



Department of Administrative Services Purchasing and Contracts

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CLARK COUNTY, NEVADA RFP NO. 603160-13 HEALTH CARE SERVICES FOR CLARK COUNTY DETENTION CENTER

December 6, 2013

ADDENDUM NO. 4

REQUEST FOR PROPOSAL

1. The RFP opening date of December 16, 2013 at 3:00:00 p.m. **remains unchanged.**

ADDENDUM NO.3

2. Item No. 2 on Addendum No. 3 was written in error. Please **disregard** and **replace** with the following instructions as follows: Page 5, Item No. 8 – Evaluation Information, Paragraph 8 – Project Fee, **Subsection 8.1**, delete this **subsection** in its entirety and replace with the Attached Paragraph 8 – Project Fee, **Subsection 8.1**".

QUESTIONS AND ANSWERS

- Q1. Please confirm that the Clark County Detention Center (CCDC) is averaging over 22,000 booking screenings per month.
A1. This is total # of screens (Receiving, H&P, CIWA Assessment and Mental Health Assessment and Evaluation) combined. One individual could have all four screens conducted, whereas another person could have only one
- Q2. Please provide a definition and description of the booking screenings listed in Exhibit 2 of the RFP.
A2. Please see A1, above.
- Q3. What is the term of the contract resulting from this RFP?
A3. The term, which is subject to change, will be from the date of award, expected to be April 2014, through December 31, 2016, with the option to extend the agreement for two, one-year period.
- Q4. What is the average number of HIV/AIDS treatments per month?
A4. YTD is 264.
- Q5. What is the average number of Hepatitis C treatments per month?
A5. YTD is 699
- Q6. What is the average number of Hepatitis B treatments per month?
A6. YTD is 68
- Q7. Please provide the total amounts paid for the off-site and specialty services listed in exhibit 2.
A7. Unfortunately, we do not track this data.

BOARD OF COUNTY COMMISSIONERS

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DONALD G. BURNETTE, County Manager

- Q8. How many times has the per inmate per year cap been exceeded during the past 12 months?
A8. For each of the last three (3) years, CCDC reached the aggregate cost per inmate in the following manner: in 2011, by four (4) inmates; in 2012, by eight (8) inmates; and in 2013, by twelve (12) inmates.
- Q9. During the previous three years, how many times have costs exceeded the aggregate maximum cap per year costs?
A9. Unfortunately, we do not track this data.
- Q10. What is the total amount the County paid for costs exceeding the aggregate maximum cap per year?
A10. Unfortunately, we do not track this data.
- Q11. Page 1 of the RFP is missing Item #6. Is there an item missing or is this a misprint?
A11. Misprint.
- Q12. Intentionally left blank
A12. Intentionally left blank
- Q13. What is the breakdown of inmates/detainees as follows: A) ICE; B) U.S. Marshal's Office; C) State DOC; D) Out-of-State Agencies; E) Other County Inmates; and F) Metro Police
A13. We only house Clark County Inmates. No contract holds for other agencies, no ICE.
- Q14. Item III.B (p.1-3) states that the Chief of the Metro Detention Services Division is to be notified (along with Capt. of the South Tower) upon termination of any CCDC employee. A) What is the relationship between the CCDC and the Metro Detention Services Division? B) What is the reporting relationship with the Metro DSD and the Contractor?
A14. A) CCDC is the Clark County Detention Center and one of the same reference Metro Detention Services Division. B) This question referenced the termination of a CONTRACTOR Employee, not CCDC employee. The Contractor will report to the Metro DSD South Tower Bureau Commander
- Q15. The provided statistics indicate that the CCDC is conducting more than 700 Booking Screenings daily. Is this correct?
A15. Average Daily Total Booking Screenings include: Receiving Screen, H&P, Mental Health Assessment and Evaluation, CIWA Assessment. This amounted to 264,563 and using your division gave you the 700 #.
- Q16. What were the results of the most recent ACA audit? Were there any deficiencies? If so, please provide details
A.16 4-ALDF-4C-14 (New) (MANDATORY) There is a written plan that addresses the management of infectious and communicable diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, and administrative representatives, meets at least quarterly to review and discuss communicable disease and infection control activities. Agencies work with the responsible public health authority to establish policy and procedure that include the following: an ongoing education program for staff and inmates; control, treatment, and prevention strategies, which may include screening and testing, special supervision, or special housing arrangements, as appropriate; protection of individual confidentiality; and media relations.

