OTHER: WORKERS' COMPENSATION AND SAFETY FUND	\$16,081	Sole Source
	Contract Description:	This is the third amendment to the original contract which provides the state with continuous ongoing access to CentralSquare Technologies' Internet-based application software known as Jurisdiction Online and includes ongoing maintenance and support. This amendment extends the termination date from August 31, 2026 to August 31, 2027 and increases the maximum amount from \$43,734.99 to \$59,816.07 due to the continued need for these services.				
		Term of Contract:	08/31/2023 - 08/31/2027	Contract # 27968		
66.	810	DEPARTMENT OF MOTOR VEHICLES - SYSTEM TECHNOLOGY APPLICATION REDESIGN	MANAGEMENT TECHNOLOGY GROUP LLC (MTG)	HIGHWAY	\$52,568	
	Contract Description:	This is the third amendment to the original contract which provides quality assurance, senior advisory, program management, and change management services. This amendment increases the maximum amount from \$11,512,951 to \$11,565,519 due to the addition of an architectural assessment of the department's transformation effort.				
		Term of Contract:	12/08/2020 - 06/30/2027	Contract # 23732		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
67.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION - BLIND BUSINESS ENTERPRISE PROGRAM	POWELL WINDOW CLEANING, LLC	FEE: BUSINESS ENTERPRISE PROGRAM	\$99,800	
	Contract Description:	This is a new contract to provide window cleaning, dusting, and power washing services for locations in southern Nevada.				
		Term of Contract:	10/01/2026 - 09/30/2030	Contract # 32665		
68.	901	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - REHABILITATION DIVISION - VOCATIONAL REHABILITATION	DOUGLAS COUNTY SCHOOL DISTRICT	GENERAL 21.3% FEDERAL 78.7%	\$60,894	Exempt
	Contract Description:	This is a new interlocal agreement to provide funding for a transition coordinator.				
		Term of Contract:	08/04/2026 - 07/31/2027	Contract # 32779		
69.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION	PERFORMANCE AUTO CARE CORP	OTHER: COST ALLOCATION 50% FEDERAL 50%	\$24,000	
	Contract Description:	This is a new contract to provide ongoing vehicle maintenance for locations in northern Nevada.				
		Term of Contract:	08/06/2026 - 06/30/2029	Contract # 32784		
70.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - ADMINISTRATION	SOUTHERN NEVADA TBA SUPPLY CO	OTHER: COST ALLOCATION 50% FEDERAL 50%	\$18,000	
	Contract Description:	This is a new contract to provide ongoing vehicle maintenance for locations in southern Nevada.				
		Term of Contract:	08/06/2026 - 06/30/2029	Contract # 32781		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
71.	908	DEPARTMENT OF EMPLOYMENT, TRAINING & REHABILITATION - ADMINISTRATIVE SERVICES - INFORMATION DEVELOPMENT AND PROCESSING	CARASOFT TECHNOLOGY CORPORATION	OTHER: COST ALLOCATION	\$65,332	
	Contract Description:	This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides cloud solutions. This service agreement is for the design, implementation, and configuring of Palo Alto networks next-generation firewalls in the Oracle Cloud Infrastructure environment.				
	Term of Contract:	07/27/2026 - 12/14/2026	Contract # 32554			
72.	B006	LICENSING BOARDS AND COMMISSIONS - COSMETOLOGY	ALEXI MANN, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
	Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32723			
73.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	ASHELY CIRAC, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
	Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32753			
74.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	CHRISTY DAVIS, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
	Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32718			
75.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. AMY TONGSIRI	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the Board's review panel.				
	Term of Contract:	07/13/2026 - 06/30/2028	Contract # 32677			

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
76.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. CHRISTOPHER LOFRISCO	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32716		
77.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. GEORGE ROSENBAUM	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/20/2026 - 06/30/2028	Contract # 32715		
78.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. JOSHUA BRANCO	FEE: PROFESSIONAL LICENSING FEES	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32721		
79.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. KAREN KUCHARSKI	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the Board's review panel.				
		Term of Contract:	07/13/2026 - 06/30/2028	Contract # 32675		
80.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. KRISTEN BELING	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the Board's review panel.				
		Term of Contract:	07/13/2026 - 06/30/2028	Contract # 32676		
81.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. MATTHEW THACKER	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the Board's review panel.				
		Term of Contract:	07/13/2026 - 06/30/2028	Contract # 32678		
82.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. MELISSA SHOTELL	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the Board's review panel.				
		Term of Contract:	07/13/2026 - 06/30/2028	Contract # 32674		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
83.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. PHILLIP DEVORE	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the Board's review panel.				
		Term of Contract:	07/13/2026 - 06/30/2028	Contract # 32673		
84.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. RONRICO MANGAPIT	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32752		
85.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. SANDRA LEE	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the Board's review panel.				
		Term of Contract:	07/13/2026 - 06/30/2028	Contract # 32679		
86.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	DR. WILLIAM WAGGONER	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32719		
87.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	FEI YU, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32717		
88.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	LEDENA BROOKE, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32726		
89.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	MARGARET HAHN, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/20/2026 - 06/30/2028	Contract # 32722		

INFORMATION CONTRACT SUMMARY

BOE #	DEPT #	STATE AGENCY	CONTRACTOR	FUNDING SOURCE	AMOUNT	EXCEPTIONS FOR SOLICITATIONS AND/OR EMPLOYEES
90.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	MARY BOBBETT, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32725		
91.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	STACIA DIMMIT, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32724		
92.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	TANYA MCCULLOUGH, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32751		
93.	B007	LICENSING BOARDS AND COMMISSIONS - DENTAL EXAMINERS	VALERIA DELLARUSSO, RDH	FEE: LICENSURE	\$24,000	
	Contract Description:	This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.				
		Term of Contract:	07/21/2026 - 06/30/2028	Contract # 32720		
94.	B009	LICENSING BOARDS AND COMMISSIONS - FUNERAL AND CEMETERY SERVICES	NUMBERS, INC.	FEE: LICENSURE	\$21,960	
	Contract Description:	This is a new contract to provide ongoing bookkeeping and payroll services.				
		Term of Contract:	10/01/2026 - 09/30/2028	Contract # 32788		
95.	B028	LICENSING BOARDS AND COMMISSIONS - VETERINARY MEDICAL EXAMINERS	LANCE, SOLL & LUNGHARD LLP DBA LSL ACCOUNTING, CPAS	FEE: LICENSURE	\$45,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing auditing services.				
		Term of Contract:	07/31/2026 - 12/01/2028	Contract # 32755		
96.	B029	LICENSING BOARDS AND COMMISSIONS - SOCIAL WORKERS	SORREN CPAS, P.C.	FEE: LICENSURE	\$50,000	Professional Service
	Contract Description:	This is a new contract to provide ongoing auditing services.				
		Term of Contract:	07/23/2026 - 12/31/2027	Contract # 32500		

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32179**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BERNIE BRUNO**Contractor Name: **BERNIE BRUNO**Address: **530 E FAIRWAY RD**City/State/Zip: **HENDERSON, NV 89015**Contact/Phone: **BERNIE BRUNO 702-306-2383**Vendor No.: **T32012739**NV Business ID: **NV20222511430**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 %	ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	10.00 %	TICKET SURCHARGE - AMATEUR BOXING PROGRAM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/06/2026**Anticipated BOE meeting date **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **4 years and 26 days**4. Type of contract: **Contract**Contract description: **SPECIALTY SERVICES**

5. Purpose of contract:

This is a new contract to provide ongoing inspector services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per MONTHLY

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 ALLOWS THE COMMISSION TO UTILIZE AND EMPLOY INSPECTORS AS INDEPENDENT CONTRACTORS

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

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):

TARO TAKAGI
BERNIE BRUNO
JOE OJEDA

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - AUGUST 2022 - JULY 2026 - PERFORMED 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 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:

MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-903-0018

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/07/2026 09:43:43 AM
Division Approval	rmill30	04/14/2026 09:08:30 AM
Department Approval	rmill30	04/14/2026 09:08:32 AM
Contract Manager Approval	ssands	05/04/2026 10:20:23 AM
Budget Analyst Approval	spowel3	07/14/2026 09:33:05 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32808**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **DAMIR MOUZDYBAEV**Contractor Name: **DAMIR MOUZDYBAEV**Address: **750 RISE CANYON DR**City/State/Zip: **HENDERSON, NV 89052**Contact/Phone: **DAMIR MOUZDYBAEV 914-882-6513**Vendor No.: **T29046638**NV Business ID: **NV20243068958**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	90.00 %	ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	10.00 %	TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/03/2026**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2030**Contract term: **3 years and 363 days**4. Type of contract: **Contract**Contract description: **SPECIALTY SERVICES**

5. Purpose of contract:

This is a new contract to provide inspection services during sanctioned Athletic Commission events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$0.00 per Monthly

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$40,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

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):

Mallory Triplett
Steven Dancy
Damir Mouzdybaev

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Additionally, this vendor has needed foreign language skills. Performance was satisfactory.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - APRIL 2023 - INSPECTOR SERVICES PERFORMED SATISFACTORILLY

14. Is the contractor currently involved in litigation with the State 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:

MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-903-0018

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	calizag1	07/29/2026 12:15:07 PM
Division Approval	nmann	07/30/2026 09:57:19 AM
Department Approval	nmann	07/30/2026 09:57:22 AM
Contract Manager Approval	ssands	07/30/2026 10:12:39 AM
Budget Analyst Approval	spowel3	08/03/2026 09:12:39 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32185**Agency Name: **GOVERNOR'S OFFICE**Agency Code: **010**Appropriation Unit: **3952-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PEDRO J YPINA**Contractor Name: **PEDRO J YPINA**Address: **5044 SPARKLING SKY AVE**City/State/Zip: **LAS VEGAS, NV 89130**Contact/Phone: **PEDRO J YPINA 702-812-1657**Vendor No.: **T32012272**NV Business ID: **NV20222438660**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	90.00 %	ATHLETIC COMMISSION GATE FEES
Federal Funds	0.00 %		Bonds	0.00 %	
Highway Funds	0.00 %	X	Other funding	10.00 %	TICKET SURCHARGE (AMATEUR PROGRAM)

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/14/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **05/31/2030**Contract term: **3 years and 322 days**4. Type of contract: **Contract**Contract description: **SPECIALTY SERVICES**

5. Purpose of contract:

This is a new contract to provide ongoing inspector services during Athletic Commission weigh-ins and events.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$30,000.00**

Payment for services will be made at the rate of \$0.00 per MONTHLY

Other basis for payment: \$150-\$250 per event (based on event size/duration) and \$75-\$150 per weigh-in and per assignment of gym inspection; not to exceed \$30,000 over contract term (including up to \$1,000 maximum yearly for travel, not to exceed GSA rates).

II. JUSTIFICATION

7. What conditions require that this work be done?

NRS 467.050 allows the Commission to utilize and employ inspectors as independent contractors.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Weigh-ins and events occur during evening hours, weekends, and holidays. The Commission has only 8 full-time employees and would not be able to provide the staffing requirements needed for event coverage duties. The agency would accrue additional overtime trying to fulfill these obligations. Additionally, the inspectors provide oversight of both male and female locker rooms. We do not have the appropriate ratio of staff, or the number of staff required to cover these tasks. The use of Inspectors is an industry standard practice around the world.

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):

JOSE OJEDA
LAUREN SUMMERS
PEDRO YPINA
BERNIE BRUNO

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor has advanced knowledge of the rules and regulations of unarmed combat and has successfully completed previous Inspector Services contract terms. Performance was satisfactory.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

NEVADA STATE ATHLETIC COMMISSION - MAY 2022 - MAY 2026 - PERFORMANCE 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:

MATTHEW VALENZUELA, CHIEF ASSISTANT Ph: 702-486-2581

ALEX YBARRA, CHIEF INSPECTOR Ph: 702-903-0018

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jvictor	04/07/2026 09:44:54 AM
Division Approval	rmill30	04/14/2026 09:10:52 AM
Department Approval	rmill30	04/14/2026 09:10:54 AM
Contract Manager Approval	ssands	05/04/2026 10:32:29 AM
Budget Analyst Approval	spowel3	07/14/2026 09:33:16 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32776**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: Dickinson Wright PLLC
Agency Code: 030	Contractor Name: Dickinson Wright PLLC
Appropriation Unit: 1030-04	Address: 3883 HOWARD HUGHES PKWY
Is budget authority available?: Yes	SUITE 800
If "No" please explain: Not Applicable	City/State/Zip: LAS VEGAS, NV 89169
	Contact/Phone: GREGORY R. GEMIGNANI 702-550-4400
	Vendor No.: T32018714
	NV Business ID: NV20101592160

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 % STATUTORY CONTINGENCY

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/11/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **Yes**

If "Yes", please explain

The Office of the Attorney General lacks attorneys specializing in intellectual property matters. Once Chief DAG selected Dickinson Wright General Counsel began the contracting process. However, the OAG needed the Expert to immediately begin his work with a retroactive start date in order to address the emergency motions filed by the plaintiff.

3. Termination Date: **04/30/2028**Contract term: **1 year and 355 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: **\$90,000.00**

Other basis for payment: \$100-\$688 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 Office of the Attorney General lacks attorneys specializing in intellectual property matters.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Office of the Attorney General, 7/01/2015-7/01/2017; C16905

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	rjon21	07/30/2026 17:18:41 PM
Division Approval	rjon21	07/30/2026 17:18:45 PM
Department Approval	rjon21	08/05/2026 09:46:22 AM
Contract Manager Approval	hbake2	08/05/2026 17:06:02 PM
Budget Analyst Approval	vmilazz1	08/05/2026 18:51:50 PM

CRAIG A. NEWBY
First Assistant Attorney General

AARON D. FORD
Attorney General

LESLIE NINO PIRO
General Counsel

CHRISTINE JONES BRADY
Assistant Attorney General



HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL

1 State of Nevada Way, Suite 100
Las Vegas, Nevada 89119

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: June 22, 2026

Subject: Support for Approval of Retroactive Contract for Special Counsel
Dickinson Wright 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. Given the cost of outside legal services and associated expenses, the OAG only employs private counsel, *i.e.*, "special counsel," when it would be "impracticable," "uneconomical," or may "constitute a conflict of interest" for the OAG to continue providing legal services. NRS 41.0339, 41.03435, 228.091. Although uncommon, a legal issue can arise for which no Deputy Attorney General ("DAG") possesses the experience or ability required to navigate a highly specialized legal practice area. In those situations, the OAG retains special counsel to ensure a client agency's legal needs are met and comply with the Nevada Rules of Professional Responsibility governing all attorneys.

The purpose of the contract with Dickinson Wright ("Special Counsel") is to provide highly specialized counsel to the Department of Agriculture and Secretary of

State on two separate intellectual property matters. *See* Contract Attachment AA, Scope of Work and Fee Agreement for Legal Representation. The OAG lacks attorneys specializing in intellectual property matters. As such, General Counsel determined that the OAG's continued representation would be impracticable and/or uneconomical and the engagement of Special Counsel is necessary.

This situation arose unexpectedly during the normal course of the representation and required immediate action to prevent harm to the interests of the State of Nevada. Accordingly, pursuant to SAM 0114 B, the OAG requests retroactive approval for the Contract with Dickinson Wright to May 11, 2026.

I. Waiver of Risk Management's Insurance Requirements

Pursuant to the OAG's standard process for retaining Special Counsel's, the OAG requested certain business and insurance information from the Expert to draft the contract terms. Special Counsel timely responded with the requested information.

Based on the Special Counsel's disclosures and scope of work, the OAG has determined that Special Counsel will not use a private vehicle or a State vehicle to perform the contracted services. Therefore, the Risk Management Division's requirement of Automobile Liability Insurance does not apply and the OAG is authorized to omit such requirement from the contract.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30857**

Agency Name: ATTORNEY GENERAL'S OFFICE	Legal Entity Name: WASHOE COUNTY
Agency Code: 030	Contractor Name: WASHOE COUNTY
Appropriation Unit: 1042-00	Address: WASHOE COUNTY SHERIFFS OFFICE
Is budget authority available?: Yes	911 Parr Blvd.
If "No" please explain: Not Applicable	City/State/Zip: RENO, NV 89512
	Contact/Phone: Ryan Hensley (775)328-283
	Vendor No.: T40283400R
	NV Business ID: Government Entity

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % Revenue
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/01/2025**Anticipated BOE meeting date **09/2025**Retroactive? **Yes**

If "Yes", please explain

We are requesting this contract to be retroactive to July 1, 2025, due to the implementation of the victim notification system and contract negotiations with Washoe County Sheriff's Office.

3. Termination Date: **06/30/2027**Contract term: **1 year and 364 days**4. Type of contract: **Revenue Contract**Contract description: **Nevada SAVE**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide ongoing access to the Survivors, Advocates, Victims, and Enforcement notifications system.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$71,623.06**

Other basis for payment: Upon Invoice

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada SAVE system is utilized by several counties and public safety entities. The agencies that use this system will share the cost for the operation of this system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This is a revenue contract where the users are sharing in the operational costs. There is no work being required by State employees.

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 Interlocal Agreements

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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	rjon21	07/01/2026 14:08:07 PM
Division Approval	rjon21	07/01/2026 14:08:10 PM
Department Approval	jdekoekk	07/01/2026 17:04:56 PM
Contract Manager Approval	cthorso1	07/10/2026 11:40:32 AM
Budget Analyst Approval	vmilazz1	07/23/2026 17:40:20 PM

CRAIG A. NEWBY
First Assistant Attorney General

AARON D. FORD
Attorney General

LESLIE NINO PIRO
General Counsel

CHRISTINE JONES BRADY
Assistant Attorney General



HEIDI PARRY STERN
Solicitor General

STATE OF NEVADA
OFFICE OF THE ATTORNEY GENERAL
100 North Carson Street
Carson City, Nevada 89701

MEMORANDUM

To: Dustin Speed, Executive Branch Budget Officer 1
Governor's Finance Office
Budd Milazzo, Executive Branch Budget Officer 2
Governor's Finance Office

From: Christine Thorson, Administrative Services Officer 1
Office of the Attorney General

Through: John Dekoekkoek, Chief Financial Officer
Office of the Attorney General

Date: July 10, 2026

Subject: Retroactive Approval for contract CETS # 30857, Washoe County
Sheriff's Office

Attached is a new contract between the Nevada Office of the Attorney General and the Washoe County Sheriff's Office.

We are requesting this contract be retroactive to July 1, 2025, due to the implementation of the victim notification system and contract negotiations with Washoe County Sheriff's Office.

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **29239**Amendment
Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity
Name: **ELITE MEDICAL EXPERTS, LLC**Agency Code: **030**Contractor Name: **ELITE MEDICAL EXPERTS, LLC**Appropriation Unit: **1348-15**Address: **6440 N. Swan Road**Is budget authority
available?: **Yes****Suite 100**City/State/Zip: **TUCSON, AZ 85718**

If "No" please explain: Not Applicable

Contact/Phone: Anne-Marie Markowitz 520-585-5061

Vendor No.: T32008217

NV Business ID: NV20243135051

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % TORT CLAIM FUND

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **02/01/2024**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **06/30/2027**Contract term: **3 years and 149 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is the first amendment to the original contract which provides expert witness services. This amendment increases the maximum amount from \$80,000 to \$95,875 due to the increased need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$80,000.00	\$80,000.00	\$80,000.00	Yes - Info
2. Amount of current amendment (#1):	\$15,875.00	\$15,875.00	\$95,875.00	Yes - Info
3. New maximum contract amount:	\$95,875.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Expert witness services are needed to help determine the nature, etiology, extent and prognosis of the plaintiff's alleged injuries that are alleged to have been caused by an employee(s) of the NDOC.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Employees in state employment do not have the necessary medical expertise.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Expert Witness

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	rjon21	08/04/2026 12:04:20 PM
Division Approval	rjon21	08/04/2026 12:04:24 PM
Department Approval	rjon21	08/04/2026 12:04:28 PM
Contract Manager Approval	cthorso1	08/04/2026 12:51:08 PM
Budget Analyst Approval	vmilazz1	08/05/2026 09:40:18 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30446**Amendment Number: **1**Agency Name: **ATTORNEY GENERAL'S OFFICE**Legal Entity Name: **WILLIAM BRADLEY NELSON**Agency Code: **030**Contractor Name: **WILLIAM BRADLEY NELSON**Appropriation Unit: **1348-15**Address: **14675 NW 63rd St.**Is budget authority available?: **Yes**City/State/Zip: **Parkville, MO 64152**

If "No" please explain: Not Applicable

Contact/Phone: **W. Bradley Nelson 702-858-2002**Vendor No.: **T29050499**NV Business ID: **NV20121385572**To what State Fiscal Year(s) will the contract be charged? **2025-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % TORT CLAIMS ASSESSMENT

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/05/2025**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **12/31/2026**Contract term: **2 years and 208 days**4. Type of contract: **Contract**Contract description: **Expert Witness**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing expert witness services. This amendment extends the termination date from December 31, 2026 to September 30, 2027 and increases the maximum amount from \$25,000 to \$46,300 due to the continued need for these services.**6. CONTRACT AMENDMENT**

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$25,000.00	\$25,000.00	\$25,000.00	Yes - Info
2. Amount of current amendment (#1):	\$21,300.00	\$21,300.00	\$46,300.00	Yes - Info
3. New maximum contract amount:	\$46,300.00			
and/or the termination date of the original contract has changed to:	09/30/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

Expert will provide expert witness services, which may include consulting with Office of the Attorney General attorneys, preparing an expert report, and testifying at deposition and court proceedings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise needed for this type of matter.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is not registered with the Nevada Secretary of State's Office because the legal entity is a:
Sole Proprietor

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. Not Applicable

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	rjon21	07/01/2026 15:20:27 PM
Division Approval	rjon21	07/01/2026 15:20:29 PM
Department Approval	jdekoekk	07/01/2026 17:15:26 PM
Contract Manager Approval	cthorso1	07/02/2026 11:43:59 AM
Budget Analyst Approval	vmilazz1	07/23/2026 17:24:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31073**Amendment Number: **1**Agency Name: **SECRETARY OF STATE'S OFFICE**Legal Entity Name: **SHI INTERNATIONAL CORP**Agency Code: **040**Contractor Name: **SHI INTERNATIONAL CORP**Appropriation Unit: **1050-42**Address: **1125 17TH ST STE 730**Is budget authority available?: **Yes**City/State/Zip: **DENVER, CO 80202-2050**

If "No" please explain: Not Applicable

Contact/Phone: **303/723-5256**Vendor No.: **PUR0001595C**NV Business ID: **NV20131129294**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 #: **040**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/14/2025**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **10/30/2026**Contract term: **1 year and 168 days**4. Type of contract: **Contract**Contract description: **FileNet Extraction**

5. Purpose of contract:

This is the first amendment to the service agreement under statewide contract #99SWC-NV23-12771 which provides software licensing, support, and related services. This service agreement provides data extraction services. This amendment extends the termination date from October 30, 2026 to March 31, 2027 and increases the contract amount from \$174,300.50 to \$185,190.50 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:	\$174,300.50	\$174,300.50	\$174,300.50	Yes - Action
2. Amount of current amendment (#1):	\$10,890.00	\$10,890.00	\$10,890.00	Yes - Info
3. New maximum contract amount:	\$185,190.50			
and/or the termination date of the original contract has changed to:	03/31/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

The current Cenuity application is being replaced, and Filenet stored the documents for Cenuity. With the new Speridian application, we have to migrate all current documents to the new Speridian storage solution.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to be able to perform this work.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **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 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	07/30/2026 10:22:46 AM
Division Approval	adale	07/30/2026 10:22:49 AM
Department Approval	adale	07/30/2026 10:22:51 AM

Contract Manager Approval	jmckeeha	07/30/2026 10:46:09 AM
EITS Approval	ljean	07/30/2026 12:49:20 PM
Budget Analyst Approval	dspeed1	07/30/2026 15:59:00 PM



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Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Gabriel Chiara, Chief Deputy Secretary of State, SOS
Deanna Reynolds, Deputy Sec. of State for Commercial Recording, SOS
Ashley Griffiths, Administrative Services Officer III, SOS
Josh Gruver, Chief IT Manager, SOS

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
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – SOS – *Project Orion* – TIE 734, Revision 2 –
BA(s) 1050

DATE: May 15, 2026

We have completed our review of the Secretary of State (SOS) investment which has an estimated total value of \$35,278,345.18, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
 One-Time Cost			\$ 1,834,721.00		\$ 1,834,721.00
SaaS business App			\$ 1,834,721.00		\$ 1,834,721.00
 Ongoing Cost	\$ 5,895,262.20	\$ 4,995,262.20	\$ 3,435,565.52	\$ 4,117,534.26	\$ 18,443,624.18
MSA Consultants			\$ 1,486,240.52	\$ 1,486,240.52	\$ 2,972,481.04
SaaS business App				\$ 953,093.74	\$ 953,093.74
Services - MSA Consultants	\$ 2,665,262.20	\$ 2,665,262.20			\$ 5,330,524.40
Services - Vendor Consulting	\$ 1,000,000.00	\$ 1,000,000.00			\$ 2,000,000.00
Software - SaaS Business Applicatio	\$ 2,230,000.00	\$ 1,330,000.00			\$ 3,560,000.00
Vendor consulting			\$ 1,949,325.00	\$ 1,678,200.00	\$ 3,627,525.00
Grand Total	\$ 5,895,262.20	\$ 4,995,262.20	\$ 5,270,286.52	\$ 4,117,534.26	\$ 20,278,345.18

Funding source(s): 100% General Fund.

GTO approves concept and planning activities for modernization of the SilverFlume Business Portal, a critical public-facing platform used by Nevada businesses for business licensing and renewal activity. The business case establishes a clear operational need to improve customer experience, reduce manual workarounds, improve data quality, enhance customer service, support fraud reduction, strengthen disaster recovery planning, and improve monitoring and reporting for a high-volume service that supports State revenue and Nevada's business community.

The investment is appropriate at the concept and planning stage because it focuses on defining and organizing a portfolio of improvements for an existing State service rather than approving a final technical architecture or production deployment. The submission identifies several areas requiring future engineering and project controls, including the mix of agency-hosted, cloud-hosted, and third-party vendor components; system interfaces; WAN traffic impacts; data conversion needs; disaster recovery design; security architecture; and implementation sequencing. These details should be handled through project management, solution design, procurement planning, cybersecurity review, and implementation governance as the project matures.

Business risk is mitigated by the strong need to modernize an existing statewide licensing platform, reduce customer friction, address operational inefficiencies, and support continuity for a service with significant public and fiscal impact. No duplicative spend concern is apparent from the information provided because the request is directed at improving and planning around the existing SilverFlume environment and related business licensing capabilities. Fiscal stewardship is supported by the stated objectives to reduce manual labor, improve transaction quality, reduce fraud and dispute workload, enhance service availability, and improve the efficiency of State operations.

Cybersecurity and cloud risk should remain active project management considerations as specific tools, vendors, hosting models, integrations, and data flows are selected. Any cloud or third-party components should be reviewed for applicable State security, privacy, procurement, and GovRAMP expectations before implementation. Based on the current concept and planning scope, the investment aligns with State technology objectives by supporting service modernization, reliability, security, operational efficiency, and improved digital government services for Nevada businesses.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32826**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1051-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CHURCHILL, COUNTY OF**Contractor Name: **CHURCHILL, COUNTY OF**Address: **155 N. TAYLOR ST., STE 110**City/State/Zip: **FALLON , NV 89406**Contact/Phone: **LINDA ROTHERY 775-423-6028**Vendor No.: **T81032440**NV Business ID: **N/A**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.

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 **08/03/2026**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **1 year and 332 days**4. Type of contract: **Revenue Contract**Contract description: **Poll Pad Interlocal**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide election administration.

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 \$10,000.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a Poll Pad Interlocal under the 17 counties and the Nevada Secretary of State's Office to enhance election administration capabilities while maintaining transparency, accountability, and public confidence in Nevada elections.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to do this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

County has done work for the state and it has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	adale	07/29/2026 09:55:52 AM
Division Approval	adale	07/29/2026 09:55:54 AM
Department Approval	adale	07/29/2026 09:55:55 AM
Contract Manager Approval	jmckeeha	07/29/2026 09:56:45 AM
Budget Analyst Approval	Iramire7	08/03/2026 16:28:54 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
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M E M O R A N D U M

TO: Mark Wlaschin, Deputy Secretary for Elections, SOS
Josh Gruver, Chief IT Manager, SOS
Ashley Griffiths, Administrative Services Officer III, SOS

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 – SOS – *Voter Registration and Election Management Solution (VREMS)* – TIE 347, Revision 2 – BA(s) 1050, 1051

DATE: February 27, 2026

We have completed our review of the Nevada Secretary of State (SOS) investment which has an estimated total value of \$78,355,738.78, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost	\$ 13,372,729.15	\$ 17,007,729.15			\$ 30,380,458.30
Project Travel - In State	\$ 13,997.95	\$ 13,997.95			\$ 27,995.90
Services - MSA Consultants	\$ 4,694,331.20	\$ 4,694,331.20			\$ 9,388,662.40
Services - Vendor Consulting	\$ 2,649,400.00	\$ 2,649,400.00			\$ 5,298,800.00
Software - COTS Business Applicatio	\$ 6,015,000.00	\$ 9,650,000.00			\$ 15,665,000.00
Ongoing Cost			\$ 14,159,136.42	\$ 19,999,136.42	\$ 34,158,272.84
COTS Business Application			\$ 5,412,857.14	\$ 11,252,857.14	\$ 16,665,714.28
Project Travel - In State			\$ 15,000.00	\$ 15,000.00	\$ 30,000.00
Services - MSA Consultants			\$ 5,093,279.28	\$ 5,093,279.28	\$ 10,186,558.56
Services - Vendor Consulting (ESS)			\$ 638,000.00	\$ 638,000.00	\$ 1,276,000.00
Services - Vendor Consulting (GART)			\$ 3,000,000.00		\$ 3,000,000.00
Services Vendor Consulting - (GART)				\$ 3,000,000.00	\$ 3,000,000.00
Grand Total	\$ 13,372,729.15	\$ 17,007,729.15	\$ 14,159,136.42	\$ 19,999,136.42	\$ 64,538,731.14

Funding source(s): 80% Other, 20% Federal Funding.

This TIE revision is for a cost update through FY2029.

VREMS is a centralized, top-down 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 satisfies the 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).

The combined GTO investment and implementation risk, and technology risk scores indicate 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 CONTRACT1. Contract Number: **32823**

Agency Name: SECRETARY OF STATE'S OFFICE	Legal Entity Name: HUMBOLDT, COUNTY OF
Agency Code: 040	Contractor Name: HUMBOLDT, COUNTY OF
Appropriation Unit: 1051-31	Address: 50 W. 5th Street, 207
Is budget authority available?: Yes	City/State/Zip: Winnemucca, nv 89445
If "No" please explain: Not Applicable	Contact/Phone: Tami Rae Spero 775-623-6343
	Vendor No.: T40139500
	NV Business ID: N/A
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.

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 **08/03/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **1 year and 332 days**4. Type of contract: **Revenue Contract**Contract description: **Poll Pad Interlocal**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide election administration.

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 \$10,000.00 per per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a Poll Pad Interlocal under the 17 counties and the Nevada Secretary of State's Office to enhance election administration capabilities while maintaining transparency, accountability, and public confidence in Nevada elections.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to do this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

- d. Last bid date: Anticipated re-bid date:
10. a. Does the contract contain any IT components? No
- b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

County has done work for the state and it has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	adale	07/29/2026 09:55:24 AM
Division Approval	adale	07/29/2026 09:55:26 AM
Department Approval	adale	07/29/2026 09:55:27 AM
Contract Manager Approval	jmckeeha	07/29/2026 09:56:13 AM
Budget Analyst Approval	Iramire7	08/03/2026 16:28:08 PM

Joe Lombardo
Governor



Timothy D. Galluzi
State Chief Information Officer

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M E M O R A N D U M

TO: Mark Wlaschin, Deputy Secretary for Elections, SOS
Josh Gruver, Chief IT Manager, SOS
Ashley Griffiths, Administrative Services Officer III, SOS

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 – SOS – *Voter Registration and Election Management Solution (VREMS)* – TIE 347, Revision 2 – BA(s) 1050, 1051

DATE: February 27, 2026

We have completed our review of the Nevada Secretary of State (SOS) investment which has an estimated total value of \$78,355,738.78, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost	\$ 13,372,729.15	\$ 17,007,729.15			\$ 30,380,458.30
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Services - MSA Consultants	\$ 4,694,331.20	\$ 4,694,331.20			\$ 9,388,662.40
Services - Vendor Consulting	\$ 2,649,400.00	\$ 2,649,400.00			\$ 5,298,800.00
Software - COTS Business Applicatio	\$ 6,015,000.00	\$ 9,650,000.00			\$ 15,665,000.00
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COTS Business Application			\$ 5,412,857.14	\$ 11,252,857.14	\$ 16,665,714.28
Project Travel - In State			\$ 15,000.00	\$ 15,000.00	\$ 30,000.00
Services - MSA Consultants			\$ 5,093,279.28	\$ 5,093,279.28	\$ 10,186,558.56
Services - Vendor Consulting (ESS)			\$ 638,000.00	\$ 638,000.00	\$ 1,276,000.00
Services - Vendor Consulting (GART)			\$ 3,000,000.00		\$ 3,000,000.00
Services Vendor Consulting - (GART)				\$ 3,000,000.00	\$ 3,000,000.00
Grand Total	\$ 13,372,729.15	\$ 17,007,729.15	\$ 14,159,136.42	\$ 19,999,136.42	\$ 64,538,731.14

Funding source(s): 80% Other, 20% Federal Funding.

This TIE revision is for a cost update through FY2029.

VREMS is a centralized, top-down 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 satisfies the 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).

The combined GTO investment and implementation risk, and technology risk scores indicate 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 CONTRACT1. Contract Number: **32825**Agency Name: **SECRETARY OF STATE'S OFFICE**Agency Code: **040**Appropriation Unit: **1051-31**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NYE, COUNTY OF**Contractor Name: **NYE, COUNTY OF**Address: **101 RADAR ROAD**City/State/Zip: **TONOPAH, NV 89049**Contact/Phone: **CAFREIDHOF@NYECOUNTYNV.GOV
775-482-8127**Vendor No.: **T80044560 T**NV Business ID: **N/A**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.

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 **08/03/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **1 year and 332 days**4. Type of contract: **Revenue Contract**Contract description: **Poll Pad Interlocal**

5. Purpose of contract:

This is a new revenue interlocal agreement to provide election administration.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$25,000.00 per fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

This is a Poll Pad Interlocal under the 17 counties and the Nevada Secretary of State's Office to enhance election administration capabilities while maintaining transparency, accountability, and public confidence in Nevada elections.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise to do this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

County 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 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	adale	07/29/2026 09:55:37 AM
Division Approval	adale	07/29/2026 09:55:39 AM
Department Approval	adale	07/29/2026 09:55:41 AM
Contract Manager Approval	jmckeeha	07/29/2026 09:56:35 AM
Budget Analyst Approval	Iramire7	08/03/2026 16:27:17 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: Mark Wlaschin, Deputy Secretary for Elections, SOS
Josh Gruver, Chief IT Manager, SOS
Ashley Griffiths, Administrative Services Officer III, SOS

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 – SOS – *Voter Registration and Election Management Solution (VREMS)* – TIE 347, Revision 2 – BA(s) 1050, 1051

DATE: February 27, 2026

We have completed our review of the Nevada Secretary of State (SOS) investment which has an estimated total value of \$78,355,738.78, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	Grand Total
One-Time Cost	\$ 13,372,729.15	\$ 17,007,729.15			\$ 30,380,458.30
Project Travel - In State	\$ 13,997.95	\$ 13,997.95			\$ 27,995.90
Services - MSA Consultants	\$ 4,694,331.20	\$ 4,694,331.20			\$ 9,388,662.40
Services - Vendor Consulting	\$ 2,649,400.00	\$ 2,649,400.00			\$ 5,298,800.00
Software - COTS Business Applicatio	\$ 6,015,000.00	\$ 9,650,000.00			\$ 15,665,000.00
Ongoing Cost			\$ 14,159,136.42	\$ 19,999,136.42	\$ 34,158,272.84
COTS Business Application			\$ 5,412,857.14	\$ 11,252,857.14	\$ 16,665,714.28
Project Travel - In State			\$ 15,000.00	\$ 15,000.00	\$ 30,000.00
Services - MSA Consultants			\$ 5,093,279.28	\$ 5,093,279.28	\$ 10,186,558.56
Services - Vendor Consulting (ESS)			\$ 638,000.00	\$ 638,000.00	\$ 1,276,000.00
Services - Vendor Consulting (GART)			\$ 3,000,000.00		\$ 3,000,000.00
Services Vendor Consulting - (GART)				\$ 3,000,000.00	\$ 3,000,000.00
Grand Total	\$ 13,372,729.15	\$ 17,007,729.15	\$ 14,159,136.42	\$ 19,999,136.42	\$ 64,538,731.14

Funding source(s): 80% Other, 20% Federal Funding.

This TIE revision is for a cost update through FY2029.

VREMS is a centralized, top-down 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 satisfies the 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).

The combined GTO investment and implementation risk, and technology risk scores indicate 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: **27295** Amendment Number: **1**

Legal Entity Name: **BOMBARD ELECTRIC, LLC**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Contractor Name: **BOMBARD ELECTRIC, LLC**

Agency Code: **082** Address: **4380 W POST RD**

Appropriation Unit: **1349-12** City/State/Zip: **LAS VEGAS, NV 89118-3866**

Is budget authority available?: **Yes** Contact/Phone: **Bobby House 702/263-3570**

If "No" please explain: **Not Applicable** Vendor No.: **T27020126**

NV Business ID: **NV20051306419**

To what State Fiscal Year(s) will the contract be charged? **2023-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Buildings and Grounds Rental Income

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **04/05/2023**

Anticipated BOE meeting date **07/2026**

Retroactive? **No**

If "Yes", please explain

Not Applicable

3. Previously Approved Termination Date: **03/01/2027**

Contract term: **3 years and 331 days**

4. Type of contract: **Contract**

Contract description: **Electrical**

5. Purpose of contract:

This is the first amendment to original contract which provides for repair, replacement, modification, and installation of various new electrical uninterruptible power sources in state-owned buildings located in southern Nevada. This amendment increases the maximum amount from \$47,157.75 to \$67,157.75 due to continued need for these services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$47,157.75	\$47,157.75	\$47,157.75	Yes - Info
2. Amount of current amendment (#1):	\$20,000.00	\$20,000.00	\$67,157.75	Yes - Info
3. New maximum contract amount:	\$67,157.75			

II. JUSTIFICATION

7. What conditions require that this work be done?

Uninterruptible power supply provides back up power during a power failure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Buildings and Grounds do not have the expertise or manpower for this service.

9. Were quotes or proposals solicited? Yes
Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Elesco
Mojave Electric
Bombard Electric

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date: 03/01/2027

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Buildings and Grounds from 01/01/2019 to 12/31/2022

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	06/23/2026 14:11:17 PM
Division Approval	kpacheco	06/24/2026 09:01:42 AM
Department Approval	kpacheco	06/24/2026 09:01:44 AM
Contract Manager Approval	bmacke1	08/05/2026 07:49:18 AM
Budget Analyst Approval	bmacke1	08/05/2026 07:49:22 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32649**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Agency Code: **082**Appropriation Unit: **1349-12**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **FUNDIN PUMP & WELL SERVICE LLC**Contractor Name: **FUNDIN PUMP & WELL SERVICE LLC**Address: **4030 Eastlake Boulevard**City/State/Zip: **Washoe Valley, NV 89704**Contact/Phone: **Jeff Fundin 775-849-1027**Vendor No.: **T32004932**NV Business ID: **NV20151725969**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 %	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 **07/20/2026**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/01/2027**Contract term: **346 days**4. Type of contract: **Contract**Contract description: **pump and motor**

5. Purpose of contract:

This is a new contract to provide the removal and replacement of submersible well pump/motor assembly at the Stewart Facility located in Carson City.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,163.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

This is a request for a contract with Fundin Pump & Well to remove and replace the submersible pump/motor assembly and possible wire and/or misc. replacements at the Stewart Facility in Carson City. (FY27-\$19,163.00)

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..9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 2017 vendor has worked with other 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	07/13/2026 08:08:38 AM
Division Approval	kpacheco	07/13/2026 10:04:13 AM
Department Approval	kpacheco	07/13/2026 10:04:15 AM
Contract Manager Approval	ssands	07/14/2026 09:00:17 AM
Budget Analyst Approval	bmacke1	07/21/2026 09:01:42 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32797**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	NATURA PEST SERVICES LLC
Agency Code:	082	Contractor Name:	NATURA PEST SERVICES LLC
Appropriation Unit:	1349-12	Address:	5595 EQUITY AVENUE Suite # 650
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89502
If "No" please explain:	Not Applicable		
		Contact/Phone:	775-300-1024
		Vendor No.:	T27045363
		NV Business ID:	NV20171092136

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 **08/05/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/01/2030**Contract term: **3 years and 362 days**4. Type of contract: **Contract**Contract description: **Pest control**

5. Purpose of contract:

This is a new contract to provide pest control services in state-owned properties located in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$80,000.00**

Other basis for payment: FY27-\$20,000;FY28-\$20,000;FY29-\$20,000 & FY30-\$20,000:

II. JUSTIFICATION

7. What conditions require that this work be done?

Birds, common crawling pests, bats, and rodents are carriers of diseases that are responsible for respiratory ailments, viral infections and food poisoning. In addition, they can cause millions of dollars in damage each year. The droppings can eat through metal, paint, fabric and other substantial materials.

