Business E	Entity Ty	pe (Please select	one)									
Sole Proprietorsh	17	Partnership		Limited Liability Corporation Trust Non-Profit Organization							Other	
Business D	Designati	on Group (Pleas	e sele	ect all that apply))					-		
МВЕ		□WBE		✓ SBE	_	PBE			VET		OVET	ESB
Minority Bus Enterprise	siness	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		1	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number	of Cla	rk County Ne	evad	la Residents	Er	nployed:				7		
Corporate/	Business	Entity Name:	Adva	antage Civil Desi	ign	Group, LLP						
(Include d.b.a., if applicable)												
Street Add	ress:		2920	N. Green Valle	y Pl	kwy Bldg 4 #42	22		bsite: advantagecivil-		m	
City, State	and Zip (Code:	Hen	derson, Nevada	890)14		PO:	C Name: Brandon G. ail: brandon@a		gecivil-nv.com	
Telephone	No:		702-	432-2234				Fax	No: 702-436-2234			
Nevada Loc	cal Stree	t Address:						We	bsite:			
(If different	from ab	ove)	_									
City, State	and Zip	Code:						Loc	al Fax No:			
Local Telep	ohone No):						Loc	cal POC Name:			
									evised Statutes, includi s, and professional corp	oration (N		icly Traded
John R. Mar	nning			M.	S.,	P.E., Principal			50%			
Brandon G.	Doty			P.I	E., 1	Principal				50%		
1. Are any	y individua	<i>quired for publicly</i> Il members, partner County Water Recla	s, ow	ners or principals, i	invol	ved in the busin	ess entit	у, а С	Clark County, Departmen	nt of Av		y Detention
Yes		√ No (If y	es, ple		inty (employee(s), or	appointe	ed/ele	cted official(s) may not p	perform	ı any work on profe	ssional service
sister, g	grandchild		ited to	a Clark County, D					ic partner, child, parent, nty Detention Center or			
Yes	Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)											
	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.											
Brandon D Signature	Ooty	Digitally signed b Date; 2024,12.12			=	Brandon G. Do Print Name	oty					
Principal Title					_	12/12/24 Date						
HIGO			_		_	- 410						

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT								
WA											
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	"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)										
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	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:											
Signature											
Print Name Authorized Department Represental	tive										

Business Entity	/ Tvo	e (Please select	one	V.								
Sole Proprietorship		Partnership	1	Limited Liability mpany	С	Corporation	Tru	st	Non-Profit Organization		Other	
Business Desig	natio	on Group (Pleas	e sel	ect all that apply))	y						
□ МВЕ		□WBE		□SBE		PBE			□VET		OVET	□ESB
Minority Busines Enterprise	s	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran rned Business	Emerging Small Business
Number of 0	Clar	k County Ne	evac	da Residents	E	mployed:				6		
Corporate/Busin	ness	Entity Name:	Arcl	hitect Studio LLC	_							
(Include d.b.a., i	f ap	plicable)	_	nyfish Studio								
Street Address:			208	S Maryland Park	wa	y Ste A			bsite: studiobunnyfi			
City, State and 2	Žip C	ode:	Las	Vegas, NV 8910	1			PO:	C Name: Craig Pala ail: craig@stud		yfish.com	
Telephone No:			702	-374-8409				Fax	No:			
Nevada Local S								We	bsite:			
City, State and								Loc	al Fax No:			
Oity, State and	ZIP C	oue.							cal POC Name:			
Local Telephone	e No:	:			Email:							
	, fore								evised Statutes, includes, and professional con	poration		,
Tina Wichmann				Pri	inciple					orations/Non-profit		
Craig Palacios				Pri	nci	ple				49%		
					_							
Are any indiv Center or Cla Yes Do any indivisister, grander	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.)											
full-time emp	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.											
Craig Palacios		Digitally signed by Date: 2024,12.16				Craig Palacios Print Name						
Principle Title					e=	12/16/24 Date						
						1						

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.	Clark County, Department of		ntion Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship 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 – Childre	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the follo	owing:	
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name			
Authorized Department Representa	tive		

Business Entity Ty	ype (Please selec	t one)									
Sole Proprietorship	Partnership	Limited Liability Company		Corporation	Trust	Non-Profit Organization		Other			
Business Designa	tion Group (Pleas	se select all that app	ly)	7		7					
МВЕ	□WBE	SBE		PBE		□VET		DVET	□ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busines Enterprise	S	Physically Ch Business Ente		Veteran Owned Business		sabled Veteran vned Business	Emerging Smal Business		
Number of Cla	ark County N	evada Resident	rada Residents Employed: 6								
Corporate/Busines		Ardurra Group, Inc									
(Include d.b.a., if a	pplicable)	4000 NIM 5745 C4 C	24- 0	200		L. H 11	1				
Street Address:		1000 NW 57th Ct S	ste 8	300	N	/ebsite:https://ardurra	i.com/				
City, State and Zip	Code:	Miami FL, 33126			P	OC Name: David Sega					
						mail: dsegal@ar	durra.c	om			
Telephone No:		786-228-5666	_		F.	ax No: NA					
Nevada Local Stree		6700 Paradise Roa	ad, S	Suite E	W	/ebsite: https://ardurra	a.com/				
City, State and Zip	Code:	Las Vegas, NV 891	119		L	ocal Fax No: NA					
		702-208-8110			L	ocal POC Name: ^{Davi}	d Sega	J			
Local Telephone N	0:	702-200-0110			- F	Email: dsegal@ardurra.com					
an I	Full Name				Title	8		% Owned tot required for Put orations/Non-profit	olicly Traded		
Center or Clark	al members, partne County Water Recla No (If y	Clark County, Departme	ent of Av	n any work on profe	essional service						
sister, grandchik	d, grandparent, rela ee(s), or appointed/e	ated to a Clark County, elected official(s)?	Dep	artment of Aviatio	on, Clark Co	unty Detention Center of on Page 2. If no, please	r Clark C	County Water Recl			
I certify under penalty land-use approvals, co	of perjury, that all of ontract approvals, la	f the information providend sales, leases or exc	hang	erein is current, on ges without the con Karl Obergh, P	mpleted dis	d accurate. I also unders closure form.	stand tha	at the Board will no	ot take action on		
Signature			- 1	Print Name							
Director /	<u> </u>). -	December 12,	2024						
			_	1							

Water Reclamation District. "Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.	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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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:				
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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	•			particular agenda item?
Notes/Comments: Signature Print Name				
Print Name				
Print Name				
	Signature			
Butherized Lienarmont Monrocontotyo		s		

Geraldine Cruz

From:

Karl Obergh < kobergh@ardurra.com>

Sent:

Tuesday, February 18, 2025 7:55 AM

To:

Geraldine Cruz

Cc:

Gary Fromm; Carmen Kasner; Karl Obergh; Tait Dixson; David Segal

Subject:

RE: 607190-24 Professional Services for Real Property Management – Master Services

Agreement - Ardurra Group

Geraldine.

Officers are:

Full Name

Title

%Owned (N/A for our firm)

Karl G. Obergh, PE Carmen Kasner, PE

Gary Fromm, PE

Regional Director

N/A

Regional Operations Practice Director

N/A N/A

Will this work for you?

Respectfully,



ARDURRA KODER

Karl G. Obergh, P.E. (AZ, NV, UT, NM)

Regional Director - Mountain Region

O: 602.263.1177 | D: 623.303.5833 | M: 602.622.3160 1001 N. Central Avenue, Suite 900, Phoenix, AZ 85004

kobergh@ardurra.com | www.ardurra.com



From: Geraldine Cruz < Geraldine. Cruz @ Clark County NV.gov>

Sent: Wednesday, February 12, 2025 3:13 PM To: Karl Obergh < kobergh@ardurra.com>

Subject: 607190-24 Professional Services for Real Property Management – Master Services Agreement – Ardurra Group

Your firm meets the qualifications for the above referenced project.

Attached is the Master Services Agreement for your review. Please return the signature page only by end of business day Tuesday February 18, 2025 or sooner.

Disclosure of Ownership:

Attached is a copy of your firm's Disclosure of Ownership form. List the name(s) of officers and resubmit.

Full Name	Title	% (Not required f Corporations/Nor
NA		_
This section is not required for publicly-traded corporate	ions. Are you a publicly-traded corporation?	Yes 🗸 No

Please acknowledge your receipt of this communication.

