

State of Nevada  
Department of Administration

Purchasing Division

515 E. Musser Street, Suite 300  
Carson City, NV 89701



Brian Sandoval  
Governor

Patrick Cates  
Director

Jeffrey Haag  
Administrator

<b>Purchasing Use Only:</b>	
Approval#:	1160202

## SOLICITATION WAIVER JUSTIFICATION AND REQUEST FORM

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

<b>Agency Contact Information - Note: Approved copy will be sent to only the contact(s) listed below:</b>			
State Agency: <u>Gov Finance Ofc</u>			
1a	Contact Name and Title	Phone Number	Email Address
	<u>Janet Murphy, Deputy Director</u>	<u>775-684-0203</u>	<u>jmurphy@finance.nv.gov</u>

<b>Vendor Information:</b>	
Identify Vendor:	<u>Creative Consulting Solutions, LLC</u>
Contact Name:	<u>Leah Lamborn</u>
Address:	<u>4349 Stampede Dr., Carson City, NV 89701</u>
Telephone Number:	<u>775-691-2604</u>
Email Address:	<u>Llamborn48@gmail.com</u>

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

<b>Contract Information:</b>				
1d	Is this a new Contract?	Yes	<input checked="" type="checkbox"/> X	No
	Amendment:	#		
	CETS:	#		

<b>Term:</b>			
1e	One (1) Time Purchase:		
	Contract:	Start Date: <u>8/15/16</u>	End Date: <u>6/30/17</u>

<b>Funding:</b>		
1f	State Appropriated:	<u>GF</u>
	Federal Funds:	
	Grant Funds:	
	Other (Explain):	

1g	<b>Total Estimated Value of this Service Contract, Amendment or Purchase:</b>
	<u>\$31,500</u>

2 **Provide a description of work/services to be performed or commodity/good to be purchased:**  
*Contractor will assist in the preparation of the Governor's Executive Budget. Tasks include analyzing agency request budgets; ensuring supporting documentation is accurate and complete; reconciling position controls; reviewing adjusted base entries to ensure they are allowable and reasonable; auditing and reconciling cost allocations, caseload projections, and inflation adjustments; ensuring fund maps are accurate and complete.*

3 **What are the unique features/qualifications required for this service or good that are not available from any other vendor:**  
*This vendor was the previous ASO IV for the Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy and has detailed knowledge of the Nevada Medicaid budget. She has 9 years working as the Chief Fiscal Officer for the Nevada Medicaid Office. She also has knowledge of other DHHS divisions and review and audit caseload projections. DHHS funding accounts for 43% of the total state budget.*

4 **Explain why this service or good cannot be competitively bid and why this purchase is economically only available from a single source:**  
*This vendor has unique qualifications to assist with the preparation of the Governor's Executive Budget. Besides her knowledge of the DHHS budget accounts, she knowledgeable of the Nevada Executive Budget System and the rules/regulations associated with State budgeting.*

5	<b>Were alternative services or commodities evaluated? Check One.</b>	Yes:	No:	X
	a. <i>If yes, what were they and why were they unacceptable? Please be specific with regard to features, characteristics, requirements, capabilities and compatibility.</i>			
	b. <i>If not, why were alternatives not evaluated?</i> <i>This is a request for a specific service.</i>			

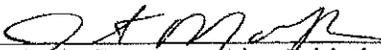
6	<b>Has the agency purchased this service or commodity in the past? Check One. Note: If your previous purchase(s) was made via solicitation waiver(s), a copy or copies of ALL previous waivers MUST accompany this request.</b>			Yes:	No:	X
	a. <i>If yes, starting with the most recent contract and working backward, for the entire relationship with this vendor, or any other vendor for this service or commodity, please provide the following information:</i>					
	<i>Term Start and End Dates</i>	<i>Value</i>	<i>Short Description</i>	<i>Type of Procurement (RFP#, RFQ#, Waiver #)</i>		
		\$				
		\$				
		\$				

7	<p><b>What are the potential consequences to the State if the waiver request is denied and the service or good is competitively bid?</b></p> <p><i>The skill set for the services is unique and other vendors don't possess the necessary qualifications to assist with the completion of the Executive Budget.</i></p>
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8	<p><b>What efforts were made or conducted to substantiate there is no competition for the service or good and to ensure the price for this purchase is fair and reasonable?</b></p> <p><i>Office contacted Leah Lamborn, Teri Sulli, Stephanie Day, and Scott Sisco. All accepted, except for Mr. Sisco. The office was also contacted by Margene Strenger. Ms. Lamborn, Ms. Sulli, and Ms Day have unique skill sets to assist the Governor's Finance Office with the preparation of the Governor's Executive Budget. As these contractors will allow the office to reduce overtime, the comparable rate for the services is based on a Budget Analyst IV (41-10) working at 1 ½ time or \$65.84/hour.</i></p>
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9	<p><b>Will this purchase obligate the State to this vendor for future purchases? <u>Before selecting your answer, please review information included on Page 2, Section 9 of the instructions.</u></b></p>	Yes:		No:	X
	<p>a. <i>If yes, please provide details regarding future obligations or needs.</i></p>				

By signing below, I know and understand the contents of this Solicitation Waiver Request and Justification and attest that all statements are true and correct.

  
Agency Representative Initiating Request

Janet Murphy  
Print Name of Agency Representative Initiating Request

7/1/16  
Date

  
Signature of Agency Head Authorizing Request

James R WELLS  
Print Name of Agency Head Authorizing Request

7/5/16  
Date

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

Name of agency or entity who provided information or review:

Representative Providing Review

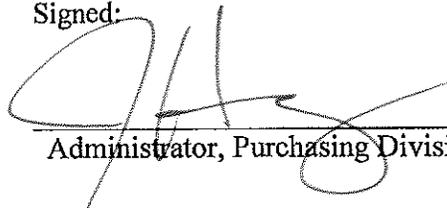
Print Name of Representative Providing Review

Date

Please consider this memo as my approval of your request. This exemption is granted pursuant to NAC 333.150(2)(a)(b)(c), 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 284.173(6), contracts for services do not become effective without the prior approval of the State Board of Examiners (BOE).

If you have any questions or concerns please contact the Purchasing Division at 775-684-0170.

Signed:

  
Administrator, Purchasing Division or Designee

7-12-2016  
Date