Bus	iness Entity	Tyr	e (Please select	one	 (
			Partnership		Limited Liability		Corporation	Tru	ıst	Non-Profit Organization		Other	
Bus	iness Desig	nati	on Group (Pleas	e sel	ect all that apply)	***			V			
	/IBE		✓WBE		✓ SBE		PBE			□ VET		DVET	□ESB
	prity Busines prprise	s	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Nu	mber of (rk County Ne	la Residents	Ε	mployed:				26				
Cort	norate/Rusi	nass	Entity Name:	Acc	cess to Healthcare Network, Inc.								
J.,	ude d.b.a., i	-	V- 00										
1777	et Address:			400	1 S. Virginia St. S	Ste	F		We	bsite: accesstohealth	care.c	org	
	, State and		Code:	Rer	no, NV 89502				РО	C Name: Donald Kaja	ıns	tohealthcare.org	
Tele	phone No:			775	.284.1891					x No:			
	ada Local S	tree	t Address:							bsite: accesstohealth	care.	org	
	ifferent fron		100	308	5 E Flamingo Ro	d. S	ite A		,,,,	bolte,		9	
	, State and			Las	Vegas, NV 8912	21			Lo	cal Fax No:			
		*		702.489.3400			Lo	Local POC Name; Carrie Slack					
Loca	al Telephon	e No) :	702	.409.3400				Email: cslack@accesstohealthcare.org				
			eign corporations, I					ed partne		Revised Statutes, includings, and professional corp		ns.	,
Cham	i Diag. Teo.	- D	Fuli Name			Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)			
	attached	OI R	tice; Donald Kaja	IIIS	-	CEO; COO; CFO See attached				N/A N/A			
	attached			_		See attached			N/A				
000	attached					66	attached				1//		11
This	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 1. Yes 1. No 1. (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.)												
2.	sister, grand	Ichild		ated t	o a Clark County, I					tic partner, child, parent, unty Detention Center or			
	Yes		✓ No (If y	es, p	lease complete the	Di:	sclosure of Relat	ionship f	orm c	on Page 2. If no, please	print N	/A on Page 2.)	
					information provide ales, leases or excl					d accurate. I also underst closure form.	and th	at the Board will no	ot take action on
Shei	rri Rice		Cigratily signed by Street in Piles CHI - Landiford Nice, 6-Access to the existent small place countries and more chain 2023 of 64 ft 86 55 67 00°	althore Henovi g. c.428	ins. au-CEO.		Sherri Rice						
Sign	ature						Print Name				-		
CEO							5/3/2022						
Title							Date						

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

Signature

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	N/A	N/A	N/A
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Deter	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a rel	ationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	ree)
-	alf-Brothers/Half-Sisters – Gra		·
biotileis/oisters – Hi	all-biothers/Hall-Sisters — Gra	ndcimulen – Grandparents – II	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folio	owing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this p	particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			

PRESIDENT & CEOSherri Rice

CHAIR

Don Kowitz Healthcare

VICE-CHAIR

Valerie Clark

TREASURER

CJ Bawden

SECRETARY

Michelle Kling

Board Members

Abby Willrich Andy Pasternak **Betty Barker** Carol Ann Surprenant Chelsea Minto Donald Schulke Helen Lidholm JoanHall John Drakulich John Packham Kamal Jemmoua Mary Ann Brown Matt Anderson Mike Johnson