Comment: Because of their serious nature, methods of transmission, and public sensitivity, these diseases require special attention

- The information above was an issue with the auditors as our MAC Meeting Minutes did not proof this was discussed quarterly. Communicable disease and infection control activities have to be discussed.

- o Naphcare was notified of this during the audit.

1. Per Naphcare, at the end of each quarter, an infection control meeting will be held separate from the MAC meeting. Minutes will be taken and forwarded to our section.

Q17. What were the results of the most recent NCCHC audit? Were there any deficiencies? If so, please provide details.

A17. Results were we passed with all essential and non-essential standards.

Q18. Is the facility under a DOJ decree or any other order? If so, please provide details.

A.18 No

Q19. Is the NVC facility accredited? If so, please provide details.

A19. It is not accredited at this time.

Q20. Is booking conducted at the NVC?

A20 No

Q21. Please describe the composition of inmates in custody at NVC.

A21. Low Level Offenders.

Q22. What medical facilities are available at the NVC, i.e., intake, sick call, clinics, etc.?

A22. Intake; Sick Call; Telemed; Chronic Care; Mental Health.

Q23. Are all medical and mental health services provided at NVC, or are inmates brought to CCDD for treatment?

A23. More chronic care needs inmates are housed at CCDC.

Q24. How many females comprise the current ADP at CCDC and NVC, respectively?

A24. 681 at CCDC and 192 inmates at NVC..

Q25. How many female inmates are currently pregnant?

A25. Average 23 – 25 inmates.

Q26. Please provide the current staffing plan by position, credential and shift.at each facility: A) North Tower; B) South Tower; and C) North Valley Complex (NVC)

A26. Please review Addendum No.3, Informational Attachments.

Q27. Are there currently any unfilled positions? If so, please identify and length of time unfilled.

A27. No

Q28. RFP states that resumes of proposed on-site staff are to be included in the proposal. Since we may not able to identify such individuals at this time, and wish to interview current staff to retain as many as possible, will the County accept written job descriptions for on-site positions instead?

A28. Yes, this is acceptable.

Q29. Can the prospective Contractor submit more than one proposed approach to staffing without being considered non-compliant with the RFP?

A29. More than one proposed approach will be considered as long as one of your proposals includes the RFP staffing requirements.

Q30. Please provide the current mental health staffing plan by credential and shift.

A30. Please review Addendum No.3, Informational Attachments.

Q31. What mental health services and groups are currently provided on-site at the CCDC?

A31. Mental Health Assessments and Evaluations, Psychiatric Assessments and Evaluations (To include Legal 2000's), Social Worker Discharge / Re-Entry, Specialty Court Collaboration.