If you have any questions or concerns, please provide as a response to this email.

Geraldine Cruz

Purchasing Analyst Ph: (702) 455-6277

Email: Geraldine.Cruz@Clarkcountynv.gov

Work Hours: 6:00 am - 4:30 pm

Remote: Mondays (available through email and Teams)

In office: Tuesday – Thursday

Business Entity Ty	pe (Please select	one)			1				
Sole Proprietorship	Partnership		Limited Liability mpany		Corporation	☐ Tru	ıst	Non-Profit Organization	Other	
Business Designat	ion Group (Pleas	e sel	ect all that apply)						
MBE	✓WBE		□SBE		PBE			□ VET	□DVET	✓ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ent		2	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cla	rk County Ne	evac	da Residents	Em	nployed:				6	
Corporate/Busines	s Entity Name:	Aria	Landscape Arch	nitect	ture, LLC					
(Include d.b.a., if applicable) DBA: Folk Landscape Architects										
Street Address:		617:	2 West Lake Mea	ad B	lvd.		Wel	bsite: N/A		
0.00077124.0007		Las	Vegas					C Name: Anna Pelti	er	
City, State and Zip	Code:		ada 89108				Ema	A @F-I	kForLife.com	
Talambana Na.								No: N/A	NI OI EIIOIO	
Telephone No:		-					Fax	No: 1975		
Nevada Local Stree	t Address:						Web	osite:		
(If different from ab	ove)									
City, State and Zip	Code:					_	Loc	al Fax No:		
Local Telephone No	Local POC Name:									
Local Telephone III	Email:									
financial interest in the	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 entit ownership or financial	ies and non-profi	t org	anizations shall I	list a	II Corporate	Officers	and	Directors in lieu of	disclosing the names of	individuals with
									ling but not limited to priv	ata annorationa
close corporations, for	eign corporations, li	imited	liability companies	, parl	tnerships, limite	ed partne	rships	s, and professional cor	porations.	ate corporations,
	Full Name					Title			% Owne	
									(Not required for Pu Corporations/Non-profi	
Anna Peltier			Pri	ncip	al Landscape	e Archite	ect		100%	
This section is not re	avirad for publich	.trad	od cornerations	Aro i	rou o publich	tradad a	0500	ration? Voc	No	
				-					ent of Aviation, Clark Cour	ati Datantian
Center or Clark C	County Water Recla	matio	n District full-time e	mplo	yee(s), or appo	ointed/ele	cted o	official(s)?	t perform any work on pro	
			or other contracts,						periorin any work on pro	lessional service
sister, grandchild	I members, partners, grandparent, rela	ted to	a Clark County, D	ave a epart	a spouse, regis tment of Aviation	stered dor on, Clark	mestic Coun	partner, child, parent ty Detention Center o	t, in-law or brother/sister, r Clark County Water Rec	half-brother/half- clamation District
Yes	No (If y	es, ple	ease complete the [Discl	osure of Relation	onship for	rm on	Page 2. If no, please	print N/A on Page 2.)	
I certify under penalty of land-use approvals, co	of perjury, that all of ntract approvals, lar	the in	nformation provided es, leases or excha	here	ein is current, c	complete,	and a	accurate. I also unders	stand that the Board will no	ot take action on
1 000										
Anna Z. tell	Anna Peltier									
Signature				F	Print Name					
Principal Landscape Architect December 12, 2024										
Title				- 10	Date					
					1					

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	N/A	N/A	N/A
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows:	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Children	lationship by marriage. candidate's first and second	I degree of blood relatives as
Brothers/Sisters – H	lalf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
Yes No Is the County em	noted above, please complete the follo ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature			

Business Entity	/ Tvr	e (Please select	one											
Sole Proprietorship		Partnership		Limited Liability		Corporation	Tru	ıst	Non-Profit Organization		Other			
Business Desig	nati	on Group (Pleas	e sel	ect all that apply)									
✓ MBE		□WBE		SBE		PBE			VET		OVET	 ✓ ESB		
Minority Busines Enterprise	s	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		ı	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business		
Number of	Cla	k County Ne	evac	la Residents	Er	mployed:				1				
Corporate/Busi	naee	Entity Name:	ATA	Architecture, LL	.c									
(Include d.b.a.,		7/31	АТА											
Street Address:	-	,	1613	3 Saddle Rock C	ircle			We	bsite: ATAARCHITE	CTUR	E.COM			
City, State and		code:	Las	Vegas, Nevada,	89	117			C Name: Ali Taghdir					
Telephone No:			702.	604.0010					No: 702.350.6426					
Nevada Local S	treet	Address:							bsite:					
(If different fron									20101					
City, State and	Zip (Code:						Loc	al Fax No:					
								Loc	cal POC Name:					
Local Telephon	e No	:						Em	ail:					
Publicly-traded ownership or finar	entitionicial i	es and non-profi nterest. The disclo iness associations ign corporations, I	t org sure r	equirement, as app nized under or gov	list olied erne	to land-use app ed by Title 7 of t	lications he Neva d partne	, exte da Re	Directors in lieu of onds to the applicant an evised Statutes, includes, and professional corp	d the laring but i	ndowner(s). not limited to privat s.	e corporations,		
Ali M Taghdir		Full Name		Pri	Title Principal Architect/President			t			% Owned ot required for Pub prations/Non-profit	licly Traded		
This section is n	ot rec	uired for publich	-trad	ed corporations.	Δre	vou a publiche	traded o	orno	ration? Yes	[7]	No			
Are any indiv	/idual	members, partne	s, ow	ners or principals, i	nvol	ved in the busing	ess entity	y, a C	Clark County, Departme	_		y Detention		
Center or Cl	_	✓ No (If y	es, pl	n District full-time e ease note that Cou , or other contracts,	nty e	employee(s), or	appointe	d/ele	cted official(s) may not	perform	any work on profe	ssional service		
sister, grand	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 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.									take action on					
Ali Taghd	ir	photocological and a second se	**A 'A AP }: 1	EDIUM (LII T) DIVA TAPIA	P	Ali Taghdir								
Signature		***			-	Print Name								
Principal Architec	t				-	2/18/2024 Date								

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 of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as gree)
For County Use Only:			
	noted above, please complete the following		norticular aganda itam?
	ployee(s) noted above involved in the ployee(s) noted above involved in any		
Notes/Comments:	proyee(s) noted above involved in any	way with the business in performance	of the dominate.
Signature			
Print Name Authorized Department Representa	ative		

Business Entity Ty	pe (Please select	one									
T Solo	Partnership		Limited Liability	7	Corporation	Tru	st	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	e sel	ect all that apply)							
МВЕ	□WBE		✓SBE		PBE			✓ VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County Ne	evad	da Residents	E	mployed:				11		
0	F. W. Manner	BC	C Management, I	Inc							
Corporate/Busines		-	,								
(Include d.b.a., if ap Street Address:	oplicable)	603	7 S Ft Apache, S	Ste	110		We	bsite: www.bccmgm	t.com		
Street Address.		-	Vegas, NV 8914	_				C Name: Robert Kol			
City, State and Zip	Code:	Luc	, ogue, , , , oe ,				Em	wheelers @b		t.com	
Telephone No:		(702	2) 987-1980					c No:			
	A Addresse	_									
Nevada Local Stree							we	bsite:			
(If different from ab City, State and Zip							Loc	cal Fax No:			
City, State and Zip	Coue.							cal POC Name:			
Local Telephone No	o:			Email:							
Entities include all bu close corporations, for	isiness associations reign corporations, l Full Name	s orga imited	inized under or gov d liability companies	vern s, pa	ed by Title 7 of artnerships, limite	the Neva ed partne Title	da R rship	evised Statutes, includ s, and professional cor	poration	s. % Owned	
Robert Kolnes			Pr	President						ot required for Pub orations/Non-profit	
		-					_		-		
This section is not re			•							No	. Datastian
	al members, partne County Water Recla							Clark County, Departme official(s)?	ent of AV	nation, Clark Count	y Deterrition
Yes			lease note that Cou , or other contracts					ected official(s) may not tive bid.)	perforn	n any work on profe	essional service
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	Yes Vo (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.											
Listen	Digitally agreed by 2014/base/bc-0003-4024-base/bes/00438 Div. or 2014/base/bc-0003-4024-base-base-base minutes District 2024-1100 1162-212 de 2000 Robert Kolnes										
Signature				-	Print Name						
President					12/2/2024						
Title				_	Date						