COO

Trevor Rice

Pam Puckett Rota Rosaschi Scott Heinze Stephanie Kruse Tiffany Coury

CFO

Donald Kajans

Business Entit	у Тур	e (Please select	one)								
Sole Proprietorship		Partnership		Limited Liability	Г	Corporation	Trust	Non-Profit Organization		Other	
Business Design	nati	on Group (Pleas	e sele	ect all that apply)						2
□ МВЕ		□WBE		 ✓ SBE		PBE		□ VET		OVET	ESB
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		Veteran Owned Business			Emerging Small Business
Number of Clark County Nevada Reside						mployed:			14		
Commonate (Dure)		Fadle: Name.	Aid	for AIDS of Neva	ada	Inc					
Corporate/Busi			7 110			1110.					
(Include d.b.a.,		plicable	183	D E. Sahara Ave	St	te 210	Τ,	Website: www.afanlv.or	3		
Street Address	:		-			.0. 210		POC Name: Antioco Car			
City, State and	Zip (Code:	Las	Vegas, NV 8910	J4					·a	
Tala hasa Na			(702	!) 382-2326				Email: antioco@at Fax No: (702)366-2326	31114.01	9	
Telephone No:	_		(702	., 602 2020	-		7				
Nevada Local S							'	Website:			
(If different from			_								
City, State and	Zip	Code:						Local Fax No:			
Local Telephor	ne No	:						Local POC Name: Email:			
ownership or fina Entities include a	ncial all bu	interest. The disclo siness associations	sure i	equirement, as ap nized under or go	plie verr	d to land-use app ned by Title 7 of	olications, e the Nevada	and Directors in lieu of o extends to the applicant an a Revised Statutes, includi ships, and professional corp	d the la	ndowner(s). not limited to prive ns. % Owner	ate corporations,
				_						lot required for Put orations/Non-profit	
Tina Yan					Board President						
Anthony DeFelio	_				Board Vice President						
Aptions Carrillo	gs					d Treasurer					
Antioco Carrillo This section is r	ot re	quired for public!	y-trac		=	utive Director e you a publicly	r-traded co	orporation? Yes	√] No	
		il members, partne County Water Recla						a Clark County, Departme ted official(s)?	nt of A	viation, Clark Cour	ty Detention
Yes				lease note that Co s, or other contracts				/elected official(s) may not petitive bid.)	perforr	m any work on prof	essional service
sister, gran	dchild		ated t	o a Clark County, I				nestic partner, child, parent County Detention Center of			
Yes		No (If	/es, p	lease complete the	Dis	sclosure of Relati	ionship forr	m on Page 2. If no, please	print N	/A on Page 2.)	
		of perjury, that all c ntract approvals, la						and accurate. I also unders lisclosure form.	tand th	at the Board will no	ot take action on
Antioco Carril	lo	Digitally signed Date: 2022.02.1				Antioco Carrill	lo				
Signature						Print Name					
Executive Direct	or					02/17/2022					
Title						Date					

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	N/A	N/A	N/A
* County employee means	Clark County, Department of	Aviation Clark County Dete	ntion Center or Clark County

"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:
Antioco Carrillo Digitally signed by Antioco Carrillo Date: 2022.02.23 08:13:25-08:00
Signature
Antioco Carrillo
Print Name Authorized Department Representative

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

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

Business Entity Ty	pe (Please selec	t one)									
PTIC-1-	Partnership	Limited	l Liability		Corporation	Trus	st	Non-Profit Organization		Other	
Business Designa	tion Group (Pleas	e select all	that apply	()(
MBE	□WBE	□st	BE		PBE			VET		OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		l Business prise		Physically Ch Business Ent		11.	eteran Owned usiness	Disabled Veteran Owned Business Emerging Sma Business		
Number of Clark County Nevada Residents Employed: 29											
Corporate/Busine	ss Entity Name:	AIDS Hea	Ilhcare Fo	ound	lation dba AHF	Healthca	аге Се	inter Las Ve g as			
(Include d.b.a., if a	pplicable)										
Street Address:		6255 W. S	Sunset Blv	vd., 2	21st Floor			site: www.aidshealth			
City, State and Zip	Code:	Los Ange	les, CA 90	0028	3		POC Emai	Name: Michael Weir			
Telephone No:		(323)860-	5200				Fax I	No: (323)962-8513			
Nevada Local Stre	et Address:	3201 S. M	Maryland F	Park	way, Suite 21	8	Webs	site: www.aidshealth	n.org		
(If different from a		Las Vega	a N/ 901	100	-			1 Fax No: (888)551-0	1525		
City, State and Zi	p Code:	Las vega	3, 147 031	100						ofiold	
Local Telephone	No:	(702)862	2)862-8075			Local POC Name: Nicole Stanfield Email: nicole.stanfield@ahf.org					
close corporations,	foreign corporations	s, ilmited ilabili	ity compani	iles, p	oarmersnips, ilin	Title	statiiha	, and professional corp	(% Own Not required for Poporations/Non-pro	ublicly Traded
Michael Weinstein				Pres	sident						
See BOD list attac	hed		_ :								
								2; (-			
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.) 2. 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				the C	Disclosure of Rel	lationship f	form or	n Page 2. If no, please	print	N/A on Page 2.)	
I certify under pena land-use approvals	alty of perjury, that a	all of the inform s, land sales, l	nation prov eases or e:	vided xcha	nges without the	e complete	le, and ed discl	accurate. I also unders osure form,	tand	that the Board will	not take action on
Signature	~ 1 m	1			- Melissa Bor Print Name	ueriave					
	Managa-				03/03/2022						
Senior Contracts	wanager				Date						