- Q32. Does CCDC utilize any other community based mental health services in addition to those provided by the Contractor? If so, please identify and provide
- A32. Southern Nevada Adult Mental Health Services (SNAMHS) works as a part of discharge planning/service coordination for inmates being released back into the community.
- Q33. What on-site medical clinics are currently provided at CCDC, i.e., OB/GYN, etc.?
- A33. OBGYN, Dental, Xray, Nephrologist (contracted through Medical Vendor).
- Q34. Please provide an equipment list for CCDC and NVC.
- A35. Please review Addendum No.3, Informational Attachments.
- Q36. Please identify the number and location of the following at CCDC and NVC, respectively:
A) First-aid kits; B) Crash carts; C) AEDs
- A36. A) Sergeants & Lieutenants Offices, Prisoner Transport Units, Maintenance, Business Office, Kitchen, Records, Post 10, House Arrest, Transfer & Release, Field Services, Court Holding, Laundry, Training, Control Room, Library; B) NTB & STB – Three (3), NVC – Two (2); and C) Four (4) – Located in Booking, STB 4L, Charge Nurse Area NTB, NVC
- Q37. Who is financially responsible for restocking first-aid kits and crash carts, the County or the Contractor?
- A37. CONTRACTOR
- Q38. Are there currently a sufficient number of first-aid kits, crash carts and AEDs at the North Tower, South Tower and NVC, respectively? If not, please provide details.
- A38. All numbers are sufficient.
- Q39. RFP requires the Contractor to train Correctional Staff in BLS, CPR, AEDs, etc. Is it the County's intent that the Correctional Staff will be certified, as appropriate?
- A39. Yes. Per ACA Accreditation Standards, Correction Staff must recertify CPR Certification every three (3) years.
- Q40. Please identify the facility Jail Management System.
- A40. ITAG.
- Q41. Please identify the current providers with contact information: A) Pharmacy; B) Laboratory Service; C) X-Ray Service; D) Ambulance Service; Bio-hazard Waste Removal Services.
- A41. A) CONTRACTOR; B) Lab Corp; C) CONTRACTOR; D) American Medical Response (AMR); E) Republic Services.
- Q42. Which discipline/credential (e.g., RN, NP, etc.) conducts 14-day health appraisals at the CCDC?
- A.42. RN, NP, and MD all review / sign-off on H&P's.
- Q43. Which discipline currently conducts Nurse Sick Call (RN or LPN)?
- A43. RN
- Q44. Medication Administration: Please provide information below for each – North Tower, South Tower and NVC: A) Which discipline/credential currently passes medications (RN or LPN); B) How many med passes are conducted daily; C) How many med carts are used for each med pass; D) How long does each med pass take to complete
- A44. A) LPN; B) Five (5) ; C) One (1) per floor, some floors could have two (2) nurses assigned (2nd Floor NTB); D) As long as needed. Time fluctuates between Units due to number of inmates prescribed medication.
- Q45. How many inmates currently require dialysis?
- Q45. Three (3).
- Q46. How many inmates have required dialysis services in the last 12 months?
- A46. 198 YTD.

- Q47: How much has been spent annually on dialysis services (on-site and off-site)?
A47: On-site is a part of the contract. Off-Site – No acute needs due to Dialysis Unit within CCDC / STB.
- Q48: Can the proposal be printed double sided?
A48: Yes.
- Q49: Please confirm that Cover Letter and Attachments to the proposal are exclusive of the 25-sheet proposal minimum.
A49: Yes.
- Q50: Please confirm that tabbed dividers are to correspond with the numbered items under Section #8, Evaluation Information, of the RFP.
A50: Yes.
- Q51: Please provide details of on-site CCDC parking available to the Contractor's employees? (Item III.G – p.1-3)
A.51: Multiple parking facilities available to CONTRACTOR Employees. This is the responsibility of the CONTRACTOR.
- Q52: If on-site CCDC parking is not available to the Contractor's employees, please identify available off-site parking facilities for CCDC medical employees.
A51: See A51, above.
- Q52: How long does it take the CCDC background check to clear a prospective employee/subcontractor?
A52: Averages three (3) to four (4) days.
- Q53: Will the County entertain suggestions for operational changes to the health services program if such changes remain in compliance with governing standards (NCCHC and ACA) and result in an overall cost savings?
A.53: Yes, as long as all services, conditions, expectations, requirements within the RFP are met.
- Q54: Please clarify the total number of RNs required of VII, Staffing, item C, Professional Requirements, #4: "There will be at least 3 RNs in booking and 1 clinical social worker or psychiatric RN.....inmates will be screened immediately upon arrival by at least 2 RNs and more when the number of bookings dictate."
A.54: Inmates are screened upon arrival by EMT's. RN's provide the H&P further into the Booking Process.
- Q55: Please clarify what the plan, identified in General Conditions, item 6, should include, but not be limited to.
A55: The plan should, at a minimum, address the requirements identified within that section.
- Q56: Please identify the current methodology used to pursue reimbursement through all available insurance options, to include Medicaid.
A56: Utilization Management Process.....Please see L. Administrative Services #4, pg. #1-13
- Q57: Please clarify the intent of VI, Technical Specifications- Administration, item B, number 15 regarding "recordings of other documentation of communications and actions".
A57: Any and all notes or recordings as it's related to the medical or mental healthcare delivered to the inmate population.
- Q58: Please provide the types of immunizations to be supplied by VI, Technical Specifications- Administration, item E, number 2.a.
A58: Civilian Employee TB Testing; Inmate required medical vaccinations: Juvenile immunizations; Tetanus; Flu vaccinations; etc.

