Business Entity Typ	oe (Please select	one)					
☐ Sole Proprietorship	Partnership	Limited Liability	☐ Corporation	☐ Trust	Non-Profit Organization	☐ Other	
Business Designati	on Group (Pleas	e select all that apply)		1		
МВЕ	□ wbe	SBE	□РВЕ		□ VET	□DVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise Physically Challenged Business Disabled Veteran Owned Business Business Business				
Number of Cla	rk County Ne	evada Residents	Employed:	9			
Corporate/Business	Entity Name	F.A.S.T	T. 1N	JC.			
(Include d.b.a., if ap	700	NIA.					
Street Address:	pridable		haelosto	o w	ebsite: Www.	fasttnv.	OKG.
City, State and Zip (Code:	Lu, NV. 8		PO	oc Name: Lisa		Ð
Telephone No:		702-333	-1988		1x No: 702 - C	489-404	19
Nevada Local Stree		Same as	above.	w	ebsite:	mons a	bove.
City, State and Zip	-	Source of	- 000.01	Lo	ocal Fax No:	<u> </u>	
Ony, State and Zip	code.				ocal POC Name:		
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Entities include all bus close corporations, fore	siness associations elgn corporations, l Full Name	s organized under or go imited liability companie:	verned by Title 7 of s, partnerships, limi	the Nevada I ted partnershi Title	Revised Statutes, incluc ps, and professional cou	rporations. % (Dwned
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3000 WW	Mallan	<u>d</u>	REGILER	00		N	la
Regare Ja	MCe	E	xecutiv	e. Di	Rectar-	N	la.
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	e(s), or appointed/						
I certify under penalty of land-use approvals, co	of perjury, that all o ntract approvals, la	f the information provide and sales, leases or exch	ed herein is current, nanges without the c	complete, and completed dis-	d accurate. I also under closure form.	stand that the Board	will not take action on
Signeture			Print Name	ee	byce		
Expantin	6 NiROL	1 100	\mathcal{A}	lasta	25		

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

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
NIA			
			5
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a releasensanguinity" applies to the of Domestic Partners – Children alf-Brothers/Half-Sisters – Gran	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
	toted above, please complete the follo		
	ployee(s) noted above involved in the d		
Notes/Comments:	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
recessorments.			
Signature			
Print Name			

Business Entity Typ	pe (Please select	one)						
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	☐ Trus	Non-Profit Organization	☐ Othe	er	
Business Designati	on Group (Pleas	e select all that apply)			1		
■ MBE	☐ WBE	☐ SBE ☐ PBE ☐ VET ☐ DVET						☐ ESB
Minority Business Enterprise Women-Owned Business Enterprise Small Business Enterprise Physically Challenged Business Enterprise Business Enterprise Physically Challenged Business Business Business Disabled Veteran Owned Business Business Business								Emerging Small Business
Number of Cla	rk County N	evada Residents		29	/DAM	2) Corn		
Corporate/Business	s Entity Name:	Hard Knox Reha	abilitation And	Mentor	ing Services (RAMS	S) Corp.		
(Include d.b.a., if ap	plicable)			100			_	
Street Address:		7473 W Lake Mea	ad Blvd. Suite #	100	Website: www.hardkno			
City, State and Zip	Code:	Las Vegas, N\	√ 89128 ————————————————————————————————————		Littorii	OXRAMSCORF	°@GMA	IL.COM
Telephone No:		(702) 562-1288			Fax No: (702) 820-198	33		
Nevada Local Stree		same as abo	ve		website: same as above			
City, State and Zip		same as abo	ve		Local Fax No: Same	as above		
Local Telephone N		Local POC Name: Same as above						
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List any disclosures below: (Mark N/A, if not applicable.)