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			
"To the second degree of follows:		candidate's first and second	degree of blood relatives as
Spouse – Registere	ed Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters – F	Half-Brothers/Half-Sisters – Gr	andchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the fol	lowing:	
Yes No Is the County er	mployee(s) noted above involved in the	e contracting/selection process for this	s particular agenda item?
Yes No Is the County er	mployee(s) noted above involved in an	y way with the business in performan	ce of the contract?
Notes/Comments:			
	ii.		
Signaturo			
Signature			
Print Name Authorized Department Represen	tative		

AIDS Healthcare Foundation Board of Directors

William Arroyo, M.D.

Curley L. Bonds, M.D.

Steve L. Carlton, Esq.

Condessa M. Curley, M.D.

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Scott Galvin

Gabriel P. Maldonado

Rev. Kelvin Sauls

Angelina C. Wapakhabulo

Michael Weinstein

Anita Ann Williams

Rodney L. Wright, M.D.

	Variation White properties and the			-	ANNEXES E SE AS ASSESSED OFFICE	Allerana	
Business Entity Ty	pe (Please select	one)					
Tigolo	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other	
Business Designat	ion Group (Please	e select all that apply	1				т
MBE	□WBE	SBE	□РВЕ		VET	DVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Smal Business
Number of Cla	rk County Ne	evada Residents	s Employed:	3	7	Promise to	
Corporate/Busines	s Entity Name:	Commun	iby Cou	nseli	ing Cent	<u></u>	
(Include d.b.a., if a	pplicable)	20-4	0		0	ayyaqhidib.s	
Street Address:		714 E. Sah	ara Ave.	W	ebsite: www.	cccofsn.	019
City, State and Zip	Code:	Las Vega	NV 89	9		ck Boyart	_
Telephone No:		702 3189	8700	F	ax No: 702	369 8489	0
Nevada Local Stre	et Address			V	/ebsite:		
If different from a							PROFILE
City, State and Zig		Programme and the second		(L	ocal Fax No:	errounder.	
Orly, Older and In-		Service of American Services and the Company Services (Services Services Se	et i pouvel i deservi	L	ocal POC Name:		
Local Telephone N	lo:			E	mail:		
close corporations, for	oreign corporations,	limited liability compani	es, partnerships, lim	ited partnersi Title	nips, and professional (luding but not limited to pricorporations. % Own	
01	Full Name	,	0-01 0	L/<.	برم ام درد	(Not required for F Corporations/Non-pro	ublicly Traded
Chuck	CTUTY Y	-	Treblan	01 30	cretary	NIA	
Patrick	c Sina	Bozarth	Execu	tive	Director	WA	W. 48-19-1
4 Ass any individ	luol members north	cly-traded corporations	s. involved in the bu	siness entity,	a Clark County, Depai	Yes No	ounty Detention
Center or Clar	k County Water Rec	clamation District full-tim	e employee(s), or a; County employee(s).	or appointed	ted official(s): /elected official(s) may	not perform any work on p	
	C	ontracts, or other contra	cts, which are not su	bject to com	petitive bid.)	rent, in-law or brother/siste	
sister, orandol	nild, grandparent, re byee(s), or appointed	elated to a Clark County d/elected official(s)?	, Department of Avi	ation, Clark (County Detertion Cent	al of Clark County Water I	leclamation District
Yes						ase print N/A on Page 2.)	
i certify under penal land-use approvals,	ity of perjury, that all	of the information provi land sales, leases or ex	changes without the	e completed t	usclosure form.	derstand that the Board wil	ii not take action on
Signature	HM	us_	Print Name	ICIC.	Sona-Bi 2022	3 avin	
Execu	tive Di	rector	03/	177/	2022		William .