- Q59. Please provide the current numbers of employees trained and the types of training provided under VI, Technical Specifications-Administration, item F, number 4.
A59. Approximately 750 Commissioned Officers trained on First Aid / CPR / AED
- Q60. Regarding the "qualified health professional" indicated in VIII, Patient Care, item B.1: Is the County requiring this position to be a physician's assistant or nurse practitioner, as indicated in item B.2, or would the County consider an appropriately trained Registered Nurse to conduct these Health Assessments, with review and signature by a physician?
A60. RN, NP and MD all are a part of the assessment / sign-off process.
- Q61. Please provide the current average length of stay.
A61. Approximately 23 days.
- Q62. Please provide Exhibit D, available facility equipment (indicated in Addendum 1) and Exhibit E, staffing matrix (current staffing matrices) (indicated in RFP).
A62. Please review Addendum No.3, Informational Attachments.
- Q63. How many lawsuits have been filed for Health Services in the previous 3 years? How many have been settled?
A63. This information is not available at this time and may be forthcoming.
- Q64. Please provide the total number medication carts that are currently used by facility.
A64. Approximately 30 Medical Carts for all Bureaus: NTB; STB; CBB; NVC
- Q65. Is the CCDC under any DOJ consent decree or investigation? If so, please provide information relative to any active DOJ actions or sanctions.
A65. No.
- Q66. Please provide by year the most recent three years ADP broken down by County, ICE, DOC, and Federal detainees.
A66. Current population is 3820 County Inmates only. No ICE, DOC, or Federals.
- Q67. Please clarify for which offsite services the selected vendor will be financially responsible: Will the vendors be financially responsible for the costs of offsite services associated with pre-existing conditions? b) Will the selected vendor be financially responsible for the costs of offsite services based on NRS 211.140?
A67. a) Reference 1-2; and b) Per Addendum 1, XI, A, number 2 states "Payment for follow-up treatment for pre-existing illnesses or injuries contracted or incurred by a prisoner prior to being in custody and previously treated prior to being in CCDC will not be the responsibility of the CONTRACTOR." However, number 4 states "Coordination for follow-up treatment of pre-existing illnesses or injuries previously treated prior to being in CCDC will be the responsibility of the CONTRACTOR."
- Q68. Intentionally left blank
A68. Intentionally left blank
- Q67. Please list all specialty services being provided onsite i.e. OB/GYN, orthopedics, physical therapy, optometry, dialysis. Please provide the events for each of the onsite specialty services by year for the most recent three years.
A67. Please reference A68, below.
- Q68. Please identify whether the following services are available on-site or off-site, the frequency (hours or visits per week/month), and who provides the services for:
a. Dental
b. Oral Surgery
c. Optometry
d. Laboratory
e. Radiology (specify mobile or fixed equipment)

- f. Fluoroscopy
 - g. Mammography
 - h. Physical Therapy
 - i. Dialysis
 - j. Chronic Care Clinics (please specify which clinics and frequency)
 - k. Specialty Clinics (please specify which clinics and frequency)
 - l. OB/Prenatal care
- A68. On-site services are a, e, i, and l, noted above. All other services are off-site.
- Q69. Please provide the current employees' hourly rates and/or salaries by discipline (MD, RN, LPN, etc.). Also, please provide years of service or hire dates.
- A69. The County is not privileged to this information.
- Q70. Please provide the amounts relating to staffing withholds or performance withholds incurred by the incumbent by year for the last three years.
- A70. None.
- Q71. In order to submit accurate prices for offsite services, the following actuarial data will be required: Please provide the DOLLARS spent on offsite services by year for the last three years by the categories below:
- Inpatient hospitalization
 - Emergency room visits
 - Specialty visits
 - Outpatient surgeries
 - Diagnostics
- A71. This data is not tracked.
- Q72. In order to submit accurate prices for offsite services, the following actuarial data will be required: Please provide the offsite EVENTS by year for the last three years by the categories below:
- Inpatient hospital admissions
 - Inpatient hospital days
 - Emergency room visits
 - Specialty visits
 - Outpatient surgeries
 - Diagnostics
- A72. This data is not tracked.
- Q73. Please provide the TOTAL dollars spent on offsite services by year for the last three years.
- A73. This data is not tracked by CCDC.
- Q74. For each of the last three years, please provide the number of cases and total costs of cases exceeding \$10,000, \$25,000, and \$50,000 associated with offsite services.
- A74. This data is not tracked by CCDC.
- Q75. Please provide the following pharmacy information by year for the last three years:
- Blood products relating to hemophilia dollars
 - HIV medications dollars
 - Psychotropic medications dollars
 - Hepatitis medications dollars
- A75. The only information available to us is regarding the second bullet point: 2013 amounted to approximately \$560,000. This is consistent with the previous two (2) years according to our business office