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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	07/27/2026 11:11:54 AM
Division Approval	nmann	07/29/2026 10:43:34 AM
Department Approval	nmann	07/29/2026 10:43:36 AM
Contract Manager Approval	ssands	08/03/2026 07:16:58 AM
Budget Analyst Approval	bmacke1	08/05/2026 07:55:42 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32505**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	RICK'S FLOOR COVERING, INC.
Agency Code:	082	Contractor Name:	RICK'S FLOOR COVERING, INC.
Appropriation Unit:	1349-12	Address:	3640 S CURRY ST
Is budget authority available?:	Yes	City/State/Zip	CARSON CITY, NV 89703-6366
If "No" please explain:	Not Applicable	Contact/Phone:	775/885-2355
		Vendor No.:	T81101741
		NV Business ID:	NV20001249736

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 **11/01/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/31/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Carpet & flooring**

5. Purpose of contract:

This is a new contract to provide ongoing carpet and flooring, installations/repairs on an as needed basis for various state-owned buildings in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$79,807.00**

Other basis for payment: FY27 \$19,951.75; FY 28 \$19,951.75; FY29 \$19,951.75 & FY30 \$19,951.75:

II. JUSTIFICATION

7. What conditions require that this work be done?

Carpet and flooring upgrades to existing flooring will ensure longevity, appealing aesthetics to the environment as well as preventing safety hazards

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.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):

Atkins
Sierra Floor Covering
Ricks Floor Covering

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	tbeaureg	06/03/2026 14:58:19 PM
Division Approval	rmill30	06/09/2026 17:24:10 PM
Department Approval	rmill30	06/09/2026 17:24:13 PM
Contract Manager Approval	ssands	06/17/2026 07:13:44 AM
Budget Analyst Approval	tday2	07/15/2026 13:12:42 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31597**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **BERGER HANNAFIN ARCHITECTURE,
L.L.P.**Agency Code: **082**Contractor Name: **BERGER HANNAFIN ARCHITECTURE,
L.L.P.**Appropriation Unit: **1535-58**Address: **312 W. THIRD ST.**Is budget authority
available?: **Yes**City/State/Zip **CARSON CITY, NV 89701**

If "No" please explain: Not Applicable

Contact/Phone: 755-882-6455

Vendor No.: T29045612

NV Business ID: NV20101506066

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 #: 118370

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **01/22/2026**
Examiner's approval?

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2029**
Termination Date:Contract term: **3 years and 159 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 Facility Maintenance (Department of Health and Human Services), Safety Barriers Building 8A (NNCAS) CIP Project: CIP Project No. 25-M02-09; SPWD Contract No. 118370. This amendment increases the maximum amount from \$30,000 to \$48,300 due to health care quality and compliance submittal and fire protection report.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$30,000.00	\$30,000.00	\$30,000.00	Yes - Info
2. Amount of current amendment (#1):	\$18,300.00	\$18,300.00	\$48,300.00	Yes - Info
3. New maximum contract amount:	\$48,300.00			

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. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	nmann	07/23/2026 11:28:03 AM
Division Approval	nmann	07/23/2026 11:28:05 AM
Department Approval	nmann	07/23/2026 11:28:08 AM
Contract Manager Approval	lwildes	07/23/2026 12:38:56 PM
Budget Analyst Approval	tday2	07/24/2026 07:50:54 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **28544**Amendment Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **R. BRANDON SPRAGUE, ARCHITECT, P.C.**Agency Code: **082**Contractor Name: **R. BRANDON SPRAGUE, ARCHITECT, P.C.**Appropriation Unit: **1535-54**Address: **241 W. CHARLESTON BLVD., STE 145**Is budget authority available?: **Yes**City/State/Zip: **LAS VEGAS, NV 89102**

If "No" please explain: Not Applicable

Contact/Phone: **702-839-1200**Vendor No.: **T32015063**NV Business ID: **NV20061812588**To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: **116127**

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 **06/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **3 years and 172 days**4. Type of contract: **Contract**Contract description: **Arch / Eng**

5. Purpose of contract:

This is the third amendment to the original contract which provides professional architectural/engineering services for the Summit View Youth Center - Gymnasium Addition and Remodel CIP Project: CIP Project No. 23-C27; SPWD Contract No. 116127. This amendment increases the maximum amount from \$281,275 to \$293,775 due to additional construction administration fees.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$253,275.00	\$253,275.00	\$253,275.00	Yes - Action
a. Amendment 1:	\$28,000.00	\$28,000.00	\$28,000.00	Yes - Info
2. Amount of current amendment (#2):	\$12,500.00	\$12,500.00	\$40,500.00	Yes - Info
3. New maximum contract amount:	\$293,775.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	06/30/2026 10:32:30 AM
Division Approval	nmann	06/30/2026 10:32:33 AM
Department Approval	nmann	06/30/2026 10:32:36 AM
Contract Manager Approval	lwildes	06/30/2026 11:49:37 AM
Budget Analyst Approval	tday2	07/14/2026 08:53:12 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31703**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **CONSTRUCTION MATERIALS
ENGINEERS, INC.**Agency Code: **082**Contractor Name: **CONSTRUCTION MATERIALS
ENGINEERS, INC.**Appropriation Unit: **1567-33**Address: **300 SIERRA MANOR DR. STE. 1**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 **No** or b. other effective date **02/20/2026**
Examiner's approval?Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2027**
Termination Date:Contract term: **1 year and 129 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 Committal Building (Northern Nevada Veterans Memorial Cemetery) CIP Project: CIP Project No. 23-C13; SPWD Contract No. 118469. This amendment increases the maximum amount from \$62,785 to \$98,515 due to additional site visits and inspection services.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$62,785.00	\$62,785.00	\$62,785.00	Yes - Info
2. Amount of current amendment (#1):	\$35,730.00	\$35,730.00	\$98,515.00	Yes - Info
3. New maximum contract amount:	\$98,515.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and 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	07/20/2026 14:46:20 PM
Division Approval	nmann	07/20/2026 14:46:22 PM
Department Approval	nmann	07/20/2026 14:46:25 PM
Contract Manager Approval	lwildes	07/20/2026 15:12:43 PM
Budget Analyst Approval	tday2	07/24/2026 07:31:28 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31382**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **VAN WOERT BIGOTTI ARCHITECTS, A
PROFESSIONAL CORPORATION**Agency Code: **082**Contractor Name: **VAN WOERT BIGOTTI ARCHITECTS,
A PROFESSIONAL CORPORATION**Appropriation Unit: **1590-28**Address: **1400 S. VIRGINIA ST. STE. C**Is budget authority
available?: **Yes**City/State/Zip **RENO, NV 89502-2836**

If "No" please explain: Not Applicable

Contact/Phone: 775-682-4016

Vendor No.: T60080600

NV Business ID: NV19781005709

To what State Fiscal Year(s) will the contract be charged? **2026-2029**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X	General Funds	13.00 %		Fees	0.00 %
	Federal Funds	0.00 %	X	Bonds	87.00 %
	Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: 118300

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **01/13/2026**
Examiner's approval?

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2029**
Termination Date:Contract term: **3 years and 168 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 HVAC System Replacement and Arc Flash Study (Data Center) Fan Coil Units, Raised Server Room Floor Replacement (Data Center), and the Statewide Roofing Program Roofing (OCIO Data Center) CIP Projects: CIP Project No. 25-M13, 25-M16, 25-S01-1; SPWD Contract No. 118300. This amendment increases the maximum amount from \$542,500 to \$563,500 due to the control room relocation and building access upgrades at the OCIO Data Center.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$542,500.00	\$542,500.00	\$542,500.00	Yes - Action
2. Amount of current amendment (#1):	\$21,000.00	\$21,000.00	\$21,000.00	Yes - Info
3. New maximum contract amount:	\$563,500.00			

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. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	06/30/2026 15:10:26 PM
Division Approval	nmann	06/30/2026 15:10:28 PM
Department Approval	nmann	06/30/2026 15:10:31 PM
Contract Manager Approval	lwildes	06/30/2026 15:21:59 PM
Budget Analyst Approval	tday2	07/13/2026 15:51:05 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32659**

Agency Name: ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name: LGA ARCHITECTURE
Agency Code: 082	Contractor Name: LGA ARCHITECTURE
Appropriation Unit: 1591-48	Address: 1226 S. 3RD ST., STE. 110
Is budget authority available?: Yes	City/State/Zip: LAS VEGAS, NV 89104
If "No" please explain: Not Applicable	Contact/Phone: 702-263-7111
	Vendor No.: T27041309
	NV Business ID: NV19861005290

To what State Fiscal Year(s) will the contract be charged? **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	41.00 %	X Bonds	59.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 118858

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/15/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **350 days**4. Type of contract: **Contract**Contract description: **Arch /Eng**

5. Purpose of contract:

This is a new contract which provides professional architectural/engineering services for the Reconfigure West Entrance (Valley of Fire State Park) CIP Project, to include construction administration services for the new fee booth and canopy design: CIP project No. 23-C23; SPWD Contract No. 118858.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$59,290.00**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP Projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Brian Ridinger, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/07/2026 11:20:47 AM
Division Approval	nmann	07/07/2026 11:20:50 AM
Department Approval	nmann	07/07/2026 11:20:52 AM
Contract Manager Approval	lwildes	07/07/2026 13:01:00 PM
Budget Analyst Approval	tday2	07/15/2026 12:16:41 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **28717**Amendment Number: **2**Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION**Legal Entity Name: **SHAW ENGINEERING, LTD.**Agency Code: **082**Contractor Name: **SHAW ENGINEERING, LTD.**Appropriation Unit: **1591-49**Address: **20 VINE ST.**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89503-5520**

If "No" please explain: Not Applicable

Contact/Phone: **775-329-5559**Vendor No.: **T27036374**NV Business ID: **NV19951060977**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 #: **116244**

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 **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **3 years and 137 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 Hatchery Water Intrusion Repairs (Gallagher Fish Hatchery) CIP Project: CIP Project No. 23-M06; SPWD Contract No. 116244. This amendment increases the maximum amount from \$258,725 to \$273,525 due to additional architectural, structural, and civil services required to facilitate additional project bids and perform supplemental field observations.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$239,125.00	\$239,125.00	\$239,125.00	Yes - Action
a. Amendment 1:	\$19,600.00	\$19,600.00	\$19,600.00	Yes - Info
2. Amount of current amendment (#2):	\$14,800.00	\$14,800.00	\$34,400.00	Yes - Info
3. New maximum contract amount:	\$273,525.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Legislative approved CIP projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/01/2026 11:43:05 AM
Division Approval	nmann	07/01/2026 11:43:09 AM
Department Approval	nmann	07/01/2026 11:43:11 AM
Contract Manager Approval	lwildes	07/01/2026 14:00:11 PM
Budget Analyst Approval	tday2	07/14/2026 14:51:37 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32774**

Agency Name:	ADMIN - STATE PUBLIC WORKS DIVISION	Legal Entity Name:	BROADBENT ASSOCIATES INC
Agency Code:	082	Contractor Name:	BROADBENT ASSOCIATES INC
Appropriation Unit:	1592-47	Address:	5450 LOUIE LN # 101
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89511-1832
If "No" please explain:	Not Applicable	Contact/Phone:	775-322-7969
		Vendor No.:	T80989610B
		NV Business ID:	NV19891031637

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 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 118865

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 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **2 years and 335 days**4. Type of contract: **Contract**Contract description: **MSA**

5. Purpose of contract:

This is a new contract to provide services for the Exterior Quad Lighting CIP Project, to include project set up and field activities, archaeological monitoring, and reporting services for the design and construction of a pole mounted light at Building 6 Stewart Campus in Carson City: CIP Project No. 25-C21; SPWD Contract No. 118865.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$48,951.50**

Other basis for payment: Monthly progress payments based on services provided.

II. JUSTIFICATION

7. What conditions require that this work be done?

2025 Legislative approved CIP Projects.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

Mikayla Miller, Project Manager Ph: 775-684-4141

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/30/2026 10:34:49 AM
Division Approval	nmann	07/30/2026 10:34:52 AM
Department Approval	nmann	07/30/2026 10:34:56 AM
Contract Manager Approval	lwildes	07/30/2026 11:06:14 AM
Budget Analyst Approval	cpalme2	07/31/2026 09:15:30 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **28840** Amendment Number: **6**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD.**

Agency Code: **082** Contractor Name: **TATE SNYDER KIMSEY ARCHITECTS, LTD.**

Appropriation Unit: **1594-26** Address: **314 S. WATER ST.**

Is budget authority available?: **Yes** City/State/Zip: **HENDERSON, NV 89015-7311**

If "No" please explain: Not Applicable Contact/Phone: **775-827-2949**

Vendor No.: **T80883470**

NV Business ID: **NV20212004081**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	X Bonds	100.00 %
Highway Funds	0.00 %	Other funding	0.00 %

Agency Reference #: 116357

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **03/12/2024**

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **3 years and 110 days**4. Type of contract: **Contract**
Contract description: **Arch / Eng**

5. Purpose of contract:

This is the sixth amendment to the original contract which provides professional architecture/engineering services for the Heroes Memorial Building & Annex - Seismic Retrofit and Renovation CIP Project: CIP Project No. 23-C03; SPWD Contract No. 116357. This amendment increases the maximum amount from \$696,568 to \$726,318 due to the addition of monument signs adjacent to the Heroes Memorial Building and the Frankie Sue Del Papa Building in Carson City, Nevada.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$590,940.00	\$590,940.00	\$590,940.00	Yes - Action
a. Amendment 1:	\$16,900.00	\$16,900.00	\$16,900.00	Yes - Info
b. Amendment 2:	\$40,420.00	\$40,420.00	\$57,320.00	Yes - Info
c. Amendment 3:	\$15,320.00	\$15,320.00	\$72,640.00	Yes - Info
d. Amendment 4:	\$13,023.00	\$13,023.00	\$85,663.00	Yes - Info
e. Amendment 5:	\$19,965.00	\$19,965.00	\$105,628.00	Yes - Action
2. Amount of current amendment (#6):	\$29,750.00	\$29,750.00	\$29,750.00	Yes - Info
3. New maximum contract amount:	\$726,318.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

2023 Leg. approved CIP Projects

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over \$50,000?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

nmann

07/15/2026 11:50:20 AM

Division Approval	nmann	07/15/2026 11:50:23 AM
Department Approval	nmann	07/15/2026 11:50:25 AM
Contract Manager Approval	lwildes	07/15/2026 14:59:14 PM
Budget Analyst Approval	tday2	07/23/2026 13:58:01 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31154**Amendment
Number: **1**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **WELLES PUGSLEY ARCHITECTS, LLP**Agency Code: **082**Contractor Name: **WELLES PUGSLEY ARCHITECTS,
LLP**Appropriation Unit: **1594-43**Address: **151 E. WARM SPRINGS RD.**Is budget authority
available?: **Yes**City/State/Zip **LAS VEGAS, NV 89119-4101**

If "No" please explain: Not Applicable

Contact/Phone: 702/435-1150

Vendor No.: T27038348

NV Business ID: NV20031000034

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 #: 118149

2. Contract start date:

a. Effective upon Board of **No** or b. other effective date **11/12/2025**
Examiner's approval?

Anticipated BOE meeting date 07/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **06/30/2029**
Termination Date:Contract term: **3 years and 230 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 Las Vegas State Office Buildings Purchase and Improvements CIP Project: CIP Project No. 25-C26; SPWD Contract No. 118149. This amendment increases the maximum amount from \$250,000 to \$349,000 due to additional design services needed.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$250,000.00	\$250,000.00	\$250,000.00	Yes - Action
2. Amount of current amendment (#1):	\$99,000.00	\$99,000.00	\$99,000.00	Yes - Info
3. New maximum contract amount:	\$349,000.00			

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. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	nmann	07/01/2026 15:19:14 PM
Division Approval	nmann	07/01/2026 15:19:17 PM
Department Approval	nmann	07/01/2026 15:19:19 PM
Contract Manager Approval	lwildes	07/01/2026 15:27:49 PM
Budget Analyst Approval	tday2	07/14/2026 14:57:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **27797**Amendment
Number: **3**Agency Name: **ADMIN - STATE PUBLIC WORKS
DIVISION**Legal Entity
Name: **LGA ARCHITECTURE**Agency Code: **082**Contractor Name: **LGA ARCHITECTURE**Appropriation Unit: **All Appropriations**Address: **1226 S. 3RD ST., STE. #110**Is budget authority
available?: **Yes**City/State/Zip **LAS VEGAS, NV 89102-2592**

If "No" please explain: Not Applicable

Contact/Phone: **702-263-7111**Vendor No.: **T27041309**NV Business ID: **NV19861005290**To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded CIP

Agency Reference #: **115555**

2. Contract start date:

a. Effective upon Board of
Examiner's approval? **No** or b. other effective date **07/11/2023**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved
Termination Date: **05/31/2027**Contract term: **3 years and 325 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 Carson City Adventure Center CIP Project: CIP Project No. 23-A023-2; SPWD Contract No. 115555. This amendment increases the maximum amount from \$345,125 to \$376,825 due to needed sign revisions, additional construction administration services, and structural design and calculations for site-built structures.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$332,025.00	\$332,025.00	\$332,025.00	Yes - Action
a. Amendment 1:	\$6,038.00	\$6,038.00	\$6,038.00	No
b. Amendment 2:	\$7,062.00	\$13,100.00	\$13,100.00	Yes - Info
2. Amount of current amendment (#3):	\$31,700.00	\$31,700.00	\$44,800.00	Yes - Info
3. New maximum contract amount:	\$376,825.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application - Nevada Tourism & Cultural Affairs

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	nmann	07/23/2026 15:28:10 PM
Division Approval	nmann	07/23/2026 15:28:12 PM
Department Approval	nmann	07/23/2026 15:28:14 PM
Contract Manager Approval	lwildes	07/23/2026 15:37:09 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT

1. Contract Number: **27790** Amendment Number: **5**

Agency Name: **ADMIN - STATE PUBLIC WORKS DIVISION** Legal Entity Name: **LGA ARCHITECTURE DBA LGA**

Agency Code: **082** Contractor Name: **LGA ARCHITECTURE DBA LGA**

Appropriation Unit: **All Appropriations** Address: **1226 S. 3RD ST., STE. #110**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89102-2592**

If "No" please explain: Not Applicable Contact/Phone: **702-263-7111**

Vendor No.: **T27041309**

NV Business ID: **NV19861005290**

To what State Fiscal Year(s) will the contract be charged? **2024-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Agency Funded CIP

Agency Reference #: 115554

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/11/2023**

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **05/31/2027**Contract term: **3 years and 325 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 Boulder City - Adventure Center CIP: CIP Project No. 23-A023-1; SPWD Contract No. 115554. This amendment increases the maximum amount from \$357,114.88 to \$382,049.88 due to needed revisions.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$329,960.00	\$329,960.00	\$329,960.00	Yes - Action
a. Amendment 1:	\$2,260.00	\$2,260.00	\$2,260.00	No
b. Amendment 2:	\$20,945.00	\$23,205.00	\$23,205.00	Yes - Info
c. Amendment 3:	\$499.94	\$499.94	\$23,704.94	No
d. Amendment 4:	\$3,449.94	\$3,949.88	\$27,154.88	No
2. Amount of current amendment (#5):	\$24,935.00	\$28,884.88	\$52,089.88	Yes - Info
3. New maximum contract amount:	\$382,049.88			

II. JUSTIFICATION

7. What conditions require that this work be done?

Agency Submitted Application - Nevada Tourism & Cultural Affairs

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Capital Improvement Program (CIP) consultants are selected based on their ability to provide professional engineering design and architectural services to SPWD in support of the state engineering services provided to approved CIPs.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Demonstrated the required expertise for work on this project.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over \$50,000?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Yes. SPWD, and currently with satisfactory results.

14. Is the contractor currently involved in litigation with the State of Nevada?

No

If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

nmann

07/27/2026 15:10:13 PM

Division Approval

nmann

07/27/2026 15:10:15 PM

Department Approval	nmann	07/27/2026 15:10:18 PM
Contract Manager Approval	lwildes	07/27/2026 15:27:52 PM
Budget Analyst Approval	cpalme2	07/31/2026 09:10:08 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32614**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2715-41**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **LYON COUNTY SCHOOL DISTRICT**Contractor Name: **LYON COUNTY SCHOOL DISTRICT**Address: **25 E GOLDFIELD AVE**City/State/Zip: **YERINGTON, NV 89447**Contact/Phone: **RACHELSTEWART 775-463-6800**Vendor No.: **T40233900**NV Business ID: **Governmental Entity**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 %	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 **07/14/2026**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2028**Contract term: **2 years and 79 days**4. Type of contract: **Interlocal Agreement**Contract description: **Lyon CSD-DIF NV**

5. Purpose of contract:

This is a new interlocal agreement to provide professional development and training.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,000.00**

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 the Disability Innovation Fund Program, as provided by the Consolidated Appropriations Act, 2022 (Pub.L. 11703), is to support innovative (as defined in this notice) activities aimed at increasing competitive integrated employment as defined in section 7 of the Rehabilitation Act of 1973 (Rehabilitation Act) (29 U.S.C. 705(5)), [1] for youth and other individuals with disabilities. The Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, as amended (Rehabilitation Act) both describe the Nation's goals for people with disabilities to

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 capacity or resources to do this work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.180 the agency has contracted with the Lyon County School District

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 contracts with the Department, 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	awiksto1	07/06/2026 08:24:37 AM
Division Approval	psmorr1	07/06/2026 09:11:48 AM
Department Approval	psmorr1	07/06/2026 09:11:51 AM
Contract Manager Approval	khoy1	07/06/2026 12:25:54 PM
Budget Analyst Approval	mranki1	07/14/2026 08:47:38 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32588**Agency Name: **NDE - DEPARTMENT OF EDUCATION**Agency Code: **300**Appropriation Unit: **2715-41**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Nye County School District**Contractor Name: **Nye County School District**Address: **484 S WEST ST**City/State/Zip: **PAHRUMP, NV 89048**Contact/Phone: **Shanda Roderick 775-727-7743**Vendor No.: **T40243600**NV Business ID: **Governmental Entity**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 %	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 **07/14/2026**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2028**Contract term: **2 years and 79 days**4. Type of contract: **Interlocal Agreement**Contract description: **NYE CDS DIF NV**

5. Purpose of contract:

This is a new interlocal agreement to provide professional development and training.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$11,000.00**

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 the Disability Innovation Fund Program, as provided by the Consolidated Appropriations Act, 2022 (Pub.L. 11703), is to support innovative (as defined in this notice) activities aimed at increasing competitive integrated employment as defined in section 7 of the Rehabilitation Act of 1973 (Rehabilitation Act) (29U.S.C.705(5)), [1] for youth and other individuals with disabilities. The Americans with Disabilities Act (ADA) and the Rehabilitation Act of 1973, as amended (Rehabilitation Act) both describe the Nation's goals for people with disabilities to include achieving: equality of opportunity, full inclusion and integration in society and employment, independent living, and economic self-sufficiency (42U.S.C.12101(a)(7); 29U.S.C.701(a)(6)). Securing an appropriate education, including transition services that lead to CIE, is one critical component that youth and adults with disabilities need to achieve the Nation's goals. As Congress found in the Rehabilitation Act, there is a substantial need to support such students [with disabilities] as they transition from school to post-secondary life; 29U.S.C.701(a)

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 capacity or resources to do this work.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 277.180 the agency has contracted with the Nye County School District

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 contracts with the Department, 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	awiksto1	07/06/2026 08:27:56 AM
Division Approval	psmorr1	07/06/2026 09:10:45 AM
Department Approval	psmorr1	07/06/2026 09:10:47 AM
Contract Manager Approval	khoy1	07/06/2026 12:41:09 PM
Budget Analyst Approval	mranki1	07/14/2026 09:03:37 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32565**

Agency Name:	DHS - AGING AND DISABILITY SERVICES DIVISION	Legal Entity Name:	C THRU GLASS
Agency Code:	402	Contractor Name:	C THRU GLASS
Appropriation Unit:	3279-07	Address:	7787 EASTGATE RD STE 110
Is budget authority available?:	Yes	City/State/Zip	HENDERSON, NV 89011
If "No" please explain:	Not Applicable	Contact/Phone:	SHAUN HANNA 702-945-1077
		Vendor No.:	T32012928
		NV Business ID:	NV20191545573

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **11/10/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 232 days**4. Type of contract: **Contract**Contract description: **DRC Glass Repair**

5. Purpose of contract:

This is a new contract to provide ongoing glass repair service and replacement on an as-needed basis.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$25,000.00**

Other basis for payment: Payable as invoiced and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

Per the Code of Federal Regulations Title 42, Chapter 483.70 Physical Environment - the facility must be designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public. Glass repair and/or replacement services are required as windows are occasionally broken in the homes on campus.

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):

BaJa Glass
C Thru Glass
Automatic Door & Glass LLC
Davis Glass and Mirror
A Cutting Edge Glass & Mirror

J&J Glass

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor that responded.

d. Last bid date: 04/20/2026 Anticipated re-bid date: 04/20/2030

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently contracted with vendor on satisfactory basis.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

null, null Ph: null

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	gwinde2	06/15/2026 15:07:21 PM
Division Approval	mashcra1	06/30/2026 15:56:37 PM
Department Approval	mashcra1	06/30/2026 15:56:45 PM
Contract Manager Approval	samastep	06/30/2026 16:30:40 PM
Budget Analyst Approval	khal5	07/17/2026 17:11:56 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32433**

Agency Name:	DHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	THE W.W. WILLIAMS COMPANY LLC
Agency Code:	406	Contractor Name:	THE W.W. WILLIAMS COMPANY LLC
Appropriation Unit:	3161-07	Address:	400 METRO PLACE NORTH SUITE 201
Is budget authority available?:	Yes	City/State/Zip	DUBLIN, OH 43017
If "No" please explain:	Not Applicable	Contact/Phone:	Brandon Nerida 702-672-4596
		Vendor No.:	T29041024
		NV Business ID:	NV20161487647

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.

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 18729

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/22/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **04/30/2030**Contract term: **3 years and 283 days**4. Type of contract: **Contract**Contract description: **Generator Maintenanc**

5. Purpose of contract:

This is a new contract to provide ongoing generator maintenance services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$57,720.00**

Payment for services will be made at the rate of \$14,430.00 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

A lack of continued generator maintenance services would be out of compliance with Joint Commission accreditation standards for health and safety. If the generators are not properly maintained and serviced, their life expectancy can be shortened as well as having the potential for catastrophic failure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The agency does not have staff available with the training, equipment or expertise to perform this work.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 04/01/2026 Anticipated re-bid date: 05/06/2030

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	06/04/2026 13:08:31 PM
Division Approval	msilzell	06/04/2026 13:08:33 PM
Department Approval	msilzell	06/04/2026 13:08:35 PM
Contract Manager Approval	lstidha1	06/17/2026 15:07:23 PM
Budget Analyst Approval	rgiffor1	07/22/2026 14:26:11 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **30281**Amendment Number: **1**Legal Entity Name: **BOARD OF REGENTS, NEVADA
SYSTEM OF HIGHER EDUCATION -
OBO UNIVERSITY OF NEVADA, RENO**Agency Name: **DHS - PUBLIC AND BEHAVIORAL
HEALTH**Contractor Name: **BOARD OF REGENTS, NEVADA
SYSTEM OF HIGHER EDUCATION -
OBO UNIVERSITY OF NEVADA, RENO**Agency Code: **406**Address: **UNR CONTROLLERS OFFICE**Appropriation Unit: **3170-15****1664 N VIRGINIA ST MS#124**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89557**

If "No" please explain: Not Applicable

Contact/Phone: Jennifer Bonk 775-784-7085

Vendor No.: D35000816

NV Business ID: N/A

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 #: 18511

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/07/2025**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2027**Contract term: **2 years and 54 days**4. Type of contract: **Interlocal Agreement**Contract description: **BRFSS Survey**

5. Purpose of contract:

This is the first amendment to the original interlocal agreement which provides funding to the Behavioral Risk Factor Surveillance System (BRFSS) project for questions and modules used for data collection for substance use and mental health. This amendment decreases the maximum amount from \$482,332.00 to \$458,116.88 due to the subtraction of Module 17.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$482,332.00	\$482,332.00	\$482,332.00	Yes - Action
2. Amount of current amendment (#1):	-\$24,215.12	-\$24,215.12	-\$24,215.12	Yes - Info
3. New maximum contract amount:	\$458,116.88			

II. JUSTIFICATION

7. What conditions require that this work be done?

To fund the BRFS Survey to include 18 questions from Substance Use Prevention Treatment Recovery Services (SUPTRS) and 18 questions from Community Mental Health Services (CMHS) which will provide a better understanding of Nevada's Brief Risk Factor Surveillance Systems Survey data.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Lack of manpower and medical expertise.

9. Were quotes or proposals solicited? No
Was the solicitation (RFP) done by the Purchasing Division? Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Statewide contract 99SWC-NV23-17900.

d. Last bid date: 01/17/2024 Anticipated re-bid date: 06/30/2027

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The Bureau has multiple contracts with this entity and the service has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	05/07/2026 14:38:43 PM
Division Approval	msilzell	05/07/2026 14:38:45 PM
Department Approval	msilzell	05/07/2026 14:38:48 PM
Contract Manager Approval	lstidha1	07/07/2026 13:21:50 PM
Budget Analyst Approval	rgiffor1	07/28/2026 11:49:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32390**

Agency Name:	DHS - PUBLIC AND BEHAVIORAL HEALTH	Legal Entity Name:	BEST JANITORIAL SERVICES INC
Agency Code:	406	Contractor Name:	BEST JANITORIAL SERVICES INC
Appropriation Unit:	3648-04	Address:	1562 GLENDALE AVE
Is budget authority available?:	Yes	City/State/Zip	SPARKS, NV 89431
If "No" please explain:	Not Applicable	Contact/Phone:	Sean C. Allison 775-331-0677
		Vendor No.:	T29050579
		NV Business ID:	NV19911059545

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.

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 18751

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/24/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **1 year and 342 days**4. Type of contract: **Contract**Contract description: **Janitorial**

5. Purpose of contract:

This is a new contract to provide janitorial services to Hawthorne Rural Clinic.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,512.00**

Payment for services will be made at the rate of \$938.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

The Rural Mental Health Clinic needs to be cleaned regularly to maintain a professional and health environment and the services is not provided through the Lessor.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No state employees are available in this rural area 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):

Julia Viani
Able Janitorial
Best Janitorial Services, Inc.

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

In accordance with NRS 333, the selected vendor was the highest scoring proposer as determined by an independently appointed evaluation committee.

d. Last bid date: 01/06/2025 Anticipated re-bid date: 07/03/2028

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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Best Janitorial is currently the janitorial company for Lovelock Rural Clinic until June 30, 2027.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	06/05/2026 13:15:34 PM
Division Approval	msilzell	06/05/2026 13:15:36 PM
Department Approval	msilzell	06/05/2026 13:15:39 PM
Contract Manager Approval	lstidha1	07/22/2026 13:43:33 PM
Budget Analyst Approval	rgiffor1	07/24/2026 11:04:59 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32388**Agency Name: **DSS - SOCIAL SERVICES**Agency Code: **407**Appropriation Unit: **4862-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **NYE COUNTY HEALTH AND HUMAN SERVICES**Contractor Name: **NYE COUNTY HEALTH AND HUMAN SERVICES**Address: **101 RADAR ROAD**City/State/Zip: **TONOPAH, NV 89049**Contact/Phone: **KARYN SMITH 775-482-8125**Vendor No.: **T80044560S**NV Business ID: **GOVERNMENT 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 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % Universal Energy Charge (UEC)**

Agency Reference #: 407

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/30/2026**

Anticipated BOE meeting date 06/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 336 days**4. Type of contract: **Interlocal Agreement**Contract description: **EAP Intake Site**

5. Purpose of contract:

This is a new interlocal agreement to provide ongoing application services at the Energy Assistance Program Intake Site to assist with the cost of home energy for eligible low income and senior populations in Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$14,600.00**

Payment for services will be made at the rate of \$15.00 per Completed Application

Other basis for payment: Per Attachment A - Scope of Work

II. JUSTIFICATION

7. What conditions require that this work be done?

Funding through the Low Income Home Energy Assistance Program block grant allows for increased program access for applicants by collaboration with various entities to assist applicants with the EAP application completion process. Eligible applicants receive assistance with their home energy costs through financial support to help pay a portion of their heating and cooling bills.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

These various public and non-profit vendors assist with the EAP application process, which significantly decreases processing time by state employees.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity or undertaking which any of the public agencies entering into the contract is authorized by law to perform.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components?

No

b. Is the contract part of an IT investment project over \$50,000?

No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No

If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No

If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes

If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Currently under contract 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 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:

Jacqueline Marchetti, Chief, Employment and Support Services Ph: 702-486-1444

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cbuscay	07/15/2026 12:21:50 PM
Division Approval	cbuscay	07/15/2026 12:21:53 PM
Department Approval	rthomps1	07/28/2026 07:50:15 AM
Contract Manager Approval	mpomerle	07/29/2026 10:15:01 AM
Budget Analyst Approval	khal5	07/30/2026 11:40:59 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32551**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3148-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Red Star Fence Company, LLC

Contractor Name: **Red Star Fence Company, LLC**Address: **4755 W DEWEY DR**City/State/Zip: **LAS VEGAS, NV 89118-2244**

Contact/Phone: 702-733-7827

Vendor No.:

NV Business ID: NV20091247702

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.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/28/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 338 days**4. Type of contract: **Contract**Contract description: **Fencing Maintenance**

5. Purpose of contract:

This is a new contract to provide ongoing fencing and gate repair and maintenance at the Summit View Youth Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$28,080.00**

Other basis for payment: Per Attachment AA - Scope of Work and Rates

II. JUSTIFICATION

7. What conditions require that this work be done?

The aging facility needs upkeep on gates, gate locking systems and fencing. Fencing requires repair and/or replacement. Maximum security is required to keep youth and staff safe and secure at the 24/7 correctional facility.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the tools or knowledge.

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):

Budget Fence
American Fence
Red Star Fence

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was responsive to our bid request and our questions.

d. Last bid date: 04/15/2026 Anticipated re-bid date: 04/15/2030

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The contractor had been used in 2019, 2020, and 2021. 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:

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:

Corrina Church, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cchurc2	06/11/2026 16:15:26 PM
Division Approval	jvanderl	07/27/2026 10:54:53 AM
Department Approval	mandidav	07/27/2026 11:36:19 AM
Contract Manager Approval	bmcdani	07/27/2026 11:37:15 AM
Budget Analyst Approval	mgassawa	07/28/2026 14:15:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32682**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3263-36**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **APRICITY COUNSELING SERVICES, PLLC**Contractor Name: **APRICITY COUNSELING SERVICES, PLLC**Address: **1672 Tamara Lane**City/State/Zip: **Fallon, NV 89406**Contact/Phone: **Jessica Homer 775-455-3636**Vendor No.: **T29053173**NV Business ID: **NV20222448343**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.

X	General Funds	50.00 %	Fees	0.00 %
	Federal Funds	0.00 %	Bonds	0.00 %
	Highway Funds	0.00 %	X Other funding	50.00 % County Reimbursements

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 **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 335 days**4. Type of contract: **Contract**Contract description: **Counseling**

5. Purpose of contract:

This is a new contract to provide counseling for youth and families.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$98,800.00**

Other basis for payment: See Attachment AA - Scope of Work and Rate Sheet

II. JUSTIFICATION

7. What conditions require that this work be done?

Youth who are under supervision of the Youth Parole Bureau of the Division of Child and Family Services are often in need of mental health services.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the expertise or the tools to perform these duties.

9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Apricity Counseling Services
Fallon Family Wellness
A Healthy Mind LLCb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was responsive to our inquiries and is available for a rural area of Nevada where these services are sparse.

d. Last bid date: 04/21/2026 Anticipated re-bid date: 04/21/2030

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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:

Stephanie Henderson, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	bdahlber	07/07/2026 16:10:23 PM
Division Approval	jvanderl	07/28/2026 13:36:26 PM
Department Approval	sknigge	07/28/2026 14:34:51 PM
Contract Manager Approval	bmcdani	07/30/2026 14:02:18 PM
Budget Analyst Approval	mgassawa	07/31/2026 09:32:11 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32503**Agency Name: **DHS - CHILD AND FAMILY SERVICES**Agency Code: **409**Appropriation Unit: **3646-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **UNITED LOCK AND SECURITY, INC.**Contractor Name: **UNITED LOCK AND SECURITY, INC.**Address: **3401 SIRIUS AVE STE 9**City/State/Zip: **LAS VEGAS, NV 89102-8313**Contact/Phone: **Peter Levy 702-258-5625**Vendor No.: **PUR0005649**NV Business ID: **NV20061039362**To what State Fiscal Year(s) will the contract be charged? **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	61.00 %	Fees	0.00 %
X	Federal Funds	39.00 %	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 **07/28/2026**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **337 days**4. Type of contract: **Contract**Contract description: **Hinge Replacement**

5. Purpose of contract:

This is a new contract to replace specialized hinges on security doors at the Desert Willow Treatment Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$19,200.00**

Payment for services will be made at the rate of \$0.00 per Phase

Other basis for payment: see attached rate sheet for breakdown of cost for each phase.

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract provides for the replacement of specialized door hinges at the Desert Willow Treatment Center. The work is necessary to maintain the safety, security, and proper functioning of the facility and to ensure the protection of its clients and staff.

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 skills or tools to perform these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Silver State Locksmith
United Lock and Security, Inc.
Las Vegas Lock and Key

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The selected vendor is familiar with the security systems that are being used. They offer a 24hr or less emergency response time.

d. Last bid date: 03/26/2026 Anticipated re-bid date: 03/26/2028

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:

This vendor has been used under contract with the Division of Child and Family Services since 2018 and the work has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

Christopher Berg , null Ph: null

null, null Ph: null

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	prassie1	06/03/2026 09:32:54 AM
Division Approval	sknigge	07/20/2026 08:06:06 AM
Department Approval	jvanderl	07/20/2026 08:06:43 AM
Contract Manager Approval	bmcdani	07/20/2026 09:51:59 AM
Budget Analyst Approval	mgassawa	07/28/2026 11:13:05 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32769**

Agency Name:	NVHA - PUBLIC EMPLOYEES' BENEFITS PROGRAM	Legal Entity Name:	VIMO, Inc.
Agency Code:	416	Contractor Name:	VIMO, Inc.
Appropriation Unit:	1338-04	Address:	GETINSURED 1305 TERRA BELLA AVE MOUNTAIN VIEW, CA 94043-1851
Is budget authority available?:	Yes	City/State/Zip	MOUNTAIN VIEW, CA 94043-1851
If "No" please explain:	Not Applicable	Contact/Phone:	Raymond Han 6506184001
		Vendor No.:	T27042285
		NV Business ID:	NV20081498280

To what State Fiscal Year(s) will the contract be charged? **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 % Premium Revenue

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/07/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **327 days**4. Type of contract: **Contract**Contract description: **Consulting**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-17897 which provides consulting, marketing, and education services. This service agreement provides assessment services to improve division planning, goal setting, and accountability alignment engagement.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$85,000.00**

Other basis for payment: As invoiced by the vendor and approved by the State.

II. JUSTIFICATION

7. What conditions require that this work be done?

The department sees to assess and improve processes for planning, goal setting, and accountability alignment engagement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not have the skills to provide these types of assessments.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

Yes

a. List the names of vendors that were solicited to submit proposals (include at least three):

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 08/04/2023 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:

Several contracts with NVHA with satisfactory performance.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
 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	loter1	07/29/2026 14:38:27 PM
Division Approval	scanfiel	07/29/2026 14:42:52 PM
Department Approval	cleech	08/04/2026 08:44:17 AM
Contract Manager Approval	ijanssen	08/04/2026 08:57:55 AM
Budget Analyst Approval	klay0	08/07/2026 14:46:21 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32750**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	ETCHEMENDY ENGINEERING INC. P.C.
Agency Code:	431	Contractor Name:	ETCHEMENDY ENGINEERING INC. P.C.
Appropriation Unit:	3650-10	Address:	10597 DOUBLE R BLVD
Is budget authority available?:	Yes	City/State/Zip	RENO, NV 89521-8937
If "No" please explain:	Not Applicable	Contact/Phone:	BRANDON ETICHEMENDY 775-853-1131
		Vendor No.:	T29033764
		NV Business ID:	NV20111683017

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 %	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 **07/17/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2028**Contract term: **1 year and 349 days**4. Type of contract: **Contract**Contract description: **Water Heater Replace**

5. Purpose of contract:

This is a new contract to provide professional architectural/engineering services for a water heater replacement design at the Las Vegas Readiness Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$37,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Develop construction ready documents and project specifications to replace the existing water heater.