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For County Use Only:			
If any Disclosure of Relationship is noted	above, please complete the f	ollowing:	
☐ Yes ☐ No Is the County employee			nis particular agenda item?
☐ Yes ☐ No Is the County employee			
Notes/Comments:			
Signature			
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			DISCLO								
Business Entity	V Type (Please	select o	one)								
Sole	□Partnersh		Limited Lial	bility	☐ Corporation	☐ Trus	st	☑ Non-Profit Organization		☐ Other	
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Number of (Clark Cou	nty Ne	vada Resid	lents	Employed:	7					
Corporate/Busi	ness Entity N	ame:	Iron Sharpe	ens Iro	on Mentoring	, Inc					
(Include d.b.a.,				0:							
Street Address			1300 S. Jo	nes E	Blvd. Suite 15	50	Wet	bsite: www.ironm	entor	s.com	
City, State and			Las Veg	as, N	v 891 4 6		POC Can Ema	nellia Williams	cwill	iams@ironr	mentors.com
Telephone No:							Fax	No:			
Nevada Local S	Street Address	s:					Web	bsite:			
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List any disclosures below: (Mark N/A, if not applicable.)

Signature

Print Name Authorized Department Representative

*County employee means Clark County, Department of Aviation, Clark County Detention Center or Clarl 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 relationship. • 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:	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 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 relationship. 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?	N/A	N/A	N/A	N/A
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IRON SHARPENS IRON MENTORING, INC BOARD OF DIRECTORS 2023-2025

Name	Board Office	Telephone	Affiliation
Hafeezah Majeed 2409 Las Verdes St. Las Vegas, NV 89102	Chair	(702) 651-4322	Health Care Senior Specialist DWED/CCSN
Gerald Butler 11069 Turlington LN Las Vegas, NV 89135	Treasurer	(702) 481-2887	City of Henderson
Yadira Breland 5697 S. Jones Blvd Ste Las Vegas, NV 89118	Secretary	(702) 274-4463	Farmers Insurance Owner & Agent
Gerald Robinson 5158 Blissful Valley Cir Las Vegas, NV 89149	Member	(702) 242-2268	School Counselor Clark County School
Rezella McDonald 354 Lyon Dr. Bookkeeping Henderson, NV 89074	Member	(800) 560-5139	President & CEO Mc Donald
Phillipe Fussell 4157 Boralko St Las Vegas, NV 89115	Member	(702) 630-2133	Counselor US. Vets

(Please select						
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artnership	Limited Liability Company	☐ Corporation	☐ Trust	☐ Non-Profit Organization	☐ Other	
	select all that apply)			Walter Commencer	
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Minority Business Enterprise Women-Owned Small Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Business Business Business						
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County Ne	vada Residents	Employed:	35			
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List any disclosures below: (Mark N/A, if not applicable.)

NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
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County employee means	Clark County, Department o	f Aviation, Clark County Det	ention Center or Clark County
Water Reclamation District.	,,		
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For County Use Only:		
If any Disclosure of Relationship is noted above, please comple	ete the following:	
☐ Yes ☐ No Is the County employee(s) noted above invol	ved in the contracting/selection proc	cess for this particular agenda item?
Yes No Is the County employee(s) noted above invol	ived in any way with the business in	performance of the contract?
☐ Yes ☐ No Is the County employee(s) noted above into		
Notes/Comments:		
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Simolym		
Signature		
Print Name	,	7
Authorized Department Representative		