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	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the diponentic Partners – Children alf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as ree)
Yes No Is the County emp	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this p	
Signature			

Business Entity	Type (Please selec	et one)								
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization		Other			
Business Design	nation Group (Plea	se select all that app	ly)		_	_				
МВE	□WBE	SBE	PBE		□VET	DVET		☑ ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	d Small Busines Enterprise	Physically C Business En		Veteran Owned Business	Disabled Veteran				
Number of C	lark County N	evada Resident	ts Employed:			2				
	= avan	BRAND Architectu	re IIn							
(Include d.b.a., if	ess Entity Name:	BRAND Architectu								
Street Address:	аррисавле	9661 Bella Citta St	t		Website: www.brand-arc	chlv.com	1			
Otreet Address.		Las Vegas, NV. 89	9178		POC Name: Brian J Mille					
City, State and Z	ip Code:				Email: brian.miller@		archlv.com			
Telephone No:		702.235.6168			Fax No:					
Nevada Local St	reet Address:			,	Website:					
(If different from above)										
City, State and ZIp Code: Local Fax No:										
	1134)				Local POC Name:					
Local Telephone	No:				Email:					
Entities include al	business association	ns organized under or g	overned by Title 7 o	f the Nevad	extends to the applicant and a Revised Statutes, includi ships, and professional corp	ng but no porations. (Not	ot limited to priva % Owner required for Pul	d blicly Traded		
Brian Joseph Mille	ər	•	Owner / Principal	ner / Principal			Corporations/Non-profit organizations) 50%			
Randall Lee Spitz		,	Owner / Principal				50%			
Are any indiv Center or Cla Yes	idual members, partn irk County Water Rec No (If	lamation District full-time yes, please note that Contracts, or other contrac	s, involved in the bus e employee(s), or ap County employee(s), cts, which are not sul	siness entity, pointed/elector appointed bject to com	a Clark County, Departme ted official(s)? Welected official(s) may not petitive bid.)	perform a	ition, Clark Cour	essional service		
sister, grando	child, grandparent, re loyee(s), or appointed	elated to a Clark County d/elected official(s)?	, Department of Avia	ition, Clark (nestic partner, child, parent County Detention Center or m on Page 2. If no, please	· Clark Co	ounty Water Rec	half-brother/half- lamation District		
I certify under pena land-use approvals	alty of perjury, that all , contract approvals,	of the information provio	ded herein is current changes without the	, complete, a completed o	and accurate. I also unders disclosure form.	tand that	the Board will no	ot take action on		
Brian J Mill Signature	Project State of the Control of the	Ber Berandondhkom Q-BRANZ Ashdectus. Ber Ti	Brian J Miller Print Name	1						
Pincipal			12-10-2024							
Title			Date							

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			
			33
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a rel consanguinity" applies to the d Domestic Partners – Childrer lalf-Brothers/Half-Sisters – Gra	candidate's first and second	gree)
For County Use Only:			
	noted above, please complete the follo	-	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity	Туре	(Please select	one)										
Sole Proprietorship	□P	artnership	Cor	Limited Liability	1	Corporation	Tru	ıst	Non-Profit Organization		Other		
Business Desig	natio	n Group (Pleas	e sele	ect all that apply)								
□мве		✓WBE		✓SBE		□PBE			□VET		VET	☑ ESB	
Minority Business Enterprise		Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of C	Clark	County Ne	evad	a Residents	Er	nployed:				3			
Corporate/Busir	ness E	Entity Name:	BRA	AZEN architecture inc									
(Include d.b.a., if applicable)													
Street Address:	2000		900	Liberace Ave, Si	uite	C111		Wel	bsite: www.BRAZENa	rchite	cture.com		
			Las	Vegas, NV 8910	9			_	C Name: Monica Gress				
City, State and Z	Zip Co	ode:						Ema	:@DDA		architecture.coc	m	
Telephone No:			702	331 3059					No: ^{n/a}				
Nevada Local St	al Street Address: see above Website:												
City, State and		-						Loc	al Fax No:				
ong otato and .		Juo:							al POC Name:				
Local Telephone	No:							Email:					
ownership or finan- Entities include al	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)												
						r/Principal Arcl							
 Are any individent or Clater or C	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)?												
I certify under pena land-use approvals									accurate. I also understan osure form.	id that	the Board will not	take action on	
Monica Gres	ser	766m is tressa garked to the searching is divined to 170 - 231 3752 "7078 17 to 10 42 14 26 00	y art. "dazuri	ra ————————————————————————————————————	_	Monica Gresse Print Name	r						
Owner/Principal A	rchite	ect			_	6 DEC 2024 Date							
						1							

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
40			
Water Reclamation District. "Consanguinity" is a relation "To the second degree of of follows: • Spouse – Registere	Clark County, Department of ship by blood. "Affinity" is a rel consanguinity" applies to the d Domestic Partners – Children lalf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
-	noted above, please complete the follo		
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ative		

Business Entit	v Tvr	e (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability mpany	Е	Corporation	Tru	st	Non-Profit Organization		Other		
Business Desig	nati	on Group (Pleas	e sel	ect all that apply)								
✓ MBE		✓WBE		□SBE		□PBE			□VET		DVET	□ESB	
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		sabled Veteran ned Business	Emerging Small Business	
Number of	Clar	k County Ne	evac	da Residents	E	mployed:				9			
Corporate/Busi	2000	Entity Name:	Bro	yles International	l. LI	C							
(Include d.b.a.,			-	esign studio	,								
Street Address		piloubicy		9 W Sahara Avei	nue	, Suite 120		We	bsite: www.izdesigr	studio.	com		
City, State and		ode:	Las	Vegas, NV 8911	17				C Name: I-Fang Bro	yles, Al	IA, LEED AP BD	+C	
Telephone No:			702	.441.0026					No: 702.475.4755				
Nevada Local Street Address: (If different from above)									bsite:				
City, State and Zip Code:								Loc	al Fax No:				
Local Telephone No.						Local POC Name:			al POC Name:				
Local relephon	Local Telephone No:							Ema	ail:				
Entities include a	ıll bus s, fore	iness associations	orga	nized under or gov	ern/	ed by Title 7 of t	he Neva	da Re	nds to the applicant ar evised Statutes, includ s, and professional cor	ing but poration	not limited to privates. % Owned ot required for Pub	licly Traded	
I-Fang L. Broyles	;			Pri	rincipal / Design Director				Corporations/Non-profit organizations) 51%				
Zachary P. Broyl	es			Pri	rincipal / Project Manager			15	49%				
 Are any indicenter or Cl Yes Do any indivisiter, grand 	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)?												
I certify under pen	alty o	f perjury, that all of	f the in		d he	rein is current, c	omplete,	and a	accurate. I also unders	_		take action on	
I-Fang Broyles	3	Digitally signed by Date: 2024.12.17			1	-Fang Broyles Print Name	, AIA, LE	EED	AP + BD+C				
Principal / Desigr Title	n Dire	ector			=	December 17,	2024						
						1							

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	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the	lationship by marriage.	
follows:			
Spouse – Registered	d Domestic Partners – Childrei	n – Parents – In-laws (first deg	ree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folio	owing:	
	ployee(s) noted above involved in the		
Yes No Is the County emply Notes/Comments:	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Signature			
Print Name Authorized Department Represental	tive		