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 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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Vendor has done excellent work in the past and selected for the work 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:

The vendor has had a number of contracts with the agency:21768, 26889, 27728, 28269, 31066. Vendor has done 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:

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	07/14/2026 17:11:28 PM
Division Approval	csnido1	07/14/2026 17:11:30 PM
Department Approval	csnido1	07/15/2026 09:16:16 AM
Contract Manager Approval	csnido1	07/15/2026 09:16:18 AM
Budget Analyst Approval	Iramire7	07/17/2026 11:10:32 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32543**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	FENCING SPECIALISTS, INC.
Agency Code:	431	Contractor Name:	FENCING SPECIALISTS, INC.
Appropriation Unit:	3650-07	Address:	3500 JOHN PETER LEE AVENUE
Is budget authority available?:	Yes	City/State/Zip	NORTH LAS VEGAS, NV 89032
If "No" please explain:	Not Applicable	Contact/Phone:	CHRIS STEILEN 702-644-3750
		Vendor No.:	T29052633
		NV Business ID:	NV19831002639

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.

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 **07/17/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 349 days**4. Type of contract: **Contract**Contract description: **Southern NV Fencing**

5. Purpose of contract:

This is a new contract to provide ongoing fencing installation and repair services for the southern Nevada locations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,920.28****II. JUSTIFICATION**

7. What conditions require that this work be done?

Provide fencing installation and repair services as needed. for southern Nevada.

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 skillset 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):

American Fence Company
Fencing Specialists
A1 Fence and Gate Repairb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor grading well in the evaluation.

d. Last bid date: 04/08/2026 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 a previous contract (21902) with the agency.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	06/09/2026 12:54:49 PM
Division Approval	csnido1	06/09/2026 12:54:52 PM
Department Approval	ctyle1	07/10/2026 13:41:22 PM
Contract Manager Approval	csnido1	07/15/2026 09:17:00 AM
Budget Analyst Approval	Iramire7	07/17/2026 11:04:13 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32713**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	KAP MECHANICAL SERVICES, LLC
Agency Code:	431	Contractor Name:	KAP MECHANICAL SERVICES, LLC
Appropriation Unit:	3650-28	Address:	809 INDUSTRIAL WAY
Is budget authority available?:	Yes	City/State/Zip	ELKO, NV 89801-4875
If "No" please explain:	Not Applicable	Contact/Phone:	JENNIFER LICKLY 775-738-1908
		Vendor No.:	T29037732
		NV Business ID:	NV20051780465

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.

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 **07/17/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2028**Contract term: **2 years and 15 days**4. Type of contract: **Contract**Contract description: **Tower Removal**

5. Purpose of contract:

This is a new contract to provide the removal of the watch tower at the Battle Born Youth Challenge campus located in Carlin.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$95,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Removal of the tower in Carlin.

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 equipment to be able to do the job.

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
KAP Mechanical
Simerson Constructionb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor submitted only bid and the price was right for the work needed.

d. Last bid date: 05/22/2026 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:

Vendor previously had 32360 and 32459 and 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 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	07/14/2026 16:04:09 PM
Division Approval	csnido1	07/14/2026 16:04:11 PM
Department Approval	csnido1	07/15/2026 09:16:42 AM
Contract Manager Approval	csnido1	07/15/2026 09:16:44 AM
Budget Analyst Approval	Iramire7	07/17/2026 11:19:08 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32766**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	SHARI G COOK & DENTON B COOK
Agency Code:	431	Contractor Name:	SHARI G COOK & DENTON B COOK
Appropriation Unit:	3650-10	Address:	107 HUNEWELL LANE
Is budget authority available?:	Yes	City/State/Zip	WELLINGTON, NV 89444
If "No" please explain:	Not Applicable	Contact/Phone:	DENNIE COOK 775-901-0904
		Vendor No.:	T29044985
		NV Business ID:	NV20191075869

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 %	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 **07/24/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2028**Contract term: **2 years and 8 days**4. Type of contract: **Contract**Contract description: **Weed Clean Up**

5. Purpose of contract:

This is a new contract to provide a herd of goats to graze on weeds in the Swan Lake area.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Provide herd of goats to graze on weeds in the Swan Lake area so to not use poisonous sprays best for the environment and the soldiers.

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 be able to do the job.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):

**Goat Grazers
Weed Warriors
High Desert Graziers**b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Vendor was selected with the best price for the work needed.

d. Last bid date: 04/13/2026 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 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	07/16/2026 11:02:23 AM
Division Approval	csnido1	07/16/2026 11:02:25 AM
Department Approval	csnido1	07/17/2026 08:58:21 AM
Contract Manager Approval	csnido1	07/17/2026 08:58:23 AM
Budget Analyst Approval	Iramire7	07/24/2026 10:56:01 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32735**

Agency Name:	ADJUTANT GENERAL & NATIONAL GUARD	Legal Entity Name:	SUNSTONE BUILDING SPECIALTIES, INC
Agency Code:	431	Contractor Name:	SUNSTONE BUILDING SPECIALTIES, INC
Appropriation Unit:	3650-07	Address:	8540 DEAN MARTIN DRIVE, SUITE
Is budget authority available?:	Yes	City/State/Zip	LAS VEGAS, NV 89139
If "No" please explain:	Not Applicable	Contact/Phone:	LESLIE ALVAREZ-MORALES 702-616-9201
		Vendor No.:	T29053491
		NV Business ID:	NV20041362987

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.

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 **07/17/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 349 days**4. Type of contract: **Contract**Contract description: **Partition Services**

5. Purpose of contract:

This is a new contract to provide new office partition system installation for the Las Vegas facilities.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,360.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Installation of new partition systems such as office partitions, modular walls, restroom partitions, and specialty systems, ensuring proper layout, alignment, anchoring, and integration with existing building components.

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):

Sunstone Building Specialties
Advanced Countertop Design
The Farm

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Submitted best pricing for the work needed.

d. Last bid date: 05/20/2026 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:
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	07/14/2026 09:05:47 AM
Division Approval	csnido1	07/14/2026 09:05:50 AM
Department Approval	csnido1	07/14/2026 16:00:18 PM
Contract Manager Approval	csnido1	07/14/2026 16:00:21 PM
Budget Analyst Approval	Iramire7	07/17/2026 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: **31091** Amendment Number: **1**

Agency Name: **ADJUTANT GENERAL & NATIONAL GUARD** Legal Entity Name: **WELLES PUGSLEY ARCHITECTS LLP**

Agency Code: **431** Contractor Name: **WELLES PUGSLEY ARCHITECTS LLP**

Appropriation Unit: **3650-10** Address: **151 E WARM SPRINGS RD**

Is budget authority available?: **Yes** City/State/Zip: **LAS VEGAS, NV 89119-4101**

If "No" please explain: Not Applicable Contact/Phone: **JOY RINEER 702/435-1150**

Vendor No.: **T27038348**

NV Business ID: **NV20031000034**

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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **01/13/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2027**Contract term: **1 year and 259 days**4. Type of contract: **Contract**Contract description: **Design Package**

5. Purpose of contract:

This is the first amendment to the original contract which provides professional architectural/engineering services for a conceptual design package for the new Limited Army Aviation Support facility in North Las Vegas. This amendment increases the amount of the contract from \$143,950 to \$188,950.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$143,950.00	\$143,950.00	\$143,950.00	Yes - Action
2. Amount of current amendment (#1):	\$45,200.00	\$45,200.00	\$45,200.00	Yes - Info
3. New maximum contract amount:	\$189,150.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

Provide a conceptual design package for the new Limited Army Aviation Support facility (LAASF) in North 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 qualifications for the project.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 08/08/2025 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?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The agency currently has a number of contracts with the vendor: 29279, 29537, 28294, 28297, 29837 and 29838. The vendor has done 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:

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	csnido1	07/09/2026 15:40:51 PM
Division Approval	csnido1	07/09/2026 15:40:53 PM
Department Approval	ctyle1	07/10/2026 09:59:42 AM
Contract Manager Approval	csnido1	07/17/2026 08:58:58 AM
Budget Analyst Approval	Iramire7	07/21/2026 13:43:15 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32524**Agency Name: **DEPARTMENT OF CORRECTIONS**Agency Code: **440**Appropriation Unit: **3761-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Desert Boilers & Controls, Inc

Contractor Name: **Desert Boilers & Controls, Inc**Address: **305 West St. Louis Ave.**City/State/Zip: **Las Vegas, NV 89102**

Contact/Phone: Rick Mendoza 702-631-7780

Vendor No.: PUR0001437

NV Business ID: NV19971189711

To what State Fiscal Year(s) will the contract be charged? **2026-2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

X General Funds	100.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2025**

Anticipated BOE meeting date 06/2026

Retroactive? **Yes**

If "Yes", please explain

This was deemed as an emergency and couldn't wait for a contract to be put into place.3. Termination Date: **12/31/2026**Contract term: **1 year and 91 days**4. Type of contract: **Contract**Contract description: **FMWCC Boilers**

5. Purpose of contract:

This is a new contract to provide the replacement of failing water storage tanks at Florence McClure Woman's Correctional Center.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,973.03**

Payment for services will be made at the rate of \$28,486.52 per FY26 EMF funds

Other basis for payment: \$28,486.51 ~ FY27 3761

II. JUSTIFICATION

7. What conditions require that this work be done?

The boilers at FMWCC failed and needed to be replaced immediately.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

NDOC does not have qualified employees to perform this work. No state agency offers this service9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Desert Boilers & Controls Inc
US Mechanical
Ryan Mechanical

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Lowest priced bid. Emergency approval obtained from purchasing Administrator.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	mschobe2	07/17/2026 12:21:12 PM
Division Approval	tmyler2	07/17/2026 14:14:07 PM
Department Approval	tmyler2	07/17/2026 14:14:10 PM
Contract Manager Approval	blewalle	07/17/2026 14:15:47 PM
Budget Analyst Approval	vyoungb	07/21/2026 09:44:46 AM

From: [Miranda Schober](#)
To: [Brandon Lewallen](#)
Subject: FW: Desert Boiler Emergency Situation
Date: Thursday, June 4, 2026 12:29:22 PM
Attachments: [image001.png](#)

Hi,

Here is part of the email chain with Bill Taylor's approval to proceed.

Thanks,

Miranda Schober
Budget Analyst 3
Fiscal Services
Nevada Department of Corrections
T: 775-977-5558 E: mischober@doc.nv.gov



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From: Jennifer Kaufman <jenkaufman@doc.nv.gov>
Sent: Monday, October 6, 2025 8:06 AM
To: Miranda Schober <mischober@doc.nv.gov>
Subject: Fw: Desert Boiler Emergency Situation

This is the second email

From: William Taylor <BTaylor@admin.nv.gov>
Sent: Friday, October 3, 2025 4:50 PM
To: Jennifer Kaufman <jenkaufman@doc.nv.gov>; Joel Wixon <j.wixon@admin.nv.gov>
Cc: Kitty DeSocio <kittydesocio@doc.nv.gov>; Jason Giesler <jgiesler@doc.nv.gov>; Miranda Schober <mischober@doc.nv.gov>; William Reubart <wreubart@doc.nv.gov>
Subject: Re: Desert Boiler Emergency Situation

Jennifer,

Pursuant to NAC 333.114, this email serves as authorization to proceed with an emergency (As defined in NRS414.0345) purchase. Document and retain this email with the purchase.

A written contract should still be completed, and if the contract value exceeds \$15,000, submitted to GFO for consideration. If any additional assistance is required in this effort, please reach out to Joel Wixon j.wixon@admin.nv.gov.

Best,

William (Bill) Taylor | Administrator

State of Nevada | Purchasing Division

515 E. Musser St., Ste 300 | Carson City, NV 89701

W (775) 515-5173 | C (775) 720-6157

BTaylor@admin.nv.gov | nevadaepro.com | purchasing.nv.gov

We would greatly appreciate your feedback about the customer service you received.

Click [here](#) to complete a customer service survey.

Unified to provide Efficient, Transparent, and Value-Driven Procurement.

****PUBLIC RECORDS NOTICE:** In accordance with NRS Chapter 239, this email and responses, unless otherwise made confidential by law, may be subject to Nevada Public Records laws and may be disclosed to the public upon request. ******

From: Jennifer Kaufman <jenkaufman@doc.nv.gov>

Sent: Friday, October 3, 2025 2:00 PM

To: William Taylor <BTaylor@admin.nv.gov>

Cc: Joel R. Smedes <j.smedes@admin.nv.gov>; Cindy L. Stoeffler <cstoeffler@admin.nv.gov>; Kitty DeSocio <kittydesocio@doc.nv.gov>; Jason Giesler <jgiesler@doc.nv.gov>; Miranda Schober <mischober@doc.nv.gov>; William Reubart <wreubart@doc.nv.gov>

Subject: Re: Desert Boiler Emergency Situation

The boilers need to be replaced here at FMWCC. There are many reasons for this:

- the boiler pressure vessels in the main boiler room at FMWCC have failed and are leaking. This is affecting the hot water supply for the culinary and the domestic water supply for showers hand washing of inmates and staff hygiene. The culinary must have a higher temperature water for sterilization. These are two separate systems. If we lose the culinary hot water system, we are in violation of the health dept. and the standards set forth for food services.
- The State boiler inspector has given us a notice of violation already.
- The insurance Company has also given us a violation. Hartford Insurance Co.

- If this leak becomes any bigger it is going to affect more of the rooms near it. The electrical room is getting a little water seeping through the wall now *** (now 10/3/2025 it's getting tons) It is not affecting the breakers yet but any more and it will. That room also houses the door controls and the new Voya internet. The other side is the Cosmetology classroom. It has had water come through the wall as the leak has grown. We put bigger catch pans in to contain it. The amount of the leak is not going to be contained very well much longer. The metal is becoming weaker daily, and it is a fight to stay ahead of this problem.
- The boilers that heat the water are also getting damaged. This could also affect the pumps that circulate the water and the water softeners. The fix for them would be very costly! If the units burst completely the whole building could be affected before we could get the water flow stopped.

This is the last email I have dated 9/24 from our FS3:

Hi, the boiler pressure tank is now leaking at about 3 times the rate that it was last time I asked for help. I have made sandbag dams to try to contain the water. It is damaging the other components in the boiler room. These tanks have to be built after we order them. It will take around 5 weeks. The contractor will charge us a lot more for an emergency job. They have to drop their other customers and job to move equipment to our problem. We need a resolution soon! Thanks, Lance.

***Our boilers are leaking water at a rate so rapid we had to purchase sand bags to divert the water from their room so it didn't flood the electrical room next door. This slowed the flooding but they aren't storing much water at this point. It's leaking out at an alarming rate. If they combust not only will the offenders have no hot water, neither will the institution. In addition, the electrical room houses our electrical for the facility and the Viapath equipment. Potential loss could be hundreds of thousands of dollars. The situation took weeks to be approved by our Director at fiscal. We need help immediately before they completely fail.

In addition, I am adding the email chain to this of the events, see attached.

To: Jennifer Kaufman <jenkaufman@doc.nv.gov>

Cc: Joel R. Smedes <j.smedes@admin.nv.gov>; Cindy L. Stoeffler <cstoeffler@admin.nv.gov>

Subject: Desert Boiler Emergency Situation

Jennifer,

Thank you for reaching out concerning your potential emergency situation. I am able to provide an emergency authorization via email ,f your situation warrants. Keep in mind, it must fall within the constrains of NAC333.114. (ie. if an emergency, as that term is defined in [NRS 414.0345](#), or any other situation that the Administrator identifies as a threat to the health, safety or welfare of the persons in this state occurs and he or she determines that the emergency purchase is in the best interests of the State.)

NRS414.0345 says: "Emergency" means an occurrence or threatened occurrence for which, in the determination of the Governor, the assistance of state agencies is needed to supplement the efforts and capabilities of political subdivisions to save lives, protect property and protect the health and safety of persons in this state, or to avert the threat of damage to property or injury to or the death of persons in this state."

If you feel that your situation falls within this definition, then simply send me an email stating the situation in enough detail for understanding and how you believe it falls within statute. Make sure you cc your director, because beginning Oct 1 they can be called in front of the BOE to justify these emergency requests, so they should be aware of the ask, or make it themselves.

Additionally, if you do not find that this aligns with an "emergency request" you also have the option to go out for RFP or contact Cindy Stoeffler, Purchasing Program Officer III regarding Solicitation Waivers. In the end, we are here to help as able, so we look forward to your response.

Best,

William (Bill) Taylor I Administrator

State of Nevada | Purchasing Division

515 E. Musser St., Ste 300 | Carson City, NV 89701

W (775) 515-5173 | C (775) 720-6157

BTaylor@admin.nv.gov | nevadaepro.com | purchasing.nv.gov

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Joe Lombardo
Governor

James E. Dzurenda
Director

Todd Myler
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: October 1, 2025

To: Governors Finance Office
Vince Young-Brown, Executive Branch Budget Officer

From: Todd Myler, Deputy Director, Support Services

Subject: Request for Retro Contract

This memo is to inform you that the Nevada Department of Corrections requests retroactive approval of Contract CETS 32524 with Desert Boiler Controls Inc, effective October 1, 2025. This contract covers emergency repair services for multiple failing water storage tanks that supply Florence McClure Women's Correctional Center with hot water.

Due to the urgent nature of the incident, immediate repair was determined to be in the best interest of the State and emergency authorization was obtained from the Purchasing Administrator.

Todd Myler
Deputy Director, Support Services
Nevada Department of Corrections

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32666**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **1362-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARLSON HVAC LLC**Contractor Name: **CARLSON HVAC LLC**Address: **213 N STEPHANIE ST****STE G # 223**City/State/Zip: **HENDERSON, NV 89074**Contact/Phone: **702-292-9987**Vendor No.: **T29052104**NV Business ID: **NV20243144570**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	75.00 %	Shipping and handling
X Federal Funds	25.00 %		Bonds	0.00 %	
Highway Funds	0.00 %		Other funding	0.00 %	

Agency Reference #: **27-05**

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 **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 335 days**4. Type of contract: **Contract**Contract description: **Freezer Maint & Repa**

5. Purpose of contract:

This is a new contract to provide preventative maintenance and repair for the Food and Nutrition warehouse freezers in Las Vegas.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$88,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

NDA purchased a new food warehouse with cold storage that needs this service. Preventative maintenance services are required to ensure refrigeration equipment remains operational and capable of maintaining proper food storage temperatures for USDA Foods and other temperature-sensitive products. Regular maintenance supports compliance with applicable food safety requirements, protects food inventory from spoilage and helps ensure continued program operations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The NDA does not have staff with the specialized training, certifications or equipment necessary to perform preventative maintenance and repairs on commercial refrigeration systems. These services require qualified refrigeration technicians and specialized diagnostic tools.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
Sunrise Refrigeration
Gordon Mechanical NV
Liberty Heating, Air Conditioning & Refrigeration
ColdTech Refrigeration

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only 2 vendors responded with quotes. The selected vendor provided a much more thorough and detailed walk-thru during the site visit than the other vendor. This vendor also offers repairs to the units when needed.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	07/07/2026 07:11:05 AM
Division Approval	jwilkin3	07/07/2026 07:11:07 AM
Department Approval	cbalcon	07/16/2026 17:14:04 PM
Contract Manager Approval	jfromm	07/17/2026 13:02:08 PM
Budget Analyst Approval	dspeed1	07/31/2026 11:37:05 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32488**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **1362-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Cintas Corporation No 2

Contractor Name: **Cintas Corporation No 2**Address: **6800 Cintas Boulevard**City/State/Zip: **Mason, OH 45040**

Contact/Phone: 205-965-9713

Vendor No.: T32002621

NV Business ID: NV20001284939

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 **66.00 %** **USDA Foods Shipping and Handling****X** Federal Funds **34.00 %** Bonds 0.00 %

Highway Funds 0.00 % Other funding 0.00 %

Agency Reference #: 26-52

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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/08/2030**Contract term: **3 years and 313 days**4. Type of contract: **Contract**Contract description: **Facilities mgmt.**

5. Purpose of contract:

This is a new service agreement under statewide contract 99SWC-NV22-11324 which provides placement and service of eyewash stations and first aid kits for the Reno and Las Vegas Food and Nutrition warehouses.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,106.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Due to the warehouses having forklifts with batteries that contain acids, eye wash stations are required to be within 55 feet of the forklift charging stations. This is per OSHA regulations and ANSI/ISEA Z358.1-2014.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Our staff are not trained in how to properly maintain and service eye wash stations, and Nevada has a statewide contract with a company that provides 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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
 b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 Transportation 2026, 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:

Brittany Mally, Food and Nutrition Deputy Administrator Ph: 775-224-4783

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	07/07/2026 11:51:37 AM
Division Approval	jwilkin3	07/07/2026 11:51:41 AM
Department Approval	cbalcon	07/07/2026 13:22:51 PM
Contract Manager Approval	jfromm	07/13/2026 10:07:35 AM
Budget Analyst Approval	dspeed1	07/31/2026 11:45:02 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **31686**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4550-25**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Washington State University

Contractor Name: **Washington State University**Address: **PO Box 641039**City/State/Zip: **Pullman, WA 99164**

Contact/Phone: 509-335-9696

Vendor No.: T11361100

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.

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 #: 23-32

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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 335 days**4. Type of contract: **Interlocal Agreement**Contract description: **Diagnostic Testing**

5. Purpose of contract:

This is a new interlocal agreement to provide diagnostic laboratory services to determine the presence and nature of infectious, contagious, or parasitic diseases.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Washington Animal Disease Diagnostic Laboratory (WADDL) provides referral testing for the Nevada Department of Agriculture (NDA). Testing that is not currently performed by the NDA, may be sent to WADDL to complete animal health cases. These tests include histopathology and other specialty tests. WADDL and NDA have a long standing interlocal agreement.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The NDA has a limited test menu and resources. Specialized testing cannot be done locally

9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Nevada Department of Agriculture 2019-current. The quality of service provided has been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	jwilkin3	04/21/2026 09:43:04 AM
Division Approval	jwilkin3	04/21/2026 09:43:06 AM
Department Approval	cbalcon	04/30/2026 07:28:02 AM
Contract Manager Approval	jfromm	07/31/2026 11:42:05 AM
Budget Analyst Approval	dspeed1	07/31/2026 11:58:17 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32663**Agency Name: **DEPARTMENT OF AGRICULTURE**Agency Code: **550**Appropriation Unit: **4554-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Ray Heating Products, Inc.

Contractor Name: **Ray Heating Products, Inc.**Address: **1008 E Fourth St**City/State/Zip: **Reno , NV 89512**

Contact/Phone: 775-233-9434

Vendor No.:

NV Business ID: NV19531000169

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 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % Cost Allocation

Agency Reference #: 27-04

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/27/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 339 days**4. Type of contract: **Contract**Contract description: **HVAC Maint & Repai**

5. Purpose of contract:

This is a new contract to provide ongoing preventative maintenance and repair services to the heating, ventilation, and air conditioning systems at the Sparks headquarters.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,990.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The HVAC system requires quarterly maintenance and repairs to maintain proper temperature controls.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The NDA does not have the licensing or training to perform HVAC maintenance and repair.9. Were quotes or proposals solicited? **Yes**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Ray Heating Products, Inc.
Emcor Services
Bighorn Mechanicalb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This was the only vendor to provide a 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:

Nevada Department of Agriculture 2021-2025, work was satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Nevada Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jwilkin3	07/16/2026 10:00:09 AM
Division Approval	jwilkin3	07/16/2026 10:00:11 AM
Department Approval	cbalcon	07/16/2026 17:13:46 PM
Contract Manager Approval	jfromm	07/17/2026 13:02:14 PM
Budget Analyst Approval	dspeed1	07/27/2026 15:05:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32796**Agency Name: **GCB - GAMING CONTROL BOARD**Agency Code: **611**Appropriation Unit: **4061-30**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: ORI Integrity Consulting Services, Inc

Contractor Name: **ORI Integrity Consulting Services, Inc**Address: **103 Deer Haven Drive**City/State/Zip: **Versailles, KY 40383**

Contact/Phone: Jason A. Klouser 570-617-4863

Vendor No.: T29053010

NV Business ID: NV20263624126

To what State Fiscal Year(s) will the contract be charged? **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 **08/04/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2026**Contract term: **149 days**4. Type of contract: **Contract**Contract description: **Horse Racing**

5. Purpose of contract:

This is a new contract to provide regulatory training for the annual horse racing events in White Pine and Elko Counties.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada horse racing has been an isolated affair for many years, however, operating on our own while largely ignoring the changes going on within the industry is no longer sustainable. The Nevada Gaming Control Board has taken steps to improve our regulatory oversight of horse racing by updating Regulation 30, but additional training is needed to meet industry standards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Nevada Gaming Control Board has insufficient expertise in the conduct of the regulatory training. We know of no state employees qualified to perform this 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 Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This is a unique training that no other vendor or entity offer within the horse racing community.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	tfrank	07/23/2026 08:52:46 AM
Division Approval	tfrank	07/23/2026 08:52:48 AM
Department Approval	tfrank	07/23/2026 08:52:50 AM
Contract Manager Approval	tfrank	07/23/2026 08:52:52 AM
Budget Analyst Approval	nrezaie	08/04/2026 11:10:46 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32800**

Agency Name: GCB - GAMING CONTROL BOARD	Legal Entity Name: Lexipol, LLC
Agency Code: 611	Contractor Name: Lexipol, LLC
Appropriation Unit: 4064-14	Address: 2611 Internet Blvd., Ste 120
Is budget authority available?: Yes	City/State/Zip: Frisco , TX 75034
If "No" please explain: Not Applicable	Contact/Phone: 415-962-8315
	Vendor No.: T27023983
	NV Business ID: NV20191029169

To what State Fiscal Year(s) will the contract be charged? **2027-2032**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/04/2026**Anticipated BOE meeting date **08/2027**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **08/15/2031**Contract term: **5 years and 12 days**4. Type of contract: **Other (include description): Service**Contract description: **Field Training**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV23-16700 which provides policy, training, reporting and wellness solutions. This service agreement provides licenses for Lexipol Field training as well as Lexipol field training implementation service.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$27,527.50****II. JUSTIFICATION**

7. What conditions require that this work be done?

This software will provide a way to track field training program information. This system is currently done on paper/printed documents, so it will streamline the field training program documentation system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This service/software is not offered through state agencies9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	tfrank	08/04/2026 11:35:56 AM
Division Approval	tfrank	08/04/2026 11:35:58 AM
Department Approval	tfrank	08/04/2026 11:36:00 AM
Contract Manager Approval	tfrank	08/04/2026 11:36:02 AM
Budget Analyst Approval	nrezaie	08/04/2026 12:55:31 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32406**Agency Name: **DPS-HIGHWAY PATROL**Agency Code: **651**Appropriation Unit: **4713-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Creative Cleaning Service, LLC.

Contractor Name: **Creative Cleaning Service, LLC.**Address: **290 Crystal Ct.**City/State/Zip: **Mesquite, NV 89027**

Contact/Phone: Francisco Castro 702-345-2215

Vendor No.: T32012380

NV Business ID: NV20061478714

To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

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 **08/01/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Janitorial Services**

5. Purpose of contract:

This is a new contract to provide ongoing janitorial services at the Nevada Highway Patrol substation located in Mesquite.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$56,160.00**

Payment for services will be made at the rate of \$1,170.00 per month

II. JUSTIFICATION

7. What conditions require that this work be done?

State facilities must be cleaned and maintained.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There currently are not any state employees who are able to provide this type of service.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Creative Cleaning Service LLC
Silver Ridge Services LLC
Simplicity Services, LLCb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Chosen vendor bid was the lowest bidder.

d. Last bid date: 03/30/2026 Anticipated re-bid date: 04/01/2030

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 contracted by NHP. The services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Kasen Cornmesser, NHP Contract Manager Ph: 775-546-5162

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cdavis	07/06/2026 15:38:55 PM
Division Approval	thick2	07/06/2026 16:03:37 PM
Department Approval	mcosenti	07/09/2026 07:45:05 AM
Contract Manager Approval	mcosenti	07/09/2026 07:45:07 AM
Budget Analyst Approval	tsmorra	07/13/2026 16:20:24 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **26793**Amendment Number: **2**Agency Name: **DPS-FIRE MARSHAL**Legal Entity Name: **FIRETREX, INC.**Agency Code: **656**Contractor Name: **FIRETREX, INC.**Appropriation Unit: **3816-25**Address: **10621 NE 194TH ST**Is budget authority available?: **Yes**City/State/Zip: **BOTHELL, WA 98011-3043**

If "No" please explain: Not Applicable

Contact/Phone: **Dave Monahan 206-501-4480**Vendor No.: **T29039255**NV Business ID: **NV20253402184**To what State Fiscal Year(s) will the contract be charged? **2023-2029**

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 %

Transfer from State Emergency Response Commission and Nevada Department of Environmental Protection

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 **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved **07/31/2026**

Termination Date:

Contract term: **6 years and 1 day**4. Type of contract: **Contract**Contract description: **Training Database**

5. Purpose of contract:

This is the second amendment to the original contract which provides the hosting, maintenance, technical support, and routine updating of the NV IMPACT system to include annual on-site training to the State Fire Marshal's Training Bureau. This amendment extends the termination date from July 31, 2026 to July 31, 2028 and increases the maximum amount from \$65,500 to \$99,500 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:	\$38,000.00	\$38,000.00	\$38,000.00	Yes - Info
a. Amendment 1:	\$27,500.00	\$27,500.00	\$65,500.00	Yes - Info
2. Amount of current amendment (#2):	\$34,000.00	\$34,000.00	\$99,500.00	Yes - Info
3. New maximum contract amount:	\$99,500.00			
and/or the termination date of the original contract has changed to:	07/31/2028			

II. JUSTIFICATION

7. What conditions require that this work be done?

Support, maintenance, and customization of the NV IMPACT certification and training system. Data imports, certificate issuance support, and report design/implementation. User training, feature design, and functional consultations.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees within DPS and other agencies do not have the necessary skills.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 220701

Approval Date: 07/05/2022

c. Why was this contractor chosen in preference to other?

A new or different vendor would have to learn the processes of the State Fire Marshal's office, as well as learn the working and inner design of a system they did not create. This would create significant delays in desired updates and changes, as well as potential data imports and certificate issuance.

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	cjackson	07/23/2026 09:57:32 AM
Division Approval	cjackson	07/23/2026 09:57:35 AM
Department Approval	jramo3	07/23/2026 13:42:28 PM
Contract Manager Approval	mcosenti	07/23/2026 15:18:12 PM
EITS Approval	ljean	07/24/2026 07:18:32 AM
Budget Analyst Approval	tsmorra	07/30/2026 16:17:50 PM



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Alex Knaak, Acting Chief, DPS
Erika Sencion, Management Analyst III, DPS
Michelle Lyons, Management Analyst I, DPS
Richard McKnight, Training Officer II, DPS

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Michael D. Smith Jr., Deputy Director/Chief Technology Officer, GTO
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DPS – *FireTrex* – TIE 1139, Revision 5.1 – BA(s)
3816 (**Approved**)

DATE: June 30, 2026

We have completed our review of the Department of Public Safety (DPS) investment which has an estimated total value of \$34,000.00, allocated to FY2027 and FY2028 as ongoing costs.

Funding source(s): 50% NDEP and 50% SERC.

This investment is now **approved** as a focused extension of the existing NV IMPACT system managed by the State Fire Marshal Training Division. The project will fund development of a dedicated web application for access to fire service training records, transcripts, certifications, testing requests, training requests, class registration, and training calendar information. The investment supports public safety operations by improving access to information fire service personnel need to perform assigned duties and maintain required credentials, consistent with the State Fire Marshal's training responsibilities under NRS

477.090.

The investment is not duplicative of the State's enterprise web platform, Optimizely, when limited to NV IMPACT's training, certification, testing, registration, and records functions, as NV IMPACT is a specialized operational system for fire service training administration. The agency must ensure the application does not recreate general website publishing, public content management, marketing, or other digital experience functions available through the State's enterprise web platform.

The business case supports full approval. The project extends an existing agency-owned system, benefits management and administrative users, supports training for more than 500 users, and serves approximately 1,000 to 5,000 external non-state users.

Although the submission states that PII is not processed and that security architecture will not be redesigned, the application will allow external access outside SilverNet to training records, transcripts, certifications, registrations, and user accounts. The agency must maintain appropriate authentication, role-based access, encryption, audit logging, vulnerability management, incident response, and account provisioning through normal agency managed security controls.

This TIE has been changed to approved because the agency has provided confirmation that the application does not duplicate Optimizely or other enterprise web capabilities; a complete cybersecurity and cloud review; and GovRAMP or equivalent cloud security evidence.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32661**Agency Name: **DPS-FIRE MARSHAL**Agency Code: **656**Appropriation Unit: **3816-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **GL SOLUTIONS, LLC**Contractor Name: **GL SOLUTIONS, LLC**Address: **DBA GL SUITE INC
555 CORPORATE DR, SUITE 300**City/State/Zip: **KALISPELL, MT 59911**Contact/Phone: **Bill Moseley 541-312-3662**Vendor No.: **PUR0002472B**NV Business ID: **NV20243234591**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 %	Program, State Emergency Response Commission and Division of Environmental Protection Transfers
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 **06/01/2026**Anticipated BOE meeting date **09/2026**Retroactive? **Yes**

If "Yes", please explain

The State Fire Marshal Division originally intended for this contract to be approved by the Clerk of the Board in May so that it could have an effective date of June 1, 2026. However, due to staffing challenges within both the Division and GL Solutions, the timeline was delayed. The TIE was submitted on April 20, 2026, and approved on May 13, 2026.

3. Termination Date: **05/31/2028**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Licensing Database**

5. Purpose of contract:

This is a new contract to provide ongoing software licensing and maintenance support services for web-based licensing and certification program.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$55,965.76**

Payment for services will be made at the rate of \$27,982.88 per Year

II. JUSTIFICATION

7. What conditions require that this work be done?

Pursuant to NRS 477, the State Fire Marshal Division is responsible for licensing companies and individuals who sell, install, inspect and maintain fire protection systems and equipment, as well as others who perform commercial firework displays, interior design and certify fire safe cigarettes.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The software application package provided by GL Suites requires the software to be hosted by GL Suites on their server located in Bend, Oregon.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 260602

Approval Date: 06/05/2026

c. Why was this contractor chosen in preference to other?

This contract provides for ongoing software support and maintenance which was contemplated in the original procurement.

d. Last bid date:

Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The State Fire Marshal Division has been using this vendor since 2015. The services have been satisfactory.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
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:

Michelle Lyons, MA I Ph: 775-684-7517

Erika Sencion, MA III Ph: 775-684-7537

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	cjackson	07/23/2026 08:41:23 AM
Division Approval	cjackson	07/23/2026 08:41:28 AM
Department Approval	jramo3	07/23/2026 13:37:31 PM
Contract Manager Approval	mcosenti	07/23/2026 15:29:43 PM
EITS Approval	ljean	07/24/2026 07:18:47 AM



**STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION**

Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701
Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:

Approval#: **260602 @**

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	ENTER YOUR STATE AGENCY NAME:	<i>Department of Public Safety-Fire Marshal Division</i>	
	<i>Contact Name and Title</i>	<i>Phone Number</i>	<i>Email Address</i>
	<i>Michelle Lyons, Management Analyst I</i>	<i>775-684-7517</i>	<i>slyons@dps.state.nv.us</i>
	<i>Erika Sencion, Management Analyst III</i>	<i>775-684-7537</i>	<i>esencion@dps.state.nv.us</i>
	<i>Melissa Sabatini, ASO I</i>	<i>775-684-4593</i>	<i>msabatini@dps.state.nv.us</i>

1b	Vendor Information:	
	Vendor Name:	<i>GL Solutions (DBA GLSuite, LLC)</i>
	Contact Name:	<i>Bill Moseley</i>
	Complete Address: City, State, and Zip Code	<i>555 Corporate Dr, Suite 300 Kalispell, MT 59911</i>
	Telephone Number:	<i>541-312-3662</i>
	Email Address:	moseley@gl solutions.com

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<i>X</i>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	<i>X</i>	No:
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:	<i>X</i>	No:
	Contract:	Start Date:	<i>Upon Approval</i>	End Date: <i>5/31/2028</i>

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	

Other (Explain):	<i>Licensing, Certificates and Plan Review Fees</i>

Purchasing Use Only:

Approval #:

260602C@

1g	Total Estimated Value of <u>this</u> Service Contract, Amendment or Purchase:
	\$55,965.76

2	Provide a description of work/services to be performed or services with goods to be purchased: <i>This is a database system designed for the licensing and certification of businesses and individuals that conduct fire protection services, sale of portable fire extinguishers, perform magic with fire apparatuses, blasting, fire performances, fireworks performances, and interior design of furniture, fixtures, and equipment in the State of Nevada.</i>

3	What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor? <i>This system is designed for all the special functions and business processes which are unique to Fire Protection Licensing and cannot be duplicated by any other vendor.</i>

4	Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source: <i>This system is designed for all the special functions and business processes which are unique to Fire Protection Licensing and cannot be duplicated by any other vendor.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
			X
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	b. <u>If not</u> , why were alternatives not evaluated? <i>As noted in #4, no alternatives were evaluated due to the current database being built by GL Solutions and the cost to the state would be much more to develop and implement a new database to meet the special functions than to continue to maintain and support the existing system.</i>		

Purchasing Use Only:	
Approval #:	260602 @

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>					X	
	a. <u>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for these services/services with goods, the following information must be provided along with the CETS contract number(s) associated with each:</u>						
	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #	
	Start Date	End Date					
	06/01/2022	05/31/2026	\$94,815.36	Licensing Database	Waiver #220507	26466	
06/18/2020	05/31/2022	\$43,694.32	Licensing Database		23302		
07/01/2015	06/30/2019	\$45,448.00	Licensing Database		17013		

7	What are the potential consequences to the State if the waiver request is denied and the services/services with goods is competitively bid?
	<i>This system is designed for all the special functions and business processes which are unique to Fire Protection Licensing and cannot be duplicated by any other vendor.</i>

8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?
	<i>This system is designed for all the special functions and business processes which are unique to Fire Protection Licensing and cannot be duplicated by any other vendor.</i>

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. <i>If yes, please provide details regarding future obligations or needs.</i>						
	Future obligations may arise because the Nevada State Fire Marshal Division's existing licensing and certification database system was built by GL Solutions, and ongoing maintenance, support, and enhancements will likely continue to require the services of the original developer. The system contains specialized functions and business processes that are unique to Fire Protection Licensing in Nevada and cannot be replicated or supported by another vendor without significant cost and redevelopment efforts.						

Purchasing Use Only:	
Approval #:	260602@

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.

Erika Sencion

Signature of Agency Representative Initiating Request

Erika Sencion

Print Name of Agency Representative Initiating Request

05/26/2026

Date

Jennifer Ramos

Signature of Agency Head Authorizing Request

Jennifer Ramos

Print Name of Agency Head Authorizing Request

05/26/2026

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.*

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.*

☒

This signature does not exempt your agency from any other processes that may be required.

Approved by:

[Signature]

Administrator, Purchasing Division or Designee

6.5.2026

Date



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: Erika Sencion, Management Analyst III, DPS
Jennafer Jenkins, Management Analyst III, DPS
Michelle Lyons, Management Analyst I, DPS

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
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DPS – *GL Solutions - GL Simple Plan 2022 4 Year Maintenance Contract* – TIE 500, Revision 2 – BA(s) 3816

DATE: May 13, 2026

We have completed our review of the Department of Public Safety (DPS) investment which has an estimated total value of \$150,781.12, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	Grand Total
One-Time Cost	\$ 23,703.84	\$ 27,982.88	\$ 27,982.88	\$ 79,669.60
Software - License/Maintance		\$ 27,982.88	\$ 27,982.88	\$ 55,965.76
Software - License/Maintenance Cont	\$ 23,703.84			\$ 23,703.84
Grand Total	\$ 23,703.84	\$ 27,982.88	\$ 27,982.88	\$ 79,669.60

Funding source(s): 100% Licensing, Certificates and Plan Review Fees.

GTO approves this investment for DPS, State Fire Marshal Division, GL Solutions contract renewal. The renewal continues maintenance, support, and hosting for the existing web-based licensing and

certification database used to support State Fire Marshal responsibilities under NRS/NAC 477. Approval is supported because the system maintains continuity for a required State business function and the contract renewal appears fiscally reasonable as a continuation of a previously reviewed platform.

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

Joe Lombardo
Governor



Nevada Department of
Public Safety
Dedication Pride Service

George Togliatti
Director

Kristi Defer
Deputy Director

Nevada State Fire Marshal Division

Alex Knaak
Acting State Fire Marshal

Stewart Facility
107 Jacobsen Way
Carson City, Nevada 89711
Telephone (775) 684-7501 - Fax (775) 684-7518

Memorandum

DATE: June 10, 2026

TO: Tiffany Greenameyer, Governor's Finance Office

THRU: Tiffany Smorra, Executive Branch Budget Officer, Governor's Finance Office

FROM: Alex Knaak, Acting Chief, Department of Public Safety, State Fire Marshal

SUBJECT: Retroactive Contract

Attached is a new contract between the Department of Public Safety (DPS) State Fire Marshal Division and GL Suite Inc. dba GL Solutions, for which we are requesting retroactive approval.