Proprietorship Business Designation Group (Please select all that apply) MBE			Diooi	_0301								
Some perignation	Business Entity Ty	pe (Please select	one)				_					
Mode	Sole Proprietorship	Partnership		Liability	Corpora	ation	Trus	st			Other	
Montrol Description Desc	Business Designat	ion Group (Please	e select all t	hat apply)								1
Number of Clark County Nevada Residents Employed: 12 Corporate@ausiness Entity Name:	MBE	□WBE	SE	3E	☐ PBE				VET		VET	ESB
Corporate/Business Entity Name:	Minority Business							Emerging Small Business				
Street Address: 2310 Paseo Del Prado Building A, Unit A101-03 Website: www. Solutionsofchange.org POC Name: Lakiesha Oliver Email: executive-director@solutionsofchange.org POC Name: Lakiesha Oliver Email: executive-director@solutionsofchange.org POC Name: Lakiesha Oliver Email: executive-director@solutionsofchange.org POC Name: Lakiesha Oliver Email: Executive-director@solutionsofchange.org POC Name: Lakiesha Oliver Email: Executive-director@solutionsofchange.org PoC Name: Lakiesha Oliver Email: Local Fax No: Local	Number of Cla	rk County Ne	evada Re	sidents	Employ	ed:		_		12		
Street Address: 2310 Pasco Del Prado Building A, Unit A101-03 Website: WWW solutions of change, org POC Name: Lakkesha Oliver Email: Exacutive director (Resolutions of change, org Email: POC Name: Lakkesha Oliver Email: Exacutive director (Resolutions of change, org Email: POC Name: Lakkesha Oliver Email: Resolutive director (Resolutions of change, org Email: Website: Website: Website: Website: Local Fax No: L	Corporate/Busines	s Entity Name:	Solutions	of Chang	ge							
Street Address: 2310 Passo Del Prado Building A, Unit A 101-03 Website: WWW. Solutions of change.org												
Poc Name: Lakiesha Diliver Email:		,	2310 Pase	o Del Prado	Building A,	Unit A	101-03	We	bsite: www.solutions	ofcha	ange.org	
Newada Local Street Address: If different from above) City, State and Zip Code: Local Fax No: Local Fax No:		Code:	Las Ve	gas, N	V 8910	2			executivedire	iver ector(@solutionsofch	ange.org
Nevada Local Street Address: (iff different from above) City, State and Zip Code: Local Telephone No: Coal Telephone No: 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 innancial 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 holding more than five percent (5%) ownership or innancial interest in disclosive requirement, as applications, extension to the applicant and the landowner(s). 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 familiar disclosive requirement, as applied to land-use applications, extensions 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, foreign corporations. Prosident Prosident President Triasurer Prosident Triasurer Director Triasurer Dire	Telephone No:		702-445-6	6937				Fax	ι No:			
City, State and Zip Code: Local Fex 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 organizated 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 Full Name Full Name Full Name Triple President Treasurer Dirictor Treasurer Dirictor Treasurer Director Treasurer N/A - Nonprofit Other collars 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, or other contracts, which are not subject to competitive bid.) Center or Clark County Water Reclamation District full-time 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.) Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s) may not perform any work on professional service or protective bid.) Lectify under penalty of perjury, that all of the information provided herein is current, complete, and		et Address:						We	bsite:			
Local Telephone No: Local Telephone No: Local POC Name: Email:	(If different from at	oove)										
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 Newada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Full Name Full Name Treasurer President Treasurer Director Treasurer Director This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? The 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 titl-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 confracts, or other contracts, which are not subject to completive bid.) 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. Entitle This propriete is a province of the propriete disclosure form. Entitle This propriete disclosure for exception of the propriete disclo	City, State and Zip	Code:						Loc	cal Fax No:			
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Publicity-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 Full Name Title President N/A - Nonprofit N/A - Nonprofit Phyllis Johnson Treasurer N/A - Nonprofit Treasurer N/A - Nonprofit This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No (If yes, please note that County employee(s), or appointed/elected official(s)? Yes No (If yes, please note that County employee(s), or appointed/elected official(s)? Programment of Aviation, Clark County Department of Aviation, Clark County Detention Contracts, or other contracts, which are not subject to competitive bid.) Programment of particular dispersions of principals involved in the business entity, a Clark County Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District Intil-time employee(s), or appointed/elected official(s)? Yes No (If yes, please complete the Disclosure of Relationship form 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. Deputly Executive Director	Local Telephone N	0.						Em	ail:			
Dinisha Mingo President N/A - Nonprofit N/A - Nonprofit This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No (If yes, please note that County dependent of Aviation, Clark County, Department of Aviation, Clark County on a prointed/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. Lakiesha Oliver Print Name	Entities include all buclose corporations, fo	reign corporations,	s organized u Iimited Iiabilit	y companies	s, partnershi	ps, limi	tea partne	ership	s, and professional corpo	gradion	% Owne	d
Phyllis Johnson Charles Whitby II Treasurer Director Director This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? 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)? 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 Water Reclamation District full-time employee(s), or appointed/elected official(s)? 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. Lakiesha Oliver Print Name Deputy Executive Director Zi27/2025		ruii Naiile			D							
Charles Whitby II Director N/A - Nonprofit 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)? 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)? 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. Lakiesha Oliver Print Name Deputy Executive Director Director	Dinisha Ming	0			President						N/A - Nonpr	ofit
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 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)? Yes No	Phyllis Johns	on									N/A - Nonpr	ofit
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)? Yes	Charles Whit	by II			Director						N/A - Nonpr	ofit
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)? Yes			*									
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, leases or exchanges without the completed disclosure form. Lakiesha Oliver Print Name Deputy Executive Director 2/27/2025	Are any individu Center or Clark Yes Do any individusister grandch	ual members, partne County Water Reci No (If co ual members, partne	ers, owners o amation Distr yes, please r ntracts, or oth ers, owners o lated to a Cla	r principals, rict full-time note that Cor her contracts r principals ark County,	involved in t employee(s) unty employe s, which are	he busi), or app ee(s), o not sub	iness entit pointed/el or appointe oject to co	ty, a (ected ed/ele mpet	Clark County, Departments official(s)? acted official(s) may not puttive bid.)	t of Av	iation, Clark Cour any work on pro	fessional service
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. Lakiesha Oliver	full-time employ	/ee(s), or appointed	/elected offici	iai(s)?								
Signature Print Name Deputy Executive Director 2/27/2025	. Constant and the	e of position, that all a	of the informa	etion provide	ed herein is o	current.	complete	, and	accurate. I also understa			ot take action on
Deputy Executive Director 2/27/2025	Signatura Pol	la_KC	<u>) ' </u>		-		iver					
Data	-	Director										
					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 Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention 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 Domestic Partners Children Parents In-laws (first degree)
- Brothers/Sisters Half-Brothers/Half-Sisters Grandchildren Grandparents In-laws (second degree)

