Business Entity Ty	pe (Please selec	t one)		-			1			
Sole roprietorship	Partnership		Imited Liability		Corporation	Trust	Non-Profit Organization		Other	
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lumber of Cla	ark County N	levad	la Resident	s E	mployed:			85		
Corporate/Busines	e Entitu Nama:	Appl	e Grove Treatr	ment	Center LLC.					
_	711	Appl	e Grove Foste	r Cai	re					
Include d.b.a., if a	pplicable	_	5 E, Patrick Lar			W	/ebsite:www.applegr	ovefosi	tercare.com	
Street Address: City, State and Zip	Code:	_	Vegas NV, 89			P	OC Name: Jarod Wol	sey	ovefostercare.com	n
		702	-992-0576				ax No:			
Telephone No:		702	002 001 0	-						
Nevada Local Stre	et Address:					٧ ا	/ebsite:			
If different from a	bove)			_		- I,	ocal Fax No:			
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List any disclosures below: (Mark N/A, if not applicable.)

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
For County Use Only:			
*	noted above, please complete the following the		narticular agenda item?
	ployee(s) noted above involved in the ployee(s) noted above involved in any		
Notes/Comments:	, , , , , , , , , , , , , , , , , , ,	,	
Signature			

DISCEOSURE OF OWNEROUS A PRINCIPAL												
Business Entity	Тур	(Please se	lect one)	_							
Sole Proprietorship		artnership	C.	Limited Liability mpany	X	Corporation	Trus		lon-Profit anization		Other	
Business Desig	natio	n Group (P	lease sel	ect all that appl	y)	NIA				_		
Пмве		□WBE		SBE		PBE		□VE	ΞT		OVET	□ESB
Minority Business Enterprise	s	Women-Ow Business Enterprise	ned	Small Busines Enterprise	s	Physically C Business En		Veter Busin	an Owned ess		abled Veteran ned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: 200												
Corporate/Busin	ness	Entity Name	9: E	agle Qu	105	st						
(Include d.b.a., i		19.1		<u> </u>	-							
Street Address:		iloubio)	3	080 N.R	an	icho I	⊃r.	Website:	Eagle Q	yе	stServic	es.org
City, State and 2		ode:	La 8	s vegas 1930	- N	V		Email:	Doulela	rea	st Service glequest	··us·wm
Telephone No:			70	2 646 5	40			Fax No:	762 3962	10	2	
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lestie 1	ep	in til	opet	2	TV	EASUR	ER			G,	1%	
				San Fall of the Co								
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 1. Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)? 1. Yes No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)												
sister, grand	sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center of Clark County Water Recambilities full-time employee(s), or appointed/elected official(s)?											
I certify under per land-use approval	alty of	ntact approv	t all of the	ales, leases or ex	ided h kchan	perein is current ges without the Print Name	t, complete completed	and accured disclosure	ate. I also underst form.	and th	at the Board will n	ot take action on
Title						7 23 Date	2026					

List any disclosures below (Mark N/A, if not applicable.)	·NA		
NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
OWNER/PRINCIPAL	AND JOB TILE	LIMPEOTEBOTTIONE	DEI / WITHER
1			
Water Reclamation District. "Consanguinity" is a relations	ship by blood. "Affinity" is a re	lationship by marriage.	ention Center or Clark County degree of blood relatives as
	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
•	alf-Brothers/Half-Sisters – Gra		
For County Use Only:			
	noted above, please complete the foll		madicular aganda itam?
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	y way with the business in performant	be or the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	utive		

			SCLOSUR							
Business Entity	Type (Please sele	ct one)				ر.				
Class.	Partnership	PIL	imited Liability		Corporation	Trust	Non-Profit Organization		Other	
Business Design	ation Group (Plea	se sele	ct all that apply	()						7
ПМВЕ	□ WBE		SBE		□PBE		VET		DVET	□ESB
Minority Business Enterprise	Women-Owne Business Enterprise	d	Small Business Enterprise		Physically Ch Business Ent		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of C	lark County N	levad	a Residents	s Em	nployed:			48		
Corporate/Busin	nce Entity Name:	Shini	ing Star Commi	unity	Services, LL	.c				
	-60 0.00	Shini	ing Star		1884					
(include d.b.a., if	applicable)		S Eastern Ave	#33		V	lebsite: www.shinings	tarlv.c	om	
Street Address: City, State and Z	in Code:		Vegas, NV 891			F	oc Name: Diana Wad	ie		
Oity, State and E	p code.	-				E	mall:			
Telephone No:		702-	882-7827			F	ax No:		and season to the con-	
Nevada Local St		same	e			V	/ebsite:			
(If different from		1				,	ocal Fax No:			
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List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
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"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