- Q76. Please provide the TOTAL dollars spend on pharmacy by year for the last three years.
A76. Our current Medical Vendor provides their own pharmacy. The current contract doesn't separate this expenditure from the overall contract.
- Q77. What are the current parking fees? Please provide a definition for the term, "management of offsite employee parking".
A77. CONTRACTOR explores parking options and manages these expenses. We are not privileged to this information.
- Q78. Please provide the following by year for the last three contract years:
A breakdown of the individual claims (events) that total the provided emergency room dollars spent
A78. This data is not tracked.
- Q79. Please provide the following by year for the 2011 and 2012 contract years:
- Average monthly number of patients on HIV medications
 - Average monthly number of patients on psychotropic medications
 - Average monthly number of patients on hepatitis medications
 - Average monthly number of patients on blood products relating to hemophilia
- A79. Please review Addendum No.3, Informational Attachments.
- Q80. Please confirm that Vendor will be responsible for contracting with all specialty services providers for on-site and off-site services except for hospitals.
Q80. Correct
- Q81. Will Vendor be responsible for independently contracting with an ambulance service, or will the vendor pay to use the County system to provide the required ambulatory services?
A81. County ambulance services as well as independent ambulance company (AMR, Southwest Medical, etc.).
- Q82. If possible, will the County disclose the current contractual agreement with local hospital(s) in order for the vendor to access scope of service provided by these hospitals, such as trauma, payment conditions, billing format, etc.?
A82. Information not privileged
- Q83. What percentage of your medications ordered each month is stock vs. patient specific prescriptions?
A83. With our current Medical Vendor everything is handled out of stock.
- Q84. What are the pricing terms of your current pharmacy agreement? (i.e. average wholesale price less a discount, or acquisition cost plus a dispensing fee, etc.).
A84. Current Medical Vendor provides own pharmacy.
- Q85. Please provide three (3) years of drug utilization preferably in an electronic format.
A85. Please review Addendum No.3, Informational Attachments.
- Q86. Of inmates receiving Hepatitis C treatment, what is the nature of the treatment?
A86. Chronic care guidelines are being followed.
- Q87. How many inmates receive Hemophiliac medications?
A87. None, currently.
- Q88. How are current medication orders being transcribed to pharmacy?
A88. Current Medical Vendor have their own pharmacy.
- Q89. How are medications delivered and dispensed: patient-specific or stock/pill line?
A89. Patient specific.