r County Use Only:
iny 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 iter
Yes \square No Is the County employee(s) noted above involved in any way with the business in performance of the contract?
tes/Comments:
gnature
int Name
thorized Department Representative

		U	SCLUSUR	L OI OWI	1LIXOI	iii /i itiitoii /			
Business Entity	Type (Please select	one)			1				
☐ Sole Proprietorship	□Partnership	_	Limited Liability mpany	☐ Corporation	☐ Trus	Non-Profit Organization		☐ Other	
Business Design	ation Group (Pleas	e sel	ect all that apply						
☐ MBE	☐ WBE		☐ SBE	☐ PBÉ		□ VET]DVET	□ ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise	Physically C Business En		Veteran Owned Business		risabled Veteran Dwned Business	Emerging Small Business
		_						t time of O intorn	20
Number of C	lark County N	eva	da Residents	Employed:	41 f	ull-time, 3 PRI	v, i par	t-time, ∠ inter	18
Corporate/Busin	ess Entity Name:	Sp	ecialized Alternat	ives for Families	and Youth	of Nevada, Inc.			
(Include d.b.a., it	applicable)						_		
Street Address:		42	85 N. Rancho Dr,	Suite 130		Website: www.sa	fy.org/safy	y-of-nevada	
City, State and Z	ip Code:	L	as Vegas, NV 891	30	1	•	a Earl e fygrants@	arla@safy.org safy.org	
Telephone No:		7	02-385-5331			Fax No:			
Nevada Local St		s	AME			Website:			
(If different from	above)	-				Local Fax No:			
City, State and 2	ip Code:	+				Local POC Name:			
Local Telephone	No:					Email:			
Entities include al close corporations	business association foreign corporations, Full Name	ns org limite	anized under or go d liability companie	verned by Title 7 o s, partnerships, lin	of the Nevad hited partner Title	da Revised Statutes, ships, and profession	al corporat	ut not limited to privi ions. % Owne (Not required for Pu	d
							Co	orporations/Non-prof	t organizations)
James Pozy,Boar	d Chairperman	_		Cathy Desenberg.			-		
Charmaine Brittai	n. Vice-Chairperson		Na	than Leonhard, Treasure	er and Chief of F	inance and Business Admini	stration		
Wiliam Matt, Pre	sident CEQ								
This section is no	nt required for public	:ly-tra	ded corporations.	Are you a public	ly-traded o	orporation?	_	No No	nty Detention
Center or CI	ark County Water Red	:lamat	ion District full-time	employee(s), or a	ppointearere	y, a Clark County, Depoted official(s)? d/elected official(s) m			
☐ Yes	co	ontrac	ts, or other contract	ts, which are not su	ibject to con	npetitive bia.)			
sister grand	child, grandparent, re loyee(s), or appointed	elated d/elec	to a Clark County, ted official(s)?	Department of Avi	ation, Clark	mestic partner, child, County Detention Ce	11(0) 01 010	, County (Value 1)	clamation District
☐ Yes						rm on Page 2. If no,			
I certify under pen land-use approval	alty of perjury, that all s. contract approvals,	of the	e information provid sales, leases or exc	ed herein is curren hanges without the	it, complete, e completed	and accurate, I also disclosure form.	understand	that the Board will r	ot take action on
lm	2 MM			Anya Ear Print Name					
Signature									
Executive Direct	or			2/25/2025 Date					
Tille									

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

Signature

Anya Earl
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
	U		
		_	
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows:	Clark County, Department of ship by blood. "Affinity" is a re consanguinity" applies to the	lationship by marriage. candidate's first and second	degree of blood relatives as
 Spouse – Registere 	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