Business Entity T	ype (Please selec	t one)		_				r			
Sole Proprietorship	Partnership		Limited Liability	7	Corporation	Trus	st	Non-Profit Organization		Other	
Business Designa	tion Group (Pleas	se sele	ect all that apply)							
□ мве	□WBE		 ✓ SBE		☐ PBE			□VET	□DVET		□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	t	Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cl	ark County N	evad	a Residents	E	mployed:				49		
Corporate/Busine	ss Entity Name:	CA (Group, Inc.								
(Include d.b.a., if a	pplicable)										
Street Address:		2785	5 South Rainbow	v Bl	vd, Suite 100			bsite: www.c-agroup.			
City, State and Zip	Code:	Las	Vegas, N V 8914	46		- 1	PO(C Name: James Cavid			
Telephone No:		702.	685.5945					No: 702.685.5947			
Nevada Local Stre	et Address:							osite:			
(If different from a	bove)										
City, State and Zi	Code:						Loc	al Fax No:			
Local Telephone N		Local POC Name:									
		4		_	Email:						
	Full Name				irtnerships, limite	Title		s, and professional corp	(N	s. % Owner lot required for Put orations/Non-profil	olicly Traded
CA Group, Inc. Emp	Dioyee Stock Owr	nersnip	Trust Da	aie (Stevens (sole	rustee)			100%		
								// 1			
Center or Clark Yes 2. Do any individusister, grandchi	all members, partner County Water Recl	ers, owi amation yes, plo ntracts, ers, owi lated to	ners or principals, n District full-time e ease note that Cou , or other contracts hers or principals h a Clark County, D	invo emp unty s, wh	lved in the busin loyee(s), or apporemployee(s), or employee(s), or lich are not subje	ness entity pinted/elect appointed ect to com	, a C cted of d/election petition	lark County, Departmer official(s)? cted official(s) may not p	nt of Avocerforn	n any work on prof or brother/sister, I	essional service
Yes	vee(s), or appointed. No (If			Disc	closure of Relation	onship for	m on	Page 2. If no, please p	orint N/	/A on Page 2.)	
I certify under penalty land-use approvals, o								accurate. I also understa osure form.	and tha	at the Board will no	ot take action on
James Caviola Signature	Dept 19) June 11 Consider One CTV # Zeroles Consider and 4 (One 2024 IZ 4 32 06 12 - 08989	mss covenge aga	ep com C = US C = C A. Gebug. Mc	j.	James Caviola Print Name	a, PE, PT	OE				
President Title				=	12/11/2024 Date						
					1						

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	N/A	N/A	N/A
	1		
* 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	lationship by marriage.	
"To the second degree of c 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)
Brothers/Sisters – Haller	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
		·	
7			
For County Use Only:			
	noted above, please complete the follo		o cathardan a canada itama?
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performance	e or the contract?
Notes/Comments:			
Signature			
Signature			

Rusiness Entit	v.Tv	oe (Please select	onel										
Sole Proprietorship		Partnership		Limited Liability	<u></u>	Corporation	Tru	st	Non-Profit Organization		Other		
	1	on Group (Pleas			v —				Organization				
MBE	gnau	□wbe	2 3616	SBE		ПРВЕ			□VET	П	OVET	ПЕЅВ	
Minority Busines Enterprise	SS	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch. Business Ente			Veteran Owned Business	Dis	abled Veteran ned Business	Emerging Small Business	
Number of	Cla	rk County Ne	evad	la Residents	Ε	mployed:				27			
Corporate/Busi	inese	Fntity Name:	Сап	penter Sellers De	el G	Batto Architects	s, PC						
(Include d.b.a.,			Car	penter Sellers De	el G	Satto Architects	3						
Street Address		piloabio	888	2 Spanish Ridge	Av	enue		We	bsite: www.csdarchite	ecture	.com		
City, State and		Code:	Las	Vegas, NV 8914	18			PO	C Name: Mike Del Ga	tto, P		esident	
Telephone No:			702	-251-8896					No: 702-251-8876				
Nevada Local S		t Address:						_	bsite:				
(If different from	m ab	ove)											
City, State and	Zip	Code:						Loc	cal Fax No:				
Local Telephor	ocal Telephone No:						Local POC Name:						
Eddar Telephor		·.				Email:							
Entities include :	all bu	siness associations	s orga	nized under or gov	verr	ned by Title 7 of	the Neva	ıda R	ends to the applicant and evised Statutes, includin s, and professional corpo	ig but pration	not limited to priva	d blicly Traded	
William R. Selle	rs			Pr	rinc	ipal Presiden	t			50			
Michael A. Del C	atto			Pr	rinc	ipal Vice Pre	sident			10			
Michele K. Brigie	da			Pr	rinc	ipal Director				0			
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. 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. 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)? 1. Yes 1. No 1. (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.) 1. 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. 1. Michael Del Gatto 2. Digitally signed by Michael Del Gatto Michael Del Gatto Michael Del Gatto													
Signature						Print Name							
Principal Vice I	Presi	dent				12/09/24 Date		_					
						1							

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
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registere.	Clark County, Department of ship by blood. "Affinity" is a relectors anguinity" applies to the displayment of Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
	noted above, please complete the folio		
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	utive		

Business Entity Ty	pe (Please selec	t one)								
ITT Cala	Partnership	X Limited Liabil	ity [Corporation	Trust	Non-Profit Organization		Other		
Business Designat	ion Group (Pleas	se select all that a	pply)							
МВЕ	X WBE	X SBE		PBE		VET		OVET	IX ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busin Enterprise	ess	Physically Challenged Veteran Owner Business Enterprise Business				abled Veteran ned Business	Emerging Small Business	
Number of Cla	rk County N	evada Reside	nts E	mployed:	3					
Corporate/Business	s Entity Name	Carroll Design (Collab	orative LLC, d	I.b.a. Carr	oll Design Collabor	ative			
(Include d.b.a., if ap										
Street Address:	/	1980 Festival Pl	aza Dı	rive, Suite 450	ı v	/ebsite: www.Carro	II.Desid	ın		
City, State and Zip (Code:	Las Vegas, NV 8		,	P	OC Name: Andrea (mail: Andrea@Carr	Carroll		_	
Telephone No:		702.806.6349			Fa	ax No:				
Nevada Local Stree	t Address:				w	ebsite:				
(If different from ab-	ove)									
City, State and Zip	Code:				Lo	ocal Fax No:				
Local Telephone No	,.		Local POC Name:							
20001 Telephone No					Er	nail:				
Entities include all bus close corporations, fore	síness associations	organized under or	govern inies, pa	ed by Title 7 of tl artnerships, limite	he Nevada i d partnershi Title	ends to the applicant an Revised Statutes, includ ps, and professional cor	ing but n porations (No Corpo	ot limited to priva % Owned at required for Pub rations/Non-profit	licly Traded	
				ipal Architect						
John J. Carroll			Princ	ipal Architect	Managir	ig Member	49%			
Yes 2. Do any individual sister, grandchild, full-time employee	I members, partner ounty Water Recla X No (If y con members, partner grandparent, relae(s), or appointed/e	s, owners or principal mation District full-tires, please note that tracts, or other contributed to a Clark Countilected official(s)?	als, invo ne emp County acts, wh als have by, Depa	lived in the busine loyee(s), or appoi employee(s), or a lich are not subject a spouse, registartment of Aviation	ess entity, a inted/elected appointed/elected to competered domes n, Clark Cou	Clark County, Departme d official(s)? ected official(s) may not	perform , in-law c	ation, Clark Count any work on profe or brother/sister, his bunty Water Recla	ssional service	
I certify under penalty or land-use approvals, con	f perjury, that all of	the information prov	ided he	rein is current, co	omplete and	accurate. I also unders	tand that	the Board will not	take action on	
Signature C	maor approvais, lai	iu saies, ieases of e	xonange -	Andrea L. Ca Print Name		iosure torm.				
Principal Architect			2	12/11/2024 Date						