The State Fire Marshal Division originally intended for this contract to be approved by the Clerk of the Board in May so that it could have an effective date of June 1, 2026. However, due to staffing challenges within both the Division and GL Solutions, the timeline was delayed. The TIE was submitted on April 20, 2026, and approved on May 13, 2026.

Given these circumstances, the Division respectfully requests the Clerk of the Board's consideration and approval of this retroactive contract. Please contact me if you have any questions or if I can provide further assistance.

Sincerely,

Alex Knaak, Acting Chief

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **26267**Amendment Number: **1**Agency Name: **DPS-FIRE MARSHAL**Legal Entity Name: **IDSI INTERNATIONAL, INC.**Agency Code: **656**Contractor Name: **IDSI INTERNATIONAL, INC.**Appropriation Unit: **4729-26**Address: **2125 CENTER AVE STE 611**Is budget authority available?: **Yes**City/State/Zip: **FORT LEE, NJ 07024-5874**

If "No" please explain: Not Applicable

Contact/Phone: **SHILPA MOHAN 201-302-9494**Vendor No.: **T29009655**NV Business ID: **NV20131135239**To what State Fiscal Year(s) will the contract be charged? **2023-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	60.00 % Hazardous Materials
Federal Funds	0.00 %		Bonds	0.00 %
X Highway Funds	40.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/01/2022**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **07/31/2026**Contract term: **5 years and 33 days**4. Type of contract: **Contract**Contract description: **HazMat System Mntnce**

5. Purpose of contract:

This is the first amendment to the original contract which provides ongoing technical support and service for the Online Hazardous Materials Reporting System. This amendment extends the termination date from July 31, 2026 to September 2, 2027 and increases the maximum amount from \$288,000 to \$360,000 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:	\$288,000.00	\$288,000.00	\$288,000.00	Yes - Action
2. Amount of current amendment (#1):	\$72,000.00	\$72,000.00	\$72,000.00	Yes - Info
3. New maximum contract amount:	\$360,000.00			
and/or the termination date of the original contract has changed to:	09/02/2027			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Federal Emergency Preparedness and Community Right-to-Know Act (EPCRA) requires facilities to report extremely hazardous materials to the State Emergency Response Commission (SERC) and NRS requires payment of permit and storage fees. This is accomplished through the Nevada Online Hazardous Materials Reporting System maintained by the SERC. This contract provides for the ongoing support of this automated system.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

This database is a customized, off-the-shelf solution trademarked by this Vendor. For this reason State Employees or another State agency can provided the ongoing support.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

- a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

- b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

- c. Why was this contractor chosen in preference to other?

Approved Solicitation Waiver #220504

- 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

Budget Account Approval

User

cjackson

Signature Date

07/15/2026 08:51:00 AM

Division Approval	cjackson	07/15/2026 08:54:00 AM
Department Approval	mcosenti	07/17/2026 09:44:53 AM
Contract Manager Approval	mcosenti	07/17/2026 09:44:56 AM
EITS Approval	ljean	07/17/2026 09:58:17 AM
Budget Analyst Approval	tsmorra	07/27/2026 10:23:57 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

MEMORANDUM

TO: Erika Sencion, Management Analyst III, DPS
Michelle Lyons, Management Analyst I, DPS

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
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DPS – *IDSi International, Inc. 2022 4 Year Maintenance Contract* – TIE 341, Revision 2 – BA(s) 4729 (Corrected)

DATE: April 23, 2026

We have completed our review of the Department of Public Safety (DPS) investment which has an estimated total value of \$576,000.00, allocated to the current and future biennia as follows:

Cost Type	FY26	FY27	FY28	FY29	FY30	Grand Total
One-Time Cost	\$ 72,000.00	\$ 72,000.00	\$ 72,000.00	\$ 72,000.00	\$ 72,000.00	\$ 360,000.00
Software - Annual Maintenance		\$ 72,000.00	\$ 72,000.00	\$ 72,000.00	\$ 72,000.00	\$ 288,000.00
Software - Annual Maintenance/Subsc	\$ 72,000.00					\$ 72,000.00
Grand Total	\$ 72,000.00	\$ 72,000.00	\$ 72,000.00	\$ 72,000.00	\$ 72,000.00	\$ 360,000.00

Funding source(s): 60% HazMat Contingency Account and 40% Highway Fund.

GTO approves the renewal of Hazconnect Enterprise, a hazardous materials facility database that enables the State Emergency Response Commission and the State Fire Marshal's Division to meet statutory requirements for hazardous materials reporting, permitting, and related fee administration. This investment renews hosting, maintenance, support, and licensing under a four-year contract with the current vendor and with no change in scope.

Because these functions are mandated and rely on a shared system of record, continued support of the platform is operationally necessary. Allowing the system to lapse would create risk to compliance, emergency planning, and core agency operations.

GTO supports this investment as a continuation of an existing business-critical system that supports ongoing legal and public safety obligations. Standard contract and security review should confirm that hosting, support, and State data protections remain adequate over the renewal term.

The GTO technology risk scores indicate a low level of risk.

Should there be any modifications to enterprise services or resources beyond those outlined in this memo, including but not limited to network configurations, firewalls, servers, Active Directory (AD) integration, telecom systems, or other infrastructure, please notify the Governor's Technology Office (GTO) promptly to help mitigate potential delays in integration or implementation.

It is imperative that this solution adheres to State security standards and policies. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32527**

Agency Name:	DPS-CRIMINAL JUST ASSIST	Legal Entity Name:	NATIONAL CRIMINAL JUSTICE ASSOCIATION
Agency Code:	659	Contractor Name:	NATIONAL CRIMINAL JUSTICE ASSOCIATION
Appropriation Unit:	4736-04	Address:	720 7TH ST NW THIRD FLOOR
Is budget authority available?:	Yes	City/State/Zip	WASHINGTON, DC 20001
If "No" please explain:	Not Applicable	Contact/Phone:	ALLISON BADGER 315-72-4410
		Vendor No.:	T80469340
		NV Business ID:	NV20263556052

To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
X Federal Funds	100.00 %	Bonds	0.00 %
Highway Funds	0.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/21/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2026**Contract term: **71 days**4. Type of contract: **Contract**Contract description: **Byrne SCIP program**

5. Purpose of contract:

This is a new contract to provide technical assistance in the administration and planning of the State Crisis Intervention Program funds.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$34,650.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

As authorized by the Bipartisan Safer Communities Act of 2022, the U.S. Department of Justice's (DOJ) Byrne State Crisis Intervention Program (Byrne SCIP) provides formula funds to implement state crisis intervention programs. In February of 2023, the Office of Criminal Justice Assistance (OCJA) received a SCIP award, subject to special conditions. These special conditions required the creation of a SCIP Advisory Working Group (AWG) and submission of a SCIP State Plan to inform fund utilization.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees who can provide this service.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: 260303

Approval Date: 03/10/2026

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:

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	cjackson	06/22/2026 17:21:58 PM
Division Approval	cjackson	07/07/2026 11:52:34 AM
Department Approval	mcosenti	07/07/2026 11:58:38 AM
Contract Manager Approval	mcosenti	07/07/2026 12:00:25 PM
Budget Analyst Approval	tsmorra	07/21/2026 12:59:21 PM



STATE OF NEVADA
DEPARTMENT OF ADMINISTRATION

Purchasing Division

515 East Musser Street, Suite 300 | Carson City, Nevada 89701

Phone: 775-684-0170 | Fax: 775-684-0188

Purchasing Use Only:	
Approval#:	2160303 @

SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

ALL FIELDS ARE REQUIRED - INCOMPLETE REQUESTS WILL BE RETURNED TO THE AGENCY

1a	Agency Contact Information - Note: Approved copy will be sent to <u>ONLY</u> the contact(s) listed below:		
	ENTER YOUR STATE AGENCY NAME:		<i>DPS - Office of Criminal Justice Assistance</i>
	Contact Name and Title	Phone Number	Email Address
	<i>Jazzmine Betancourt, Administrator</i>	<i>775-687-1501</i>	<i>j.betancourt@dps.state.nv.us</i>
	<i>Melissa Sabatini, DPS Contract Manager</i>	<i>775-684-4593</i>	<i>msabatini@dps.state.nv.us</i>

1b	Vendor Information:	
	Vendor Name:	<i>National Criminal Justice Association</i>
	Contact Name:	<i>Allison Badger</i>
	Complete Address:	<i>720 7th St NW Third Floor, Washington, DC 20001</i>
	City, State, and Zip Code	
	Telephone Number:	<i>315-725-4410</i>
Email Address:	<i>abadger@ncja.org</i>	

1c	Type of Waiver Requested – Check the appropriate type:	
	Sole or Single Source:	<i>X</i>
	Professional Service Exemption:	

1d	Contract Information:			
	Is this a new Contract? Check One:	Yes:	<i>X</i>	No:
	If 'No' Enter Amendment Number:	#		
	Enter CETS Number:	#		

1e	Term:			
	One (1) Time Purchase? Check One:	Yes:		No:
	Contract:	Start Date:	<i>3/20/26</i>	End Date:

1f	Funding:	
	State Appropriated:	
	Federal Funds:	
	Grant Funds:	<i>DOJ Byrne State Crisis Intervention Program (SCIP)</i>
	Other (Explain):	

Rec'd 03/05/26 auto

@

Purchasing Use Only:

Approval #:

260303@

1g

Total Estimated Value of this Service Contract, Amendment or Purchase:

\$34,650

Provide a description of work/services to be performed or services with goods to be purchased:

As authorized by the Bipartisan Safer Communities Act of 2022, the U.S. Department of Justice's (DOJ) Byrne State Crisis Intervention Program (Byrne SCIP) provides formula funds to implement state crisis intervention programs. In February of 2023, the Office of Criminal Justice Assistance (OCJA) received a SCIP award in the amount of \$3,088,478, subject to special conditions.

These special conditions required the creation of a SCIP Advisory Working Group (AWG) and submission of a SCIP State Plan to inform fund utilization. The DOJ provided the first tranche of funds to OCJA in the amount of \$20,000 to facilitate compliance with these requirements. Remaining funds were to be released upon approval of the State Plan.

Unfortunately, the staff tasked with leading these efforts at the time failed to deploy these funds in a timely manner. Additionally, OCJA's previous Administrator retired in June of 2025, prior to submission and approval of the State Plan. This left the newly formed AWG without direction or guidance until the new Administrator was hired in October of 2025. Under new administration, the SCIP program was transferred to a seasoned staff member who has worked diligently to get the program back on track.

OCJA is comprised of a small team of five, and while we've made great strides in the development of the program, we need additional help to ensure SCIP funds are deployed, spent, and reported in accordance with Federal requirements and deadlines. To do this, we're seeking qualified professional assistance to aid in the administration and planning of this funding as well as the provision of technical assistance to our potential subrecipients.

Specifically, OCJA is seeking support in:

- Identifying program priorities;*
- Developing a Program Plan that identifies targeted initiatives and performance measures in accordance with established priorities;*
- Enhancing fund leveraging and braiding;*
- Creating program training materials; and*
- Obtaining technical assistance specific to OCJA as the State Administering Agency for Nevada*

What are the unique features/qualifications required for these services/services with goods that are not available from any other vendor?

In order to successfully deploy funds and meet program objectives, we require the services of a vendor who is qualified in the following areas:

- Providing technical assistance specifically to State Administering Agencies*
- Providing technical assistance specific to DOJ grant programs*
- Deploying SCIP funds*

Ultimately, we require a vendor who is knowledgeable about the deployment and administration of DOJ SCIP grants by State Administering Agencies.

4	Explain why these services/services with goods cannot be competitively bid and why this purchase is economically only available from a single source: <i>NCJA served as the singular Byrne SCIP technical assistance provider for State Administering Agencies before the termination of Department of Justice grants in April 2025. They are the expert in Byrne SCIP funding and are well qualified and fully equipped to support OCJA in the administration and planning of this funding.</i>

5	Were alternative services or commodities evaluated?	Check One:	
		Yes	No
		X	
	a. <u>If yes</u> , what were they and why were they unacceptable? Please be specific about features, characteristics, requirements, capabilities and compatibility.		
	<i>National Council of Juvenile and Family Court Judges (NCJFCJ)</i> <i>National Extreme Risk Protection Order (ERPO) Resource Center</i> <i>Collaborative Reform Initiative Technical Assistance Center (CRI-TAC)</i> <i>Stalking Prevention, Awareness, and Resource Center (SPARC)</i> <i>National Resource Center on Domestic Violence and Firearms</i> <i>Justice Reinvestment Initiative (JRI)</i> <i>National Criminal Intelligence Resource Center</i> <i>While there are many vendors with experience providing technical assistance specific to DOJ programs, NCJA is the sole provider with additional experience in 1) administering DOJ grants as opposed to direct services, 2) Deploying BYRNE SCIP funds, AND 3) working with State Administering Agencies responsible for setting priorities and allocating funds within their state.</i> b. <u>If not</u>, why were alternatives not evaluated?		

Purchasing Use Only:

Approval #:

260303@

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>						X
	a. If yes, starting with the most recent contract 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 must be provided along with the CETS contract number(s) associated with each:						
	Term		Value	Short Description	Provide Type of Procurement RFP#, RFQ#, Waiver #	CETS #	
	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?
	Should this waiver request be denied, requiring competitive bid, program progress will be stalled due to the lack of technical assistance. Potential consequences include: • Dissolution of the AWG due to lack of qualified guidance • Disinterest from stakeholders and potential subrecipients due to misaligned priorities • Inability to spend funds within the required period • Noncompliance due to insufficient capacity • Recapture of up to \$3 million in SCIP funds by DOJ • Loss of funding for law enforcement agencies, non-profits, and courts across the state, particularly in rural areas • "High-risk" designation affecting future funding opportunities

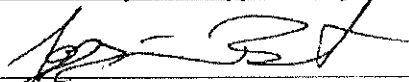
8	What efforts were made or conducted to substantiate there is no competition for the services/services with goods and to ensure the price for this purchase is fair and reasonable?
	OCJA staff searched online, reviewed DOJ Bureau of Justice Assistance resource repositories, and consulted other State Administering Agencies. Because NCJA is the only provider of these specific services, a price comparison cannot be conducted.

260303 @

9	Will this purchase obligate the State to this vendor for future purchases? Check One:	Yes	No
	<u>NOTE: Selecting "NO" indicates the agency will not submit future waivers for this Vendor, for this service.</u>		X
	a. If yes, please provide details regarding future obligations or needs.		

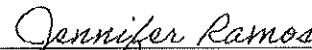
Purchasing Use Only:	
Approval #:	

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct. Signatures are required from the agency representatives indicated below. NOTE: The same individual cannot provide approval signatures in both sections.


 Signature of Agency Representative Initiating Request

Jazzmine Betancourt
 Print Name of Agency Representative Initiating Request

3/3/2026
 Date


 Signature of Agency Head Authorizing Request

Jennifer Ramos
 Print Name of Agency Head Authorizing Request

03/04/2026
 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.

 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

260303 (2)

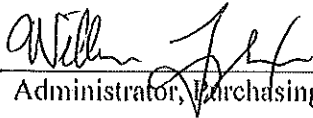
manner. Pursuant to NRS 333.700(7), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns, please contact Cindy Stoeffler at 775-684-0173 or email at cestoeffler@admin.nv.gov.

NOTE: If this box is checked, the agency must include the TIE approval or approval update as an attachment in CETS.	

This signature does not exempt your agency from any other processes that may be required.

Approved by:



Administrator, Purchasing Division or Designee

3, 10, 2026

Date

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32144**Agency Name: **DEPARTMENT OF WILDLIFE**Agency Code: **702**Appropriation Unit: **4464-27**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Texas A & M AgriLife Extension Service

Contractor Name: **Texas A & M AgriLife Extension Service**Address: **495 Horticulture Rd #2138**City/State/Zip: **College Station, TX 77843**

Contact/Phone: Chrissy Jones 979-862-6105

Vendor No.: T32013302

NV Business ID: GOVERNMENTAL ENTITY

To what State Fiscal Year(s) will the contract be charged? **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	63.00 % GAME PREDATOR MANAGEMENT FEE
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %	X	Other funding	37.00 % GAME WILDLIFE TRUST FUND

Agency Reference #: 26-54

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/28/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **337 days**4. Type of contract: **Interlocal Agreement**Contract description: **Texas A & M AgriLife**

5. Purpose of contract:

This is a new interlocal agreement to provide a post-doctoral research project analyzing horn and antler records of ecological implications to ungulate ecology.

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?

The NDOW was awarded two separate grants for analyzing Nevada Record Book horn and antler trends in the state. This work requires a professional skill set that only outside research groups can provide. A third party contract was necessary to complete the goals laid out in the original grant awards.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The specialized work will require an advanced statistician with a high degree of qualifications to compile the data and run sophisticated models. The NDOW does not have personnel who can conduct this work or the dedicated time necessary to complete the work.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

NRS 277.180 Governmental Entity

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

Yes If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

19,394.00

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?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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:

Cody Schroeder, Staff Specialist Ph: 775-688-1659

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ktayl14	04/02/2026 12:55:41 PM
Division Approval	ktayl14	04/02/2026 12:55:44 PM
Department Approval	jneubau2	07/02/2026 11:22:15 AM
Contract Manager Approval	kander12	07/28/2026 12:34:13 PM
Budget Analyst Approval	dspeed1	07/28/2026 15:32:55 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32705**Agency Name: **DCNR - PARKS DIVISION**Agency Code: **704**Appropriation Unit: **4162-00**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **Pershing County Sheriff's Office**Contractor Name: **Pershing County Sheriff's Office**Address: **PO BOX 147**City/State/Zip: **LOVELOCK, NV 89419**Contact/Phone: **775-273-2641**

Vendor No.:

NV Business ID: **GOVERNMENT ENTITY**To what State Fiscal Year(s) will the contract be charged? **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 **08/30/2026**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/07/2026**Contract term: **8 days**4. Type of contract: **Interlocal Agreement**Contract description: **Burning Man 2026**

5. Purpose of contract:

This is a new interlocal agreement to provide Law Enforcement Rangers to assist with Burning Man 2026.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$15,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

Nevada Division of State Parks shall provide Category I Law Enforcement Rangers to assist the Pershing County Sheriff's Office (PCSO) with the Burning Man event held August 30, 2026, through September 7, 2026, in the Black Rock Desert within Pershing County.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

LAW ENFORCEMENT ASSISTANCE9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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	ethick1	07/09/2026 14:57:39 PM
Division Approval	ethick1	07/09/2026 14:57:42 PM
Department Approval	ethick1	07/09/2026 14:57:44 PM
Contract Manager Approval	ethick1	07/09/2026 14:57:45 PM
Budget Analyst Approval	rmayhall	07/29/2026 11:55:31 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32772**

Agency Name: DCNR - PARKS DIVISION	Legal Entity Name: Trailhead Outfitters LLC
Agency Code: 704	Contractor Name: Trailhead Outfitters LLC
Appropriation Unit: 4162-00	Address: 4000 Lake Tahoe BLVD STE 22B
Is budget authority available?: Yes	City/State/Zip: SOUTH LAKE TAHOE, NV 96150
If "No" please explain: Not Applicable	Contact/Phone: 916-475-8025
	Vendor No.:
	NV Business ID: NV20253481542

To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % REVENUE

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/29/2026**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **10/01/2026**Contract term: **64 days**4. Type of contract: **Revenue Contract**Contract description: **SCUP VS Tours**

5. Purpose of contract:

This is a new revenue contract to provide guided tours at Van Sickle Bi-State Park.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

SPECIAL USE PERMIT

8. Explain why State employees in your agency or other State agencies are not able to do this work:

SPECIAL USE PERMIT9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
LLC

16. a. Is the Contractor Name the same as the legal Entity Name?
Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?
Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?
Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	07/17/2026 11:58:24 AM
Division Approval	ethick1	07/17/2026 11:58:26 AM
Department Approval	ethick1	07/17/2026 11:58:28 AM
Contract Manager Approval	ethick1	07/17/2026 11:58:31 AM
Budget Analyst Approval	rmayhall	07/29/2026 12:01:56 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32372**Amendment Number: **2**Agency Name: **DCNR - PARKS DIVISION**Legal Entity Name: **JUB ENGINEERING INC**Agency Code: **704**Contractor Name: **JUB ENGINEERING INC**Appropriation Unit: **4168-14**Address: **5190 NEIL RD STE 500**Is budget authority available?: **Yes**City/State/Zip: **RENO, NV 89502**

If "No" please explain: Not Applicable

Contact/Phone: **7758521440**Vendor No.: **T32010158**NV Business ID: **NV19741000794**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	34.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	66.00 % PARKS CAPITAL PROJECTS

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **05/11/2026**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **09/30/2026**Contract term: **142 days**4. Type of contract: **Contract**Contract description: **SP Lake drawings**

5. Purpose of contract:

This is the second amendment to the original contract which provides professional design services at Spooner Lake State Park. This amendment increases the maximum amount from \$26,900 to \$85,036 to provide additional professional services, including construction staking, construction oversight, and materials testing.

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$18,100.00	\$18,100.00	\$18,100.00	Yes - Info
a. Amendment 1:	\$8,800.00	\$8,800.00	\$26,900.00	No
2. Amount of current amendment (#2):	\$58,136.00	\$66,936.00	\$85,036.00	Yes - Info
3. New maximum contract amount:	\$85,036.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

The Nevada Division of State Parks (NDSP) seeks to contract with JUB Engineers, Inc. to provide professional services in the development of a topo to evaluate the accuracy of the existing topo used for the design of the improvements shown on the Spooner Lake State Phase 3 drawings.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State Employees do not poses the necessary skills or expertise.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:
Foreign Corporation

16. a. Is the Contractor Name the same as the legal Entity Name?

Yes

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ethick1	07/06/2026 14:53:04 PM
Division Approval	ethick1	07/06/2026 14:53:06 PM
Department Approval	ethick1	07/06/2026 14:53:09 PM
Contract Manager Approval	ethick1	07/23/2026 12:36:32 PM
Budget Analyst Approval	rmayhall	07/29/2026 13:36:32 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32756**

Agency Name:	DCNR - FORESTRY DIVISION	Legal Entity Name:	ADVANCED INTEGRATED PEST MGMT
Agency Code:	706	Contractor Name:	ADVANCED INTEGRATED PEST MGMT
Appropriation Unit:	4195-07	Address:	6280 S. Valley View Blvd. Suite 326
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89118
If "No" please explain:	Not Applicable	Contact/Phone:	Devon Setzer 725-347-2089
		Vendor No.:	T32001814C
		NV Business ID:	NV20101149905

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.

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 #: **NDF27-005**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/29/2026**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 337 days**4. Type of contract: **Contract**Contract description: **Pest Control (South)**

5. Purpose of contract:

This is a new contract to provide ongoing pest control services to the Nevada Division of Forestry Southern Region.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$10,993.64**

Other basis for payment: SFY2027: \$2,945.00 SFY2028: \$2,604.00 SFY2029: \$2,682.12 SFY2030: \$2,762.52

II. JUSTIFICATION

7. What conditions require that this work be done?

SAM 1008 Care of Buildings: Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly, and presentable as befitting public property. Pest control services reduce health risk to state employees and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or expertise to perform these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Battle Born Pest Control
Orkin
Advanced IPM
Premier Pest Control

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen by a selection committee in accordance with NRS and NAC 333 to be the best suited to perform the services required by the agency and the State.

d. Last bid date: 07/10/2026 Anticipated re-bid date: 05/14/2030

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 performed services for multiple state agencies 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 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:

Betsabeth Caprioglio, Facility Coordinator Ph: 702-486-9736

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hedmonds	07/16/2026 10:00:37 AM
Division Approval	mweyland	07/16/2026 13:11:18 PM
Department Approval	mweyland	07/16/2026 13:11:20 PM
Contract Manager Approval	rmorse	07/29/2026 15:02:23 PM
Budget Analyst Approval	rmayhall	07/29/2026 15:25:28 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32632**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4195-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BATTLE BORN PEST LLC**Contractor Name: **BATTLE BORN PEST LLC**Address: **2030 Russell Drive #2**City/State/Zip: **Elko, NV 89801**Contact/Phone: **Charles B. Carmichael 775-830-3472**Vendor No.: **T32012943**NV Business ID: **NV20222331348**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.

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 #: **NDF27-0003**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2026**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 346 days**4. Type of contract: **Contract**Contract description: **Pest Control (North)**

5. Purpose of contract:

This is a new contract to provide ongoing pest control services to the Northern Region.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$18,192.00**

Payment for services will be made at the rate of \$379.00 per Month

II. JUSTIFICATION

7. What conditions require that this work be done?

SAM 1008 Care of Buildings: Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly, and presentable as befitting public property. Pest control services reduce health risk to state employees and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or expertise to perform these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Halo Pest Control
 Elko Pest Control dba Northern Nevada Pest Control
 Battle Born Pest, LLC

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen by a selection committee in accordance with NRS and NAC 333 to be the best suited to perform the services required by the agency and the State.

d. Last bid date: 06/16/2026 Anticipated re-bid date: 03/12/2030

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "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 for Nevada Division of Forestry from 2022-2026 - 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:

Marcus Lesbo, FMO II Ph: 775-738-3454

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hedmonds	06/26/2026 17:02:02 PM
Division Approval	mweyland	06/29/2026 08:21:41 AM
Department Approval	mweyland	06/29/2026 08:21:48 AM
Contract Manager Approval	rmorse	07/01/2026 10:03:37 AM
Budget Analyst Approval	rmayhall	07/20/2026 09:26:42 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32662**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4195-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **BATTLE BORN PEST LLC**Contractor Name: **BATTLE BORN PEST LLC**Address: **2030 Russell Drive #2**City/State/Zip: **ELKO, NV 89801**Contact/Phone: **Charles B. Carmichael 775-830-3472**Vendor No.: **T32012943**NV Business ID: **NV20222331348**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.

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 #: **NDF27-003**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/20/2026**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 346 days**4. Type of contract: **Contract**Contract description: **Pest Control (West)**

5. Purpose of contract:

This is a new contract to provide ongoing pest control services to the NDF Western Region.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$29,289.00**

Other basis for payment: SFY 2027 = \$8,337.00; SFY 2028 = \$6,984.00; SFY 2029 = \$6,984.00; SFY 2030 = \$6,984.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

SAM 1008 Care of Buildings: Buildings, rooms, basements, floors, windows, furniture, and appurtenances are to be kept clean, orderly, and presentable as befitting public property. Pest control services reduce health risk to state employees and the public.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

State employees do not possess the knowledge or expertise to perform these services.

9. Were quotes or proposals solicited?

Yes

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Battle Born Pest Control, LLCb. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

This vendor was chosen by a selection committee in accordance with NRS and NAC 333 to be the best suited to perform the services required by the agency and the State.

d. Last bid date: 05/12/2026 Anticipated re-bid date: 04/15/2030

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

- c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has been under with NDF since 2022 - 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:

Betsabeth Caprioglio, Facility Coordinator Ph: 7024869736

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	hedmonds	07/01/2026 14:35:01 PM
Division Approval	mweyland	07/01/2026 16:50:10 PM
Department Approval	mweyland	07/01/2026 16:50:13 PM
Contract Manager Approval	rmorse	07/06/2026 08:07:56 AM
Budget Analyst Approval	rmayhall	07/20/2026 10:09:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32757**Agency Name: **DCNR - FORESTRY DIVISION**Agency Code: **706**Appropriation Unit: **4195-07**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CRANETECH USA INC**Contractor Name: **CRANETECH USA INC**Address: **3535 Lupine St.**City/State/Zip: **Elko, NV 89801**Contact/Phone: **Roger Ray 775-303-4345**Vendor No.: **T27044513**NV Business ID: **NV20263525470**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.

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 #: **NDF27-006**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/29/2026**Anticipated BOE meeting date **07/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2030**Contract term: **3 years and 337 days**4. Type of contract: **Contract**Contract description: **Crane Inspections**

5. Purpose of contract:

This is a new contract to provide ongoing services for annual inspections on overhead, mobile and vehicle mounted cranes at facilities statewide.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$40,000.00**

Payment for services will be made at the rate of \$10,000.00 per Fiscal year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Code of Federal Regulations (29 CFR 1926.550) requires annual inspections of cranes and hoists inspected per the manufacturers' specifications.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Inspections must be conducted by a qualified engineer competent in the field and recognized by the Department of Labor.

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):

**Associated Crane
Crane Tech USA Inc.
American Equipment**

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The vendor was selected by an evaluation committee in accordance with NRS and NAC 333.

d. Last bid date: 07/14/2026 Anticipated re-bid date: 05/14/2030

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided services to multiple agencies including NDF since 2010 - 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	hedmonds	07/16/2026 10:12:41 AM
Division Approval	mweyland	07/16/2026 10:26:44 AM
Department Approval	mweyland	07/16/2026 10:26:49 AM
Contract Manager Approval	rmorse	07/29/2026 13:51:21 PM
Budget Analyst Approval	rmayhall	07/29/2026 15:27:13 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32471**

Agency Name: B&I - BUSINESS AND INDUSTRY	Legal Entity Name: Quorum Analytics Inc.
Agency Code: 740	Contractor Name: Quorum
Appropriation Unit: 4681-26	Address: 1001 G Street NW, Suite 450
Is budget authority available?: Yes	City/State/Zip: Washington, DC 20001
If "No" please explain: Not Applicable	Contact/Phone: Brad Doss 404-317-1271
	Vendor No.: T29046282
	NV Business ID: NV20263609652

To what State Fiscal Year(s) will the contract be charged? **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 #: **74BAI-NV26-29526**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/16/2026**Anticipated BOE meeting date **05/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2027**Contract term: **349 days**4. Type of contract: **Contract**Contract description: **Legislative Tracking**

5. Purpose of contract:

This is a new contract to provide legislative tracking software as a service solution to support the department and the regulatory divisions.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$22,580.00****II. JUSTIFICATION**

7. What conditions require that this work be done?

The state does not have the ability to create the same regulatory tracking software for the upcoming legislative session.

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 with the expertise to develop or create the required software to meet the states need to monitor and respond to the upcoming legislative session.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicableb. Solicitation Waiver: **Exempt (Per statute)**

c. Why was this contractor chosen in preference to other?

This vendor's response meet the requirements at the lowest cost available from the solicited vendors.

d. Last bid date: 05/01/2026 Anticipated re-bid date: 05/01/2027

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:

Vendor provides services doing business as Quorum.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	ecerv1	05/31/2026 13:38:22 PM
Division Approval	ecerv1	05/31/2026 13:38:25 PM
Department Approval	ecerv1	05/31/2026 13:38:28 PM
Contract Manager Approval	rvradenb	07/16/2026 13:03:27 PM
Budget Analyst Approval	vyoungb	07/16/2026 13:08:26 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **27968**Amendment Number: **3**Agency Name: **B&I - INDUSTRIAL RELATIONS DIV**Legal Entity Name: **CENTRALSQUARE TECHNOLOGIES, LLC**Agency Code: **742**Contractor Name: **CENTRALSQUARE TECHNOLOGIES, LLC**Appropriation Unit: **4682-26**Address: **1000 Business Center Dr.**Is budget authority available?: **Yes**City/State/Zip: **Lake Mary, FL 32746**

If "No" please explain: Not Applicable

Contact/Phone: **Steve Castle, Senior Manager, Renewals / Ryan T. Northrup, J.D., CIPP-US, Senior Legal Counsel 407-304-3235**Vendor No.: **T29047163**NV Business ID: **NV20191117655**To what State Fiscal Year(s) will the contract be charged? **2024-2028**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
Highway Funds	0.00 %	X Other funding	100.00 % WORKERS' COMPENSATION AND SAFETY FUND

Agency Reference #: **742**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/31/2023**Anticipated BOE meeting date **08/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **08/31/2026**Contract term: **4 years and 1 day**4. Type of contract: **Contract**Contract description: **Software System JO**

5. Purpose of contract:

This is the third amendment to the original contract which provides the State with continuous ongoing access to CentralSquare Technologies' Internet-based application software known as Jurisdiction Online (JO) and includes ongoing maintenance and support. This amendment extends the termination date from August 31, 2026 to August 31, 2027 and increases the maximum amount from \$43,734.99 to \$59,816.07 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:	\$13,891.56	\$13,891.56	\$13,891.56	Yes - Info
a. Amendment 1:	\$14,528.13	\$14,528.13	\$28,419.69	Yes - Info
b. Amendment 2:	\$15,315.30	\$15,315.30	\$43,734.99	Yes - Info
2. Amount of current amendment (#3):	\$16,081.08	\$16,081.08	\$59,816.07	Yes - Info
3. New maximum contract amount:	\$59,816.07			

II. JUSTIFICATION

7. What conditions require that this work be done?

Nevada OSHA would be unable to comply with the provisions under: Control of Asbestos NRS 618.750-850, NAC 618.850-907; and Photovoltaic System Projects NRS 618.910-936, NAC 618.450-507.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Includes custom features to provide photovoltaic and asbestos licensing and permitting modules required for Control of Asbestos under NRS 618.750-850 and for Photovoltaic System Projects under NRS 618.910-936.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Sole Source Contract (As Approved by Chief of Purchasing)**

Approval #: N/A

Approval Date: 08/31/2023

c. Why was this contractor chosen in preference to other?

Sole Source Contract (As Approved by Agency Head 6.21.23) - Contract is under \$25,000 per year, thus purchasing approval is not required.

The Division took proactive steps to determine if the current vendor is the most economical option. State Purchasing released RFI 74BAI-S1899 for a new system on February 3, 2022. Vendors responded to the RFI with costs to develop a new system that ranged from \$175,000 to \$2.5 million. These costs are much higher than the costs of keeping the ongoing hosting, maintenance, and support of the system through the originally purchased system contract #14806.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	rvradenb	07/16/2026 08:55:06 AM
Division Approval	rvradenb	07/16/2026 08:55:09 AM
Department Approval	rvradenb	07/16/2026 08:55:11 AM
Contract Manager Approval	rvradenb	07/23/2026 12:40:11 PM
Budget Analyst Approval	vyoungb	07/24/2026 08:38:02 AM



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Jodie Tonkin, Deputy Administrator, DIR, B&I
Emily Cervi, Administrative Services Officer III, B&I
Kelsey Hurzel, IT Manager III, B&I

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Michael D. Smith Jr., Deputy Director/Chief Technology Officer, GTO
Bertrum Carroll, Chief Information Security Officer, OISCD

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – B&I – *Jurisdiction Online* – TIE 427, Revision 2

DATE: July 23, 2026

We have completed our review of the Department of Business and Industry (B&I), Division of Industrial Relations (DIR) investment which has an estimated total value of \$16,081.08, allocated to FY2027 as an ongoing cost.

Funding source(s): 100% Other.

This investment is approved. The request renews the existing CentralSquare Jurisdiction Online software-as-a-service solution used by the Mechanical Compliance Section and Nevada OSHA. The system supports statutory and regulatory functions by maintaining boiler and pressure-vessel records, tracking inspections, testing, deficiencies, permits, and certificates, and administering asbestos and photovoltaic licensing and asbestos-removal project information. Continued operation supports enforcement of NAC 455C, NRS Chapter 618, and related public-safety responsibilities.

This routine renewal does not introduce new scope, functionality, or identified cybersecurity risk.

Continued use avoids operational disruption and preserves access to an established compliance system, supporting fiscal stewardship and continuity of regulatory services. The submission does not identify duplicative spending or a competing statewide capability. The agency remains responsible for applicable procurement, contract management, cybersecurity, access-control, data-protection, vendor-support, and service-continuity requirements throughout the renewal term. The investment aligns with the State's objectives for reliable technology operations, regulatory compliance, public safety, and maintenance of supported technology services.

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: **23732** Amendment Number: **3**

Agency Name: **DEPARTMENT OF MOTOR VEHICLES** Legal Entity Name: **Management Technology Group LLC (MTG)**

Agency Code: **810** Contractor Name: **Management Technology Group LLC (MTG)**

Appropriation Unit: **4716-13** Address: **810 3rd Ave STE 600**

Is budget authority available?: **Yes** City/State/Zip: **Seattle, WA 98104**

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.

General Funds	0.00 %	Fees	0.00 %
Federal Funds	0.00 %	Bonds	0.00 %
X Highway Funds	100.00 %	Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **12/08/2020**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Previously Approved Termination Date: **06/30/2027**Contract term: **6 years and 204 days**4. Type of contract: **Contract**Contract description: **Change Management**

5. Purpose of contract:

This is the third amendment to the original contract which provides quality assurance, senior advisory, program management, and change management services. This amendment increases the maximum amount from \$11,512,951 to \$11,565,519 due to the addition of an architectural assessment of the Department Transformation Effort (DTE).

6. CONTRACT AMENDMENT

	Trans \$	Info Accum \$	Action Accum \$	Agenda
1. The max amount of the original contract:	\$6,968,920.00	\$6,968,920.00	\$6,968,920.00	Yes - Action
a. Amendment 1:	\$2,408,796.00	\$2,408,796.00	\$2,408,796.00	Yes - Action
b. Amendment 2:	\$2,135,235.00	\$2,135,235.00	\$2,135,235.00	Yes - Action
2. Amount of current amendment (#3):	\$52,568.00	\$52,568.00	\$52,568.00	Yes - Info
3. New maximum contract amount:	\$11,565,519.00			

II. JUSTIFICATION

7. What conditions require that this work be done?

This contract is for ongoing services for quality assurance, senior advisory, and change management. The DMV is undertaking a multi-year comprehensive transformation of its systems, environment, and business structure.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

There are no State employees available to complete this service.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	jpeat	08/05/2026 10:01:59 AM
Division Approval	bmusselm	08/05/2026 10:31:52 AM
Department Approval	bmusselm	08/05/2026 10:31:56 AM
Contract Manager Approval	jwiest2	08/05/2026 11:03:29 AM
Budget Analyst Approval	pokeefe	08/06/2026 16:12:23 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32665**Agency Name: **DETR - REHABILITATION DIVISION**Agency Code: **901**Appropriation Unit: **3253-10**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **POWELL WINDOW CLEANING, LLC**Contractor Name: **POWELL WINDOW CLEANING, LLC**Address: **10306 GLACIER MIST AVE**City/State/Zip: **LAS VEGAS, NV 89149**Contact/Phone: **CADEN POWELL 702-587-7487**Vendor No.: **T32012787**NV Business ID: **NV20151207236**To what State Fiscal Year(s) will the contract be charged? **2027-2031**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds	0.00 %	X	Fees	100.00 % BUSINESS ENTERPRISE PROGRAM
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

Agency Reference #: **4066-31-BEN**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2026**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2030**Contract term: **4 years**4. Type of contract: **Contract**Contract description: **Powell Window**

5. Purpose of contract:

This is a new contract to provide window cleaning, dusting and power washing services for the southern Nevada locations.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$99,800.00**

Other basis for payment: Combined Cafe & Gift Shop Window Cleaning: \$1,758.59 per Quarter. Combined Cafe & Gift Shop High Dusting: \$2,060.85 per Quarter. Pressure Washing: \$1,758.59 per Quarter. Arizona Lookout Pressure Washing: \$659.47 per Quarter. Travel is included in the quarterly rates. Total Contract or installments payable at: As Invoiced and approved by the State. Total Contract not to exceed \$99,800.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The Business Enterprises of Nevada Hoover Dam locations and the Arizona lookout have large volumes of visitors which require thorough cleaning of the ceiling ductwork, windows and outdoor eating areas for the health and safety of staff and customers and to meet the standards of the Federal Bureau of Reclamation.

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 time and experience involved in the thorough cleaning required of 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):

Superior Window Cleaning & Pressure Wash
Redrock Property Services
Prestige Window Cleaning
Powell Window Cleaning

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Only vendor to submit proposal.

d. Last bid date: 06/22/2026 Anticipated re-bid date: 06/01/2030

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

The vendor has provided satisfactory services to the BEN program since 2022.

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is registered with the Nevada Secretary of State's Office as a:

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	ejohns16	07/14/2026 11:19:53 AM
Division Approval	cjacob	07/14/2026 13:06:57 PM
Department Approval	cjacob	07/14/2026 13:06:59 PM
Contract Manager Approval	wcune1	07/14/2026 13:10:31 PM
Budget Analyst Approval	Iramire7	07/15/2026 16:38:26 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32779**

Agency Name:	DETR - REHABILITATION DIVISION	Legal Entity Name:	DOUGLAS COUNTY SCHOOL DISTRICT
Agency Code:	901	Contractor Name:	DOUGLAS COUNTY SCHOOL DISTRICT
Appropriation Unit:	3265-10	Address:	1638 Mono Avenue
Is budget authority available?:	Yes	City/State/Zip	Minden, NV 89423-4212
If "No" please explain:	Not Applicable	Contact/Phone:	Amy Kidman-Delaney 775/265-5262
		Vendor No.:	T40231900
		NV Business ID:	Governmental Entity
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.			
X	General Funds	21.30 %	Fees 0.00 %
X	Federal Funds	78.70 %	Bonds 0.00 %
	Highway Funds	0.00 %	Other funding 0.00 %
Agency Reference #:	4050-28-REHAB		

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/04/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **07/31/2027**Contract term: **361 days**4. Type of contract: **Interlocal Agreement**Contract description: **Transition Coord**

5. Purpose of contract:

This is a new interlocal agreement to provide funding for a transition coordinator.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$60,893.54**

Other basis for payment: Total Contract or installments payable to: As Invoiced and approved by the State. Total Contract not to exceed: \$60,893.54.