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' DEPARTMENT	
N/A -				
LOTAL PROJECT OF THE	1000 p. 1000 p			
		Colo Service		

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

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- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

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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

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

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

Business Entity	Type (Please	select	one)								
Sole Proprietorship	Partnersh	p	Limite Company		Corporation	Trust	Non-Profit Organization		Other		
Business Desig	nation Group	(Please	select all	that apply	1)						
MBE	WBE		□s	BE	□PBE		□ VET		VET	□ESB	
Minority Business Enterprise				ll Business rprise	Physically C Business Er		Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business	
Number of C	Clark Cou	nty Ne	vada R	esidents	s Employed:			31			
Corporate/Busin	ness Entity N	ame.	Communi	nunity Outreach Medical Center							
(Include d.b.a., i		anio.									
Street Address:			1090 E. C	esert Inn	Rd. Suite 200	v	Vebsite: www.nvcomc.or	g			
City, State and 2	Zip Code:		Las Vega	s, NV 891	09		OC Name: Kema Ogden				
	<u> </u>							ome.c	org/om@nvcom	c.org	
Telephone No:			702.657.3	873		F	ax No: 702.636.0787			_	
Nevada Local S	treet Address	s:				v	Vebsite:				
(If different from	above)										
City, State and	Zip Code:					L	ocal Fax No:	_			
Local Telephone	e No:					L	Local POC Name:				
financial interest in Publicly-traded ownership or finar Entities include a	n the business entities and r ncial interest. T	entity ap _l non-profi he disclo sociations	pearing before the control of the co	ore the Boar tions shall nment, as a under or co	rd. I list all Corporat pplied to land-use a poverned by Title 7 a	se Officers a applications, e	imall: nd Directors in lieu of di xtends to the applicant and a Revised Statutes, includin	sclosir the lar	ig the names of idowner(s).	individuals with	
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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			
	F		
1			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	nship by blood. "Affinity" is a consanguinity" applies to the	of Aviation, Clark County Determined the candidate's first and second linen – Parents – In-laws (first de Brandchildren – Grandparents –	d degree of blood relatives as egree)
For County Use Only:			
If any Disclosure of Relationship is	s noted above, please complete the	following:	
Yes No Is the County e	mployee(s) noted above involved in	the contracting/selection process for the	is particular agenda item?
Yes No Is the County e	mployee(s) noted above involved in	any way with the business in performar	nce of the contract?
Notes/Comments:			
Signature			
Print Name			
Authorized Department Represen	tative .		

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Business Entit	у Тур	e (Please select	one)		_			1.6		_		
Sole Proprietorship		Partnership		Limited Liability		Corporation	Trust	Orga Orga	on-Profit inization		Other	
Business Desig	gnati	on Group (Please	sel	ect all that apply	1							
MBE		□wBE		SBE		PBE		□ VE	T		VET	□ESB
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		Vetera Busin	an Owned ess		abled Veteran ned Business	Emerging Small Business
							. 1					
Number of	Cla	rk County Ne	vac	la Residents	E	mployed:	4_					
Corporate/Bus	ines	s Entity Name:	G	rolden B	A	nbow of	NEVI	40A	Inc.			
(Include d.b.a.,	if an	plicable)						,				
Street Address		1	71	4 F SA	he	加入井口	21	Website:	WNN GT	0	ENRAINDON	1.049
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City, State and	Zip i	Code:	1	IS VEGITS, N	<u> </u>	09105			3005 17 2	90	day (Ain	ay org
Telephone No:			70	12-384-2	4	77		Fax No.	102 - 34	24	TIPC	
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Local Telepho	ne N	0:						Email:				
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		co	ntrac	ts, or other contrac	ts, \	which are not sul	oject to com	petitive bi	d.)			
sister, gra	ndchi	eal members, partne ld, grandparent, re vee(s), or appointed	lated I/elec	to a Clark County, ted official(s)?	, De	partment of Avia	ition, Clark	County De	etention Center or	Clark	County water Re	haif-brother/haif- clamation District
Yes		Dy (If	yes,	please complete th	ne D	isclosure of Rela	ationship fo	rm on Pag	e 2. If no, please	print h	I/A on Page 2.)	
I certify under p	epalty els, o	o perjury, that all entract approvals,	of the	information provid sales, leases or exc	ied cha	herein is current nges without the	, complete, completed	and accur disclosure	rate. I also undersi form.	tand ti	nat the Board will r	ot take action on
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Signature	live	DINE	be			Print Name	ch	17	2022			
Vite						Date	1					REVISED 7/25/2014

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			
"To the second degree of follows: • Spouse – Registere	nship by blood. "Affinity" is a re consanguinity" applies to the ed Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	candidate's first and second on – Parents – In-laws (first de	gree)
For County Use Only:			
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Notes/Comments:	nployee(s) noted above involved in an	y way mar no odomoco m pomocina.	
Signature Print Name Authorized Department Represen	05774- tative		