• Brothers/Sisters – H	lalf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
☐ Yes ☐ No Is the County en	noted above, please complete the foll apployee(s) noted above involved in the apployee(s) noted above involved in any	contracting/selection process for this	
ln Q i Mau			

2

		DISCLOSE	11/1	OI OIII	12	71) // 10114011 /			
Business Entity T	ype (Please select	one)							
Sole Proprietorship]Partnership	Limited Liability Company	<u> </u>] Corporation	☐ Trus	t Non-Profit Organization		Other	
Business Designa	ition Group (Pleas	e select all that app	oly)						r
₩BE	□ WBE	☑ SBE		☐ PBE		□ VET		DVET	⊠ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	SS	Physically Ch Business Ent		Veteran Owned Business		isabled Veteran wned Business	Emerging Small Business
Number of CI	ark County Ne	vada Residen	ts E	mployed:	13				
Commonstal Duralina	aa Entitu Nomes	Vegas 1	DOV	n Ente	rPr.	Ses LL	C .		
Corporate/Busine	100	Hip	10			preneurs		Progran	1
(include d.b.a., if a	ірріісарів)	540 Fork Mesa C	t				nhepacade	-	
Street Address:							rt V. Straw	rder Jr.	
City, State and Zip	Code:	Henderson, Nev	ada 89	9015	1	1 OO HUMOI		ademy.com	
		702-810-5808				Fax No:	S	,	
Telephone No:		102-010-0000	W.				-		0 - 0
Nevada Local Stre	et Address:					Website:			
(If different from a	bove)								
City, State and Zi	p Code:		-			Local Fax No:			
Local Telephone I	No:					Local POC Name:			
	Constant and the					Email: mes of individuals hold			
Entitles include all ti close corporations, fi	ousiness associations oreign corporations, I Fuil Name	s organized under or imited liability compar	nies, pa	artnerships, IIMI	the Nevad ted partners Title	la Revised Statutes, ir ships, and professiona	(Cor	% Owne Not required for Pu porations/Non-profi	d blicly Traded
Robert V. Strawder	łr.		Own	er and CEO				100%	
			14						
		Amada d	o 4.	a watt a publish	utradad r	ornoration?	Yes [□ No	
4 Aro one indisid	ual mambars narine	y-traded corporation rs, owners or principa amation District full-tin	is. inve	olved in the busi	ness entity	, a Clark County, Depa			nty Detention
☐ Yes	No (If y	ves, please note that our stracts, or other contra	County icts, w	/ employee(s), o hich are not sub	r appointed ject to com	d/elected official(s) ma petitive bid.)			
sister, grandch	ild, grandparent, reli yee(s), or appointed/	ated to a Clark Count elected official(s)?	y, Dep	arment of Aviat	ion, Clark	nestic partner, child, p County Detention Cen	tel of Ciair	County Water No.	half-brother/half- lamation District
☐ Yes	⊠ No (If	res, please complete	the Dis	sclosure of Relat	tionship for	m on Page 2. If no, pi	ease print l	N/A on Page 2.)	
l certify under репа! land-use approvals,	y of perjury, that all c contract approvals, is	f the information prov and sales, leases or e	ided h xchan(erein is current, ges without the c	complete, completed of	and accurate. I also un disclosure form.	nderstand t	hat the Board will n	ot take action on
Robert V.	Strawd	er Gr.		Robert V. Str	awder Jr.	and the second second			
Signature				Print Name					
Owner and CEO		240	8	2/26/2025					
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
NA			
ollows:	consanguinity" applies to the document of the		
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
or County Use Only:			
	noted above, please complete the foll aployee(s) noted above involved in the		is particular agenda item?
	nployee(s) noted above involved in an		
Notes/Comments:			
Signature			
Print Name			