II. JUSTIFICATION

7. What conditions require that this work be done?

School districts need a transition coordinator who can support transition efforts across all schools in the district to ensure that students and young adults with disabilities progress in school and graduate with the knowledge, skills and tools to succeed in post-secondary education or employment.

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 ability or time to provide the services.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

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 services to VR since March 2020.

14. Is the contractor currently involved in litigation with the State 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	ejohns16	07/29/2026 07:20:37 AM
Division Approval	cjacob	07/29/2026 07:37:06 AM
Department Approval	cjacob	07/29/2026 07:37:08 AM
Contract Manager Approval	wcune1	08/03/2026 10:20:22 AM
Budget Analyst Approval	Iramire7	08/04/2026 09:20:34 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32784**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3272-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **PERFORMANCE AUTO CARE CORP**Contractor Name: **PERFORMANCE AUTO CARE CORP**Address: **2321 S CURRY ST**City/State/Zip: **CARSON CITY, NV 89703**Contact/Phone: **Roger Enget 7758833190**Vendor No.: **T80919803**NV Business ID: **NV19991231961**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 % Fees 0.00 %

X Federal Funds **50.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **50.00 % COST ALLOCATION**Agency Reference #: **4070-29-OM**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/06/2026**Anticipated BOE meeting date **09/2026**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **2 years and 329 days**4. Type of contract: **Contract**Contract description: **N.NV AutoMaintenance**

5. Purpose of contract:

This is a new contract to provide ongoing vehicle maintenance for locations in northern Nevada.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**Other basis for payment: As invoiced by the Contractor and approved for payment by the State. Contract not to exceed: **\$24,000.00.****II. JUSTIFICATION**

7. What conditions require that this work be done?

The department requires that all state vehicles must be serviced at regular mileage or time-based intervals. Nevada Fleet services publishes required maintenance schedules (oil changes, inspections, tire rotations, ect.) that agencies must follow.

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):

Capital Auto & Diesel
Performance Auto Care
Chucks Auto Repair

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

The only vendor to submit a proposal.

d. Last bid date: 07/03/2026 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	kleal	08/05/2026 09:55:19 AM
Division Approval	zhoeflin	08/05/2026 10:02:33 AM
Department Approval	zhoeflin	08/05/2026 10:02:35 AM
Contract Manager Approval	wcune1	08/05/2026 10:04:30 AM
Budget Analyst Approval	Iramire7	08/06/2026 09:24:27 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32781**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3272-04**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **SOUTHERN NEVADA TBA SUPPLY CO**Contractor Name: **SOUTHERN NEVADA TBA SUPPLY CO**Address: **INC DBA TED WIENS TIRE & AUTO
5720 Arville Street, Suite 115**City/State/Zip: **LAS VEGAS, NV 89118**Contact/Phone: **Jennifer Deml 702/732-2382**Vendor No.: **PUR0004005A**NV Business ID: **NV19591000340**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 % Fees 0.00 %

X Federal Funds **50.00 %** Bonds 0.00 %Highway Funds 0.00 % **X** Other funding **50.00 % COST ALLOCATION**

Agency Reference #: 4069-29-OM

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **08/06/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **06/30/2029**Contract term: **2 years and 329 days**4. Type of contract: **Contract**Contract description: **S.NV AutoMaintenance**

5. Purpose of contract:

This is a new contract to provide ongoing vehicle maintenance for locations in southern Nevada.

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 Contractor and approved for payment by the State. Contract not to exceed: \$18,000.00.

II. JUSTIFICATION

7. What conditions require that this work be done?

The department requires that state vehicles must be serviced at regular mileage or time-based intervals. Nevada Fleet Services publishes required maintenance schedules (oil changes, inspections, tire rotations, etc.) that agencies must follow.

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):

Midas Trioicana
SO NEV T.B.A. Supply Company DBA Ted Wiens Tire & Auto Centers
Ford Country Henderson
AJ's Auto Service LV

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

DETR has worked with this vendor previously and they were the lowest cost BID.

d. Last bid date: 07/03/2026 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	kleal	08/05/2026 09:40:05 AM
Division Approval	zhoeffin	08/05/2026 09:47:44 AM
Department Approval	zhoeffin	08/05/2026 09:47:49 AM
Contract Manager Approval	wcune1	08/05/2026 09:55:12 AM
Budget Analyst Approval	Iramire7	08/06/2026 09:25:57 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32554**Agency Name: **DETR - ADMINISTRATIVE SERVICES**Agency Code: **908**Appropriation Unit: **3274-26**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: **CARASOFT TECHNOLOGY CORPORATION**Contractor Name: **CARASOFT TECHNOLOGY CORPORATION**Address: **11493 Sunset Hills Rd, Ste 100**City/State/Zip: **RESTON, VA 20190**Contact/Phone: **Evan Lasseter 775-590-7359**Vendor No.: **PUR0004357**NV Business ID: **NV20151127305**To what State Fiscal Year(s) will the contract be charged? **2027**

What is the source of funds that will be used to pay the contractor? Indicate the percentage of each funding source if the contractor will be paid by multiple funding sources.

General Funds 0.00 % Fees 0.00 %

Federal Funds 0.00 % Bonds 0.00 %

Highway Funds 0.00 % **X** Other funding **100.00 % COST ALLOCATION**Agency Reference #: **4064-27-ITD**

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/27/2026**Anticipated BOE meeting date **07/2027**Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/14/2026**Contract term: **140 days**4. Type of contract: **Other (include description): MSA Work Plan**Contract description: **Palo Alto Networks**

5. Purpose of contract:

This is a new service agreement under statewide contract #99SWC-NV24-17504 which provides Cloud Solutions. This service agreement is for the design, implementation, and configuring of Palo Alto networks next-generation firewalls in the Oracle Cloud Infrastructure environment.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$65,332.40**

Payment for services will be made at the rate of \$233.33 per hour

Other basis for payment: As invoiced by the vendor and approved for payment by the State. Not to exceed \$65,332.40.

II. JUSTIFICATION

7. What conditions require that this work be done?

The State of Nevada Department of Employment, Training and Rehabilitation (DETR) is seeking assistance from Arisant to design, implement, and configure Palo Alto Networks next-generation firewalls in the OCI (Commercial Cloud) environment.

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 manpower or skillset to perform the upgrade in house at this time.9. Were quotes or proposals solicited? **No**Was the solicitation (RFP) done by the Purchasing Division? **No**

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Carahsoft is an authorized provider under a NASPO master agreement 99SWC-NV24-17504

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? Yes

b. Is the contract part of an IT investment project over \$50,000? Yes

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

Yes If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

This vendor has provided satisfactory service to DETR since 12/2021

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:

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	kleal	07/24/2026 09:43:44 AM
Division Approval	mzich	07/24/2026 10:35:08 AM
Department Approval	zhoeflin	07/24/2026 11:23:42 AM
Contract Manager Approval	wcune1	07/24/2026 13:20:10 PM
EITS Approval	ljea	07/24/2026 13:25:21 PM
Budget Analyst Approval	Iramire7	07/27/2026 11:37:08 AM



STATE OF NEVADA
Governor's Technology Office
100 N. Stewart Street, Suite 100 | Carson City, Nevada 89701
Phone: (775) 684-5800 | www.it.nv.gov | Fax: (775) 687-9097

M E M O R A N D U M

TO: Chris Sewell, Director, DETR
Carl Stanfield, ITD Administrator/Chief Information Officer, DETR
Karina Leal, Administrative Services Officer I, DETR
Scott Jeffries, IT Manager, DETR
Steve McCord, IT Professional IV, DETR
Tasha Couste, Management Analyst III, DETR

CC: Tim Galluzi, State Chief Information Officer, GTO
Darla Dodge, Senior Deputy Director/Chief Operations Officer, GTO
Michael D. Smith Jr., Deputy Director/Chief Technology Officer, GTO
Bertrum Carroll, Chief Information Security Officer, OISCD
Sean Montierth, Chief IT Manager, Computing Services Division, GTO
William Kennedy, Chief IT Manager, Network Services Division, GTO

FROM: Lisa Jean, TIE Administrator, GTO

SUBJECT: TIE Completion Memo – DETR – *Carahsoft Arisant Palo Alto Networks Firewall* – TIE 1881, Revision 1 – BA(s) 3274

DATE: June 15, 2026

We have completed our review of the Department of Employment, Training and Rehabilitation (DETR) investment which has an estimated total value of \$65,332.40, allocated to FY2027 as a one-time cost.

Funding source(s): 100% Cost Allocated.

GTO approves DETR's use of professional services to design, implement, configure, test, and validate a

highly available Palo Alto Networks next-generation firewall architecture within its Oracle Cloud Infrastructure commercial cloud environment. The investment strengthens network segmentation, threat prevention, application visibility, centralized policy enforcement, traffic monitoring, failover capability, and operational resilience for DETR's cloud-hosted systems.

The investment supports DETR's business need to reduce single points of failure and improve protection of an environment that transports, stores, or processes personally identifiable information and is subject to federal and state security requirements. DETR's network is separate from the Governor's Technology Office (GTO) network, and the investment does not duplicate GTO equipment or services. The use of an existing NASPO cloud solutions contract supports appropriate procurement governance and fiscal stewardship, while the defined scope for architecture, deployment, policy optimization, testing, validation, and knowledge transfer reduces implementation and operational risk. DETR's internal information security officer will perform pre- and post-implementation security reviews. The investment aligns with State technology objectives for secure, resilient, supportable, and properly governed cloud 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. Additionally, compliance with the Americans with Disabilities Act (ADA) is required to ensure accessibility for all authorized users.

For your reference, a copy of this memo has been attached to the TIE submission.

Should you require further assistance or have any questions, please do not hesitate to contact me directly.

Sincerely,

Lisa Jean

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32723**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Alexi Mann, RDH
Agency Code:	BDC	Contractor Name:	Alexi Mann, RDH
Appropriation Unit:	B006 - All Categories	Address:	10805 Dancing Aspen Drive
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89521
If "No" please explain:	Not Applicable	Contact/Phone:	Alexi Mann 7753781691
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	adamhigg	07/10/2026 18:27:33 PM
Division Approval	adamhigg	07/10/2026 18:27:35 PM
Department Approval	adamhigg	07/10/2026 18:27:37 PM

Contract Manager Approval
Budget Analyst Approval

adamhigg
pokeefe

07/10/2026 18:27:39 PM
07/21/2026 07:05:43 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32753**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Ashely Cirac, RDH
Agency Code:	BDC	Contractor Name:	Ashely Cirac, RDH
Appropriation Unit:	B007 - All Categories	Address:	4370 Interlake Court
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	Ashely Cirac 8307086694
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent - I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/14/2026 19:06:42 PM

Division Approval

adamhigg

07/14/2026 19:06:46 PM

Department Approval	adamhigg	07/14/2026 19:06:49 PM
Contract Manager Approval	adamhigg	07/14/2026 19:06:51 PM
Budget Analyst Approval	pokeefe	07/21/2026 08:13:48 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32718**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B007 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Christy Davis, RDH

Contractor Name: **Christy Davis, RDH**Address: **PO Box 35093**City/State/Zip: **Las Vegas, NV 89133**

Contact/Phone: Christy Davis 314-413-1568

Vendor No.:

NV Business ID: EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 17:49:34 PM

Division Approval

adamhigg

07/10/2026 17:49:36 PM

Department Approval	adamhigg	07/10/2026 17:49:37 PM
Contract Manager Approval	adamhigg	07/10/2026 17:49:39 PM
Budget Analyst Approval	pokeefe	07/21/2026 07:29:18 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32677**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Amy Tongsiri
Agency Code:	BDC	Contractor Name:	Dr. Amy Tongsiri
Appropriation Unit:	B007 - All Categories	Address:	5670 W. Flamingo Road Suite B
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89103
If "No" please explain:	Not Applicable	Contact/Phone:	Amy Tongsiri 7025514514
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/13/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Board Agent-P.S.C.**

5. Purpose of contract:

This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the board's Review Panel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$225.00 per Case Evaluation

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Preliminary Screening Consultants perform independent summary reviews established pursuant to NRS Chapter 631 to evaluate patient complaints and draft recommendations to the Review Panel Members.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/02/2026 20:37:57 PM

Division Approval

adamhigg

07/02/2026 20:37:59 PM

Department Approval	adamhigg	07/02/2026 20:38:01 PM
Contract Manager Approval	adamhigg	07/02/2026 20:38:03 PM
Budget Analyst Approval	pokeefe	07/13/2026 11:54:13 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32716**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Christopher LoFrisco
Agency Code:	BDC	Contractor Name:	Dr. Christopher LoFrisco
Appropriation Unit:	B007 - All Categories	Address:	10474 Miners Gulch Avenue
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89135
If "No" please explain:	Not Applicable	Contact/Phone:	Christopher LoFrisco 7023251536
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 17:40:36 PM

Division Approval

adamhigg

07/10/2026 17:40:38 PM

Department Approval	adamhigg	07/10/2026 17:40:40 PM
Contract Manager Approval	adamhigg	07/10/2026 17:40:41 PM
Budget Analyst Approval	pokeefe	07/21/2026 07:39:21 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32715**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. George Rosenbaum
Agency Code:	BDC	Contractor Name:	Dr. George Rosenbaum
Appropriation Unit:	B007 - All Categories	Address:	1510 Bryce Canyon Street
Is budget authority available?:	Yes	City/State/Zip	Boulder City, NV 89005
If "No" please explain:	Not Applicable	Contact/Phone:	George Rosenbaum 7023716824
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/20/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 346 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 17:36:08 PM

Division Approval

adamhigg

07/10/2026 17:36:10 PM

Department Approval	adamhigg	07/10/2026 17:36:12 PM
Contract Manager Approval	adamhigg	07/10/2026 17:36:13 PM
Budget Analyst Approval	pokeefe	07/20/2026 12:06:23 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32721**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Joshua Branco
Agency Code:	BDC	Contractor Name:	Dr. Joshua Branco
Appropriation Unit:	B007 - All Categories	Address:	1080 North Hills Blvd, #150
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89506
If "No" please explain:	Not Applicable	Contact/Phone:	Joshua Branco 7755446433
		Vendor No.:	
		NV Business ID:	EXEMPT

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 % Professional Licensing Fees
Federal Funds	0.00 %		Bonds	0.00 %
Highway Funds	0.00 %		Other funding	0.00 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

Infection Control Inspectors are licensed dental professionals appointed by the Board to conduct initial, random and complaint-driven inspections of dental offices, facilities, and spaces to confirm compliance with statutes and CDC Infection Control Guidelines for Dental Facilities. Pursuant to NRS Chapter 631, Infection Control Inspectors are a required component of the Board's compliance verification process and provide professional expertise in inspecting dental offices, policies, and equipment. These regulatory compliance functions are performed exclusively on behalf of the Board to carry out its statutory responsibilities for protecting the public and enforcing the Nevada Dental Practice Act.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited? No

Was the solicitation (RFP) done by the Purchasing Division? No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	adamhigg	07/10/2026 18:14:24 PM
Division Approval	adamhigg	07/10/2026 18:14:26 PM
Department Approval	adamhigg	07/10/2026 18:14:29 PM
Contract Manager Approval	adamhigg	07/10/2026 18:14:31 PM
Budget Analyst Approval	pokeefe	07/21/2026 07:27:01 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32675**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Karen Kucharski
Agency Code:	BDC	Contractor Name:	Dr. Karen Kucharski
Appropriation Unit:	B007 - All Categories	Address:	1700 W. Charleston Blvd.
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89102
If "No" please explain:	Not Applicable	Contact/Phone:	Karen Kucharski 5303862119
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/13/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Board Agent - P.S.C.**

5. Purpose of contract:

This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the board's Review Panel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$225.00 per Case Evaluation

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Preliminary Screening Consultants perform independent summary reviews established pursuant to NRS Chapter 631 to evaluate patient complaints and draft recommendations to the Review Panel Members.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/02/2026 19:40:25 PM

Division Approval

adamhigg

07/02/2026 19:40:27 PM

Department Approval	adamhigg	07/02/2026 19:40:29 PM
Contract Manager Approval	adamhigg	07/02/2026 19:40:31 PM
Budget Analyst Approval	pokeefe	07/13/2026 12:18:54 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32676**Agency Name: **BDC LICENSING BOARDS & COMMISSIONS**Agency Code: **BDC**Appropriation Unit: **B007 - All Categories**Is budget authority available?: **Yes**

If "No" please explain: Not Applicable

Legal Entity Name: Dr. Kristen Beling

Contractor Name: **Dr. Kristen Beling**Address: **136 Augusta Street**City/State/Zip: **Henderson, NV 89074**

Contact/Phone: Kristen Beling 7022506195

Vendor No.:

NV Business ID: **EXEMPT**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 **07/13/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Board Agent-P.S.C.**

5. Purpose of contract:

This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the board's Review Panel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$225.00 per Case Evaluation

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Preliminary Screening Consultants perform independent summary reviews established pursuant to NRS Chapter 631 to evaluate patient complaints and draft recommendations to the Review Panel Members.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/02/2026 20:37:29 PM

Division Approval

adamhigg

07/02/2026 20:37:31 PM

Department Approval	adamhigg	07/02/2026 20:37:33 PM
Contract Manager Approval	adamhigg	07/02/2026 20:37:35 PM
Budget Analyst Approval	pokeefe	07/13/2026 12:30:55 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32678**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Matthew Thacker
Agency Code:	BDC	Contractor Name:	Dr. Matthew Thacker
Appropriation Unit:	B007 - All Categories	Address:	11978 Montague Street
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89138
If "No" please explain:	Not Applicable	Contact/Phone:	Matthew Thacker 7024087224
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/13/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Board Agent-P.S.C.**

5. Purpose of contract:

This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the board's Review Panel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$225.00 per Case Evaluation

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Preliminary Screening Consultants perform independent summary reviews established pursuant to NRS Chapter 631 to evaluate patient complaints and draft recommendations to the Review Panel Members.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/02/2026 20:38:06 PM

Division Approval

adamhigg

07/02/2026 20:38:08 PM

Department Approval	adamhigg	07/02/2026 20:38:10 PM
Contract Manager Approval	adamhigg	07/02/2026 20:38:12 PM
Budget Analyst Approval	pokeefe	07/13/2026 12:07:10 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32674**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Melissa Shotell
Agency Code:	BDC	Contractor Name:	Dr. Melissa Shotell
Appropriation Unit:	B007 - All Categories	Address:	1700 W. Charleston Blvd. Building D
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89102
If "No" please explain:	Not Applicable	Contact/Phone:	Melissa Shotell 2094049610
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/13/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Board Agent - P.S.C.**

5. Purpose of contract:

This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the board's Review Panel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$225.00 per Case Evaluation

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Preliminary Screening Consultants perform independent summary reviews established pursuant to NRS Chapter 631 to evaluate patient complaints and draft recommendations to the Review Panel Members.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/02/2026 19:39:39 PM

Division Approval

adamhigg

07/02/2026 19:39:41 PM

Department Approval	adamhigg	07/02/2026 19:39:43 PM
Contract Manager Approval	adamhigg	07/02/2026 19:39:45 PM
Budget Analyst Approval	pokeefe	07/13/2026 12:21:31 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32673**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Phillip Devore
Agency Code:	BDC	Contractor Name:	Dr. Phillip Devore
Appropriation Unit:	B007 - All Categories	Address:	201 Luxaire Court
Is budget authority available?:	Yes	City/State/Zip	Las Vegas , NV 89144
If "No" please explain:	Not Applicable	Contact/Phone:	Phillip Devore 7022540123
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/13/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Board Agent - P.S.C.**

5. Purpose of contract:

This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the board's Review Panel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$225.00 per Case Evaluation

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Preliminary Screening Consultants perform independent summary reviews established pursuant to NRS Chapter 631 to evaluate patient complaints and draft recommendations to the Review Panel Members.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/02/2026 19:55:31 PM

Division Approval

adamhigg

07/02/2026 19:55:33 PM

Department Approval	adamhigg	07/02/2026 19:55:35 PM
Contract Manager Approval	adamhigg	07/02/2026 19:55:37 PM
Budget Analyst Approval	pokeefe	07/13/2026 12:13:38 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32752**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Ronrico Mangapit
Agency Code:	BDC	Contractor Name:	Dr. Ronrico Mangapit
Appropriation Unit:	B007 - All Categories	Address:	11019 Bowen Court
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89135
If "No" please explain:	Not Applicable	Contact/Phone:	Ronrico Mangapit 70286043174
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent - I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/14/2026 19:04:23 PM

Division Approval

adamhigg

07/14/2026 19:04:25 PM

Department Approval	adamhigg	07/14/2026 19:04:27 PM
Contract Manager Approval	adamhigg	07/14/2026 19:04:29 PM
Budget Analyst Approval	pokeefe	07/21/2026 08:06:40 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32679**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. Sandra Lee
Agency Code:	BDC	Contractor Name:	Dr. Sandra Lee
Appropriation Unit:	B007 - All Categories	Address:	3119 N. Rainbow Blvd
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89108
If "No" please explain:	Not Applicable	Contact/Phone:	Sandra Lee 7023530658
		Vendor No.:	
		NV Business ID:	EXEMPT

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 %	Licensre
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 **07/13/2026**

Anticipated BOE meeting date 08/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 353 days**4. Type of contract: **Contract**Contract description: **Board Agent-P.S.C.**

5. Purpose of contract:

This is a new contract to provide independent review of patient records, complaints, and other relevant evidence for consideration by the board's Review Panel.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$225.00 per Case Evaluation

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Preliminary Screening Consultants perform independent summary reviews established pursuant to NRS Chapter 631 to evaluate patient complaints and draft recommendations to the Review Panel Members.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2026

10. a. Does the contract contain any IT components? No

b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State 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

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/02/2026 20:38:14 PM

Division Approval

adamhigg

07/02/2026 20:38:16 PM

Department Approval	adamhigg	07/02/2026 20:38:18 PM
Contract Manager Approval	adamhigg	07/02/2026 20:38:20 PM
Budget Analyst Approval	pokeefe	07/13/2026 12:07:01 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32719**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Dr. William Waggoner
Agency Code:	BDC	Contractor Name:	Dr. William Waggoner
Appropriation Unit:	B007 - All Categories	Address:	4811 Hayride Street
Is budget authority available?:	Yes	City/State/Zip	Las Vegas, NV 89149
If "No" please explain:	Not Applicable	Contact/Phone:	William Waggoner 7023396729
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 17:54:18 PM

Division Approval

adamhigg

07/10/2026 17:54:20 PM

Department Approval	adamhigg	07/10/2026 17:54:21 PM
Contract Manager Approval	adamhigg	07/10/2026 17:54:23 PM
Budget Analyst Approval	pokeefe	07/21/2026 07:33:11 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32717**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Fei Yu, RDH
Agency Code:	BDC	Contractor Name:	Fei Yu, RDH
Appropriation Unit:	B007 - All Categories	Address:	1263 Creek Haven Circle
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89509
If "No" please explain:	Not Applicable	Contact/Phone:	Fei Yu 7752003821
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	adamhigg	07/10/2026 17:44:57 PM
Division Approval	adamhigg	07/10/2026 17:44:59 PM
Department Approval	adamhigg	07/10/2026 17:45:02 PM

Contract Manager Approval
Budget Analyst Approval

adamhigg
pokeefe

07/10/2026 17:45:04 PM
07/21/2026 07:35:55 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32726**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Ledena Brooke, RDH
Agency Code:	BDC	Contractor Name:	Ledena Brooke, RDH
Appropriation Unit:	B007 - All Categories	Address:	1210 Rhodes Road
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89521
If "No" please explain:	Not Applicable	Contact/Phone:	Ledena Brooke 7757419671
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 18:40:04 PM

Division Approval

adamhigg

07/10/2026 18:40:06 PM

Department Approval	adamhigg	07/10/2026 18:40:08 PM
Contract Manager Approval	adamhigg	07/10/2026 18:40:10 PM
Budget Analyst Approval	pokeefe	07/21/2026 07:21:33 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32722**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Margaret Hahn, RDH
Agency Code:	BDC	Contractor Name:	Margaret Hahn, RDH
Appropriation Unit:	B007 - All Categories	Address:	8045 Miramar Court
Is budget authority available?:	Yes	City/State/Zip	Sparks, NV 89436
If "No" please explain:	Not Applicable	Contact/Phone:	hahn4224@gmail.com 8602156050
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/20/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 346 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 18:22:13 PM

Division Approval

adamhigg

07/10/2026 18:22:15 PM

Department Approval	adamhigg	07/10/2026 18:22:17 PM
Contract Manager Approval	adamhigg	07/10/2026 18:22:19 PM
Budget Analyst Approval	pokeefe	07/20/2026 12:08:45 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32725**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Mary Bobbett, RDH
Agency Code:	BDC	Contractor Name:	Mary Bobbett, RDH
Appropriation Unit:	B007 - All Categories	Address:	2467 Swan Ridge Avenue
Is budget authority available?:	Yes	City/State/Zip	Henderson, NV 89074
If "No" please explain:	Not Applicable	Contact/Phone:	Mary Bobbett 7024994699
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 18:34:34 PM

Division Approval

adamhigg

07/10/2026 18:34:35 PM

Department Approval	adamhigg	07/10/2026 18:34:37 PM
Contract Manager Approval	adamhigg	07/10/2026 18:34:39 PM
Budget Analyst Approval	pokeefe	07/21/2026 07:18:52 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32724**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Stacia Dimmit, RDH
Agency Code:	BDC	Contractor Name:	Stacia Dimmit, RDH
Appropriation Unit:	B007 - All Categories	Address:	40 Deer Valley Court
Is budget authority available?:	Yes	City/State/Zip	Reno, NV 89511
If "No" please explain:	Not Applicable	Contact/Phone:	Stacia Dimmit 7757719932
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 18:31:21 PM

Division Approval

adamhigg

07/10/2026 18:31:23 PM

Department Approval	adamhigg	07/10/2026 18:31:25 PM
Contract Manager Approval	adamhigg	07/10/2026 18:31:27 PM
Budget Analyst Approval	pokeefe	07/21/2026 07:07:14 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32751**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Tanya McCullough, RDH
Agency Code:	BDC	Contractor Name:	Tanya McCullough, RDH
Appropriation Unit:	B007 - All Categories	Address:	PO BOX 662
Is budget authority available?:	Yes	City/State/Zip	Wadsworth, NV 89442
If "No" please explain:	Not Applicable	Contact/Phone:	Tanya McCollough 6616565445
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent - I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/14/2026 19:02:22 PM

Division Approval

adamhigg

07/14/2026 19:02:24 PM

Department Approval	adamhigg	07/14/2026 19:02:26 PM
Contract Manager Approval	adamhigg	07/14/2026 19:02:28 PM
Budget Analyst Approval	pokeefe	07/21/2026 08:15:20 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32720**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Valeria Dellarusso, RDH
Agency Code:	BDC	Contractor Name:	Valeria Dellarusso, RDH
Appropriation Unit:	B007 - All Categories	Address:	1561 Skyline Drive
Is budget authority available?:	Yes	City/State/Zip	South Lake Tahoe, CA 96150
If "No" please explain:	Not Applicable	Contact/Phone:	Valeria Dellarusso 5307216266
		Vendor No.:	
		NV Business ID:	EXEMPT

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 **07/21/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **Yes**

If "Yes", please explain

Inherited historical operations.3. Termination Date: **06/30/2028**Contract term: **1 year and 345 days**4. Type of contract: **Contract**Contract description: **Board Agent- I.C.**

5. Purpose of contract:

This is a new contract to provide infection control inspections of dental offices, facilities, and other environments.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$24,000.00**

Payment for services will be made at the rate of \$53.00 per Hour

II. JUSTIFICATION

7. What conditions require that this work be done?

Authority: NRS 631.190 and NRS 631.396

Infection Control Inspectors perform infection control inspections pursuant to NRS Chapter 631, NAC 631 and CDC Guidelines for Dental Facilities.

Compensation for Board Agents is established by the Board at public meetings. The Board maintains multiple Board Agents in various geographic regions and roles to promote fairness, and minimize potential conflicts of interest.

Board Agent positions are part-time, as-needed roles. The workload varies significantly.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

Board staff are not licensed dental professionals.

9. Were quotes or proposals solicited?

No

Was the solicitation (RFP) done by the Purchasing Division?

No

a. List the names of vendors that were solicited to submit proposals (include at least three):

Not Applicable

b. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

This is one of multiple vendors selected for this role. Board Agent positions are part-time, as-needed roles. The workload varies significantly.

d. Last bid date: 03/10/2026 Anticipated re-bid date: 03/14/2028

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 not registered with the Nevada Secretary of State's Office because the legal entity is a:

Other

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

16. a. Is 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?

No If "No", to a. AND b., please explain why the contractor does not have an SBL or an exemption.

Please see memo titled: Business License Exemption for Board Agents Performing Regulatory Functions as a Public Service for the Board of Dental Examiners

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level

User

Signature Date

Budget Account Approval

adamhigg

07/10/2026 18:00:21 PM

Division Approval

adamhigg

07/10/2026 18:00:23 PM

Department Approval	adamhigg	07/10/2026 18:00:25 PM
Contract Manager Approval	adamhigg	07/10/2026 18:00:27 PM
Budget Analyst Approval	pokeefe	07/21/2026 07:24:23 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32788**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Numbers, Inc.
Agency Code:	BDC	Contractor Name:	Numbers, Inc.
Appropriation Unit:	B009 - All Categories	Address:	1285 Baring Blvd. #309
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? **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 %

2. Contract start date:

a. Effective upon Board of Examiner's approval? **No** or b. other effective date **10/01/2026**

Anticipated BOE meeting date 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **09/30/2028**Contract term: **2 years**4. Type of contract: **Contract**Contract description: **Professional Service**

5. Purpose of contract:

This is a new contract to provide ongoing bookkeeping and payroll services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$21,960.00**

Payment for services will be made at the rate of \$2,745.00 per quarter

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board is required to maintain its own financial reporting and payroll systems. The Board is funded entirely by licensing and regulatory 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 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):

Lawley Bookkeeping
Sierra Bookkeeping and Tax LLC
Reno Bookkeeping
b. Solicitation Waiver: **Not Applicable**

c. Why was this contractor chosen in preference to other?

Cost and expertise.

d. Last bid date: 07/10/2026 Anticipated re-bid date: 07/10/2028

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:

Board of Occupational Therapy, current contract, satisfactory work.
Board of Chiropractic Examiners, current contract, satisfactory work.
Speech-Language Pathology, Audiology & Hearing Dispensing Board, current contract, satisfactory work.
Physical Therapy Board, current contract, satisfactory work.
Applied Behavioral Therapy, current contract, 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	sbmcgee8	07/21/2026 12:03:03 PM
Division Approval	sbmcgee8	07/21/2026 12:03:11 PM
Department Approval	sbmcgee8	07/21/2026 12:03:15 PM
Contract Manager Approval	sbmcgee8	07/21/2026 12:03:18 PM
Budget Analyst Approval	pokeefe	07/30/2026 12:06:46 PM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32755**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Lance, Soll & Lunghard LLP
Agency Code:	BDC	Contractor Name:	Lance, Soll & Lunghard LLP dba LSL Accounting, CPAs
Appropriation Unit:	B028 - All Categories	Address:	500 Technology Dr. Suite 350
Is budget authority available?:	Yes	City/State/Zip	Irvine, CA 92618
If "No" please explain:	Not Applicable	Contact/Phone:	Brandon Young, CPA 949-829-8299
		Vendor No.:	
		NV Business ID:	NV20212047566

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 %

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 09/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/01/2028**Contract term: **2 years and 124 days**4. Type of contract: **Contract**Contract description: **Financial Services**

5. Purpose of contract:

This is a new contract to provide fiscal audit and preparation of financial statements.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$45,000.00**

Payment for services will be made at the rate of \$15,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

The Board requires experience with financial auditing services from a licensed Certified Public Accountant to fulfill the required submission of audited financial statements per the Legislative mandate.

8. Explain why State employees in your agency or other State agencies are not able to do this work:

No one employed by the Board is a licensed Certified Public Accountant, and as such would be unable to perform the necessary financial auditing 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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

N/A

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation and facts supporting approval of the contract:

Not Applicable

15. The contractor is 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:

The contract name refers to the abbreviated version of the names listed on the business license, and is for branding purposes.

17. a. Does the contractor have a current Nevada State Business License (SBL)?

Yes

18. a. Is the legal entity active and in good standing with the Nevada Secretary of State's Office?

Yes

19. Agency Field Contract Monitor:

20. Contract Status:

Contract Approvals:

Approval Level	User	Signature Date
Budget Account Approval	jpeditg#1	07/15/2026 08:21:35 AM
Division Approval	jpeditg#1	07/15/2026 08:21:41 AM
Department Approval	jpeditg#1	07/15/2026 08:21:52 AM
Contract Manager Approval	jpeditg#1	07/15/2026 08:22:04 AM
Budget Analyst Approval	pokeefe	07/21/2026 08:20:59 AM

CONTRACT SUMMARY

(This form must accompany all contracts submitted to the Board of Examiners (BOE) for review and approval)

I. DESCRIPTION OF CONTRACT1. Contract Number: **32500**

Agency Name:	BDC LICENSING BOARDS & COMMISSIONS	Legal Entity Name:	Sorren CPAS, P.C.
Agency Code:	BDC	Contractor Name:	Sorren CPAS, P.C.
Appropriation Unit:	B029 - All Categories	Address:	112 North Curry Street
Is budget authority available?:	Yes	City/State/Zip	Carson City, NV 89703
If "No" please explain:	Not Applicable	Contact/Phone:	Ryan Gregory 775-283-5555
		Vendor No.:	
		NV Business ID:	NV20263522180

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 **07/23/2026**

Anticipated BOE meeting date 07/2026

Retroactive? **No**

If "Yes", please explain

Not Applicable3. Termination Date: **12/31/2027**Contract term: **1 year and 161 days**4. Type of contract: **Contract**Contract description: **Auditor Contract**

5. Purpose of contract:

This is a new contract to provide ongoing auditing services.

6. NEW CONTRACT

The maximum amount of the contract for the term of the contract is: **\$50,000.00**

Payment for services will be made at the rate of \$25,000.00 per year

II. JUSTIFICATION

7. What conditions require that this work be done?

To complete the mandatory yearly audit to the LCB

8. Explain why State employees in your agency or other State agencies are not able to do this work:

The Board office 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 Applicableb. Solicitation Waiver: **Professional Service (As defined in NAC 333.150)**

c. Why was this contractor chosen in preference to other?

Pursuant to NAC 333.150, this vendor provides accounting services.

d. Last bid date: Anticipated re-bid date:

10. a. Does the contract contain any IT components? No
b. Is the contract part of an IT investment project over \$50,000? No

III. OTHER INFORMATION

11. Is there an Indirect Cost Rate or Percentage Paid to the Contractor?

No If "Yes", please provide the Indirect Cost Rate or Percentage Paid to the Contractor

Not Applicable

12. a. Is the contractor a current employee of the State of Nevada or will the contracted services be performed by a current employee of the State of Nevada?

No

b. Was the contractor formerly employed by the State of Nevada within the last 24 months or will the contracted services be performed by someone formerly employed by the State of Nevada within the last 24 months?

No

c. Is the contractor employed by any of Nevada's political subdivisions or by any other government?

No If "Yes", please explain

Not Applicable

13. Has the contractor ever been engaged under contract by any State agency?

No If "Yes", specify when and for which agency and indicate if the quality of service provided to the identified agency has been verified as satisfactory:

Not Applicable

14. Is the contractor currently involved in litigation with the State of Nevada?

No If "Yes", please provide details of the litigation 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	victoria	06/02/2026 10:29:09 AM
Division Approval	victoria	06/02/2026 10:29:12 AM
Department Approval	victoria	06/02/2026 10:29:18 AM
Contract Manager Approval	victoria	07/22/2026 15:48:53 PM
Budget Analyst Approval	pokeefe	07/23/2026 15:44:29 PM

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: August 17, 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 August 14, 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	\$ 221,084.07
Statutory Contingency Account	\$ 558,931.25
Stale Claims Account	\$ 1,589,443.68
Emergency Account	\$ 426,760.79
Disaster Relief Account	\$ 16,889,807.23
IFC Contingency Unrestricted General Fund	\$ 40,343,865.40
IFC Contingency Unrestricted Highway Fund	\$ 1,638,068.35
IFC Contingency Restricted General Fund	\$ 102,841,210.00
IFC Contingency Restricted Highway Fund	\$ 6,924,146.00
Attorney General's Office - Extradition Coordinator	\$ 213,922.48

Statutory Authority:

NRS 331.187, 353.097, 353.263, 353.264, 353.266, 353.268, 353.2735, 179.225

REVIEWED: KL

INFORMATION ITEM: _____

Fiscal Year	2026	Tort Claim Fund Balance Sheet August 14, 2026	
Fund	715		
Agency	030		
Budget Account	1348		
Statutory Authority NRS	331.187		
Receipts/Funding		Balance	
Beginning Cash	\$ 268,283.00		
Revenue from Boards	\$ 187,610.57		
Cost Allocation	\$ 7,130,413.48		
Loan Repayment	\$ 5,000.00		
Total Receipts/Funding		\$ 7,591,307.05	
Operating Expenditures - Non Claims			
Operating Expenditures	\$ 303,265.74		
Tort Claims Overhead	\$ 342,851.48		
Risk Management Insurance Policy	\$ 1,911,000.00		
Total Operating Expenditures		\$ 2,557,117.22	
Net Receipts less Operating		\$ 5,034,189.83	
Div Of Welfare & Supportive Svcs			
Tort Claims - AGO Approved	\$ 2,381,105.76		
Tort Claims - Board of Examiners Approved	\$ 2,432,000.00		
Total Tort Claims		\$ 4,813,105.76	
REALIZED FUNDING AVAILABLE		\$ 221,084.07	
Approved Claims Pending Payment			
May BOE - DPS: Lagomarsino Law Parra	\$ 165,000.00		
	\$ -		
	\$ -		
	\$ -		
Total Projected Claims		\$ 165,000.00	
Projected Realized Funding Available		\$ 56,084.07	
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	
NOTES - Pending Transactions			
	\$ -		

Fiscal Year	2026	Statutory Contingency Fund Balance Sheet August 14, 2026	
Fund	101		
Agency	930		
Budget Account	4892		
Statutory Authority NRS	353.264		
Receipts/Funding		Balance	
Beginning Cash	\$ 7,355,586.00		
Trans from Interim Finance	\$ 5,000,000.00		
Total Receipts/Funding		\$ 12,355,586.00	
Claims			
Prison Claims - Clerk Approved	\$ 877,986.63		
Tort Claims - Board of Examiners Approved	\$ 5,526,339.23		
Wrongful Conviction Claims	\$ 110,000.00		
Outside Counsel	\$ 4,426,531.50		
Total Claims		\$ 10,940,857.36	
Transfers to Agencies			
Gaming Control Board	\$ 66,570.00		
Governors Office	\$ 12,000.00		
Public Defender	\$ 702,142.00		
Secretary of State	\$ 66,531.00		
Child and Family Services	\$ 8,554.39		
Total Transfers		\$ 855,797.39	
REALIZED FUNDING AVAILABLE		\$ 558,931.25	
Projected Claims			
Coyote Springs FY26 Estimate	\$ 600,000.00		
DCFS	\$ 8,554.39		
	\$ -		
Total Projected Claims		\$ 608,554.39	
Projected Realized Funding Available		\$ (49,623.14)	
NOTES - Tort Claims Paid from Statutory Contingency Fund			
October BOE - NDOC: Walker - Paid	4,599,500.00		
January BOE - NDOC: Scott - Paid	597,000.00		
Coyote Springs FY26 - Paid Amount	2,095,174.04		
Predictive Markets Lawsuits - Paid	866,277.71		
Total Tort Claims Paid from Statutory Contingency Fund		\$ 8,157,951.75	

Fiscal Year	2026	Stale Claims Account Balance Sheet August 14, 2026	
Fund	101		
Agency	930		
Budget Account	4888		
Statutory Authority NRS	353.097		
Receipts/Funding		Balance	
Beginning Cash	\$ 4,066,187.00		
Total Receipts/Funding		\$	4,066,187.00
Stale Claims			
Adjutant General & Natl Guard	\$ 4,561.37		
Aging and Disability Services	\$ 614,310.78		
Agriculture	\$ 400.00		
Attorney Generals Office	\$ 16,800.88		
Board of Examiners	\$ 250.00		
Child and Behavioral Health	\$ 3,714.00		
Child and Family Division	\$ 238,828.40		
Department of Corrections	\$ 810,148.24		
Department of Education	\$ 334,701.84		
Department of Native American Affairs	\$ 4,638.20		
Department of Taxation	\$ 726.56		
Div Of Human Resource Mgmt	\$ 41,130.13		
Div Of Welfare & Supportive Svcs	\$ 19,678.58		
Ethics Commission	\$ 507.45		
Forestry Division	\$ 109,706.01		
Governor's Office	\$ 172.44		
Governor's Office - Finance Office	\$ 15,855.38		
Health Division	\$ 24,043.00		
Judicial Discipline Commission	\$ 600.00		
Lieutenant Governors Office	\$ 2,954.90		
Military	\$ 11,670.04		
Nevada Health Authority	\$ 10,283.23		
Nevada Health Authority - Directors Office	\$ 76,199.53		
Nevada Health Authority - Nevada Medicaid	\$ 1,874.53		
Nevada Mental Health	\$ 2,043.75		
Public and Behavioral Health	\$ 30,536.15		
Public Works Board	\$ 39,748.00		
Records Comm And Compliance	\$ 7,182.34		
Science Innovation & Technology	\$ 752.00		
Secretary of State	\$ 19,865.82		
Southern Nevada Mental Health	\$ 7,868.76		
State Library and Archives	\$ 23,445.91		
State Printing	\$ 1,545.10		
	\$ -		
Total Claims		\$	2,476,743.32
REALIZED FUNDING AVAILABLE		\$	1,589,443.68

Fiscal Year	2026	Emergency Fund Balance Sheet August 14, 2026	
Fund	101		
Agency	930		
Budget Account	4889		
Statutory Authority NRS	353.263		
Receipts/Funding		Balance	
Beginning Cash	\$ 452,338.00		
Total Receipts/Funding		\$	452,338.00
Emergency Fund Expenditures			
Incident Insurance Deductible*	\$ -		
Public and Behavioral Health	\$ 40,265.00		
Nevada Department of Corrections	\$ (14,687.79)		
Total Claims		\$	25,577.21
REALIZED FUNDING AVAILABLE		\$	426,760.79

*Cyber Attack overtime payment has been reversed back into the original budget account

Fiscal Year	2026	Disaster Relief Fund Balance Sheet August 14, 2026	
Fund	101		
Agency	170		
Budget Account	1335		
Statutory Authority NRS	353.2735		
Receipts/Funding		Balance	
Beginning Cash	\$ 14,712,115.00		
Quarterly Transfer from General Fund	\$ 2,000,000.00		
Quarterly Treasurers Interest	\$ 677,692.23		
Total Receipts/Funding		\$	17,389,807.23
Disaster Relief Fund Expenditures			
Transfer to Emergency Assistance Account	\$ 500,000.00		
	\$ -		
Total Claims		\$	500,000.00
REALIZED FUNDING AVAILABLE		\$	16,889,807.23
Approved claims not processed			
	\$ -		
Total Approved claims not processed		\$	-
Disaster Relief Fund Available		\$	16,889,807.23

Fiscal Year	2026	IFC Contingency Unrestricted Balance Sheet August 14, 2026	
Fund	101		
Agency	170		
Budget Account	2630		
Statutory Authority NRS	353.268		
UNRESTRICTED GENERAL FUND			
Unrestricted General Fund Revenue		Balance	
Beginning Cash	\$ 31,461,759.69		
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	\$ 48,483.55		
Attorney General	\$ 1,278,250.00		
BOE SCF	\$ 5,000,000.00		
DPBH	\$ 5,005,011.00		
Department of Education	\$ 1,333,148.00		
Department of Corrections	\$ 4,498,507.00		
Department of Taxation	\$ 1,124,750.00		
Department of Veterans Services	\$ 492,884.00		
Division of Forestry	\$ 1,290,000.00		
Division of Water Resources	\$ 3,475,812.00		
Secretary of State	\$ 235,558.00		
Governor's Finance Office - Food Bank	\$ 3,419,181.91		
Office of the Military	\$ 200,000.00		
Total Unrestricted General Fund Expenditures		\$ 27,401,585.46	
Unrestricted General Fund Realized Funding Available		\$ 40,343,865.40	
BOE approved IFC pending claims			
DPBH	\$ 731,000.00		
Department of Corrections	\$ 4,074,873.00		
Department of Indigent Defense Services	\$ 4,289,553.00		
Total BOE approved IFC pending claims		\$ 9,095,426.00	
Unrestricted General Fund Available		\$ 31,248,439.40	

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	IFC Contingency Restricted Balance Sheet August 14, 2026	
Fund	101		
Agency	170		
Budget Account	2630		
Statutory Authority NRS	353.268		
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		
Nevada Department of Education	\$ 45,033,868.00		
Office of the Courts	\$ 61,600.00		
Total Restricted General Fund Expenditures		\$ 88,124,058.00	
Restricted General Fund Realized Funding Available		\$ 102,841,210.00	
Approved IFC pending claims			
CoreNV - FY2027	\$ 1,344,967.00		
Nevada Health Authority	\$ 1,961,862.00		
	\$ -		
Total Approved claims not processed		\$ 3,306,829.00	
Restricted General Fund Available		\$ 99,534,381.00	

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 IFC pending claims			
CoreNV - FY2027	\$ 315,486.00		
	\$ -		
Total Approved claims not processed		\$ 315,486.00	
Restricted Highway Fund Available		\$ 6,608,660.00	

Fiscal Year	2026	Attorney General's Office - Extradition Coordinator Balance Sheet August 14, 2026	
Fund	101		
Agency	030		
Budget Account	1002		
Statutory Authority NRS	179.225		
Receipts/Funding		Balance	
Appropriations	\$ 1,676,123.00		
Recoveries	\$ 21,765.47		
Total Receipts/Funding		\$	1,697,888.47
Extradition Coordinator Expenditures			
Operating Expenses	\$ 225,675.52		
Extradition Costs Reimbursed to Counties	\$ -		
Extradition Expenses	\$ 1,258,290.47		
Total Expenditures		\$	1,483,965.99
Realized Funding Available		\$	213,922.48

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: August 17, 2026

To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office

From: Tiffany Day, Budget Division
Governor's Finance Office

A handwritten signature in black ink, appearing to read "T. Day", is written over the printed name of Tiffany Day.

Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners meeting:

FISCAL YEAR 2026 – 4th QUARTER OVERTIME REPORT

Agenda Item Write-up:

Pursuant to NRS 284.180, the Department of Administration, Division of Human Resource Management must prepare and submit quarterly to the Budget Division of the Office of Finance a report regarding all overtime worked by employees of the Executive Department during the quarter. The Budget Division shall transmit quarterly to the Board of Examiners the report and the analysis of the Budget Division regarding the report. This report covers the period of April 1, 2026 to June 30, 2026.

Additional Information:

As of the 4th quarter of fiscal year 2026, year-to-date overtime pay and accrued compensatory leave accounted for a total of approximately \$113.3 million, or 7.27% of total pay, a 0.11% decrease from fiscal year 2025.

The five agencies with the highest dollar amount of overtime for the 4th quarter accounted for 67.91% of the statewide total:

1. Department of Corrections – \$11.19 million including Muster Pay
2. Department of Human Services – \$8.30 million
3. Department of Public Safety – \$4.30 million
4. Department of Transportation – \$1.70 million
5. State Department of Conservation and Natural Resources – \$975 thousand

The five agencies with the highest percentage of overtime and accrued comp time as a share of total pay for the 4th quarter of fiscal year 2026 were:

1. Department of Corrections – 18.67%
2. Department of Public Safety – 13.67%
3. Department of Veterans Services – 12.74%
4. Controller's Office – 8.19%
5. Department of Human Services – 7.31%

The Department of Corrections overtime increased by \$12 thousand or 0.2% from the prior quarter. Overtime for the 4th quarter of fiscal year 2026 was highest at the following six locations in addition to medical care expenses, which accounted for 91.4% of the total overtime for the department:

1. High Desert State Prison – \$2.12 million
2. Northern Nevada Correctional Center – \$1.51 million
3. Lovelock Correctional Center – \$1.34 million
4. Ely State Prison – \$1.29 million
5. Southern Desert Correctional Center – \$0.61 million
6. McClure Women's Correctional Center – \$0.37 million

The Department of Corrections highest four causes of overtime accounted for 79.7% by the following event codes:

1. Vacancy Coverage – \$3.61 million
2. Medical Supervision – 1.41 million
3. Holiday Week Coverage – \$895 thousand
4. Cover for Sick Leave – \$494 thousand

The Department of Human Services total overtime of \$8.3 million for the 4th quarter of fiscal year 2026 is a composite of its three divisions:

1. Division of Public and Behavioral Health – \$2.90 million
2. Division of Welfare & Support Services – \$2.62 million
3. Division of Child and Family Services – \$1.90 million

The Department of Human Services highest four causes of overtime accounted for 66.26% by the following event codes:

1. 24-Hour Coverage – \$2.93 million
2. Backlog Reduction – \$2.39 million
3. Increased Patient Activity – \$744 thousand
4. Holiday Coverage – \$435 thousand

REVIEWED:	<u>KL</u>
INFO ITEM:	_____

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

FISCAL YEAR 2026 SUMMARY (QTR 4)

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, September 8, 2026

CUMULATIVE STATEWIDE TOTALS (QTR 4)

	2024	2025	2026
BASE PAY	\$1,194,184,338	\$1,426,170,255	\$1,444,297,012
OVERTIME PAY + ACCRUED COMP	\$117,780,956	\$113,656,936	\$113,281,035
TOTAL PAY	\$1,311,965,293	\$1,539,827,191	\$1,557,578,047
OT/COMP AS A SHARE OF TOTAL PAY	8.98%	7.38%	7.27%

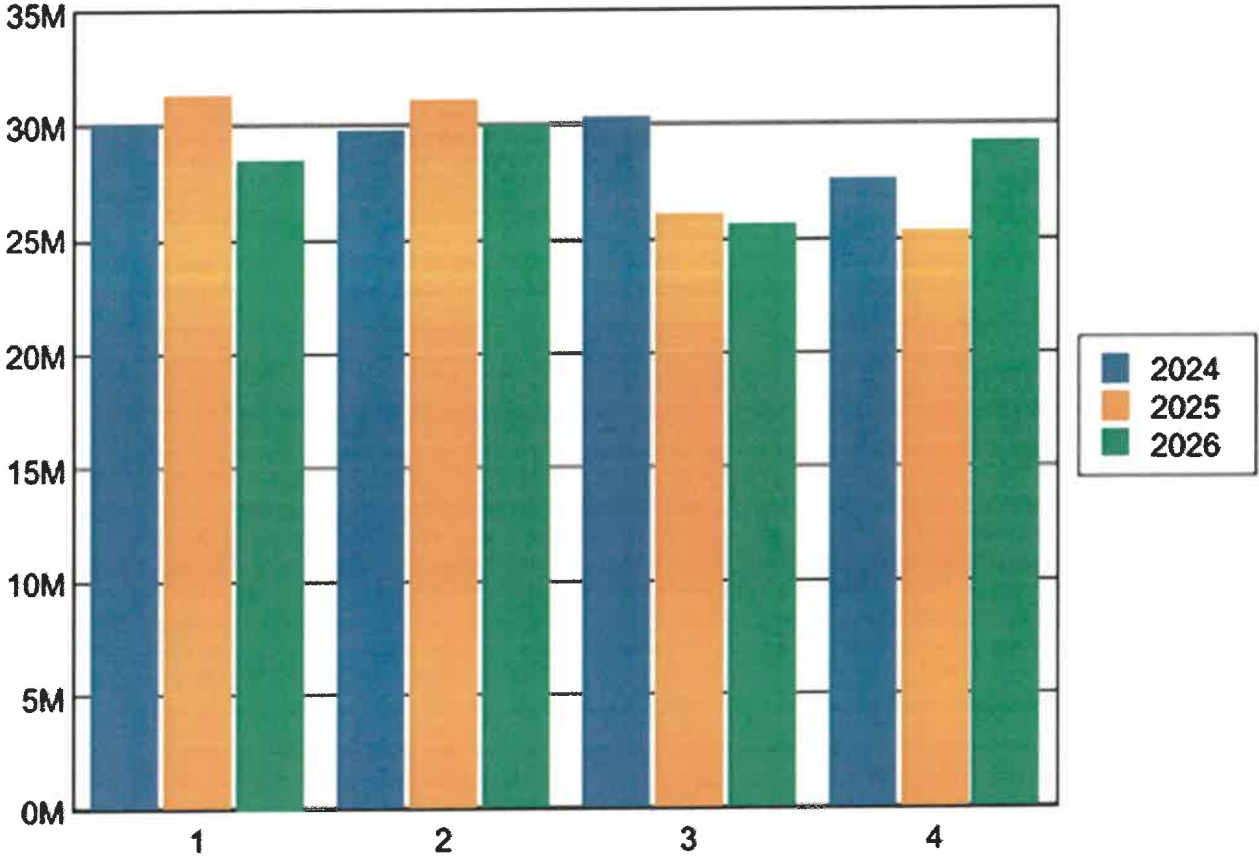
Highest OT/Comp expenditures in dollars

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$11,186,382	18.67%
40	DEPARTMENT OF HUMAN SERVICES	\$8,295,661	7.31%
65	DEPARTMENT OF PUBLIC SAFETY	\$4,300,815	13.67%
80	DEPARTMENT OF TRANSPORTATION	\$1,702,172	5.05%
70	STATE DEPARTMENT OF CONSERVATION AND NATURAL RESO	\$975,135	5.97%

Highest percentages of OT/Comp as a share of Total Pay

Agency Code	Department	Overtime and Accrued Comp	OT/Comp as a Share of Total Pay
44	DEPARTMENT OF CORRECTIONS	\$11,186,382	18.67%
65	DEPARTMENT OF PUBLIC SAFETY	\$4,300,815	13.67%
24	DEPARTMENT OF VETERANS SERVICE	\$573,361	12.74%
06	CONTROLLER'S OFFICE	\$88,363	8.19%
40	DEPARTMENT OF HUMAN SERVICES	\$8,295,661	7.31%

Statewide OT/Comp Distribution by Quarter



	Q1 Base Pay	Q2 Base Pay	Q3 Base Pay	Q4 Base Pay
2024	\$255,351,834	\$310,945,288	\$318,946,424	\$308,940,792
2025	\$349,538,248	\$339,234,889	\$373,099,811	\$364,297,308
2026	\$356,513,627	\$371,871,619	\$354,823,299	\$361,088,467

OVERTIME/ACCRUED COMP USE BY DEPARTMENT

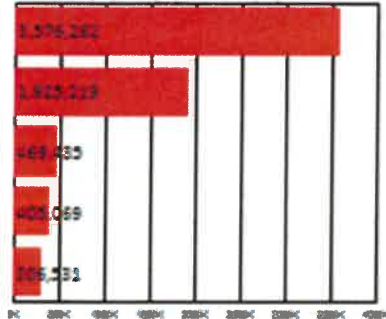
FISCAL YEAR 2026 QUARTERLY ANALYSIS vs FY2025

NEVADA DEPARTMENT OF ADMINISTRATION

Tuesday, September 8, 2026

FY2026 - QTR1

Greatest increases in OT/Comp expenditures vs FY2025



44 - Department of Corrections \$3,576,262

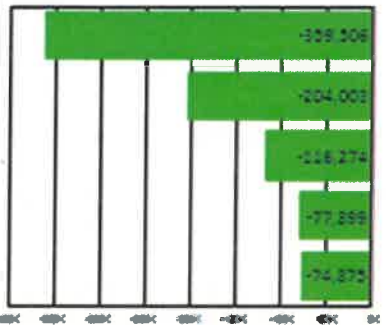
40 - Department of Human Services \$1,925,219

01 - Governor's Office \$469,458

65 - Department of Public Safety \$405,069

70 - Department of Conservation and Natural Resources \$306,531

Greatest reductions in OT/Comp expenditure vs FY2025



80 - Department of Transportation \$ -359,506

90 - Department of Employment, Training, & Rehab \$ -204,003

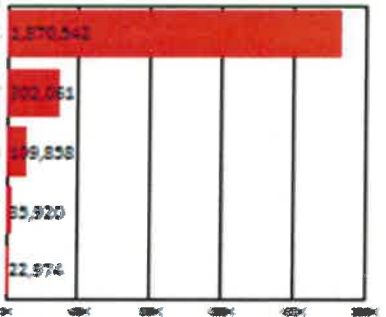
43 - Adjutant General \$ -116,274

03 - Attorney General's Office \$ -77,899

13 - Department of Taxation \$ -74,875

FY2026 - QTR2

Greatest increases in OT/Comp expenditures vs FY2025



40 - Department of Human Services \$1,870,542

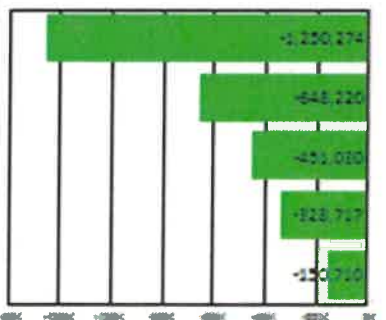
65 - Department of Public Safety \$302,061

08 - Department of Administration \$109,858

24 - Department of Veterans Services \$35,920

06 - Controller's Office \$22,974

Greatest reductions in OT/Comp expenditure vs FY2025



80 - Department of Transportation \$ -1,250,274

44 - Department of Corrections \$ -648,220

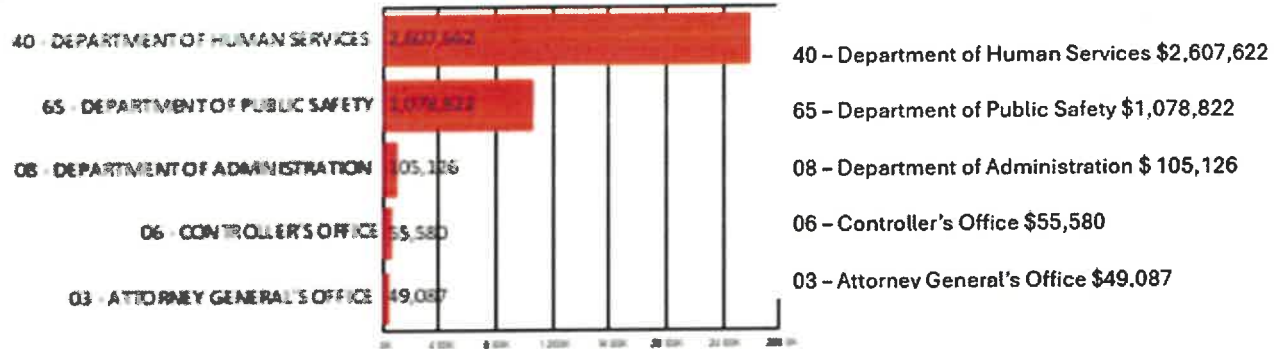
01 - Governor's Office \$ -451,030

70 - State Department of Conservation and Natural Resources \$ -328,717

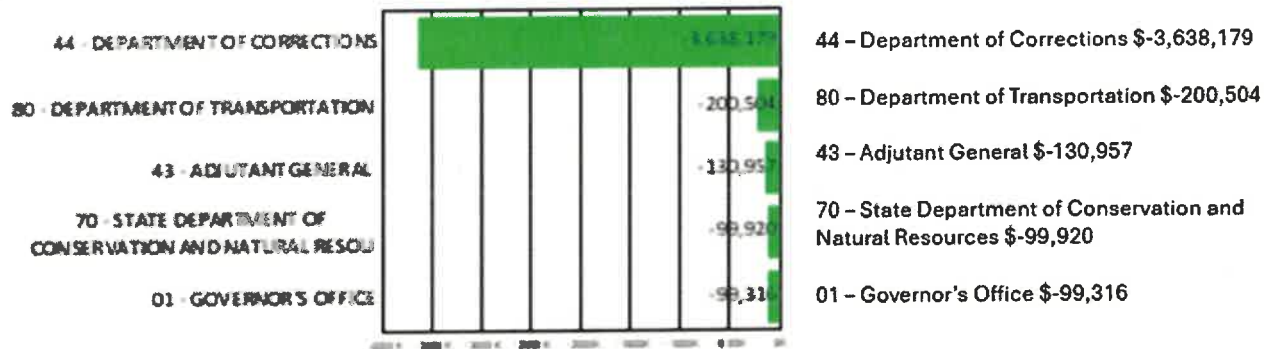
90 - Department of Employment, Training, & Rehab \$ -150,710

FY2026 - QTR3

Greatest increases in OT/Comp expenditures vs FY2025

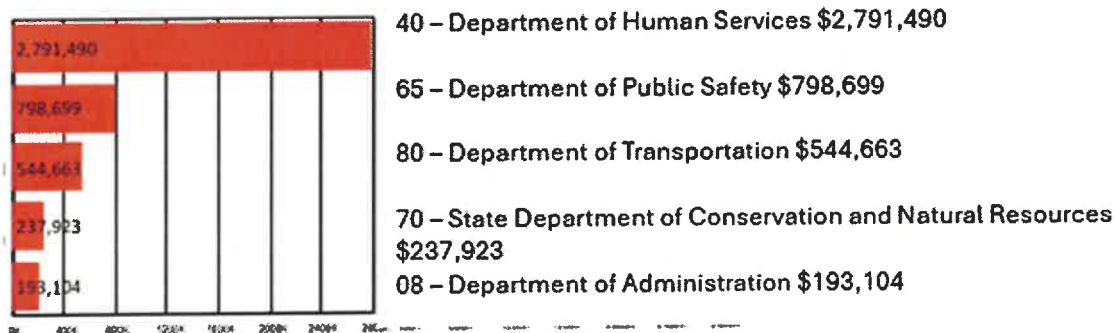


Greatest reductions in OT/Comp expenditure vs FY2025

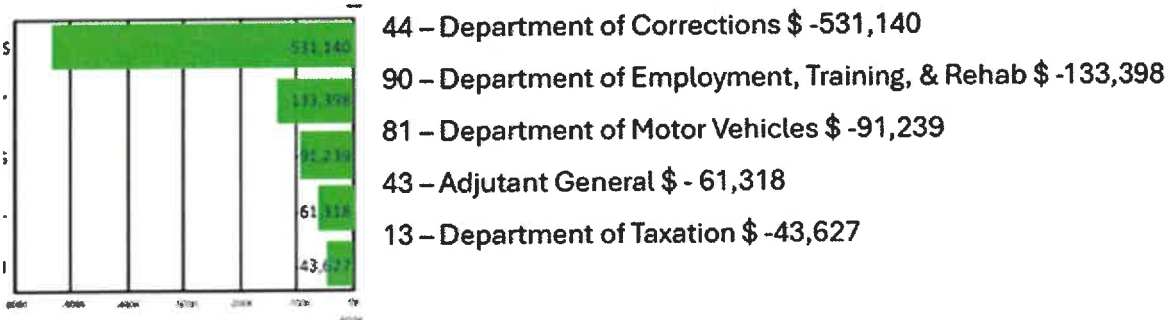


FY2026 - QTR4

Greatest increases in OT/Comp expenditures vs FY2025

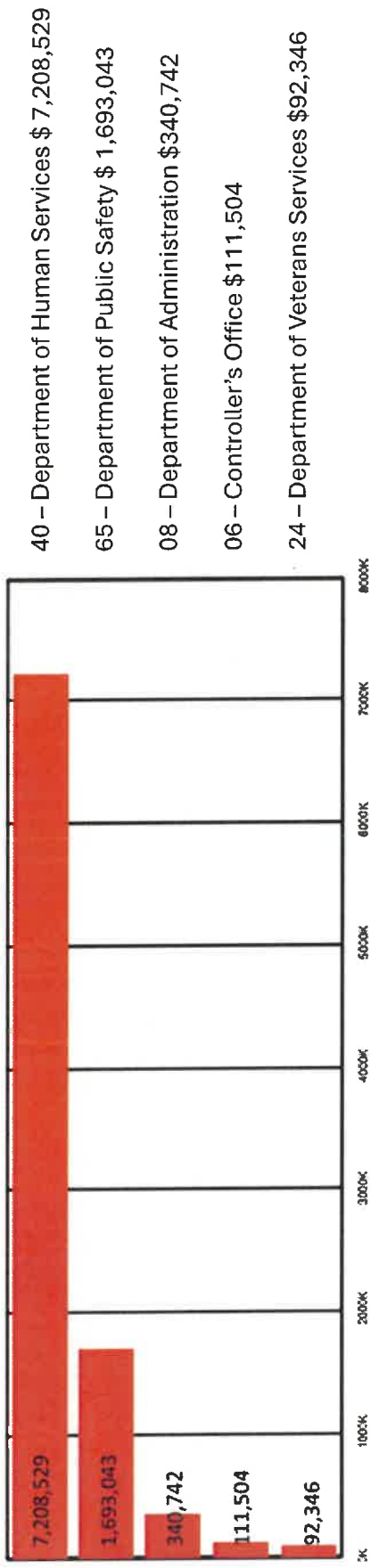


Greatest reductions in OT/Comp expenditure vs FY2025

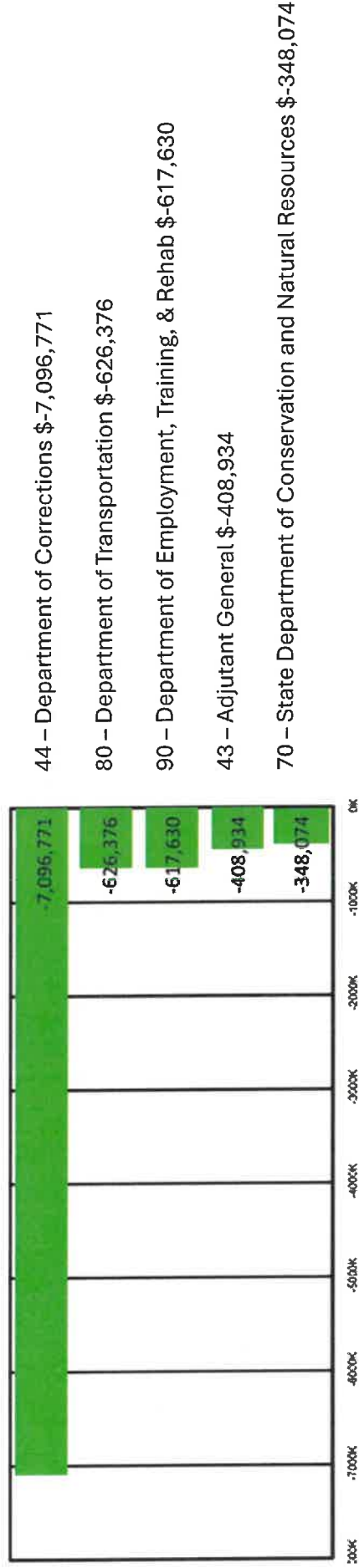


FY2026 - YEAR-TO-DATE TOTALS

Greatest increases in OT/Comp expenditures vs FY2025



Greatest reductions in OT/Comp expenditure vs FY2025



OVERTIME/ACCRUED COMP USE BY DEPARTMENT
FISCAL YEAR 2026 QUARTERLY DETAILED ANALYSIS
NEVADA DEPARTMENT OF ADMINISTRATION



Tuesday, September 8, 2026

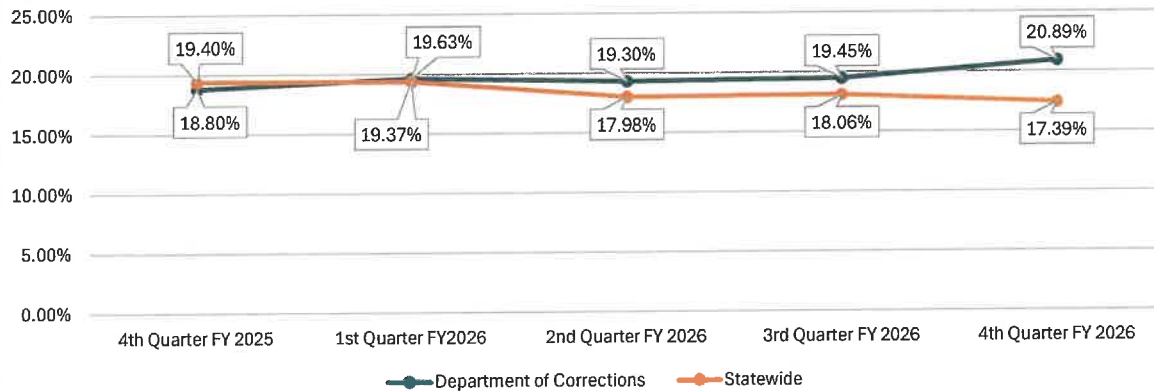
FY2026QTR1	Overtime Pay and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2025	FY2026QTR2		Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2025	FY2026QTR3		Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2025	FY2026QTR4		Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/ Comp versus FY2025
					Overtime Pay and Accrued Comp	Overtime Pay and Accrued Comp				Overtime Pay and Accrued Comp	Overtime Pay and Accrued Comp				Overtime Pay and Accrued Comp	Overtime Pay and Accrued Comp			
01 - GOVERNOR'S OFFICE	\$611,296	\$8,724,825	7.01%	\$271,432	\$241,613	\$241,613	\$8,941,559	2.70%	\$-450,462	\$170,978	\$170,978	\$8,368,145	2.04%	\$-99,316	\$192,341	\$192,341	\$8,617,158	2.23%	\$33,599
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$125,613	0.00%	\$0	\$0	\$0	\$126,740	0.00%	\$0	\$0	\$0	\$127,567	0.00%	\$0	\$0	\$0	\$122,869	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$28,866	\$9,201,596	0.31%	\$-81,808	\$74,066	\$74,066	\$9,901,990	0.75%	\$1,613	\$97,624	\$97,624	\$9,469,152	1.03%	\$40,087	\$71,716	\$9,581,513	0.75%	\$56,431	
04 - SECRETARY OF STATE'S OFFICE	\$20,105	\$2,701,540	0.74%	\$-26,003	\$8,579	\$8,579	\$2,860,842	0.30%	\$-54,463	\$15,436	\$15,436	\$2,685,505	0.57%	\$-2,785	\$28,334	\$2,635,131	1.08%	\$19,677	
05 - TREASURER'S OFFICE	\$22,831	\$1,214,133	1.88%	\$-8,823	\$31,017	\$31,017	\$1,316,655	2.36%	\$17,467	\$31,741	\$31,741	\$1,273,551	2.49%	\$15,441	\$22,808	\$1,277,079	1.79%	\$2,744	
06 - CONTROLLER'S OFFICE	\$51,729	\$1,058,978	4.88%	\$-7,770	\$93,211	\$93,211	\$1,108,834	8.41%	\$23,068	\$131,195	\$131,195	\$1,106,602	11.86%	\$55,580	\$88,363	\$1,078,479	8.19%	\$40,625	
08 - DEPARTMENT OF ADMINISTRATION	\$127,543	\$7,857,951	1.62%	\$-67,440	\$207,674	\$207,674	\$7,834,136	2.65%	\$109,943	\$245,131	\$245,131	\$7,659,139	3.20%	\$105,136	\$267,616	\$7,565,855	3.54%	\$193,104	
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$19,860	\$2,124,971	0.93%	\$-7,287	\$19,696	\$19,696	\$2,279,697	0.86%	\$-42,320	\$12,143	\$12,143	\$2,107,974	0.58%	\$-10,507	\$13,769	\$2,095,118	0.66%	\$-21,868	
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$0	\$546,479	0.00%	\$0	\$0	\$0	\$531,566	0.00%	\$0	\$0	\$0	\$507,242	0.00%	\$0	\$0	\$493,932	0.00%	\$0	
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$931,254	0.00%	\$-126	\$0	\$0	\$904,012	0.00%	\$-108	\$0	\$0	\$882,250	0.00%	\$0	\$0	\$910,014	0.00%	\$0	
13 - DEPARTMENT OF TAXATION	\$48,572	\$6,259,139	0.78%	\$-74,864	\$22,205	\$22,205	\$6,579,060	0.34%	\$-73,655	\$30,631	\$30,631	\$6,176,677	0.50%	\$-63,570	\$29,282	\$6,393,590	0.46%	\$-43,627	
14 - DEPARTMENT OF NATIVE AMERICAN AFFAIRS	\$0	\$136,951	0.00%	\$-157	\$0	\$0	\$145,917	0.00%	\$-971	\$0	\$0	\$129,474	0.00%	\$0	\$5,287	\$134,114	3.94%	\$-1,537	
15 - COMMISSION ON ETHICS	\$286	\$149,760	0.19%	\$286	\$1,101	\$1,101	\$174,174	0.63%	\$1,101	\$248	\$248	\$169,255	0.15%	\$248	\$0	\$172,237	0.00%	\$0	
16 - DEPARTMENT OF SENTENCING POLICY	\$0	\$136,540	0.00%	\$0	\$0	\$0	\$145,311	0.00%	\$0	\$59	\$59	\$137,318	0.04%	\$59	\$0	\$140,815	0.00%	\$-789	
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$152,473	0.00%	\$0	\$0	\$0	\$185,544	0.00%	\$0	\$0	\$0	\$175,836	0.00%	\$0	\$0	\$178,584	0.00%	\$0	
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$629	\$320,647	0.20%	\$24	\$1,626	\$1,626	\$346,053	0.47%	\$104	\$130	\$130	\$319,566	0.04%	\$130	\$1,574	\$325,583	0.48%	\$-391	
24 - DEPARTMENT OF VETERANS SERVICES	\$549,975	\$4,373,735	12.57%	\$95,080	\$570,334	\$570,334	\$4,620,253	12.34%	\$35,323	\$473,080	\$473,080	\$4,318,069	10.96%	\$-46,191	\$573,361	\$4,501,468	12.74%	\$8,134	
27 - CANNABIS COMPLIANCE BOARD	\$10,022	\$1,693,430	0.59%	\$1,017	\$23,893	\$23,893	\$1,801,381	1.33%	\$7,663	\$25,546	\$25,546	\$1,634,018	1.56%	\$16,109	\$31,614	\$1,626,470	1.94%	\$24,196	
30 - DEPARTMENT OF EDUCATION	\$67,455	\$4,196,394	1.61%	\$-77,513	\$56,330	\$56,330	\$4,426,825	1.27%	\$-29,768	\$57,581	\$57,581	\$4,199,184	1.37%	\$-61,839	\$88,742	\$4,346,714	2.04%	\$-8,428	
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$10,946	\$803,611	1.36%	\$-10,070	\$5,843	\$5,843	\$831,048	0.70%	\$-8,202	\$11,057	\$11,057	\$831,258	1.33%	\$-417	\$10,297	\$850,628	1.21%	\$4,534	
40 - DEPARTMENT OF HUMAN SERVICES	\$4,797,338	\$109,209,411	4.39%	\$66,429	\$6,720,007	\$6,720,007	\$117,034,760	5.74%	\$1,741,573	\$6,369,764	\$6,369,764	\$104,499,367	5.76%	\$2,609,037	\$8,295,661	\$113,411,418	7.31%	\$2,791,490	
41 - NEVADA HEALTH AUTHORITY	\$18,957	\$8,205,869	0.23%	\$18,957	\$14,235	\$14,235	\$11,371,462	0.13%	\$14,235	\$13,757	\$13,757	\$10,799,824	0.13%	\$13,757	\$42,519	\$11,157,561	0.38%	\$42,519	
43 - ADJUTANT GENERAL	\$97,723	\$2,698,697	3.67%	\$-138,449	\$132,856	\$132,856	\$2,886,548	4.60%	\$-78,316	\$119,518	\$119,518	\$2,758,897	4.33%	\$-130,851	\$113,860	\$2,726,271	4.18%	\$-61,318	
44 - DEPARTMENT OF CORRECTIONS	\$14,424,265	\$61,703,175	23.38%	\$-1,101,131	\$15,313,333	\$15,313,333	\$65,466,071	23.39%	\$-1,838,045	\$11,042,634	\$11,042,634	\$59,203,162	18.65%	\$-3,626,455	\$11,186,382	\$59,918,097	18.67%	\$-531,140	
50 - COMMISSION ON MINERAL RESOURCES	\$17,954	\$36,766	5.39%	\$2,171	\$1,347	\$1,347	\$291,535	0.46%	\$34	\$952	\$952	\$283,463	0.34%	\$-3,254	\$15,634	\$348,168	4.49%	\$-1,209	
55 - STATE DEPARTMENT OF AGRICULTURE	\$16,658	\$3,149,608	0.53%	\$-17,124	\$17,572	\$17,572	\$3,333,613	0.53%	\$2,173	\$9,505	\$9,505	\$3,142,678	0.30%	\$-2,595	\$15,581	\$3,265,589	0.48%	\$-3,564	
58 - PUBLIC UTILITIES COMMISSION	\$0	\$2,753,971	0.00%	\$0	\$0	\$0	\$2,923,467	0.00%	\$0	\$0	\$0	\$2,802,575	0.00%	\$0	\$0	\$2,831,370	0.00%	\$0	
61 - GAMING CONTROL BOARD	\$306,259	\$8,637,342	3.55%	\$74,057	\$265,241	\$265,241	\$9,228,685	2.87%	\$-21,119	\$200,426	\$200,426	\$8,774,679	2.28%	\$-5,682	\$223,159	\$8,984,035	2.48%	\$7,398	
65 - DEPARTMENT OF PUBLIC SAFETY	\$3,280,168	\$30,293,307	10.83%	\$-505,045	\$3,301,663	\$3,301,663	\$31,019,622	12.58%	\$316,371	\$3,993,817	\$3,993,817	\$30,447,886	13.12%	\$1,083,018	\$4,300,815	\$31,458,724	13.67%	\$798,699	
69 - COLORADO RIVER COMMISSION	\$1,951	\$1,076,877	0.18%	\$-1,612	\$679	\$679	\$1,130,872	0.06%	\$-3,467	\$4,242	\$4,242	\$1,082,626	0.39%	\$-2,103	\$3,394	\$1,079,893	0.31%	\$1,527	
70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL	\$2,059,209	\$17,688,219	11.64%	\$-158,049	\$185,384	\$185,384	\$15,037,455	1.23%	\$-228,028	\$177,285	\$177,285	\$14,196,654	1.25%	\$-99,920	\$975,135	\$16,332,001	5.97%	\$237,923	
72 - DEPARTMENT OF WILDLIFE	\$106,626	\$5,105,448	2.09%	\$6,089	\$98,503	\$98,503	\$5,312,363	1.85%	\$9,145	\$62,295	\$62,295	\$4,994,218	1.25%	\$-20,588	\$116,651	\$5,184,952	2.25%	\$2,337	
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$59,584	\$12,564,776	0.47%	\$-76,780	\$59,271	\$59,271	\$13,223,980	0.45%	\$-4,346	\$93,737	\$93,737	\$12,556,304	0.75%	\$23,678	\$215,440	\$13,028,839	1.65%	\$107,767	
80 - DEPARTMENT OF TRANSPORTATION	\$1,168,832	\$34,292,247	3.41%	\$-650,924	\$1,713,469	\$1,713,469	\$34,416,583	4.57%	\$-319,615	\$1,682,783	\$1,682,783	\$33,454,849	5.03%	\$-200,500	\$1,702,172	\$33,687,484	5.05%	\$546,663	
81 - DEPARTMENT OF MOTOR VEHICLES	\$267,324	\$19,183,071	1.39%	\$64,289	\$146,268	\$146,268	\$19,097,995	0.77%	\$-55,235	\$144,124	\$144,124	\$18,431,394	0.78%	\$-80,875	\$200,424	\$18,777,514	1.07%	\$-91,239	
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$350,696	\$15,446,478	2.27%	\$-314,825	\$136,010	\$136,010	\$14,957,838	0.91%	\$-150,710	\$342,906	\$342,906	\$14,677,166	2.34%	\$-18,696	\$222,298	\$15,103,431	2.80%	\$-133,398	
Total	\$28,543,657	\$385,057,284	7.41%	\$-2,725,971	\$29,922,826	\$29,922,826	\$401,794,444	7.45%	\$-1,145,018	\$25,560,323	\$25,560,323	\$380,383,623	6.72%	\$-506,867	\$29,254,229	\$390,342,696	7.49%	\$4,018,541	



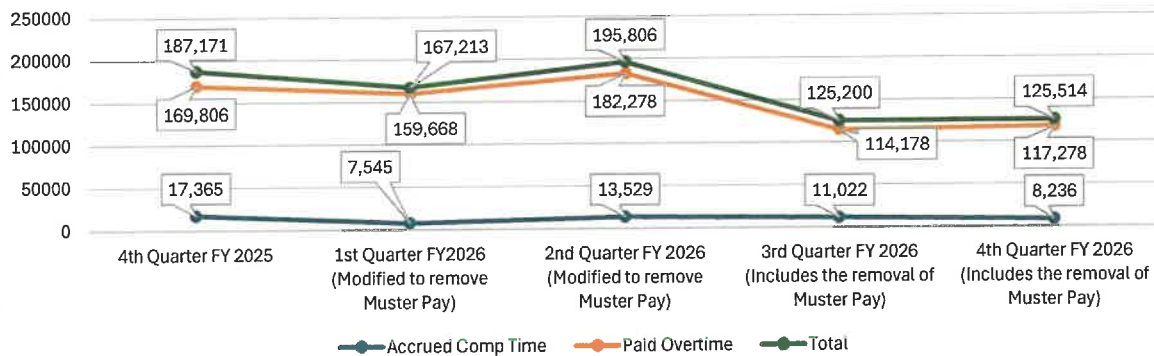
OVERTIME/ACCURED COMP USE BY DEPARTMENT
FISCAL YEAR 2026 COMPARATIVE YEAR-TO-DATE ANALYSIS (QTR1-QTR4) VS FY2024-FY2025
NEVADA DEPARTMENT OF ADMINISTRATION
Tuesday, September 8, 2026