BOARD OF DIRECTORS 2021-2022

Rico Ramirez (President)

2nd 3-year term ends Sept 2023 Male, Latino, Hispanic LGBTQ

Brittany McCoy (Vice President)

1st 3-year term ends Sept. 2021 Female, Mixed Race, Black

Shannon Hebert Way (Secretary)

1st 3-year term ends Sept. 2022 Female, Mixed race, Black

John Vanderploeg (Treasurer)

1st 3-year term ends Sept. 2024 Male, White, Caucasian LGBTQ

Paul Parkinson

1st 3-year term ends Sept. 2021 Male, White, Caucasian LGBTQ

John L. Krieger

2nd 3-year term ends Sept. 2023 Male, White Caucasian LGBTQ

Cary Berner

1st 3-year term ends Sept. 2021 Male, White Caucasian LGBTQ

Greg A. Duffield

1st 3-year term ends Sept. 2022 Male, White, Caucasian LGBTQ

Jafeh Akpe

1st 3-year term ends Sept. 2023 Male, African, Black

T. Clay Buck, CFRE

1st 3-year term ends Sept. 2023 Male, White, Caucasian LGBTQ

Business Entity Type	(Please select	-	Т			Non-Profit		_	
Sole Proprietorship	artnership	Limited Liability Company		Corporation	Trust	Organization		Other	
Business Designation	n Group (Please	select all that app	ly)			T	1=		
✓ MBÉ	☐ WBE	SBE		PBE		□ VET		OVET	ESB
Enterprise			Physically Challenged Business Enterprise			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Clar	k County Ne	vada Resider	ts E	mployed:			19		
Corporate/Business	Entity Name:	John Phoenix AP	RN P	LLC					
(Include d.b.a., if app		Huntridge Family	Clinic)					
Street Address:	,oubio _j	1820 E Sahara A	ve #2	01	v	Vebsite: www.huntridge	efamily	clinic.org	
City, State and Zip C	ode:	Las Vegas, NV 8	9104		P	OC Name: John Phoer	nix	ntridgefcf.org	
Telephone No:		702-979-1111			F	ax No: 702-979-6227			
Nevada Local Street		same				Vebsite:			
(If different from abo						ocal Fax No:			
City, State and Zip (Code:								
Lord Telephone No. Same				Local POC Name:					
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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
NA			
•	red Domestic Partners – Childr Half-Brothers/Half-Sisters – G		
For County Use Only:		allauring:	
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	employee(s) noted above involved in a		
Notes/Comments:			
Signature			

	pe (Please selec	t one)								
C Solo	Partnership	П	imited Liability	С	Corporation	Trust	Non-Profit Organization		Other	
Business Designat	on Group (Pleas	ee sele	ct all that apply)				_		
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Minority Business Enterprise	Women-Owned Business Enterprise	d	Small Business Enterprise		Physically Ch Business Ente		Veteran Owned Business			Emerging Small Business
Number of Cla	rk County N	levad	a Residents	E	mployed:		C	0000		
Corporate/Busines	s Entity Name:	Norti	h Country Healt	hcai	re, Inc					
(Include d.b.a., if a										
Street Address:	,	1510	Stockton Hill F	Road	d d	T v	lebsite: northcountryhea	althca	re,org	
City, State and Zip	Code:	King	man, AZ 8640	1		P	C Name: Elizabeth Ma	rkona		
Telephone No:		928-	-522-9438				ax No: 928-522-9439			
Nevada Local Stree	Address:					Ť	Vebsite:			
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List any disclosures below: (Mark N/A, If not applicable.)

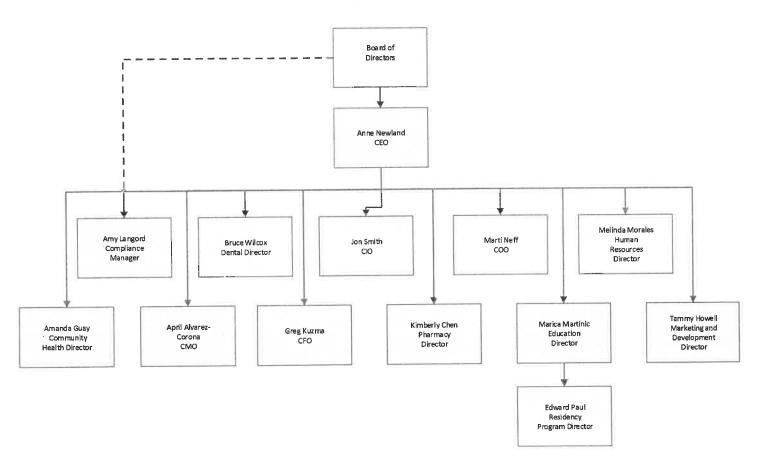
Authorized Department Representative

N/A

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT		
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Notes/Comments:					
Signature					
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North Country HealthCare Management Team

