# DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Ty	pe (Please select	one)	.01							
Sole Proprietorship	Partnership	Limited Liability Company		Corporation	Trus	Non-Pri Organizati			Other	
Business Designat	ion Group (Pleas	e select all that app	ly)	,						,
<b>✓</b> MBE	□WBE	✓ SBE		☐ PBE		□ VET			VET	□ESB
Minority Business Enterprise			ss	Physically Challenged Business Enterprise		Veteran Ow Business	rned			Emerging Small Business
Number of Clark County Nevada Residents Employed:								0		
Corporate/Busines	s Entity Name:	CNC Consulting,	, Inc.							
(Include d.b.a., if a										
Street Address:		50 E Palisade Av	ve, S	Suite 422	Website: www.cncconsulting.com					
	Office Addition.		Englewood, NJ 07631			POC Name: An	ıdy Charler	 `y	nsulting.com	
Telephone No:		201-541-9121	201-541-9121			Fax No: 201-54	41-9128			
Nevada Local Stree	et Address:				Ĭ	Website:				
(If different from al	oove)									
City, State and Zip	Code:					Local Fax No:				
						Local POC Nan	Local POC Name:			
Local Telephone N	0;					Email:				
Publicly-traded enti ownership or financia	e business entity ap ties and non-prot I interest. The disclo	pearing before the Boa it organizations sha osure requirement, as a	ard. II list applie	t all Corporate ed to land-use ap	Officers plications,	and Directors in extends to the ap	n lieu of disc plicant and th	closini ne lan	g the names of downer(s).	individuals with
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# **DISCLOSURE OF RELATIONSHIP**

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

	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*
NAME OF BUSINESS OWNER/PRINCIPAL	EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT
None			
Water Reclamation District.  "Consanguinity" is a relations  "To the second degree of of follows:  • Spouse – Registered	ship by blood. "Affinity" is a reconsanguinity" applies to the displayment Domestic Partners – Childre	Aviation, Clark County Determinationship by marriage.  candidate's first and second  n – Parents – In-laws (first degrandchildren – Grandparents – In-	degree of blood relatives as gree)
For County Use Only:			
-	noted above, please complete the foll		
		contracting/selection process for this	
Yes No Is the County em	ployee(s) noted above involved in any	y way with the business in performanc	e of the contract?
Notes/Comments:			
Andy Charlery Digitally signed by A	Andy Charlery 1:24:07 -05'00'		
Signature Andy Charlery			
Print Name			
Authorized Department Representa	tive		



### RFQ NO. 606374-22 IT TIER 1 PROFESSIONAL SERVICES

#### DISCLOSURE OF OWNERSHIP/PRINCIPALS

Rusiness Entity Ty	pe (Please select	one)					
Sole	Partnership	Limited Liability	Corporation	Trust	t Non-Profit		
Proprietorship		Company			Organization		
		e select all that apply	ПРВЕ		□ver	DOVET	□ESB
☐ MBE	□ WBE	SBE Small Business		hailangad	Veteran Owned	Disabled Veteran	Ernerging Small
Minority Business Enterprise	Minority Business Enterprise  Women-Owned Business Enterprise		Physically Ch Business En		Business	Owned Business	Business
Number of Clark County Nevada Residents Employed: 55							
Corporate/Business Entity Name: Tryfacta, Inc.							
(Include d.b.a., if a	S-5						
	producto	6671 South Las Vegas Bo	oulevard Enterprise, E	Building D	Website: www.tryfacta.	ai	
	Sueet Aduress.		as Vegas, NV 89119			ar a.ai	
Telephone No:		408-893-5500 & 9	08-893-5500 & 925-640-3641				
Nevada Local Stree		6671 South Las Vegas Be	oulevard Enterprise, I	Building D	Website: www.tryfa	cta.ai	
(If different from ab		Las Vegas, NV 89	119		Local Fax No:		
City, State and Zip	Code.				Local POC Name: Arma	n Dhar	
Local Telephone N	D:			- 1		tryfacta.ai	
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 corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.  Full Name  Title  (Not required for Publicly Trades Corporations/Non-profit organizations/Non-profit or						and latidoveridital.	f individuals with
·	reign corporations,	limited liability companie	verned by Title 7 o s, partnerships, lim	f the Nevad ited partner	da Revised Statutes, includio ships, and professional corp	ng but not limited to priv porations.  % Owne (Nut required for Pu Corporations/Non-prof	rate corporations, ed ablicty Traded
close corporations, for Ratika Tyagl	reign corporations,	limited liability companie	verned by Title 7 o	f the Nevad ited partner	da Revised Statutes, includio ships, and professional corp	ng but not limited to priv locations. % Owne {Not required for Pu	rate corporations, ed ablicty Traded
·	reign corporations,	limited liability companie	verned by Title 7 o s, partnerships, lim	f the Nevad ited partner	da Revised Statutes, includio ships, and professional corp	ng but not limited to priv porations.  % Owne (Nut required for Pu Corporations/Non-prof	rate corporations, ed ablicty Traded
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Tryfacta, Inc.

Certified DBE, MBE, & SBE Organization.

6671 South Las Vegas Boulevard Enterprise, Building D, Las Vegas, NV 89119

Phone: 517-273-4547 & 408-893-5500 | Email: Rfp@tryfacta.ai



### **DISCLOSURE OF RELATIONSHIP**

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 relation  "To the second degree of follows:  • Spouse – Registere	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 foll	owing:	
	playee(s) noted above involved in the	_	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	y way with the business in performance	ce of the contract?
Notes/Comments:			
Signature			

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