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	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the did Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first dec	degree of blood relatives as
For County Use Only:			
	noted above, please complete the folio		
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity Typ									
Proprietorship L	Partnership	Limited Liability	/ 7 0	Corporation	Trust	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e select all that app	oly)			1			
MBE	WBE	SBE		PBE		VET		OVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County Ne	evada Residen	ts Em	ployed:			10		
Contracto/Puninger	Entitu Nama	Civil Science Infra	structure	e, Inc.					
Corporate/Business									
(Include d.b.a., if ap	рисавіе	5888 W Sunset Re	d. Suite	203		Vebsite: www.civilscier	ice.con	n	
Street Address:		Las Vegas, NV 89				POC Name: Tim Moren			
City, State and Zip C	Code:	Las vegas, NV 0	7110			mail: tmoreno@c		nce.com	
		(702) 344-2772				ax No: (801) 768-7201			
Tele phone No:		(102) 344-2112				-ax No: (551) / 55 / 25	-: IO =		
Nevada Local Stree					,	Vebsite:			
City, State and Zip	Code:				l	ocal Fax No:			
					ı	ocal POC Name:			
Local Telephone No) :					Email:			
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								ndowner(s). not limited to prive	
	eign corporations, I	s organized under or	applied to governed	o land-use ap d by Title 7 of	plications, e the Nevada ted partners	nd Directors in lieu of extends to the applicant and a Revised Statutes, includ hips, and professional cor	id the lai	ndowner(s). not limited to priva	ate corporations, ed blicly Traded
Civil Eng. Services C	eign corporations, I Full Name	s organized under or imited liability compar	applied to governed	o land-use ap d by Title 7 of nerships, limit	plications, e the Nevada ted partners	extends to the applicant an a Revised Statutes, includ	id the lai	ndowner(s). not limited to privals. % Owne lot required for Pu	ate corporations, ed blicly Traded
	eign corporations, I Full Name Co Emp Stock Ov	s organized under or imited liability compar vnership Tru ∓	applied to	o land-use ap d by Title 7 of nerships, limit	plications, e the Nevada ted partners	extends to the applicant an a Revised Statutes, includ	ing but poration (N Corp	ndowner(s). not limited to privals. % Owne lot required for Pu	ate corporations, ed blicly Traded
No individual holds m	eign corporations, I Full Name Co Emp Stock Ov nore than 5% ow	s organized under or imited liability compar vnership Tru <mark>ra</mark> nership in E r	applied to	o land-use ap d by Title 7 of nerships, limit	plications, e the Nevada ted partners	extends to the applicant an a Revised Statutes, includ	ing but poration (N Corp	ndowner(s). not limited to privals. % Owne lot required for Pu	ate corporations, ed blicly Traded
Civil Eng. Services C No individual holds n Andy Kitchen, Brian Kyle Comer, Rob Ra	eign corporations, I Full Name Co Emp Stock Ov nore than 5% ow Craven, Ed Collin	s organized under or imited liability compar vnership Tru	applied to governed nies, parti	o land-use ap d by Title 7 of nerships, limit	plications, e the Nevada ted partners	extends to the applicant an a Revised Statutes, includ	ing but poration (N Corp	ndowner(s). not limited to privals. % Owne lot required for Pu	ate corporations, ed blicly Traded
No individual holds meaning the Andy Kitchen, Brian of Kyle Comer, Rob Ra This section is not refund the Center or Clark (Common Common Commo	Full Name Co Emp Stock Over than 5% owe Craven, Ed Colling the Equired for publication may be a county Water Rectain the Equired for publication members, partner county Water Rectain members, partner description of the Equired for publication members, partner description of the Equired for all members, partner descriptions at the Equired for appointed for appoint	vnership Trum nership in Em ns, er, Tyler Tur vers, owners or principal amation District full-tin ves, please note that of the tracts, or other contre rs, owners or principal ated to a Clark Count elected official(s)?	ESOP Trustee Trustee Is. Are y Is, involvine employ County eracts, which als have a	o land-use ap If by Title 7 of nerships, limit Trust Trust es rou a publicly ed in the busi typee(s), or app mployee(s), or app	the Nevadated partners Title Title y-traded conness entity, pointed/elector appointed, ject to complistered domaition, Clark Control (Clark Control)	rporation? Yes a Clark County, Departmented official(s)?	ing but poration (N Corp 100%	ndowner(s). not limited to private. % Ownel or required for Purorations/Non-profit or Purorations/Non-profit or Purorations/Non-profit or Purorations/Non-profit or Purorations/Non-profit or Purorations/Non-profit or Profit or	ate corporations, ad blicly Traded blicly Traded it organizations) Inty Detention fessional service half-brother/half-
No individual holds me Andy Kitchen, Brian of Kyle Comer, Rob Ra This section is not re 1. Are any individual Center or Clark (Center or Center or Cent	Full Name Co Emp Stock Over than 5% owe Craven, Ed Colling Equired for publicity and members, partner County Water Rectain Members, partner digrandparent, relace(s), or appointed of perjury, that all confidence in the confidence of the confidenc	vinership Trumenership in Employership Trumenership in Employership in Employership in Employers, owners or principal amation District full-tinutes, please note that intracts, or other contracts, or other contracts, or other contracts, or other contracts or principal ated to a Clark Count elected official(s)?	ESOP Trustee Is. Are y Is, involvine employ County eracts, whice als have a ty, Depart the Discleter rided here xchanges	o land-use ap If by Title 7 of nerships, limit Trust Trust es rou a publicly red in the busi ryee(s), or app mployee(s), or	the Nevadated partners Title Title y-traded co ness entity, pointed/elect or appointed, ject to complete dom tion, Clark Co tionship forr completed dom	rporation? a Revised Statutes, including hips, and professional cores a Clark County, Departmented official(s)? (elected official(s) may not be elected official(s) estic partner, child, parent county Detention Center of the one page 2. If no, please and accurate. I also understand accurate. I also understand accurate.	(N) Corp 100%	ndowner(s). not limited to private. % Owner of the control of the	ate corporations, ad blicly Traded it organizations) hty Detention fessional service half-brother/half- clamation District
No individual holds me Andy Kitchen, Brian of Kyle Comer, Rob Ra This section is not re 1. Are any individual Center or Clark (Company) Yes 2. Do any individual sister, grandchild full-time employed Yes I certify under penalty land-use approvals, of	Full Name Co Emp Stock Over than 5% owe Craven, Ed Colling msey, Ryan Miller and members, partner County Water Rectard members, partner d, grandparent, release(s), or appointed/	vinership Trumenership in Employership Trumenership in Employership in Employership in Employers, owners or principal amation District full-tinutes, please note that intracts, or other contracts, or other contracts, or other contracts, or other contracts or principal ated to a Clark Count elected official(s)?	ESOP Trustee Is. Are y Is, involvine employ County eracts, whice als have a ty, Depart the Discleter rided here xchanges	o land-use ap If by Title 7 of nerships, limit Trust Trust es rou a publicly red in the busi ryee(s), or app mployee(s), or	the Nevadated partners Title Title y-traded co ness entity, pointed/elect or appointed, ject to complete dom tion, Clark Co tionship forr completed dom	rporation? a Revised Statutes, including hips, and professional cores a Clark County, Departmented official(s)? (elected official(s) may not be elected official(s) estic partner, child, parent county Detention Center of the one page 2. If no, please and accurate. I also understand accurate. I also understand accurate.	(N) Corp 100%	ndowner(s). not limited to private. % Owner of the control of the	ate corporations, ad blicly Traded it organizations) hty Detention fessional service half-brother/half- clamation District
No individual holds me Andy Kitchen, Brian of Kyle Comer, Rob Ra This section is not re 1. Are any individual Center or Clark (Company) Yes 2. Do any individual sister, grandchild full-time employed Yes I certify under penalty land-use approvals, company individual company individual sister.	Full Name Co Emp Stock Over than 5% owe Craven, Ed Colling msey, Ryan Miller and members, partner County Water Rectard members, partner d, grandparent, release(s), or appointed/	vinership Trumenership in Employership Trumenership in Employership in Employership in Employers, owners or principal amation District full-tinutes, please note that intracts, or other contracts, or other contracts, owners or principal ated to a Clark Count elected official(s)?	ESOP Trustee Is. Are y Is, involvine employ County eracts, whice Is have a Is, Depart The Disclar To F D	o land-use ap If by Title 7 of nerships, limit Trust Trust es rou a publicly red in the busi ryee(s), or app mployee(s), or	the Nevadated partners Title Title y-traded conness entity, pointed/elector appointed/elector appointed diject to complete ditionship for completed dimer	rporation? a Revised Statutes, including hips, and professional cores a Clark County, Departmented official(s)? (elected official(s) may not be elected official(s) estic partner, child, parent county Detention Center of the one page 2. If no, please and accurate. I also understand accurate. I also understand accurate.	(N) Corp 100%	ndowner(s). not limited to private. % Owner of the control of the	ate corporations, ad blicly Traded it organizations) hty Detention fessional service half-brother/half- clamation District

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			
			Ti.
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 release consanguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as ree)
For County Use Only:			
·	noted above, please complete the following		norticular agenda item?
	ployee(s) noted above involved in the ployee(s) noted above involved in any		
Notes/Comments:	sioyee(s) noted above inversed in any	ne,	
Cignoture			
Signature			
Print Name Authorized Department Representa	tive		