September 15, 2021



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Пол	Partnership		imited Liability		Corporation	Trust	Non-Profit Organization		Other	
Business Design	ation Group (Plea:	se sele	ct all that apply	0		-				
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NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'
OWNERPRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
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Sole Proprietorship	Partnership	☑ Lin Comp	mited Liability pany	-	Corporation	Trust	Non-Profit Organization		Other	
Business Designal	tion Group (Pleas	se selec	t all that apply)						
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Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ent		Veteran Owned Business		abled Veteran rned Business	Emerging Sma Business
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Corporate/Busines	(6)									
(include d.b.a., if a	ipplicable)	1670	E Flamingo Ro	nad	Suite A	UA	lebsite: www.hrcl.org			
Street Address:		_	/egas, Nevada			71	OC Name: Bruce Eddi	ns		
City, State and Zip	Code:	Las	regus, riordus				► -ddino@b		1	
Oily, Deate and Life		-		_			Han.		,	
Telephone No:		(702)	489-2889			F	ax No:(702) 780-0755			
Nevada Local Stre	eet Address:					W	/ebsite:			
(If different from a	ibove)	-		-			need Few Mos			
City, State and Zi	p Code:	-		-			ocal Fax No:			
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List any disclosures below: (Mark N/A, if not applicable.)

NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
Vivian Eddins, Investigator	sister-in-law	Business License Department
	AND JOB TITLE	AND JOB TITLE EMPLOYEE/OFFICIAL

"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

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

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

Business Entity Typ	o (Pleage colort	ODA)								
Files.	Partnership		Imited Liability		Corporation	Trus	Non-Profit Organization		Other	
Business Designati	on Group (Please	e sels	ct all that apply)						1
MBE	Wae		SBE		☐ PBE		□ VET	D	DVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente		Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business
Number of Cla	rk County Ne	evad	a Residents	Er	mployed:			3,482		
Corporate/Business	Entity Name:	Dign	ily Health - St. F	Rose	e Dominican					
(Include d.b.a., if ap	plicable)									
Street Address:	,	300	St. Rose Parky	way			Website: www.dignityhe	alth.o	rg/las-vegas/	
City, State and Zip	Code:	Hen	derson, NV 890	52			POC Name: Jon Van Bo Email: jon.vanboen		commonspirit.or	9
Talauhana Mar		702-	616-5000				Fax No: 602-230-3097			
Nevada Local Stree	t Address:						Website:			
(If different from ab	ove)									
City, State and Zip	Code:						Local Fax No:			
Local Telephone N	9.						Local POC Name:			
Form Leichtigue is	••						Email:			
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See attached list										
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Yes	No (If	yes, p obacts	lease note that Co s, or other contract	winty ts, w	y employee(s), o hich are not sub	r appoints ject to cor	delected official(s) may not mpatitive bld.)			
sister, crandchi	id, grandparent, rei ee(a), or appointed	lated t Velect	o a Clark County, ed official(s)?	Dep	partment of AWD	lion, Clark	mestic partner, child, parent County Detention Center of	r Cazir	COUNTY AND LANGE	hag-brother/half- clamation District
Yes	J	_					rm on Page 2. If no, please			
I certify under penalty land-use approvals, c	of perjury, that all contract approvals, t	of the land sa	information provid sies, leases or exc	ied h	ges wilhout the	completed	and accurate, I also unders disclosure form.	dand t	hat the Board will r	ot teke action on
_ SHA		-			Jon Van Boe	ning				
Signature Nevada Market Lea	der and Presiden	nt Sie	ena		Cum wane	2/20	1/22			
Title	man decise a Louisian				Date					

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			
* 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:			
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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 Represents	ative		

Dignity Health - St. Rose Dominican Board of Directors

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