	FY 2024 QTR1-QTR4				FY 2025 QTR1-QTR4				FY 2026 QTR1-QTR4			
	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year	Overtime and Accrued Comp	Total Pay	OT/Comp as a Share of Total Pay	Difference in OT Pay/Comp vs Prior Fiscal Year
01 - GOVERNOR'S OFFICE	\$563,926	\$26,991,709	2.09%	\$14,824	\$1,460,974	\$32,354,614	4.52%	\$897,048	\$1,216,227	\$34,651,887	3.51%	\$-244,747
02 - LIEUTENANT GOVERNOR'S OFFICE	\$0	\$672,028	0.00%	\$0	\$0	\$745,497	0.00%	\$0	\$0	\$502,788	0.00%	\$0
03 - ATTORNEY GENERAL'S OFFICE	\$390,349	\$33,203,285	1.18%	\$205,959	\$246,948	\$38,470,231	0.64%	\$-143,402	\$72,271	\$38,154,251	0.71%	\$25,323
04 - SECRETARY OF STATE'S OFFICE	\$125,010	\$8,676,349	1.44%	\$-90,659	\$136,029	\$10,876,012	1.25%	\$11,018	\$72,454	\$10,883,018	0.67%	\$-63,574
05 - TREASURER'S OFFICE	\$77,737	\$3,690,980	2.11%	\$33,478	\$81,568	\$4,701,560	1.73%	\$3,850	\$108,396	\$5,081,417	2.13%	\$36,829
06 - CONTROLLER'S OFFICE	\$167,653	\$3,478,404	4.82%	\$6,953	\$252,995	\$4,134,009	6.12%	\$85,342	\$364,498	\$4,352,893	8.37%	\$111,504
08 - DEPARTMENT OF ADMINISTRATION	\$412,324	\$25,986,120	1.59%	\$-171,337	\$507,222	\$30,302,239	1.67%	\$94,898	\$847,964	\$30,917,081	2.74%	\$340,742
09 - JUDICIAL BRANCH	\$0	\$0	0.00%	\$-9,821	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0
10 - DEPARTMENT OF TOURISM AND CULTURAL AFFAIRS	\$79,024	\$7,276,305	1.09%	\$5,793	\$117,451	\$8,545,341	1.37%	\$38,426	\$65,468	\$8,607,761	0.76%	\$51,983
11 - DEPARTMENT OF INDIGENT DEFENSE SERVICES	\$1,303	\$1,361,225	0.10%	\$893	\$0	\$1,419,074	0.00%	\$-1,303	\$0	\$2,079,218	0.00%	\$0
12 - GOVERNOR'S OFFICE OF ECONOMIC DEVELOPMENT	\$0	\$3,386,641	0.00%	\$-1,016	\$233	\$3,741,602	0.01%	\$233	\$0	\$3,627,530	0.00%	\$233
13 - DEPARTMENT OF TAXATION	\$372,202	\$22,018,183	1.69%	\$-26,136	\$386,408	\$25,770,606	1.50%	\$14,206	\$130,691	\$25,408,465	0.51%	\$-285,716
14 - DEPARTMENT OF NATIVE AFFAIRS	\$739	\$739	100.00%	\$739	\$7,952	\$408,393	1.95%	\$7,213	\$0	\$0	0.00%	\$0
14 - DEPARTMENT OF NATIVE AMERICAN AFFAIRS	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$5,287	\$546,456	0.97%	\$-2,665
15 - COMMISSION ON ETHICS	\$198	\$553,933	0.04%	\$198	\$0	\$596,316	0.00%	\$-198	\$1,634	\$665,425	0.25%	\$1,634
16 - DEPARTMENT OF SENTENCING POLICY	\$0	\$427,449	0.00%	\$0	\$789	\$543,713	0.15%	\$789	\$59	\$559,985	0.01%	\$-730
22 - JUDICIAL DISCIPLINE COMMISSION	\$0	\$641,651	0.00%	\$0	\$0	\$715,015	0.00%	\$0	\$0	\$692,437	0.00%	\$0
23 - COMMISSION ON PEACE OFFICER STANDARDS & TRAINING	\$4,453	\$1,097,448	0.41%	\$-1,059	\$4,093	\$1,307,580	0.31%	\$-360	\$3,959	\$1,311,848	0.30%	\$-134
24 - DEPARTMENT OF VETERANS SERVICES	\$2,036,210	\$15,013,411	13.56%	\$-408,174	\$2,074,405	\$17,018,189	12.19%	\$38,195	\$2,166,751	\$17,813,525	12.16%	\$92,346
27 - CANNABIS COMPLIANCE BOARD	\$114,509	\$5,771,352	1.98%	\$-37,610	\$42,089	\$6,926,515	0.61%	\$-42,089	\$91,074	\$6,755,299	1.35%	\$48,985
30 - DEPARTMENT OF EDUCATION	\$254,392	\$14,706,816	1.73%	\$-24,527	\$447,977	\$17,223,242	2.60%	\$193,585	\$270,109	\$17,169,117	1.57%	\$-177,868
31 - STATE PUBLIC CHARTER SCHOOL AUTHORITY	\$52,218	\$2,389,347	2.19%	\$14,463	\$52,298	\$3,205,951	1.63%	\$80	\$38,143	\$3,316,545	1.13%	\$-14,155
40 - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$28,100,735	\$398,407,126	7.05%	\$1,123,840	\$18,974,241	\$471,863,424	4.02%	\$-9,126,494	\$0	\$0	0.00%	\$0
40 - DEPARTMENT OF HUMAN SERVICES	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$36,182,770	\$450,154,955	5.82%	\$7,208,529
41 - NEVADA HEALTH AUTHORITY	\$0	\$0	0.00%	\$0	\$0	\$0	0.00%	\$0	\$89,468	\$41,534,816	0.22%	\$89,468
43 - ADJUTANT GENERAL	\$678,750	\$11,571,713	5.87%	\$-51,923	\$872,691	\$14,658,312	5.95%	\$193,940	\$463,757	\$11,070,414	4.19%	\$-408,934
44 - DEPARTMENT OF CORRECTIONS	\$54,732,355	\$207,040,276	26.44%	\$9,832,002	\$59,063,385	\$247,853,330	23.83%	\$4,331,130	\$51,966,614	\$246,290,504	21.10%	\$-7,096,771
50 - COMMISSION ON MINERAL RESOURCES	\$19,010	\$975,963	1.95%	\$-15,530	\$38,144	\$1,251,196	3.05%	\$19,134	\$35,885	\$1,259,932	2.85%	\$-2,259
55 - STATE DEPARTMENT OF AGRICULTURE	\$81,870	\$10,286,132	0.80%	\$-53,380	\$80,425	\$11,624,602	0.69%	\$-1,445	\$59,316	\$12,891,488	0.46%	\$-2,110
58 - PUBLIC UTILITIES COMMISSION	\$0	\$9,287,007	0.00%	\$0	\$0	\$11,119,267	0.00%	\$0	\$0	\$11,311,384	0.00%	\$0
61 - GAMING CONTROL BOARD	\$804,113	\$29,904,540	2.69%	\$104,607	\$940,430	\$34,758,636	2.71%	\$136,218	\$995,084	\$35,624,740	2.79%	\$54,654
65 - COLORADO RIVER COMMISSION	\$13,845,138	\$103,686,586	13.35%	\$1,906,440	\$13,783,420	\$119,467,612	11.54%	\$-61,718	\$15,476,463	\$123,219,539	12.56%	\$1,693,043
70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES	\$17,983	\$3,247,065	0.55%	\$3,562	\$15,921	\$4,139,612	0.38%	\$-2,063	\$10,266	\$4,370,268	0.23%	\$-5,655
70 - STATE DEPARTMENT OF CONSERVATION AND NATURAL RESOURCES	\$2,305,551	\$52,557,661	4.39%	\$603,238	\$3,745,086	\$63,505,142	5.90%	\$1,439,525	\$3,397,012	\$63,254,329	5.37%	\$-348,074
72 - DEPARTMENT OF WILDLIFE	\$268,900	\$17,417,836	1.54%	\$-110,478	\$387,092	\$19,627,742	1.97%	\$118,193	\$384,075	\$20,596,881	1.86%	\$-5,017
74 - DEPARTMENT OF BUSINESS AND INDUSTRY	\$470,313	\$43,690,770	1.08%	\$-164,987	\$379,713	\$51,244,650	0.74%	\$-90,600	\$428,032	\$51,373,899	0.83%	\$48,319
80 - DEPARTMENT OF TRANSPORTATION	\$8,707,060	\$118,574,454	7.34%	\$-640,865	\$6,759,632	\$136,362,443	4.95%	\$-1,953,428	\$6,127,256	\$133,851,163	4.51%	\$-626,376
90 - DEPARTMENT OF MOTOR VEHICLES	\$1,090,965	\$66,590,039	1.64%	\$-2,092,250	\$921,199	\$75,668,340	1.22%	\$-169,765	\$758,140	\$75,491,974	1.00%	\$-163,060
90 - DEPARTMENT OF EMPLOYMENT, TRAINING & REHAB	\$1,967,924	\$57,674,836	3.41%	\$-967,572	\$1,889,540	\$63,234,449	2.96%	\$-98,383	\$1,251,911	\$60,184,913	2.08%	\$-617,630
95 - PUBLIC EMPLOYEES' BENEFITS PROGRAM	\$36,075	\$1,887,878	1.91%	\$6,472	\$11,563	\$2,352,525	0.49%	\$-24,512	\$0	\$0	0.00%	\$0
96 - STATE HEALTH INSURANCE EXCHANGE	\$1,377	\$1,821,986	0.11%	\$-2,335	\$1,023	\$2,088,310	0.05%	\$-953	\$-4,124,020	\$1,557,578,046.75	7.27%	\$-363,315
Total	\$117,780,956	1,311,965,293.48	8.98%	\$8,999,742	\$113,656,936	1,539,827,191.22	7.38%	\$-4,124,020	\$113,281,035	1,557,578,046.75	7.27%	\$-363,315

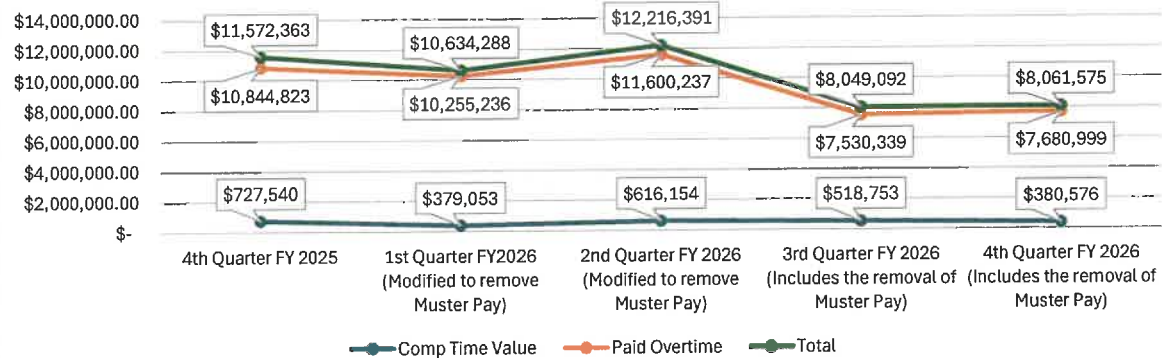
Department of Corrections Vacancy Rates



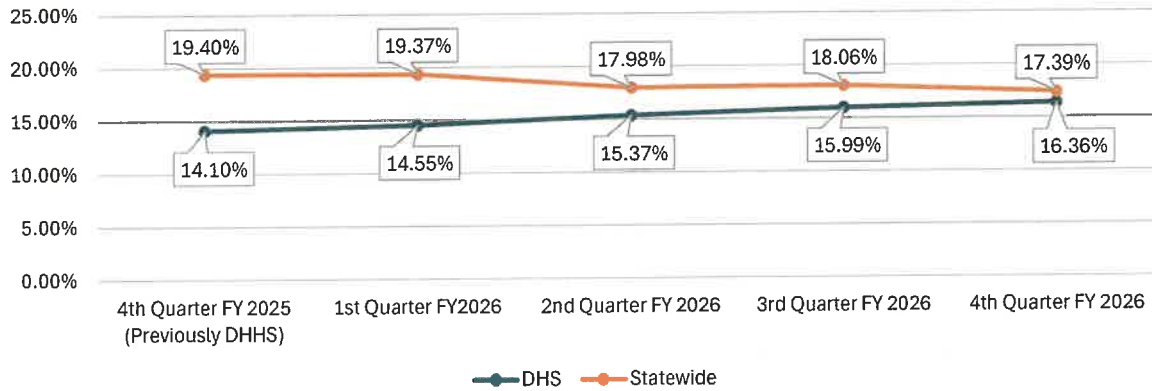
Department of Corrections Accrued Overtime & Comp Time (in Hours)



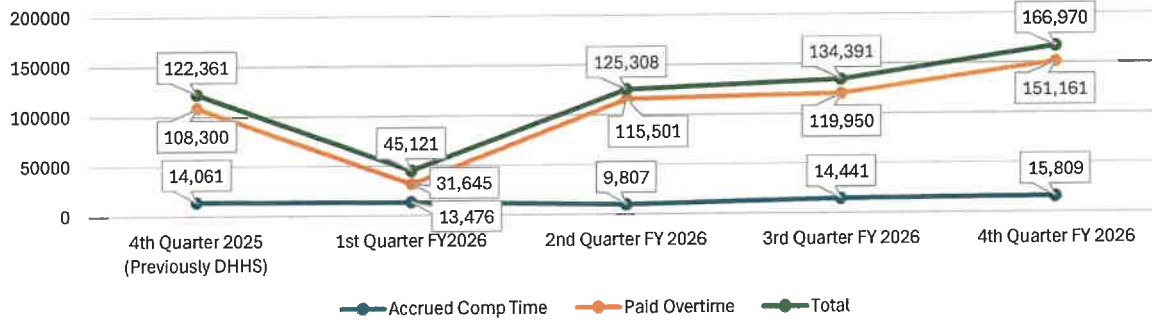
Department of Corrections Accrued Overtime & Comp Time (in Dollars)



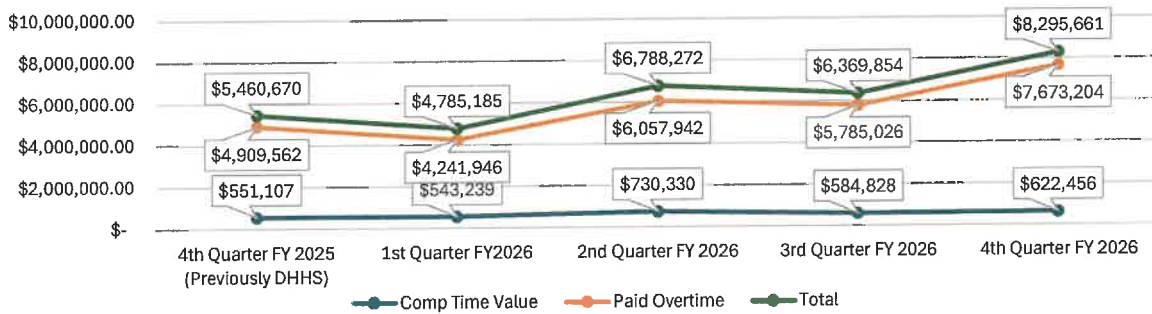
Department of Human Services Vacancy Rates



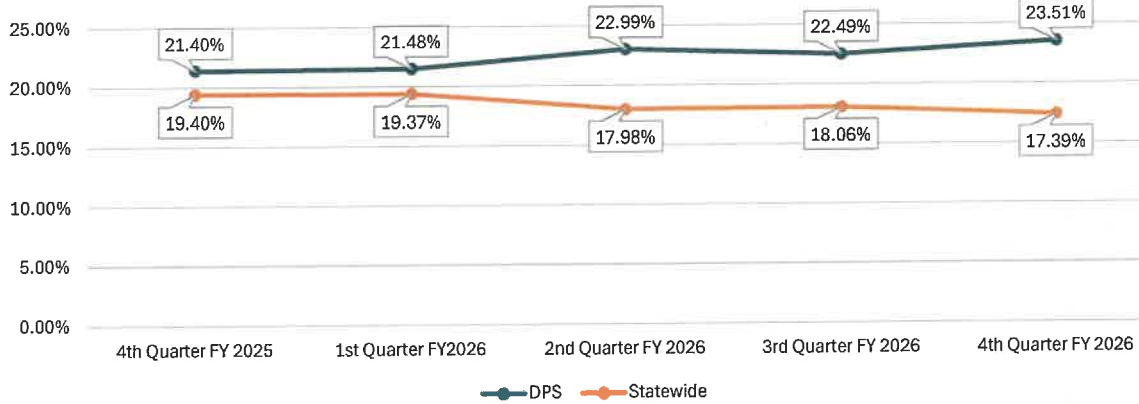
Department of Human Services Accrued Overtime & Comp Time (in Hours)



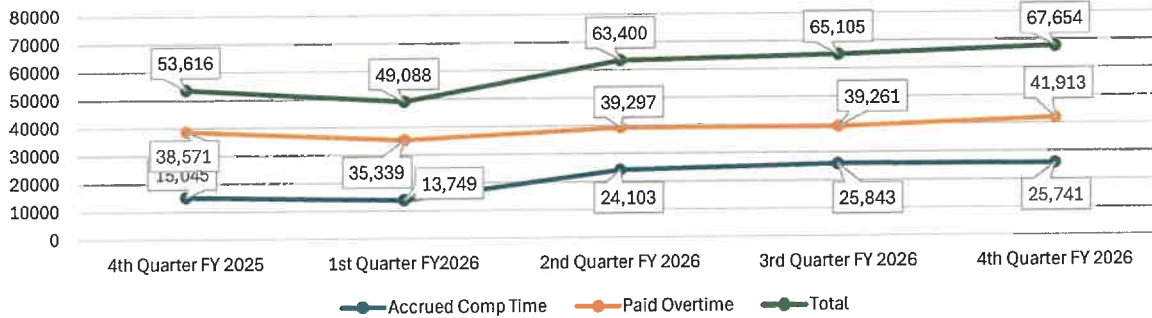
Department of Human Services Accrued Overtime & Comp Time (in Dollars)



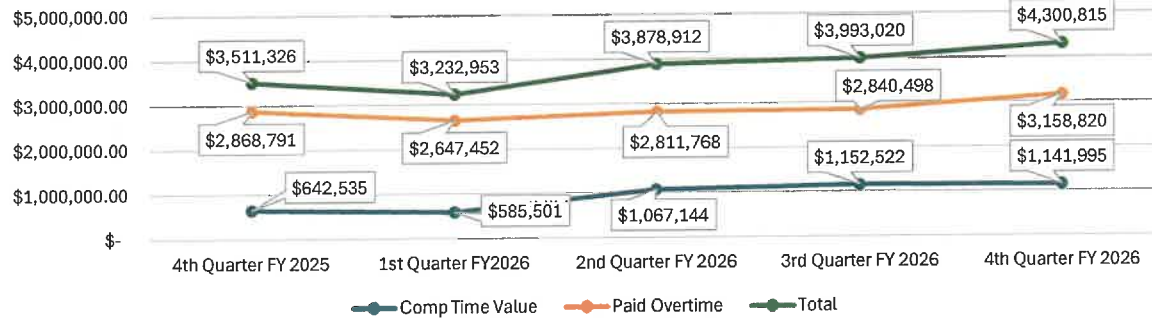
Department of Public Safety Vacancy Rates



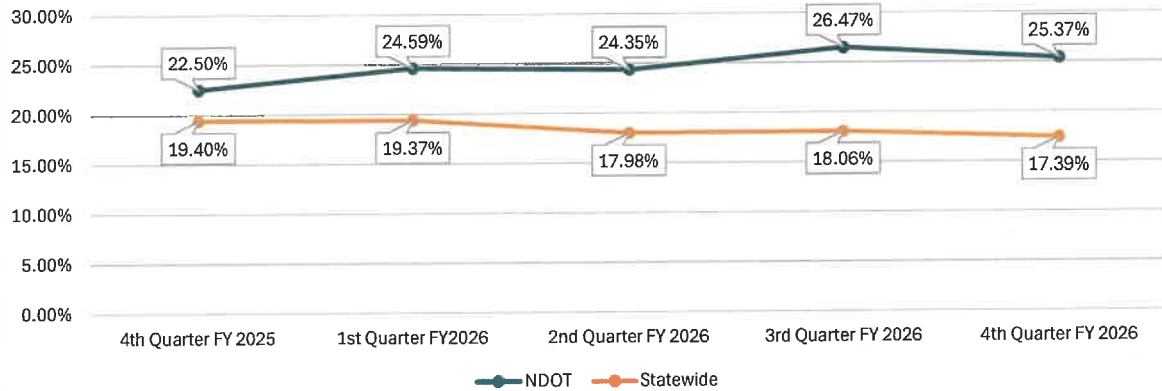
Department Public Safety Accrued Overtime & Comp Time (in Hours)



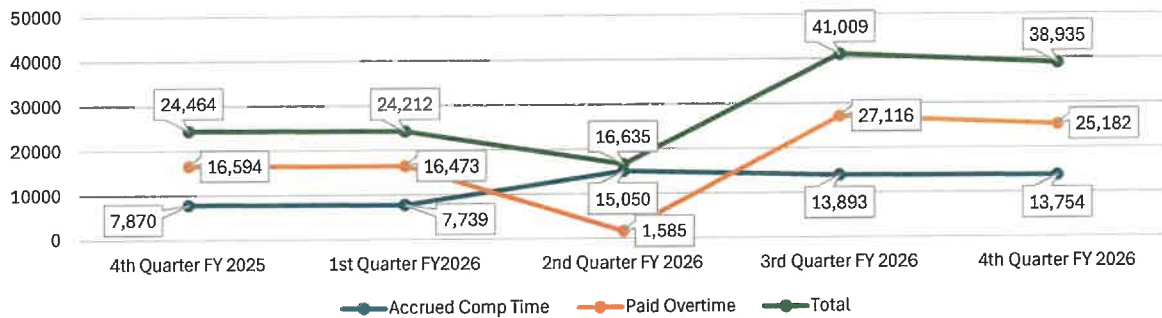
Department of Public Safety Accrued Overtime & Comp Time (in Dollars)



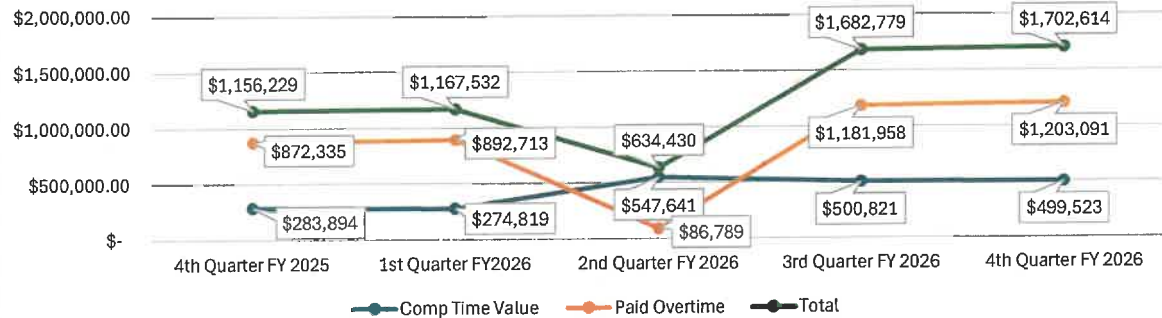
Department of Transportation Vacancy Rates



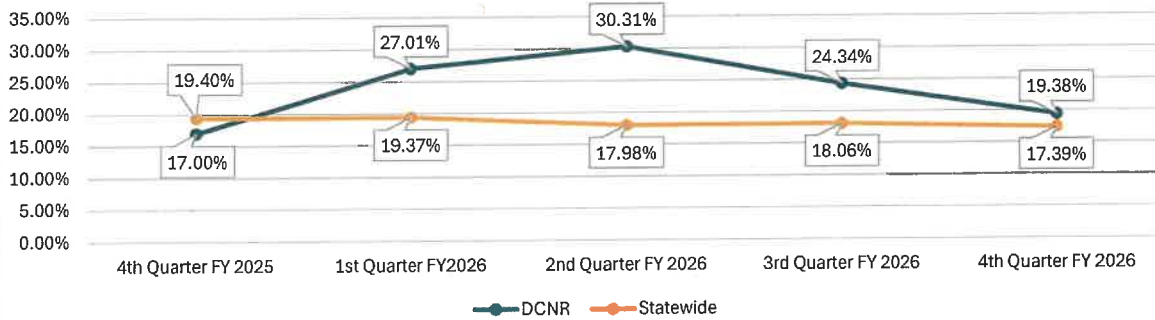
Department of Transportation Accrued Overtime & Comp Time (in Hours)



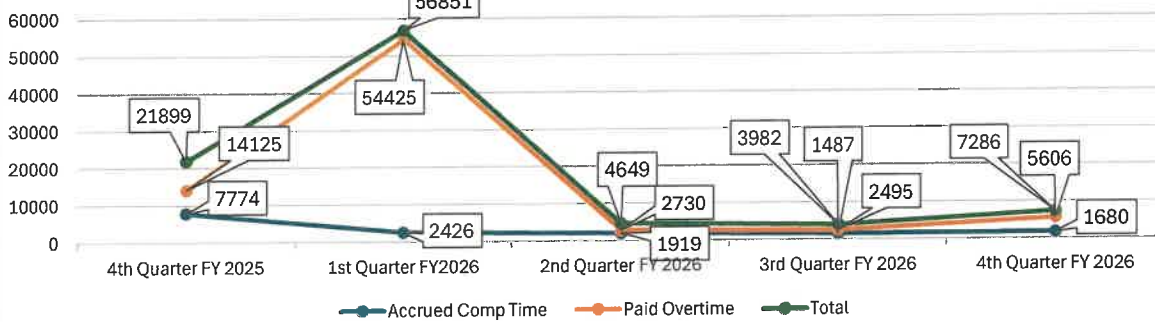
Department of Transportation Accrued Overtime & Comp Time (in Dollars)



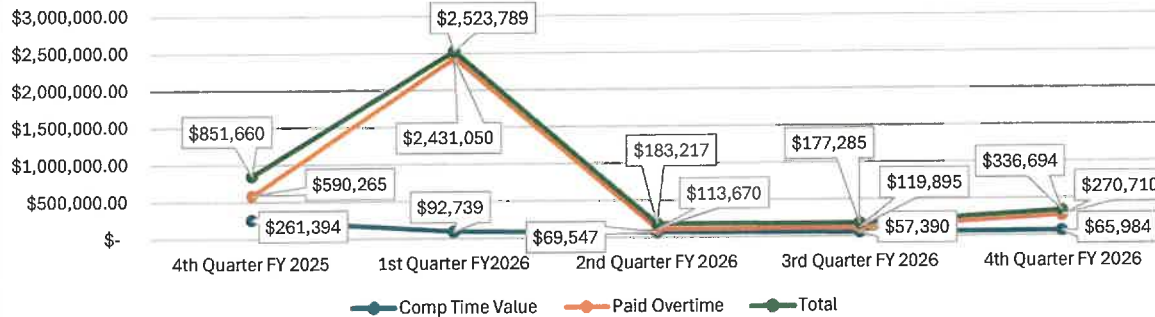
Nevada Department of Conservation & Natural Resources Vacancy Rates (With Seasonal Vacancies)



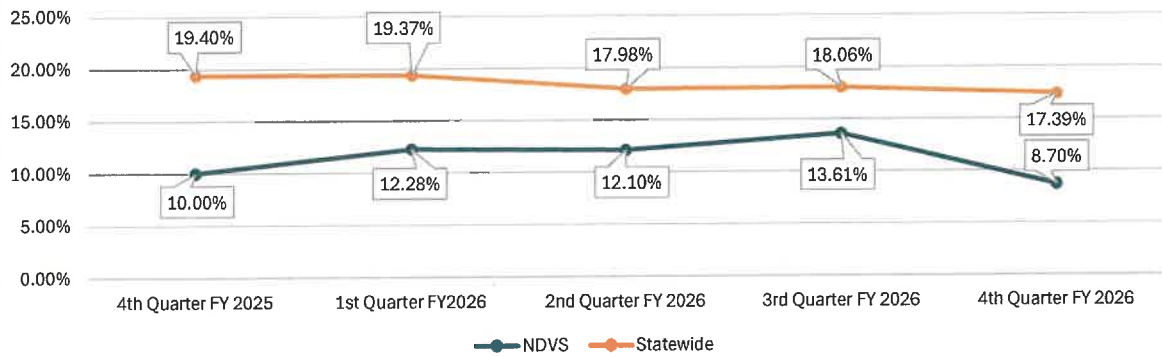
Nevada Department of Conservation & Natural Resources Accrued Overtime & Comp Time (in Hours)



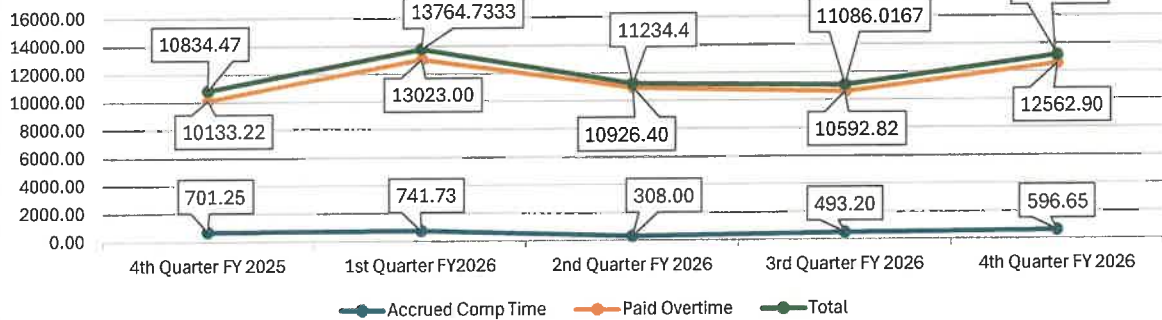
Nevada Department of Conservation & Natural Resources Accrued Overtime & Comp Time (in Dollars)



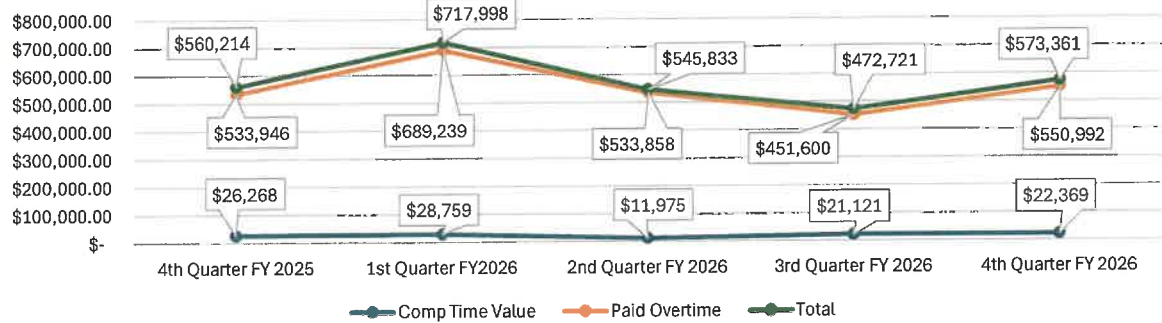
Nevada Department of Veteran Services Vacancy Rates



Nevada Department of Veteran Services Accrued Overtime & Comp Time (in Hours)



Nevada Department of Veteran Services Accrued Overtime & Comp Time (in Dollars)



440 DEPARTMENT OF CORRECTIONS

Code	Organization	Base Pay	Acct Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3706	HR-PRISON MEDICAL CARE	\$5,392,294.19	1874:47:00	\$101,130.50	2260:22:00	\$150,958.77	4135:09:00	\$252,089.27	6004:20:00	\$66,386.54	\$ (113,297.27)
3708	HR-OFFENDERS STORE FUND	\$696,280.50	4:03:00	\$159.44	51:20:00	\$3,341.53	55:23:00	\$3,500.97	9:00:00	\$283.31	\$ 3,207.66
3710	HR-DIRECTOR'S OFFICE	\$3,931,351.67	898:20:00	\$46,219.43	2379:50:00	\$155,065.51	3278:10:00	\$201,284.94	3286:30:00	\$196,863.50	\$ 1,421.44
3711	HR-CORRECTIONAL PROGRAMS	\$1,930,111.36	5:00:00	\$191.70	9:30:00	\$439.61	14:30:00	\$631.31	9:20:00	\$440.13	\$ 191.18
3712	HR-TRAINING ACADEMY	\$1,387,696.80	139:20:00	\$6,188.31	512:15:00	\$35,122.35	651:35:00	\$41,310.66	669:55:00	\$195,941.31	\$ (154,630.65)
3716	HR-WARM SPRINGS CORRECTNL CTR	\$40,048.02	0:00:00	\$0.00	0:00:00	\$0.00	0:00:00	\$0.00	16:00:00	\$1,009.82	\$ (1,009.82)
3717	HR-NO NEVADA CORRECTNL CENTER	\$4,781,572.66	612:08:00	\$29,970.29	23250:28	\$1,490,651.42	23862:36	\$1,514,621.71	22403:43:00	\$1,376,928.68	\$ 137,693.03
3719	HR-PRISON INDUSTRY	\$272,038.78	0:00:00	\$0.00	9:00:00	\$672.60	9:00:00	\$672.60	9:45:00	\$728.65	\$ (56.05)
3722	HR-STEWART CONSERVATION CAMP	\$255,475.60	8:30:00	\$368.25	515:15:00	\$36,095.83	523:45:00	\$36,464.08	446:00:00	\$29,232.29	\$ 7,231.79
3723	HR-PIOCHE CONSERVATION CAMP	\$291,821.56	68:00:00	\$3,191.73	1162:15:00	\$100,071.37	1230:15:00	\$103,263.10	794:35:00	\$67,960.39	\$ 46,302.71
3724	HR-NO NV TRANSITIONAL HOUSING	\$214,942.73	214:00:00	\$12,839.06	204:45:00	\$14,547.25	418:45:00	\$27,386.31	238:45:00	\$16,191.56	\$ 11,194.75
3725	HR-THREE LAKES VLY CNSRVTN CMP	\$364,128.67	13:15:00	\$702.78	518:25:00	\$31,551.86	531:40:00	\$32,254.64	820:00:00	\$60,131.13	\$ (17,876.49)
3727	HR-PRISON RANCH	\$72,859.60	0:00:00	\$0.00	92:00:00	\$4,626.60	92:00:00	\$4,626.60	98:00:00	\$4,649.41	\$ (22.81)
3738	HR-SO DESERT CORRECTIONAL CTR	\$5,311,148.11	703:05:00	\$29,127.74	9190:43:00	\$580,215.72	9893:48:00	\$609,343.46	12246:42:00	\$755,740.39	\$ (146,396.93)
3748	HR-JEAN CONSERVATION CAMP	\$303,021.12	72:00:00	\$2,680.32	703:44:00	\$43,341.10	775:44:00	\$46,021.42	1206:24:00	\$69,666.56	\$ (23,635.14)
3751	HR-ELY STATE PRISON	\$5,513,341.91	432:35:00	\$18,041.26	18756:45	\$1,274,450.98	19189:20	\$1,292,492.24	18316:35:00	\$1,247,587.79	\$ 44,904.45
3752	HR-CARLIN CONSERVATION CAMP	\$236,450.04	24:00:00	\$1,142.16	426:00:00	\$29,700.12	450:00:00	\$30,842.28	480:00:00	\$31,186.57	\$ (314.29)
3759	HR-LOVELOCK CORRECTIONAL CTR	\$3,793,305.62	617:20:00	\$25,737.57	20040:48	\$1,317,191.77	20658:6	\$1,342,929.34	22619:47:00	\$1,437,748.14	\$ (94,818.80)
3760	HR-CASA GRANDE TRANS HOUSING	\$643,333.52	162:00:00	\$6,531.42	377:55:00	\$24,367.03	539:55:00	\$30,898.45	661:45:00	\$38,612.89	\$ (7,714.44)
3761	HR-F MCCLURE WOMENS COR CTR	\$3,445,013.24	839:00:00	\$35,490.44	48669:45:00	\$330,477.83	5708:54:00	\$365,968.27	9058:09:00	\$595,219.79	\$ (229,251.52)
3762	HR-HIGH DESERT STATE PRISON	\$11,855,479.06	1548:54:00	\$66,863.97	31949:56	\$2,058,109.71	33498:30	\$2,124,973.68	25433:27:00	\$1,574,615.69	\$ 550,358.09
		\$48,731,714.76		\$380,576.37		\$7,680,988.96		\$8,061,575.33		\$8,049,092.44	\$ 12,482.89
											0.2%
											increase or decrease

Top 7 Correctional Centers (including Prison Medical)

Code	Organization	Base Pay	Acct Comp Hrs	Comp Dollars	Pd OT Hours	Pd OT Dollars	Total Curr Hrs	Total Curr Dollars	Total Prior Hrs	Total Prior Dollars	Difference
3762	HR-HIGH DESERT STATE PRISON	\$11,855,479.06	1548:54:00	\$66,863.97	31949:56	\$2,058,109.71	33498:30	\$2,124,973.68	25433:27:00	\$1,574,615.69	\$ 550,358.09
3717	HR-NO NEVADA CORRECTNL CENTER	\$4,781,572.66	612:08:00	\$29,970.29	23250:28	\$1,490,651.42	23862:36	\$1,514,621.71	22403:43:00	\$1,376,928.68	\$ 137,693.03
3759	HR-LOVELOCK CORRECTIONAL CTR	\$3,793,305.62	617:20:00	\$25,737.57	20040:48	\$1,317,191.77	20658:6	\$1,342,929.34	22619:47:00	\$1,437,748.14	\$ (94,818.80)
3751	HR-ELY STATE PRISON	\$5,513,341.91	432:35:00	\$18,041.26	18756:45	\$1,274,450.98	19189:20	\$1,292,492.24	18316:35:00	\$1,247,587.79	\$ 44,904.45
3738	HR-SO DESERT CORRECTIONAL CTR	\$5,311,148.11	703:05:00	\$29,127.74	9190:43:00	\$580,215.72	9893:48:00	\$609,343.46	12246:42:00	\$755,740.39	\$ (146,396.93)
3761	HR-F MCCLURE WOMENS COR CTR	\$3,445,013.24	839:00:00	\$35,490.44	48669:45:00	\$330,477.83	5708:54:00	\$365,968.27	9058:09:00	\$595,219.79	\$ (229,251.52)
3762	HR-HIGH DESERT STATE PRISON	\$11,855,479.06	1548:54:00	\$66,863.97	31949:56	\$2,058,109.71	33498:30	\$2,124,973.68	25433:27:00	\$1,574,615.69	\$ 550,358.09
		\$48,731,714.76		\$380,576.37		\$7,680,988.96		\$8,061,575.33		\$8,049,092.44	\$ 12,482.89
											0.2%
											increase or decrease

percent of total

\$2.12	Million	plain english	for memo
\$1.51	Million		
\$1.34	Million		
\$1.29	Million		
\$0.61	Million		
\$0.37	Million		
\$0.25	Million		

DOC 26Q4 RSN

440 DEPARTMENT OF CORRECTIONS

[illegible]