Busi	ness Entity	Тур	e (Please select	one)									
☐ So Prop	ole rietorship		Partnership		Limited Liability	☑ C	orporation	Trus	st	Non-Profit Organization		Other	
Busi	ness Desig	natio	on Group (Pleas	e sel	ect all that apply)							
□м	IBE		□wbe		SBE		PBE			□ VET		OVET	□ESB
	rity Business rprise	5	Women-Owned Business Enterprise		Small Business Enterprise		hysically Cha usiness Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Nur	nber of C	Clar	k County Ne	evac	la Residents	Emp	oloyed:				4		
Corn	orate/Busin	ness	Entity Name:	CVL	. Nevada, Inc.								
	ude d.b.a., i		10										
	et Address:			672) N. Hualapai Wa	ay, Ste	e.145, #313		Web	osite: N/A			
City,	State and 2	Zip C	ode:	Las	Vegas, NV 8914	19				Name: N/A	CVL	/egas.com	1
Telep	phone No:			702	355-3842					No: N/A			
	ida Local St	treet	Address:						Web	osite:			
(If dif	fferent from	abo	ove)										
City,	State and	Zip (Code:						Loca	al Fax No:			
Local	l Telephone	No.							Loca	al POC Name:			
Loca	relephone	, 110							Ema	ail:			
owner Entitie	rship or finan es include al	cial ii I bus , fore	nterest. The disclo- iness associations	sure r orga	equirement, as app nized under or gov	olied to verned l	land-use app by Title 7 of t	lications, the Nevac	exter da Re	Directors in lieu of dis nds to the applicant and evised Statutes, including s, and professional corpo	the lar g but r	idowner(s). not limited to privat	te corporations,
Manue	el Armando				Pre	esiden				1	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations) 100%		
T											<u></u>		
1. /	Are any indiv	idual ark C	members, partner ounty Water Recla	s, ow matio	n District full-time e	involved employe	d in the busing ee(s), or appo	ess entity pinted/eled	, a Cl	lark County, Department official(s)?		ation, Clark Count	
	Yes	[ease note that Cou or other contracts,					cted official(s) may not perive bid.)	erform	any work on profe	essional service
,	sister, grando	child,		ted to	a Clark County, D					c partner, child, parent, i ty Detention Center or C			
	Yes	_[✓ No (If y	es, ple	ease complete the	Disclos	ure of Relation	onship for	m on	Page 2. If no, please pr	rint N/	A on Page 2.)	
					nformation provided es, leases or excha					accurate. I also understa osure form.	nd tha	t the Board will not	t take action on
M. Arr Signat	mando Mo ture	ona	Prez Digitally signed by Date: 2024,12,18	y M. Am 11:24:4	ando Monarre∠ 3 -08'00'		nuel Arman int Name	do Mona	arrez	:			
Preside	ent					_	18/24						
Title						Da	ite 1						

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 Deter	ntion Center or Clark County
"Consanguinity" is a relation	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 – Registere	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	ree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the folio	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity	/Tvp	e (Please select	one)	Y								
Sole Proprietorship		Partnership		Limited Liability	E	Corporation	Trus	st	Non-Profit Organization		Other	
Business Desig	natio	on Group (Please	e sele	ect all that apply)					_		
□мве		□WBE		SBE	_	PBE		_	☐ VET		OVET	□ESB
Minority Busines Enterprise	s	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of 0	Clar	k County Ne	evac	la Residents	E	mployed:				13		
Corporate/Busin	noce	Entity Name:	Des	ign Vision, Inc.								
(Include d.b.a.,		8		Land Architects								
Street Address:	-	pilicable	170	0 W. Horizon Rid	lge	Pkwy, Ste. 20	3	We	bsite: www.slalandar	chitec	ts.com	
	City, State and Zip Code:						1	РО	C Name: Joe Vickers ail: joev@slalar			
Telephone No:			702	-597-3108					(No: 702-597-3177			
Nevada Local S	treet	: Address:						_	bsite:			
(If different fron			sam	ie				***				
City, State and	7342							Loc	cal Fax No:			
								Loc	cal POC Name:			
Local Telephon	e No	:						Em	ail:			
Entities include a close corporations Joe Vickers	s, fore	siness associations aign corporations, I Full Name	s orga imited	l liability companies	s, p	ied to land-use applications, extends to the applications, extends to the applications of the Nevada Revised Statutes, in partnerships, limited partnerships, and professional Title			s, and professional corp	ncluding but not limited to private corporations, al corporations. % Owned (Not required for Publicly Traded Corporations/Non-profit organizations)		
This section is n	ot rei	quired for publicly	y-trao	led corporations.	Ar	e you a publicly	-traded c	orpo	oration? Yes		No	
Are any Indi Center or Cl	vidua lark C	I members, partne County Water Recla	rs, ow amatic	ners or principals, on District full-time	inv em	olved in the busir ployee(s), or app	ness entity ointed/ele	y, a (ected	Clark County, Departme official(s)?	nt of A	viation, Clark Cour	ty Detention
Yes	I	con	tracts	, or other contracts	s, w	hich are not subj	ect to con	npeti	•		·	
sister, grand	dchild	members, partner , grandparent, rela e(s), or appointed/	ated to	o a Clark County, [hav Dep	e a spouse, regis partment of Aviati	stered dor ion, Clark	mest Cou	ic partner, child, parent, nty Detention Center or	in-law Clark	or brother/sister, I County Water Rec	nalf-brother/half- lamation District
Yes		✓ No (If y	es, p	ease complete the	Dis	sclosure of Relati	ionship for	rm o	n Page 2. If no, please	print N	/A on Page 2.)	
I certify under pen land-use approval	alty o	of perjury, that all o ntract approvals, la	f the i	nformation provide des, leases or exch	d h	erein is current, oges without the c	complete, ompleted	and discl	accurate. I also unders losure form.	tand th	at the Board will no	ot take action on
Joe Vickers		Digitally signed to Date: 2024.12.13				Joe Vickers						
Signature						Print Name						
President						12-16-24						
Title						Date						

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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Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
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Notes/Comments:			
Signature			
Print Name Authorized Department Representat	ive		

				002000	****	0. 0			71 14114011 7120	_		
Business E	ntity Ty	oe (Please select	one)		_							
Sole Proprietorshi	ip E	Partnership	Con	imited Liability Ipany	F	Corporation	Tru	st	Non-Profit Organization		Other	
Business D	esignati	on Group (Pleas	e sele	ct all that apply	y)			_		_		
МВЕ		□WBE		SBE		□РВЕ			☐ VET		OVET	□ESB
Minority Bus Enterprise	iness	Women-Owned Business Enterprise		Small Business Enterprise	;	Physically Ch Business Ent			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number	of Cla	rk County Ne	evad	a Residents	s E	mployed:	DLR	Gı	oup has 9	Re	sidents	*
Corporate/E	Busines	s Entity Name:	DL	R Group inc.,	a N	levada corp	oration					
(Include d.b	.a., if ap	pplicable)	N/i	4								
Street Addr	ess:		380	00 Howard Hug	ghe	s Pkwy, Ste. 1	.250	We	bsite: dirgroup.com			
City, State a	and Zip	Code:	Las	Vegas, NV 89	169	1			C Name: Larry Smith			
Telephone I	No.		702	2.269.6615				Fa	No: N/A			
Nevada Loc		t Address:	Se	e above.					bsite:			
(If different	from ab	ove)	-		_			_				
City, State	and Zip	Code:	-		_		_	Lo	cal Fax No:			
Local Telep	hone N	o:							cal POC Name: nail:			
close corpora	itions, for	reign corporations,	limited	liability companie	es, p	artnerships, limit	ted partne	ershi	tevised Statutes, includin s, and professional corp	oration (N	ns. % Owner Not required for Pub	d blicly Traded
N/A No	off	icer of	th	e Corpo	ra	tion h	as m	or	e than 3%_	Ow	nership	t organizations)
See	e at	tached p	pag	e two f	0	r full	list	- 1	of officer	s		
								_				
		equired for public							oration? Yes		No Clark Cour	nty Detention
Center	or Clark	County Water Recl	amatic	n District full-time	em	ployee(s), or app	oointed/el	ecte	d official(s)?			
Yes			ntracts	, or other contrac	ts, w	hich are not sub	ject to co	mpe	itive bid.)			
sister, o	grandchil	d, grandparent, re ee(s), or appointed	lated to /electe	a Clark County, d'official(s)?	Dep	artment of Aviat	tion, Clark	c Co	tic partner, child, parent, unty Detention Center or	Clark	County Water Rec	half-brother/half- lamation District
Yes	5	✓ No (If	yes, p	ease complete th	e Di	sclosure of Rela	tionship fo	orm ·	on Page 2. If no, please p	orint N	I/A on Page 2.)	707 ST. 100 ST.
I certify unde land-use app	r penalty rovals, c	of perjury, that all ontract approvals, I	of the i	nformation provid les, leases or exc	led h chan	erein is current, ges without the o	complete completed	i, and dis	d accurate. I also underst closure form.	and th	at the Board will no	ot take action on
Signature	JA.	ust-				Larry Smith Print Name	ı, AIA	_				
	n Char	ge Justice+C	ivic L	eader		12.18.202	4					
Title			_		_	Date						