Business Entity Ty	pe (Please selec	t one)			1			
□ Solo	Partnership	Limited Liability	☐ Corporation	☐ Trust	✓ Non-Profit Organization		☐ Other	
	ion Group (Plea	se select all that apply)					
☐ MBE	□ WBE	SBE	☐ PBE		□ VET		OVET	☐ ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Physically Cl Business En		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County N	levada Residents	Employed:	24				
Corporate/Busines	s Entity Name:	Youth Advocate	Programs (Y	AP), Inc.				
(Include d.b.a., if a)	pplicable)							
Street Address:		3899 North Fron	nt Street	W	_{lebsite:} www.yapi	nc.org		
City, State and Zip	Code:	Harrisburg, PA	17110	E		yapin		
Telephone No:		334-324-7510)	F	ax No: 800-310-6	712		
Nevada Local Stree		1515 E Tropical Suite #200	na Ave.	W	ebsite: www.ya	apinc.	org	
(If different from al		Las Vegas, NV	89119	L	ocal Fax No: 702.6	31.925	51	
City, State and Zip	Code.	Las vogas, ivi			ocal POC Name:			
Local Telephone N	o:	702.631.9275		1			@yapinc.o	rg
Fublicly-traded entions ownership or financia	e business entity a ities and non-pro I interest. The disc	cly-traded and non-profit appearing before the Boar offit organizations shall dosure requirement, as an array organized under or go	list all Corporate pplied to land-use appropriate to land-use appropriate to land-use appropriate and the state of the sta	t list the name Officers are optications, ex	es of individuals holdin Ind Directors in lieu of tends to the applicant Revised Statutes, incl	of disclosi and the la	ing the names of indowner(s) not limited to priv	individuals with
Fublicly-traded entions ownership or financial	e business entity a ities and non-pro I interest. The disc	appearing before the Boar ofit organizations shall dosure requirement, as ap	list all Corporate pplied to land-use appropriate to land-use appropriate to land-use appropriate and the state of the sta	t list the name Officers are optications, ex	es of individuals holdin Ind Directors in lieu of tends to the applicant Revised Statutes, incl	of disclosi and the la uding but corporation	ing the names of indowner(s) not limited to priv	individuals with ate corporations,
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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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"Consanguinity" is a relation	iship by blood. "Affinity" is a re	lationship by marriage.	
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