For County Use Only:		
If any Disclosure of Relation	onship is noted above, please complete the following:	
Yes No Is the Co	ounty employee(s) noted above involved in the contracting/selection process for this particular agen	ida item?
	ounty employee(s) noted above involved in any way with the business in performance of the contrac	
Notes/Comments:		
Signature		
Print Name		7.,
Authorized Department Re	apresentative	

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

Business Entity Ty	pe (Please selec	t one)								
Sole Proprietorship	Partnership	⊅ Li Com	mited Liability pany		Corporation	Trust	Non-Profit Organization		Other	
Business Designa	tion Group (Pleas	se selec	t all that apply	()						
☑ MBE	Z WBE		Z SBE		PBE		VET		DVET	✓ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	- 1	Small Business Enterprise		Physically Ch Business Ent		Veteran Owned Business		sabled Veteran yned Business	Emerging Small Business
Number of Cla	ark County N	levada	a Residents	s E	mployed:					
Corporate/Busines	s Entity Name:	South	west Integrate	d Ca	are Services L	LC				
(Include d.b.a., if a		South	west Integrate	d Ca	are Services					
	ppiicable	5760 \$	S Lamb Blvd			w	ebsite:www.swicsus	sa.com		
Street Address:			'egas, Nevada	891	20		OC Name: Danielle B			
City, State and Zip	Code:		9941				mail: danielle@		a.com	
		(705)	700 7076				ax No: ⁷⁰² 549 7474			
Telephone No:		(725)	780-7076	_		Fa	ax No: 02 0 10 7 11		THE PARTY	
Nevada Local Stre	et Address:					W	ebsite:			
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List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Danielle M Burns	N/A	N/A	N/A
Carolyn S Burns	N/A	N/A	N/A

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

- Spouse Registered Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

For County Use Only:
If any Disclosure of Relationship is noted above, please complete the following:
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?
Notes/Comments:
Signature
Print Name Authorized Department Representative

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

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Business Entity 1	ype (Please select	t one)							7	
Sole Proprietorship	Partnership		Limited Liability	Corporatio	n Trus	st Or	Non-Profit ganization		Other	
Business Design	ation Group (Pleas	e sele	ect all that apply)							
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Minority Business Enterprise	Women-Owned Business Enterprise	ı	Small Business Enterprise	Physically Business I	Challenged Enterprise		eran Owned siness		isabled Veteran wned Business	Emerging Small Business
Number of C	lark County N	evad	la Residents	Employed	:			20		
A TOWN AND ADDRESS OF THE PARTY	Futifichlama	You	th Advocate Prog	grams, Inc						
Corporate/Busine										
(Include d.b.a., if	applicable)	3800	9 North Front St			Mahait	e: www.yap	inc.org		
Street Address:			risburg, PA 1711	10			ame: Carla			
City, State and Zi	n Code:	Пап	isburg, FA 1711					yapinc.org		
City, State and 21	p 00dc.					Email:		yapınc.org		
Telephone No:		334-	-324-7510			Fax No	: N/A			
Nevada Local Str		151	5 E Tropicana Av	e, Suite 200		Websit	e: www.yap	oinc.org		
(If different from	above)	1	\/a=aa N\/ 9011	0			N/A			
City, State and Z	ip Code:	Las	Vegas, NV 8911	9		Local F	ax No: N/A	Neosha S	mith	
Local Telephone	No:	702	-631-9275			Local F Email:	POC Name:	nsmith@y	apinc.org	
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Yes	CC	ontracts	s, or other contracts	s, which are not	subject to cor	npetitive	bid.)		orm any work on pro	
sister grando	dual members, partne child, grandparent, re oyee(s), or appointed	elated t d/electe	to a Clark County, I ed official(s)?	Department of A	Mation, Clark	County	Determon Oc	since or olar	K County Francis No	half-brother/half- clamation District
Yes	✓ No (If	yes, p	lease complete the	Disclosure of R	telationship fo	rm on Pa	age 2. If no,	please print	N/A on Page 2.)	
I certify under pena land-use approvals	alty of perjury, that all , contract approvals,	of the land sa	information provide ales, leases or exch	ed herein is curre nanges without t	ent, complete he completed	, and acc disclosu	curate. I also ire form.	understand	that the Board will r	ot take action on
Carla Powell	Digitally signer	d by Carla	Powell	Carla Pow	/ell					
Signature	Date: 2025.07	.24 07:21	.00 000	Print Name	e					
	Davidenment C	00=		7/23/2025						
	Development Offi	CEI	*	Date						
Title										

List any disclosures below: (Mark N/A, if not applicable.)

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
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