REVISED 7/25/2014

2

Full Name	Title	% Owned
Greg Garlock, AIA, LEED AP BD+C	Vice President	Less than 3%
Carmen Wyckoff, AIA, LEED AP	Vice President	Less than 3%
Brian Arial, AIA	Vice President	Less than 3%
Jeremy Reding, AIA, WELL AP	Vice President	Less than 3%
Ed Wilms, AIA	Vice President	Less than 3%
Dangelo Gayle, PE	Vice President	Less than 3%
Jose Rangle, PE	Vice President	Less than 3%
Paul Spannhake, AIA, NCARB	Vice President	Less than 3%
Ryan Robley, PE, SE	Vice President	Less than 3%
John Weiskopf, PE, SE	Vice President	Less than 3%
Jim French, FAIA	Vice President	Less than 3%
Martin Berglund, AIA, DBIA, LEED AP	Vice President	Less than 3%
Donald Horkey, PE, CxA	Vice President	Less than 3%
Tim Thielke, AIA, NCARB	Vice President	Less than 3%
Bob Binder, AIA, LEED AP BD+C	Treasurer	Less than 3%
Ryan Robley, PE, SE	Secretary	Less than 3%
Bob Binder, AIA, LEED AP BD+C	President	Less than 3%
Bob Binder, AIA, LEED AP BD+C	Director	Less than 3%
Ryan Robley, PE, SE	Director	Less than 3%

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			
	EMPLOYEE/OFFICIAL	EMPLOYEE/OFFICIAL 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 age	nda item?
🔲 Yes 🔲 No - Is the County employee(s) noted above involved in any way with the business in performance of the contra	ict?
Notes/Comments:	
Signature	
Drink Nilson	
Print Name Authorized Department Representative	

2

REVISED 7/25/2014

^{*} 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 Entit	у Туг	e (Please select	one)	N Total								
Sole Proprietorship		Partnership		Limited Liability	ב	Corporation	Trus	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sele	ect all that apply)	ī		_		1		
MBE		□WBE		SBE		PBE			□ VET		OVET	ESB
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		- 1	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				4		
Corporate/Bus			Dus	tland Studio LLC	_							
(Include d.b.a.,		plicable)	101	7 S 1st Street, S	uite	185		147	bsite: www.dustlands	tudio	com	
Street Address	:		-	Vegas, NV 8910	_				C Name: Tommy Hug			
City, State and	Zip (Code:	Las	vegas, ivv osit	<i>,</i>				tomana and all re		studio.com	
Telephone No:			(702	2) 860-2462				Ema	No:			
					_							
Nevada Local S								wei	bsite:			
City, State and								Loc	al Fax No:			
								Loc	al POC Name:			
Local Telephor	ne No):						Ema	ail:			
Entities include a close corporation	all bu	siness associations eign corporations, I Full Name	s orga imited	nized under or go I liability companie:	verr s, p	ned by Title 7 of t artnerships, limite	the Nevad ed partner Title	da Re rships	evised Statutes, includi s, and professional corp	oration	not limited to priva is. % Owner ot required for Pul	d
Thomas (Tomm	v) P I	Huggins		0	Owner / Principal Architect			!	Corporations/Non-profit organizations) 50			
Kevin J Ward	3,-				wner / Principal Architect				50			
Are any ind	lividua Clark (County Water Recia	rs, ow amatic /es, pl	rners or principals, on District full-time	invo emp	olved in the busin ployee(s), or apport	ess entity pinted/ele appointed	/, a Cocted	Clark County, Department official(s)?	nt of Av		
sister, gran	dchild	l, grandparent, rela e(s), or appointed/ —	ated to electe	o a Clark County, l d official(s)?	Dep	eartment of Aviation	on, Clark	Cour	ic partner, child, parent, nty Detention Center or n Page 2. If no, please	Clark (County Water Rec	half-brother/half- lamation District
		of perjury, that all on ntract approvals, la							accurate. I also underst osure form.	and tha	at the Board will no	ot take action on
Tommy Hu	ggins	500g8-y sqreety Tonry H-22 gpt/shruet, Enton-higgsustee 50,6-miles, Tonry / million 27/c17 to 64 of 8	A	way Dhuy	Γ.	Tommy Huggin	ns	_				
Owner / Principa	al Arc	chitect			,	December 18,	2024					
Title						Date 1						

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 of follows: • Spouse – Registered	ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first deg	gree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the followers	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		•

Business Entity	Type (Please	select one)						
Sole Proprietorship	Partnership		Limited Liability	Corporation	Trus	Non-Profit Organization		Other	
Business Design	nation Group (Please se	lect all that apply)		_			
□ МВЕ	□wbe		□SBE	□SBE □PBE □VET		VET		VET	□ESB
Minority Business Enterprise	Women-C Business Enterprise		Small Business Physically Challenged Business Enterprise Business Physically Challenged Business			Veteran Owned Business	Disabled Veteran Owned Business Emerging Sma Business		
Number of Clark County Nevada Residents Employed: 6									
Corporate/Busin	ess Entity Nar	ne: Eng	ineering Partners	s, Inc.					
(Include d.b.a., if	applicable)								
Street Address:		477	5 W. Teco Ave S	uite 255	,	Website: www.epinc.p	ro		
City, State and Z	ip Code:	Las	Vegas, NV 8911	8		POC Name: ^{Nimr} Tam Email: nimr.tamir		.pro	
Telephone No:		(70:	2)931-3000			Fax No: (702)551-093	2		
Nevada Local St	reet Address:					Website:			
(If different from	above)								
City, State and 2	Zip Code:					Local Fax No:			
	N				ı	_ocal POC Name:			
Local Telephone	NO:					Email:			
ownership or finance Entities include all	cial interest. The business assoc foreign corporat	disclosure iations orga	requirement, as app anized under or gov	olied to land-use apprenned by Title 7 of	plications, e the Nevada ed partners	and Directors in lieu of extends to the applicant a a Revised Statutes, inclu- hips, and professional co	nd the land	lowner(s). ot limited to priva	te corporations,
Nimr Y. Tamimi	Full Name		Fo	under Principal	Title	D AP		% Owned required for Pub ations/Non-profit	licly Traded
Yen Wen Fang				under, Principal, P.E., LEED AP			50%		
· · · · · · · · · · · · · · · · · · ·				r canadi, r inidi	pui, i . <u></u> .				
									-
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 (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 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 penal land-use approvals,						nd accurate. I also under sclosure form.	stand that	the Board will no	t take action on
Nimr Tamimi Signature	Digitally Date: 20	signed by Nimr ¹ 24.12.05 14:25:	Famimi 14 -10'00'	Nimr Tamimi Print Name					
P.E., LEED AP, Pr	incipal			10/5/24					
Title				Date					

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 confollows: Spouse – Registered 	Clark County, Department of ship by blood. "Affinity" is a relationsanguinity" 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:			
If any Disclosure of Relationship is n	oted above, please complete the follow	wing:	
Yes No Is the County emp	oloyee(s) noted above involved in the c	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	oloyee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			

