

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed:					3	
Corporate/Business Entity Name: The Moonridge Foundation						
(Include d.b.a., if applicable)						
Street Address:		PO BOX 1766		Website: www.moonridgefoundation.org		
City, State and Zip Code:		LAS Vegas, NV 89125		POC Name: Tiffany Twohig		
				Email: Tiffany@moonridgefoundation.org		
Telephone No:		702.570.7693		Fax No:		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

All entities, with the exception of publicly-traded and non-profit organizations, must list the names of individuals holding more than five percent (5%) ownership or financial interest in the business entity appearing before the Board.

Publicly-traded entities and non-profit organizations shall list all Corporate Officers and Directors in lieu of disclosing the names of individuals with ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).


Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No

- 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)?
 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.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to 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)?
 Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

I certify under penalty of perjury, that all of the information provided herein is current, complete, and accurate. I also understand that the Board will not take action on land-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.

 _____ Signature	Tiffany Twohig _____ Print Name
Executive Director _____ Title	3.11.22 _____ Date

DISCLOSURE OF RELATIONSHIP

List any disclosures below: N/A
(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

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

"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 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

Ashley Peterson

From: Tiffany Twohig TMF <tiffany@moonridgefoundation.org>
Sent: Monday, May 16, 2022 11:08 AM
To: Ashley Peterson
Cc: Kathryn Jacobs TMF
Subject: Re: CBE 606122-22 Basic Needs Assistance Program

Here you go!

- Julie Murray, Board President
- Angela Edgeworth, Board Secretary
- Marlo Vandemore, Board Treasurer
- Punam Mathur, Board Member

Tiffany Twohig | The Moonridge Foundation

T: 702.570.7693 | C: 702.355.0334

Email: tiffany@moonridgefoundation.org

Mailing Address: Moonridge Foundation PO BOX 1766, Las Vegas, NV 89125

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From: Ashley Peterson <Ashley.Peterson@ClarkCountyNV.gov>
Date: Monday, May 16, 2022 at 9:42 AM
To: Tiffany Twohig TMF <tiffany@moonridgefoundation.org>
Cc: Kathryn Jacobs TMF <Kathryn@moonridgefoundation.org>
Subject: RE: CBE 606122-22 Basic Needs Assistance Program

Hi Tiffany,

I need a list of the Board of Directors for the Disclosure. Sorry!

Thank you,
Ashley

From: Tiffany Twohig TMF <tiffany@moonridgefoundation.org>
Sent: Thursday, May 12, 2022 8:14 PM
To: Ashley Peterson <Ashley.Peterson@ClarkCountyNV.gov>
Cc: Kathryn Jacobs TMF <Kathryn@moonridgefoundation.org>
Subject: Re: CBE 606122-22 Basic Needs Assistance Program

Hello Ashley – See attached the signed contract! Thank you so much for your help with this. We are so grateful to be able to work with you all to make a difference in our community. Please let me know if you need anything else.