- Q90. Is there a self-administration or “keep-on-person” (KOP) medication system?
A90. KOP is limited to otc medications with restricted ordering and storing quantities.
- Q91. Please provides a list of KOP medications approved by facility.
A92. Please review Addendum No.3, Informational Attachments.
- Q93. Please provide the number of prescriptions per inmate.
A93. The only information that we have regarding this is identified within Addendum No.3, Informational Attachments.
- Q94. Does your current pharmacy provider offer credit for full & partial returns of medication? If so, please describe that return policy.
A94. NaphCare runs their own pharmacy.
- Q95. Does your current pharmacy provider offer drug destruction for outdated/expired drugs? If so, please describe the destruction policy.
A95. Naphcare runs their own pharmacy.
- Q96. Does your current pharmacy provider offer monthly/quarterly pharmacy consultation/inspection? If so, please describe?
A96. Naphcare runs their own pharmacy.
- Q97. Does your facility have a DEA License? If so, whose name is under licensure?
A97. Yes, Naphcare.
- Q98. Does your facility have any current state pharmacy license?
A98. Yes
- Q99. Where are inmate’s personal medications (to include narcotics) kept upon booking?
A99. With Medical Vendor.
- Q100. Will proposers be required to use the current pharmacy vendor?
A100. Naphcare runs their own pharmacy.
- Q101. Please provide all terms and conditions regarding purchases, returns, and management fees that will be applied regarding pharmacy vendor.
A101. Naphcare runs their own pharmacy.
- Q102. How are mental health patients identified/referred for services?
A102. Please refer to RFP Packet.
- Q103. Please provides the following Mental Health information: A) Number of completed suicides in the last 24 month; B) Number of attempted suicides in the last 24 months; C) Number of inmates placed into segregation in last 24 months. What role will the Respondent take in segregations; D) D) What was the use of psychiatric restraints (beds/chairs) in the last 24 months; E) What role will the Respondent take in detoxification.
A103. A) One (1); B) This data is not tracked, but the number of attempted suicides is low; C) We have an Isolation Unit that accommodates up to 28 Inmates (Male/Female). This Unit is consistently at full occupancy. For the past two years, we’ve recorded 6,202 inmates being housed in our Isolation Unit. Respondents required to provide Medical / Mental Health Assessments (Psych Evaluations, Suicide Evaluations), monitored care and behavioral modification planning, to include removal from suicide watch and psych re-housing.
; D) Prisoner Restraint Chair, Prisoner Restraint Bed; E) CIWA Protocol and medical assessment/ monitoring within the male / female infirmary units.
- Q104. Of those patients currently on psychotropic medications, how many on average per month are prescribed anti-psychotic medications for the last 24 months.
A104. Please refer to the RFP Packet.

- Q105. How many mentally ill patients were sent out to this jail's appropriate catchment mental health facility per month on average?
A105. We handle Mentally Ill Inmates In-House.
- Q106. Are patients deemed too acute to house in the jail sent to a public mental health facility or does the jail currently have a contract with a private mental health facility?
A106. Both pre-trial and sentenced mentally ill inmates remain in custody and housed at CCDC facilities.
- Q107. Please provide the five most frequently prescribed psychotropic medications by name.
A107. Please refer to RFP Packet.
- Q108. How many patients are placed on suicide precaution on average per month?
A108. We don't track this data, but please refer to RFP Packet to gain greater understanding of Psych Calls.
- Q109. Have there been any completed suicidal acts in the past 2 years? If so, how many?
A109. One (1).
- Q110. How many mentally ill patients were sent out to this jail's appropriate catchment mental health facility per month on average?
A110. See A102, above.
- Q111. Are patients deemed too acute to house in the jail sent to a public mental health facility or does the jail currently have a contract with a private mental health facility?
A111. See A102, above.
- Q112. How many patients per month are placed in approved psychiatric restraint devices on average?
A112. This data is not tracked.
- Q113. What are the data requirements upon termination of the current vendor:
 - Data to be provided and in what format,
 - System availability during transition, and
 - Time requirement of data availability.
A113. Please see RFP Packet
- Q114. Is the current records system a combination of electronic and paper records? If so:
 - What records are electronic?
 - What records are paper?
A114. All records are kept electronically. Paper documents from other facilities or hospitals are scanned in.
- Q115. .What interfaces are currently in place, if any:
 - JMS,
 - Lab,
 - Pharmacy, or
 - Other.
A115. All above interfaces are currently in place.
- Q116. Will the county pay the cost of facility improvements for the EMR through:
 - Cable and wireless connections, or
 - Additional power requirements for server and rack installation.
A116. No, this will be the responsibility of the CONTRACTOR
- Q117. Will the county assume the responsibility of system administration and routine maintenance of data center additions and/or upgrades?
A117. .No, this will be the responsibility of the CONTRACTOR.

Q118. Will the county assume responsibility of performing routine back-ups and offsite storage of back-ups?

A118. No, this will be the responsibility of the CONTRACTOR.

Except as modified herein, all other Bid specifications, terms and conditions shall remain the same.

Should you have any questions, I can be reached at (702) 455-2729 or chetanc@clarkcountynv.gov.

ISSUED BY:



CHETAN CHAMPANERI
Purchasing Analyst

Attachment(s): None

cc: Captain Baker, CCDC
Captain See, CCDC
Lieutenant Teel, CCDC