Fund	Dept	Account	Comments	Budget	Actual	Est. Pay	BA Accrued		BA Paid		BA Total	BA Total Dollars	Reason	Comp Time		Paid		Reason	Total	Total Dollars
							Time	Hours	Time	Hours				Reason	Hours	Reason	Hours			
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3160 HR-FUND FOR RESIDENT NERADA				\$141,703.59	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	01	0.00	\$0.00	0.0000	\$0.00	01	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3160 HR-ADMINISTRATION				\$201,300.18	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	02	0.00	\$0.00	0.0000	\$0.00	02	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3160 HR-GRANTS MANAGEMENT UNIT				\$104,948.43	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	03	0.00	\$0.00	0.0000	\$0.00	03	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3160 HR-VALENTS MANAGEMENT UNIT				\$104,948.43	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	04	0.00	\$0.00	0.0000	\$0.00	04	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3160 HR-GRANTS MANAGEMENT UNIT				\$104,948.43	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	05	0.00	\$0.00	0.0000	\$0.00	05	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3160 HR-FAMILY PRESERVATION PROGRAM				\$983,481.18	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	06	0.00	\$0.00	0.0000	\$0.00	06	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3160 HR-RURAL REGIONAL CENTER				\$983,481.18	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	07	0.00	\$0.00	0.0000	\$0.00	07	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3204 HR-HHS DO CONSUMER HEALTH ASSN				\$276,253.32	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	08	0.00	\$0.00	0.0000	\$0.00	08	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3204 HR-COMMUNICATION ACCESS SVCS				\$131,485.45	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	09	0.00	\$0.00	0.0000	\$0.00	09	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3204 HR-EARLY INTERVENTION SVCS				\$347,621.29	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	10	0.00	\$0.00	0.0000	\$0.00	10	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3209 HR-AUTISM TREATMENT PROGRAM				\$988,105.16	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	11	0.00	\$0.00	0.0000	\$0.00	11	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3209 HR-DHAPING SERVICES-GFT ACCT				\$382,200.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	12	0.00	\$0.00	0.0000	\$0.00	12	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3209 HR-COMMUNITY BASED SVCS				\$382,200.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	13	0.00	\$0.00	0.0000	\$0.00	13	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3211 HR-FOCUS AND MFP				\$168,004.43	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	14	0.00	\$0.00	0.0000	\$0.00	14	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3216 HR-IDEA PART C COMPLIANCE				\$168,004.43	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	15	0.00	\$0.00	0.0000	\$0.00	15	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3216 HR-PLANNING ADVOCACY AND COMM				\$308,869.64	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	16	0.00	\$0.00	0.0000	\$0.00	16	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3216 HR-DESEY REGIONAL CENTER				\$308,869.64	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	17	0.00	\$0.00	0.0000	\$0.00	17	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3216 HR-SIERRA REGIONAL CENTER				\$308,869.64	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	18	0.00	\$0.00	0.0000	\$0.00	18	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3202 HR-ADULT PROTECTIVE SVCS & LO				\$246,758.49	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	19	0.00	\$0.00	0.0000	\$0.00	19	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3203 HR-STATE INDEPENDENT LIVING CO				\$23,838.80	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	20	0.00	\$0.00	0.0000	\$0.00	20	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3208 HR-SRC GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	21	0.00	\$0.00	0.0000	\$0.00	21	0.00	\$0.00
400 - DEPT OF HEALTH AND HUMAN SERV	400 - DEPT OF HEALTH AND HUMAN SERV	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	22	0.00	\$0.00	0.0000	\$0.00	22	0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	1006 HR-COMM FOR PERSONS WHO ARE DEAF				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	01	0.00	\$0.00	0.0000	\$0.00	01	0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3140 HR-ORACCO SETTLEMENT PROGRAM				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	02	0.00	\$0.00	0.0000	\$0.00	02	0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3141 HR-AGING FEDERAL PROG & ADMIN				\$1,819,990.02	13.45	\$1,289.08	16.45	\$53,376.45	6.30	\$5,675.53	03	ADMIN	13.00	\$433.97	0.00	\$0.00	13.00	\$433.97
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3156 HR-SENIOR RX AND DISABILITY RX				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	04	BUDGET PREP	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3163 HR-RURAL SERVICES GFT ACCOUNT				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	05	BACKLOG REDU	0.00	\$0.00	23.45	\$1,646.70	23.45	\$1,646.70
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3167 HR-FAMILY PRESERVATION PROGRAM				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	06	BUDGET PREP	2.30	\$101.18	17.45	\$5,112.87	284.15	\$25,213.05
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3168 HR-RURAL REGIONAL CENTER				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	07	CURT SVCS	0.00	\$0.00	1.30	\$102.47	1.30	\$102.47
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3204 HR-HHS DO CONSUMER HEALTH ASSN				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	08	CURT SVCS	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3204 HR-COMMUNICATION ACCESS SVCS				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	09	COVER-ALIM	0.00	\$0.00	12.00	\$5,138.11	60.00	\$58,347.16
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3204 HR-EARLY INTERVENTION SVCS				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	10	COVER-24 HR	497.00	\$16,855.20	12,168.52	\$567,501.96	1,269,532	\$58,347.16
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3209 HR-AUTISM TREATMENT PROGRAM				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	11	COVER-HOLWK	76.30	\$2,411.00	1,269.03	\$39,450.87	1,285.33	\$41,701.87
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3209 HR-DHAPING SERVICES-GFT ACCT				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	12	COVER-VA	0.00	\$0.00	10.00	\$38.40	10.00	\$38.40
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3209 HR-COMMUNITY BASED SVCS				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	13	COVER-VA	0.00	\$0.00	10.00	\$38.40	10.00	\$38.40
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3211 HR-FOCUS AND MFP				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	14	COVER-VA	0.00	\$0.00	3.00	\$20.10	3.00	\$20.10
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3216 HR-IDEA PART C COMPLIANCE				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	15	COVER-VA	103.05	\$3,854.54	1742.10	\$59,832.99	1,845.15	\$196,467.53
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3216 HR-PLANNING ADVOCACY AND COMM				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	16	COVER-VA	0.00	\$0.00	14.30	\$85.35	20.00	\$1,119.11
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3216 HR-DESEY REGIONAL CENTER				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	17	COVER-VA	6.00	\$206.16	14.30	\$85.35	20.00	\$1,119.11
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3216 HR-SIERRA REGIONAL CENTER				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	18	COVER-VA	32.45	\$1,538.61	104.50	\$865.75	43.30	\$2,025.36
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3202 HR-ADULT PROTECTIVE SVCS & LO				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	19	TRAINING	0.00	\$0.00	14.30	\$85.35	20.00	\$1,119.11
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3203 HR-STATE INDEPENDENT LIVING CO				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	20	TRAINING	0.00	\$0.00	14.30	\$85.35	20.00	\$1,119.11
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3208 HR-SRC GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	21	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	22	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	23	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	24	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	25	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	26	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	27	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	28	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	29	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	30	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	31	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	32	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	33	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	34	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00	35	TRAINING	0.00	\$0.00	43.00	\$1,500.00	43.00	\$1,500.00
402 - AGING AND DISABILITY SERVICES	402 - AGING AND DISABILITY SERVICES	3207 HR-DRG GIFT FUND				\$0.00	0.0000	\$0.00	0.0000	\$0.00	0.0000	\$0.00								

Dept	Budget Account	Description	Base Pay	BA Accrued Comp		BA Paid Overtime		BA Total	BA Total	BA Paid Overtime	BA Total	Reason Code	Comp Time Reason	Comp Time Dollars	Overtime Reason	Overtime Dollars	Reason Total	Overtime Hours	Overtime Dollars	
				Time Hours	Dollars	Time Hours	Dollars													Time Hours
406-PUBLIC AND BEHAVIORAL HEALTH	3107	HR-RADIATION CONTROL PROGRAM	\$400,513.74	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	2	ACCIDENTS	15.00	\$1,351.03	154.25.00	228.55.00	\$2,894.04		
406-PUBLIC AND BEHAVIORAL HEALTH	3152	HR-LOW-LVL RADIOACTIVE WASTE FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	3	ADMIN	0.00	\$0.00	42.45.00	\$2,894.04	\$2,894.04		
406-PUBLIC AND BEHAVIORAL HEALTH	3153	HR-CANCER CONTROL REGISTRY	\$84,340.55	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	4	ADMIN SUPPT	23.20	\$1,342.37	0.35	\$2.10	23.55.00	\$1,374.47	
406-PUBLIC AND BEHAVIORAL HEALTH	3155	HR-CRISIS RESPONSE	\$12,311.95	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	5	BACKLOG REDU	3.00	\$95.29	12.45	\$832.21	15.45.00	\$77,706.91	
406-PUBLIC AND BEHAVIORAL HEALTH	3161	HR-SO NEVADIAN ADULT MENTAL HEALTH	\$15,197,538.03	9.95	\$188,860.21	35,449.38	\$3,697,720.04	39,888.31	\$2,056,589.25	\$2,056,589.25	14.30	\$764.03	338.15.00	\$27,706.91	352.45.00	\$28,460.94	\$28,460.94			
406-PUBLIC AND BEHAVIORAL HEALTH	3162	HR-NV ADULT MENTAL HEALTH SVC	\$2,986,231.91	21.10	\$14,536.77	18.35	\$33,975.53	15.45	\$54,112.30	\$54,112.30	1.00	\$48.23	0.00	\$0.00	1.00.00	\$48.23	\$48.23			
406-PUBLIC AND BEHAVIORAL HEALTH	3165	HR-CRISIS RESPONSE	\$250,633.22	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	22.05	\$2,559.91	14.30	\$322.94	84.35.00	\$3,088.85	\$3,088.85			
406-PUBLIC AND BEHAVIORAL HEALTH	3168	HR-BEHAVIORAL HEALTH ADMINSTR	\$250,633.22	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	11	COVER-ALM	25.28.30.00	\$97,141.58	4.30	\$15,450.11	244.30.00	\$17,441.95	\$17,441.95	
406-PUBLIC AND BEHAVIORAL HEALTH	3169	HR-ORPHOID ANTAGONIST FUND	\$250,633.22	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	12	COVER-ALM	25.28.30.00	\$97,141.58	4.30	\$15,450.11	244.30.00	\$17,441.95	\$17,441.95	
406-PUBLIC AND BEHAVIORAL HEALTH	3170	HR-BEHAVIORAL HEALTH PREV & TR	\$536,517.61	1.35	\$3,403.71	6.30	\$2,976.69	8.05	\$9,382.40	\$9,382.40	13	COVER-HOLWK	12.66.00.00	\$55,791.52	50.05.00.00	\$234,901.11	628.10.00	\$290,992.63	\$290,992.63	
406-PUBLIC AND BEHAVIORAL HEALTH	3172	HR-HHS-DPH-SNAMS GIFT FUND	\$250,633.22	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	14	COVER-HOLWK	12.66.00.00	\$55,791.52	50.05.00.00	\$234,901.11	628.10.00	\$290,992.63	\$290,992.63	
406-PUBLIC AND BEHAVIORAL HEALTH	3180	HR-HEALTH STATISTICS PLANNING	\$250,633.22	23.00	\$966.25	4.25	\$5,846.17	3.25	\$9,515.42	\$9,515.42	33.45.00	\$1,300.83	292.15.00	\$23,499.33	326.00.00	\$24,888.16	\$24,888.16			
406-PUBLIC AND BEHAVIORAL HEALTH	3184	HR-ENVIRONMENTAL HEALTH SVCS	\$250,633.22	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	3.00	\$1,431.43	451.00.00	\$3,935.67	478.00.00	\$4,366.37	\$4,366.37			
406-PUBLIC AND BEHAVIORAL HEALTH	3200	HR-PREVENT OF PROBLEM GAMBL	\$20,113.81	23.40	\$815.65	0.00	\$0.00	0.00	0.00	\$0.00	8.00	\$885.84	2.90.00	\$190.08	10.90.00	\$1,175.92	\$1,175.92			
406-PUBLIC AND BEHAVIORAL HEALTH	3210	HR-PUBLIC HEALTH GIFT FUND	\$20,113.81	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	22	PROGRAM DEAD	0.00	\$0.00	36.45.00	\$2,908.28	36.45.00	\$2,908.28	\$2,908.28	
406-PUBLIC AND BEHAVIORAL HEALTH	3213	HR-IMMUNIZATION PROGRAM	\$20,113.81	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	5.50	\$739.91	4.00	\$192.30	33.50.00	\$529.21	\$529.21			
406-PUBLIC AND BEHAVIORAL HEALTH	3214	HR-WIC FOOD SUPPLEMENT	\$305,448.97	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	10.00	\$684.80	20.00	\$182.49	12.00.00	\$867.29	\$867.29			
406-PUBLIC AND BEHAVIORAL HEALTH	3215	HR-COMMUNICABLE DISEASES	\$195,068.40	17.50	\$770.90	0.00	\$0.00	0.00	0.00	\$0.00	7.30	\$1,568.27	0.00	\$0.00	79.30.00	\$4,802.24	\$4,802.24			
406-PUBLIC AND BEHAVIORAL HEALTH	3218	HR-HEALTH ALERT NETWORK	\$262,827.45	23.20	\$1,340.37	4.15	\$5,828.61	3.35	\$7,170.98	\$7,170.98	28.55	\$5,079.23	6.15	\$47,121.44	963.10.00	\$52,700.87	\$52,700.87			
406-PUBLIC AND BEHAVIORAL HEALTH	3219	HR-HEALTH HO BUSTATS & EPIDIO G	\$235,507.64	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	11.45	\$2,208.35	142.55.00	\$10,559.89	202.40.00	\$12,658.24	\$12,658.24			
406-PUBLIC AND BEHAVIORAL HEALTH	3220	HR-CHRONIC DISEASE	\$411,332.12	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	37.00.00	\$1,504.02	652.30.00	\$46,546.38	689.30.00	\$51,049.40	\$51,049.40			
406-PUBLIC AND BEHAVIORAL HEALTH	3222	HR-MATERNAL CHILD HEALTH SVCS	\$350,448.97	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	1185.10.00	\$46,220.58	7298.26.00	\$463,377.65	8487.36.00	\$502,598.24	\$502,598.24			
406-PUBLIC AND BEHAVIORAL HEALTH	3223	HR-OFF OF STATE HEALTH ADMIN	\$1,980,892.94	5.20	\$3,558.93	4.35	\$3,054.53	10.05	\$56,623.46	\$56,623.46	70	AGENCY DEFINE	28.55	\$5,079.23	6.15	\$47,121.44	963.10.00	\$52,700.87	\$52,700.87	
406-PUBLIC AND BEHAVIORAL HEALTH	3224	HR-COMMUNITY HEALTH SERVICES	\$367,394.50	18.30	\$2,545.50	4.45	\$1,993.68	23.15	\$4,537.18	\$4,537.18	71	AGENCY DEFINE	37.00.00	\$1,504.02	652.30.00	\$46,546.38	689.30.00	\$51,049.40	\$51,049.40	
406-PUBLIC AND BEHAVIORAL HEALTH	3235	HR-EMERGENCY MEDICAL SERVICES	\$110,143.50	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	75	AGENCY DEFINE	37.00.00	\$1,504.02	652.30.00	\$46,546.38	689.30.00	\$51,049.40	\$51,049.40	
406-PUBLIC AND BEHAVIORAL HEALTH	3255	HR-HHS-DPH-ALCOHOL TAX PROGRAM	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	1185.10.00	\$46,220.58	7298.26.00	\$463,377.65	8487.36.00	\$502,598.24	\$502,598.24			
406-PUBLIC AND BEHAVIORAL HEALTH	3267	HR-HOSPITAL GIFT FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	8.00	\$232.02	8.00.00	\$232.02		
406-PUBLIC AND BEHAVIORAL HEALTH	3845	HR-FAC FOR MENTAL OFFENDER	\$2,107,083.15	19.00	\$77,486.93	9.35	\$907,369.40	1124.35	\$684,976.33	\$684,976.33										
406-PUBLIC AND BEHAVIORAL HEALTH	3848	HR-HHS DPH RURAL CLINICS	\$2,131,613.06	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00										
406-PUBLIC AND BEHAVIORAL HEALTH	4547	HR-MARIJUANA HEALTH REGISTRY	\$33,014.87	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00										
407-DIV OF WELFARESUPPORTIVE SVCS	3149	HR-HHS-DWSS - CHILD CARE SERVICES	\$475,271.08	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	01	ACCIDENTS	0.00	\$0.00	13.00.00	\$534.69	13.00.00	\$534.69	\$534.69	
407-DIV OF WELFARESUPPORTIVE SVCS	3228	HR-WELFARE ADMINISTRATION	\$5,064,060.19	11.50	\$2,756.12	22.35	\$119,880.83	10.26	\$12,636.95	\$12,636.95	03	ADMIN	0.00	\$0.00	20.00.00	\$940.59	20.00.00	\$940.59	\$940.59	
407-DIV OF WELFARESUPPORTIVE SVCS	3230	HR-TEMP ASSIST FOR NEEDY FAMILIES	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	
407-DIV OF WELFARESUPPORTIVE SVCS	3232	HR-ASSISTANT TO AGED AND BLIND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	18.00	\$26,100.71	45103.54	\$2,359,284.17	45837.54	\$2,385,394.88	\$2,385,394.88			
407-DIV OF WELFARESUPPORTIVE SVCS	3233	HR-WELFARE FIELD SERVICES	\$27,748,990.73	0.30	\$36,254.64	43685.50	\$2,268,940.24	44454.20	\$2,262,024.86	\$2,262,024.86	0.00	\$0.00	2.30.00	\$167.30	2.30.00	\$167.30	\$167.30			
407-DIV OF WELFARESUPPORTIVE SVCS	3238	HR-CHILD SUPPORT ENFORCEMENT PRG	\$1,448,490.28	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	
407-DIV OF WELFARESUPPORTIVE SVCS	3239	HR-CHILD SUPPORT FEDERAL REIMB	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	
407-DIV OF WELFARESUPPORTIVE SVCS	3267	HR-CHILD CARE ASSIST & DEVEL	\$404,788.38	1.30	\$835.60	14.50	\$13,656.86	16.20	\$14,792.46	\$14,792.46	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	
407-DIV OF WELFARESUPPORTIVE SVCS	4067	HR-ENERGY ASSISTANCE - WELFARE	\$401,261.17	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	
407-DIV OF WELFARESUPPORTIVE SVCS	6028	HR-COLLECTION & DISTRIBUTION ACCT	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	0.00	0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	
407-DIV OF WELFARESUPPORTIVE SVCS	6031	HR-UNIVERSAL ENERGY	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	0.00	\$0.00	13.20	\$3,891.72	800.41.00	\$39,378.49	808.01.00	\$43,070.21	\$43,070.21			
407-DIV OF WELFARESUPPORTIVE SVCS											50	AGENCY DEFINE	0.00	\$0.00	9.00.00	\$478.74	9.00.00	\$478.74	\$478.74	
407-DIV OF WELFARESUPPORTIVE SVCS											51	AGENCY DEFINE	0.00	\$0.00	143.30.00	\$10,452.93	143.30.00	\$10,452.93	\$10,452.93	
407-DIV OF WELFARESUPPORTIVE SVCS											52	AGENCY DEFINE	0.00	\$0.00	2055.05.00	\$115,076.19	2055.05.00	\$115,076.19	\$115,076.19	
407-DIV OF WELFARESUPPORTIVE SVCS											63	AGENCY DEFINE	0.00	\$0.00	53.30.00	\$4,014.39	53.30.00	\$4,014.39	\$4,014.39	

Dept	Budget Account	Description	Accrued Comp		Paid Overtime		Total Hours		Total		Accrued Comp		Paid Overtime		Total	
			BA Accrued	Comp Time	BA Paid	Overtime	BA Total	BA Total	BA Total	BA Total	BA Accrued	Comp Time	BA Paid	Overtime	BA Total	BA Total
409 - CHILD AND FAMILY DIVISION	3363	HR-COMMUNITY JUV JUSTICE PRG	\$53,231.69	17.00	\$2,367.27	21.00	\$2,160.32	14.00	\$4,517.53	\$4,517.53	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3341	HR-WASHOE COUNTY CHILD WELFARE	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3142	HR-CLARK COUNTY CHILD WELFARE	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3143	HR-INFORMATION SERVICES	\$637,253.08	10.00	\$625.10	17.20	\$17,721.64	185.2000	\$18,246.74	\$18,246.74	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3145	HR-CHILDREN/YOUTH/FAMILY ADMIN	\$1,086,287.41	1.57	\$1,604.44	15.54	\$50,074.47	953.5100	\$51,678.91	\$51,678.91	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3146	HR-FAMILY SUPPORT PROGRAM	\$808,355.95	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3147	HR-YOUTH ALTERNATIVE PLACEMENT	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3148	HR-SUMMIT VIEW YOUTH CENTER	\$1,054,114.93	13.35	\$29,209.18	2.40	\$204,531.87	5152.5500	\$233,741.05	\$233,741.05	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3178	HR-CALIENTE YOUTH CENTER	\$1,982,686.98	2.52	\$27,329.50	3.30	\$187,180.76	4206.2200	\$195,117.06	\$195,117.06	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3181	HR-AID FOR VICTIMS OF DV OR SV	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3101	HR-CHILDREN'S TRUST FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3229	HR-RURAL CHILD WELFARE	\$2,070,076.03	9.18	\$121,370.46	13.51	\$188,858.60	5927.0800	\$310,268.06	\$310,268.06	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3242	HR-CHILD WELFARE TRUST	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3250	HR-TRANSITION FROM FOSTER CARE	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3251	HR-REVIEW OF DEATH OF CHILDREN	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3253	HR-NEVADA YOUTH TRAINING CTR	\$335,259.94	2.30	\$2,853.14	10.10	\$257,178.64	5862.4000	\$260,031.78	\$260,031.78	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3263	HR-NEVADA PAROLE SERVICES	\$21,675.38	18.00	\$448.95	13.56	\$26,630.02	413.5500	\$27,078.97	\$27,078.97	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3277	HR-FARM ACCT-YOUTH TRAINING CENTER	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3281	HR-NEV CHILD & ADLSNT SVCS	\$1,406,253.21	20.15	\$9,012.17	23.31	\$85,540.70	2795.4600	\$135,552.87	\$135,552.87	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3285	HR-NEVADA CHILDREN'S GIFT FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3292	HR-HENRY WOODS CHRISTMAS FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3293	HR-NEVADA CHILDREN'S GIFT ACCOUNT	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3295	HR-CALIENTE YOUTH CTR-GIFT FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3296	HR-YOUTH TRAINING CENTER GIFT FND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3545	HR-SO NEV CHILD & ADLSNT SVCS	\$5,523,974.50	19.07	\$55,314.95	15609.20	\$15,547.38	16824.27	\$55,362.33	\$55,362.33	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	4884	HR-VICTIMS OF CRIME	\$81,751.49	0.00	\$0.00	17.30	\$13,871.70	305.2000	\$13,871.70	\$13,871.70	0.00	0.00	0.00	0.00	0.00	0.00

SUMMARY - BA AND RSN TOTALS SHOULD MATCH									
BA	BA Accrued	Comp Time	BA Paid	Overtime	BA Total	BA Total	BA Total	BA Total	BA Total
409	\$448,011.20	\$398.58	\$17,632.95	\$18,031.53	\$18,031.53	\$18,031.53	\$18,031.53	\$18,031.53	\$18,031.53
402	\$23,765,205.18	\$47,351.62	\$811,557.06	\$858,908.68	\$858,908.68	\$858,908.68	\$858,908.68	\$858,908.68	\$858,908.68
406	\$28,837,305.51	\$294,365.53	\$2,609,648.80	\$2,904,014.33	\$2,904,014.33	\$2,904,014.33	\$2,904,014.33	\$2,904,014.33	\$2,904,014.33
407	\$35,540,862.89	\$28,956.36	\$2,594,370.37	\$2,623,326.73	\$2,623,326.73	\$2,623,326.73	\$2,623,326.73	\$2,623,326.73	\$2,623,326.73
409	\$16,383,385.54	\$250,672.56	\$1,645,908.58	\$1,896,581.14	\$1,896,581.14	\$1,896,581.14	\$1,896,581.14	\$1,896,581.14	\$1,896,581.14

Dept	Budget Account	Description	Accrued Comp		Paid Overtime		Total Hours		Total		Accrued Comp		Paid Overtime		Total	
			BA Accrued	Comp Time	BA Paid	Overtime	BA Total	BA Total	BA Total	BA Total	BA Accrued	Comp Time	BA Paid	Overtime	BA Total	BA Total
409 - CHILD AND FAMILY DIVISION	3363	HR-COMMUNITY JUV JUSTICE PRG	\$53,231.69	17.00	\$2,367.27	21.00	\$2,160.32	14.00	\$4,517.53	\$4,517.53	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3341	HR-WASHOE COUNTY CHILD WELFARE	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3142	HR-CLARK COUNTY CHILD WELFARE	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3143	HR-INFORMATION SERVICES	\$637,253.08	10.00	\$625.10	17.20	\$17,721.64	185.2000	\$18,246.74	\$18,246.74	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3145	HR-CHILDREN/YOUTH/FAMILY ADMIN	\$1,086,287.41	1.57	\$1,604.44	15.54	\$50,074.47	953.5100	\$51,678.91	\$51,678.91	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3146	HR-FAMILY SUPPORT PROGRAM	\$808,355.95	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3147	HR-YOUTH ALTERNATIVE PLACEMENT	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3148	HR-SUMMIT VIEW YOUTH CENTER	\$1,054,114.93	13.35	\$29,209.18	2.40	\$204,531.87	5152.5500	\$233,741.05	\$233,741.05	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3178	HR-CALIENTE YOUTH CENTER	\$1,982,686.98	2.52	\$27,329.50	3.30	\$187,180.76	4206.2200	\$195,117.06	\$195,117.06	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3181	HR-AID FOR VICTIMS OF DV OR SV	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3101	HR-CHILDREN'S TRUST FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3229	HR-RURAL CHILD WELFARE	\$2,070,076.03	9.18	\$121,370.46	13.51	\$188,858.60	5927.0800	\$310,268.06	\$310,268.06	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3242	HR-CHILD WELFARE TRUST	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3250	HR-TRANSITION FROM FOSTER CARE	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3251	HR-REVIEW OF DEATH OF CHILDREN	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3253	HR-NEVADA YOUTH TRAINING CTR	\$335,259.94	2.30	\$2,853.14	10.10	\$257,178.64	5862.4000	\$260,031.78	\$260,031.78	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3263	HR-NEVADA PAROLE SERVICES	\$21,675.38	18.00	\$448.95	13.56	\$26,630.02	413.5500	\$27,078.97	\$27,078.97	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3277	HR-FARM ACCT-YOUTH TRAINING CENTER	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3281	HR-NEV CHILD & ADLSNT SVCS	\$1,406,253.21	20.15	\$9,012.17	23.31	\$85,540.70	2795.4600	\$135,552.87	\$135,552.87	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3285	HR-NEVADA CHILDREN'S GIFT FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3292	HR-HENRY WOODS CHRISTMAS FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3293	HR-NEVADA CHILDREN'S GIFT ACCOUNT	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3295	HR-CALIENTE YOUTH CTR-GIFT FUND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3296	HR-YOUTH TRAINING CENTER GIFT FND	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	\$0.00	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	3545	HR-SO NEV CHILD & ADLSNT SVCS	\$5,523,974.50	19.07	\$55,314.95	15609.20	\$15,547.38	16824.27	\$55,362.33	\$55,362.33	0.00	0.00	0.00	0.00	0.00	0.00
409 - CHILD AND FAMILY DIVISION	4884	HR-VICTIMS OF CRIME	\$81,751.49	0.00	\$0.00	17.30	\$13,871.70	305.2000	\$13,871.70	\$13,871.70	0.00	0.00	0.00	0.00	0.00	0.00

SUMMARY - BA AND RSN TOTALS SHOULD MATCH									
BA	BA Accrued	Comp Time	BA Paid	Overtime	BA Total	BA Total	BA Total	BA Total	BA Total
409	\$448,011.20	\$398.58	\$17,632.95	\$18,031.53	\$18,031.53	\$18,031.53	\$18,031.53	\$18,031.53	\$18,031.53
402	\$23,765,205.18	\$47,351.62	\$811,557.06	\$858,908.68	\$858,908.68	\$858,908.68	\$858,908.68	\$858,908.68	\$858,908.68
406	\$28,837,305.51	\$294,365.53	\$2,609,648.80	\$2,904,014.33	\$2,904,014.33	\$2,904,014.33	\$2,904,014.33	\$2,904,014.33	\$2,904,014.33
407	\$35,540,862.89	\$28,956.36	\$2,594,370.37	\$2,623,326.73	\$2,623,326.73	\$2,623,326.73	\$2,623,326.73	\$2,623,326.73	\$2,623,326.73
409	\$16,383,385.54	\$250,672.56	\$1,645,908.58	\$1,896,581.14	\$1,896,581.14	\$1,896,581.14	\$1,896,581.14	\$1,896,581.14	\$1,896,581.14

Overtime Analysis by Event Date

Overtime Analysis Settings

Agency: ALL

DHS Pivot 26Q3

Row Labels	Sum of Overtime Reason Total Dollars
COVER-24 HR	2,925,335.02
BACKLOG REDU	2,389,080.40
AGNCY DEFINE	744,612.66
COVER-HOL/WK	435,543.84
COVER-VACANT	411,860.63
WORKLOAD	316,286.39
COVER-SICK	109,752.39
EMERGENCIES	106,968.47
BUDGET PREP	101,782.88
CLIENT SVCS	81,894.65
COVER-AL/MIL	80,860.74
PROGRAM DEAD	48,783.77
TRAVEL	48,740.11
INVESTIGATE	40,855.14
COVER-TRAIN	36,794.12
TRAINING	35,229.38
SPECIAL EVNT	21,989.06
OFFICE SPRT	20,524.17
ADMIN	12,122.29
ACCIDENTS	10,812.48
MEETINGS	8,991.12
PERSONNEL	8,159.92
STAFF MEET	6,464.37
CONFERENCES	4,462.21
TRAIN-PERSON	3,857.09
ADMIN SUPRT	3,485.43
ACCT/FISCAL	3,288.97
SITE REPAIR	2,850.62
COVER-INJURY	2,228.47
COURT	1,570.57
CLIENT MEET	886.22
SHIFT TRADE	265.58
WORKSHOPS	44.26
(blank)	
Grand Total	\$ 8,026,383.42

Row Labels	Sum of BA Total Dollars
406 -PUBLIC AND BEHAVIORAL HEALTH	\$ 2,904,018.33
HR-SO NEV ADULT MENTAL HEALTH	2,058,589.25
HR-FAC FOR MENTAL OFFENDER	684,876.33
HR-OFF OF STATE HEALTH ADMIN	56,623.46
HR-NNV ADULT MENTAL HEALTH SVC	54,112.30
HR-CANCER CONTROL REGISTRY	9,810.91
HR-BEHAVORIAL HEALTH ADMINSTR	7,494.63
HR-HEALTH ALERT NETWORK	7,170.98
HR-HEALTH STATISTICS&PLANNING	6,515.42
HR-BEHAVORIAL HEALTH PREV & TR	6,382.40
HR-HHS-DPBH-SNAMHS GIFT FUND	6,218.91
HR-COMMUNITY HEALTH SERVICES	4,537.18
HR-PREVTREAT OF PROBLEM GAMBL	915.66
HR-COMMUNICABLE DISEASES	770.90
HR-MARIJUANA HEALTH REGISTRY	-
HR-WIC FOOD SUPPLEMENT	-
HR-HHS DPBH RURAL CLINICS	-
HR-CRISIS RESPONSE	-
HR-HHS HD BIOSTATS & EPIDMLG	-
HR-LOW-LVL RADIOACTIVE WASTE FUND	-
(blank)	-
HR-MATERNAL CHILD HEALTH SRVC	-
HR-HHS-DPBH-ALCOHOL TAX PROGRAM	-
HR-DPBH-PUBLIC HEALTH IMPROVEM	-
HR-OPIOID ANTAGONIST FUND	-
HR-CHRONIC DISEASE	-
HR-PUBLIC HEALTH GIFT FUND	-
HR-RADIATION CONTROL PROGRAM	-
HR-EMERGENCY MEDICAL SERVICES	-
HR-HOSPITAL GIFT FUND	-
HR-ENVIRONMENTAL HEALTH SRVCS	-
HR-IMMUNIZATION PROGRAM	-
HR-HHS-DPBH - FAMILY PLANNING	-
407 - DIV OF WELFARE&SUPPORTIVE SVCS	\$ 2,624,326.73
HR-WELFARE FIELD SERVICES	2,283,204.88
HR-CHILD SPRT ENFORCEMENT PRG	203,692.44
HR-WELFARE ADMINISTRATION	122,636.95
HR-CHILD CARE ASSIST & DEVEL	14,792.46
HR-TEMP ASSIST FOR NEEDY FAMILIES	-
HR-HHS-DWSS - CHILD CARE SERVICES	-
HR-UNIVERSAL ENERGY	-
HR-CHILD SUPPORT FEDERAL REIMB	-
(blank)	-
HR-COLLECTION & DISTRIBUTION ACCT	-
HR-ASSISTANCE TO AGED AND BLIND	-
HR-ENERGY ASSISTANCE - WELFARE	-
409 - CHILD AND FAMILY DIVISION	\$ 1,896,582.14
HR-SO NEV CHILD & ADLSCNT SVCS	668,862.33
HR-RURAL CHILD WELFARE	310,269.06
HR-NEVADA YOUTH TRAINING CTR	260,031.78
HR-SUMMIT VIEW YOUTH CENTER	233,741.05
HR-CALIENTE YOUTH CENTER	195,117.66
HR-NO NEV CHILD & ADLSCNT SVCS	95,552.87
HR-CHILDREN/YOUTH/FAMILY ADMIN	61,678.91
HR-YOUTH PAROLE SERVICES	27,078.97
HR-INFORMATION SERVICES	18,246.74
HR-VICTIMS OF CRIME	13,871.70
HR-FAMILY SUPPORT PROGRAM	7,553.48
HR-COMMUNITY JUV JUSTICE PRG	4,577.59
HR-WASHOE COUNTY CHILD WELFARE	-
HR-YOUTH TRAINING CENTER GIFT FND	-
HR-FARM ACCT-YOUTH TRAINING CENTR	-
HR-CLARK COUNTY CHILD WELFARE	-
HR-CHILD WELFARE TRUST	-
HR-AID FOR VICTIMS OF DV OR SV	-

HR-HENRY WOODS CHRISTMAS FUND	-
HR-TRANSITION FROM FOSTER CARE	-
HR-CALIENTE YOUTH CTR-GIFT FUND	-
HR-YOUTH ALTERNATIVE PLACEMENT	-
HR-CHILDRENS TRUST FUND	-
HR-REVIEW OF DEATH OF CHILDREN	-
(blank)	
HR-NEVADA CHILDREN'S GIFT ACCOUNT	-
HR-NEVADA CHILDRENS GIFT FUND	-
402 - AGING AND DISABILITY SERVICES	\$ 858,908.68
HR-DESERT REGIONAL CENTER	648,498.99
HR-SIERRA REGIONAL CENTER	99,631.49
HR-AGING FEDERAL PROG & ADMIN	54,675.53
HR-ADULT PROTECTIVE SERVS & LO	36,787.37
HR-RURAL REGIONAL CENTER	10,713.78
HR-PLANNING ADVOCACY AND COMM	3,922.48
HR-IDEA PART C COMPLIANCE	1,805.77
HR-AUTISM TREATMENT PROGRAM	1,382.20
HR-COMMUNITY BASED SERVICES	1,035.27
HR-EARLY INTERVENTION SVCS	455.80
HR-SENIOR RX AND DISABILITY RX	-
HR-DRC GIFT FUND	-
HR-SRC GIFT FUND	-
HR-COMM FOR PERSONS WHO ARE DEAF	-
HR-RURAL SERVICES GIFT ACCOUNT	-
HR-HHS DO CONSUMER HEALTH ASSI	-
HR-STATE INDEPENDENT LIVING CO	-
HR-COMMUNICATION ACCESS SRVCS	-
HR-TOBACCO SETTLEMENT PROGRAM	-
HR-DHR/AGING SERVICES-GIFT ACCT	-
(blank)	
HR-FAMILY PRESERVATION PROGRAM	-
HR-FOCIS AND MFP	-
400 - DEPT OF HEALTH AND HUMAN SERV	\$ 18,043.53
HR-ADMINISTRATION	17,652.95
HR-GRANTS MANAGEMENT UNIT	390.58
HR-VICTIMS OF HUMAN TRAFFICKING	-
HR-UPL HOLDING ACCOUNT	-
(blank)	
HR-FUND FOR RESILIENT NEVADA	-
HR-GRIEF SUPPORT TRUST ACCOUNT	-
(blank)	
(blank)	
Grand Total	\$ 8,301,879.41

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: July 20, 2026
To: Tiffany Greenameyer, Clerk of the Board
Governor's Finance Office
From: Rosa Rogula, Executive Branch Budget Officer *RR*
Budget Division
Subject: BOARD OF EXAMINERS **INFORMATION** ITEM

The following describes an information item submitted for placement on the agenda of the next Board of Examiners' meeting.

**State Department of Conservation and Natural Resources – Division of State
Lands – Annual Land Bank Report**

Agenda Item Write-up:

Pursuant to NRS 321.5954, subsection 4, the State Land Registrar is required to provide the Board of Examiners with an annual report regarding lands or interests in land transferred, sold, exchanged, or leased under the Tahoe Basin Act program. This report covers the period of July 1, 2025 through June 30, 2026.

Additional Information:

During this period, there were no land coverage transactions and no land acquisitions under the Nevada Land Bank Program. Seven transfers of interest in real property did occur. As of June 30, 2026, the Tahoe Mitigation budget account had \$5,533,123.62 in realized funding available.

Statutory Authority:

NRS 321.5954

REVIEWED: ARF
INFO ITEM: _____



MEMORANDUM

DATE: July 2, 2026

TO: Tiffany Greenameyer, Director, Governor's Finance Office

FROM: Charles Donohue, Administrator and State Land Registrar, Nevada Division of State Lands

RE: **BOARD OF EXAMINERS ANNUAL FY 2026 REPORT FOR THE NEVADA LAND BANK PROGRAM – MEETING DATE OF SEPTEMBER 8, 2026**

Pursuant to NRS 321.5954, an annual report regarding the real property or interests in real property transferred by the Nevada Division of State Lands (NDSL) in the Lake Tahoe Basin shall be reported quarterly to the State Board of Examiners.

Nevada Land Bank Program:

Beginning in 1985, Chapter 585, Statutes of Nevada 1985, Pages 1866-1868, provided that a measure be put before voters authorizing the sale of \$31 million in general obligation bonds to purchase land in the Lake Tahoe Basin to preserve the resources and natural beauty of the area. Approximately 500 parcels were acquired; all bond funds have been expended.

Presently, the Nevada Land Bank program is the primary means by which NDSL transfers property or interests in real property in Lake Tahoe. The Nevada Land Bank program mainly deals with land coverage, an interest in real property. The program is operated by the Nevada Tahoe Resource Team (NTRT) on behalf of the Tahoe Regional Planning Agency (TRPA) through a Memorandum of Understanding and under the authority of Chapter 355, Statutes of Nevada 1993, Pages 1152-1153.

Land coverage includes impervious surfaces like parking lots, roads and roofs, and is one of the bundle of development rights required in the Lake Tahoe Basin to develop or re-develop property. Measured in square feet, a parcel's allowed coverage is determined by the sensitivity of the parcel's land Class: Classes 1 through 3 are more environmentally sensitive lands while Classes 4 through 7 are less sensitive lands.

The Nevada Land Bank executes land coverage transactions, promoting the transfer of coverage to less environmentally sensitive lands. The program also purchases and permanently retires land coverage, and acquires sensitive parcels. These activities mitigate the detrimental effects of land coverage by promoting soil restoration and stormwater infiltration, contributing to Lake Tahoe's water quality and the protection of the Lake Tahoe environment. The Nevada Land Bank is funded by coverage sales and excess coverage mitigation fees collected by TRPA and transferred to NDSL to carry out the program.

This memorandum reports Nevada Land Bank program activities from July 1, 2025 to June 30, 2026:

Seven (7) transfers of an interest in real property were completed totaling \$591,186.50 in proceeds for the Nevada Land Bank.

- On December 11, 2025, the Land Bank sold 2,145 square feet of Class 1B, Restored Hard HRA 4 Coverage. The coverage was required by TRPA Permit ERSP 2024-1762 issued to the State Public Works Division for the reconstruction of the Marlette Lake Dam to reduce hazards from seismic events. The sale generated a total of \$39,682.50 for the Nevada Land Bank.
- On April 15, 2026, the Land Bank sold 11 square feet of Class 1A, Restored Soft HRA 3 Coverage. The coverage was required by TRPA Permit ERSP 2024-1444 to enable the property owners to construct a new sewer lift station and lateral. The sale generated a total of \$550.00 for the Nevada Land Bank.
- On April 20, 2026, the Land Bank sold 9 square feet of Class 1B Restored Hard HRA 4 Coverage. The coverage was required by TRPA Permit ERSP 2025-1728 to enable the property owners to construct an access path to connect the upland driveway to a proposed multi-use pier. The sale generated a total of \$229.50 for the Nevada Land Bank.
- On April 29, 2026, the Land Bank sold a total of 23,861 square feet of Coverage (8,000 square feet of Class 1B Restored Soft HRA 1 Coverage; 14,000 square feet of Class 1B Restored Hard HRA 4 Coverage; and 1,861 square feet of Class 1A Restored Soft HRA 3 Coverage). The coverage was required by TRPA Permit ERSP 2024-0342 to enable NV Energy to install a public utility substation expansion. The sale generated a total of \$524,440.00 for the Nevada Land Bank.
- On May 18, 2026, the Land Bank sold 497 square feet of Class 1A Restored Soft HRA 3 Coverage. The coverage was required by TRPA Permit ERSP 2023-0520 to enable the property owners to construct a new single-family dwelling. The sale generated a total of \$22,365.00 for the Nevada Land Bank.
- On June 11, 2026, the Land Bank sold 141 square feet of Class 4 Restored Soft HRA 4 Coverage. The coverage was required by TRPA Permit ERSP 2025-0894 to enable the property owners to construct a remodel and addition of a second floor to an existing single-family dwelling. The sale generated a total of \$3,595.50 for the Nevada Land Bank.
- On June 25, 2026, the Land Bank sold 12 square feet of Class 6 Potential HRA 1 Coverage. The coverage was required by TRPA Permit ERSP 2025-1641 to enable Washoe County School District to construct a new freestanding sign at an elementary school. The sale generated a total of \$324.00 for the Nevada Land Bank.

There were no land coverage or parcel acquisitions for FY 2026.

Revenue generated from the Nevada Land Bank is deposited in the Tahoe Mitigation budget account (BA 4200). The realized funding in BA 4200 was \$5,533,123.62 as of June 30, 2026.

In the event you have any questions or would like additional information, please contact Heather Watkins, Tahoe Land Agent, h.watkins@lands.nv.gov, (775) 684-2735.

CD/hw

CC: Chad Stephens, Deputy Director