Business Entit	у Тур	e (Please selec	t one)								
Sole Proprietorship		artnership	Lim	ited Liability	Corporation	□ Tru	st	Non-Profit Organization		Other	
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Minority Busines Enterprise			nall Business iterprise	Physically (Business E			Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business	
	_						_				
Number of	Clar	k County N	evada l	Residents	Employed:						
Corporate/Busi	ness	Entity Name:	Gary Gu	y Wilson Ard	chitects, AIA, Pr	ofessional	Corp	oration			
(Include d.b.a.,	if ap	olicable)									
Street Address:			4945 W	. Patrick			Web	site:www.ggwarch	itects.c	юm	
			Las Veg	as, Nevada	89118		POC	Name: Tyler John	son		
City, State and	Zip C	ode:					Ema	*::(@====i=		om	
Telephone No:			(702) 53	4-7888			_	No:702-534-1818			
Nevada Local S	treet	Address:					Web	olto			
(If different from							1100	olte.			
City, State and		-					Loca	al Fax No:			
							Loça	I POC Name:			
Local Telephon	e No:						Ema	il:			
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Dr. Gary Guy Wil	son			Pre	President/Principal				Corporations/Non-profit organizations) 100		
				_ =					-		
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Yes		No (If y	es, please	note that Cou	mployee(s), or ap nty employee(s), o which are not sul	or appointed	d/elect	ed official(s) may not	perform	any work on profe	essional service
sister, grande	child,	members, partner grandparent, rela (s), or appointed/a	ited to a C	lark County, D	ave a spouse, reg epartment of Avia	istered dor tion, Clark	nestic Count	partner, child, parent y Detention Center o	, in-law r Clark C	or brother/sister, h County Water Reck	alf-brother/half- amation District
Yes					Disclosure of Rela	itionship for	m on l	Page 2. If no, please	print N/	A on Page 2.)	
I certify under pena land-use approvals	alty of	perjury, that all of ract approvals, la	f the inforn nd sales, l	nation provided eases or excha	herein is current, anges without the	complete,	and ad	ccurate. I also unders sure form.	tand tha	it the Board will no	t take action on
Stringture		1			Dr. Gary Guy	Wilson					
Signature					Print Name						
resident/Principa	al				12/6/24						
Title	_				Date						

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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If any Disclosure of Relationship is r	noted above, please complete the folio	owing:	
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	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representat	ive		

Business Ent										
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Proprietorship		Partnership	Limited Liabili Company	ity D	Corporation	Trust	Non-Profit Organization	Other		
Business Des	ignati	on Group (Pleas	e select all that a	pply)					1	
□мве		□WBE	□SBE		☐ PBE		VET	DVET	□ESB	
Minority Busine Enterprise	Minority Business Enterprise Women-Owned Business Enterprise		Small Busin Enterprise	iess	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Sma Business	
Number of	f Cla	rk County Ne	evada Reside	nts E	mployed:	146				
Corporate/Bu	siness	Entity Name:	GCW, Inc.							
(Include d.b.a										
Street Addres		piroubio)	1555 South	Rainl	oow Blvd.	W	_{ebsite:} gcwengir	neering.com		
City, State an		Code:	Las Vegas, N			P	oc Name: Bob Mu		g com	
			100		140		(702) 004		5.00111	
Telephone No): 		(702) 804-20	050		Fa	ax No: (702) 804-	2233		
Nevada Local						W	lebsite:			
(If different fr										
City, State ar	nd Zip	Code:					ocal Fax No:			
Local Telepho	one No	o:			Local POC Name: Email:					
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Geraldine Cruz

From:

Brianna Santiago <BSantiago@gcwengineering.com>

Sent:

Wednesday, February 26, 2025 11:21 AM

To:

Geraldine Cruz

Cc:

Bob Murnane

Subject:

RE: 607190-24 Professional Services for Real Property Management – Master Services

Agreement - GCW Inc.

Good morning, Geraldine.

Yes, of course. Please see the list below.

Tim McCoy, President Bob Murnane, Executive Vice-President Heidi Dexheimer, Executive Vice-President John Tobin, Executive Vice-President

Please let us know if you need anything else.

Best regards, Brianna

Brianna Santiago,

| Direct: 702 804 2021 | Sending us a large file? Use the

From: Geraldine Cruz < Geraldine.Cruz@ClarkCountyNV.gov>

Sent: Wednesday, February 26, 2025 9:58 AM

Subject: FW: 607190-24 Professional Services for Real Property Management - Master Services Agreement - GCW Inc.

Brianna/Bob

Are you able to provide the list of officers for GCW Holdings Inc.

From: Bob Murnane bmurnane@gcwengineering.com>

Sent: Thursday, February 13, 2025 4:10 PM

To: Geraldine Cruz < Geraldine.Cruz@ClarkCountyNV.gov> **Cc:** Brianna Santiago < BSantiago@gcwengineering.com>

Subject: RE: 607190-24 Professional Services for Real Property Management – Master Services Agreement – GCW Inc.

Hi Geraldine

Please find the MSA Signature page and revised disclosure of ownership/principals attached. GCW is an Employee owned company with no single employee owning 5% or more of the company.

If you have any questions or comments, please let me know.

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
JOE YATSON	MARGIE YATSON, MGT ANALYST	SPOUSE	FIRE DEPARTMENT
ERIK DENMAN	DEREK DENMAN, TECHNICIAN	PARENT	CCPW - SURVEY DIVISON
DIAMOND MARQUEZ	NEVEN CHAVEZ, OFFICE ASTS	SIBLING	RECORDS DEPARTMENT
JOE CETRULO	ALICE CETRULO, SUPPORT SPCS	SPOUSE	CC DA'S OFFICE
JEANETTE RIOS	MARTHA RIOS, ASS. ENGINEER	SIBLING	CC PW - TRAFFIC MGMT

^{*} 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 Vo 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	e involved i	n any way with the bu	siness in performance of the contract?							
Notes/Comments:	For:	Margia	Vatsur							
Signature		7100	/ 00/ 000							
Billy Samuels										
Print Name Authorized Department Representative										

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

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
JOE YATSON	MARGIE YATSON, MGT ANALYST	SPOUSE	FIRE DEPARTMENT
ERIK DENMAN	DEREK DENMAN, TECHNICIAN	PARENT	CCPW - SURVEY DIVISON
DIAMOND MARQUEZ	NEVEN CHAVEZ, OFFICE ASTS	SIBLING	RECORDS DEPARTMENT
JOE CETRULO	ALICE CETRULO, SUPPORT SPCS	SPOUSE	CC DA'S OFFICE
JEANETTE RIOS	MARTHA RIOS, ASS. ENGINEER	SIBLING	CC PW - TRAFFIC MGMT
-			

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- 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 t	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:	For Erik Donman
Signature	k
Print Name Authorized Department Representative	Johnsto Rivs

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

Geraldine Cruz

From:

Geraldine Cruz

Sent:

Thursday, February 20, 2025 7:03 AM alice.cetrulo@clarkcountydanv.com

To: Subject:

SOQ 607190-24 - Professional Services for RPM - GCW

Attachments:

GCW - disclosure form.pdf

For

Alua Cetrulo

Alice

Your name was listed on the disclosure of ownership form for GCW Inc.

GCW, Inc. is a firm that was selected for an SOQ list for RPM and are required to disclose any individual members, partners, owners or principals that are related to a County employee.

Please provide your department head's name and email address. I need to contact them to request they complete and sign the attached form and acknowledge that you're not involved in the contracting/selection process or if you are involved in any way the business in performance of the contract.

Geraldine Cruz

Purchasing Analyst Ph: (702) 455-6277

Email: Geraldine.Cruz@Clarkcountynv.gov

Work Hours: 6:00 am - 4:30 pm

Remote: Mondays (available through email and Teams)

In office: Tuesday – Thursday

Sole	y Type (Frea	se select	one)						
Proprietorship	Partners	ship	Limited Liability Company		Trust	Non-Profit Organization		Other	
Business Design	nation Gro	up (Please	e select all that appl	у)			_		
□ МВЕ	☐ WE	3E	SBE	SBE PBE VET				OVET	□ESB
Minority Busines Enterprise	S Wome Busine Enter		Small Business Physically Challenged Business Enterprise Physically Challenged Business			Veteran Owned Business	Disabled Veteran Owned Business Emerging Smal Business		
Number of	Clark Co	unty Ne	evada Resident	s Employed:			23		
Coursests/Dusi	Fatitu	Mamai	Gensler Architectur	e Design & Plann	ning P.C				
Corporate/Busi		V	Gensler	o, 200.g., aa.,	g,				
(Include d.b.a.,		*)	3883 Howard Hugh	es Pkwv	v	Vebsite: gensler.com			
Street Address			Las Vegas, NV 891			OC Name: Trisha Litza	ıu		
City, State and	Zip Code:		Las vegas, IVV 051	05		totale e litera		sler com	
7=1			(702) 893-2800			mail: trisna_iitzat ax No: (702) 893-2805		0101.00111	
Telephone No:			(702) 693-2000		F	ax No: (702) 093-2003			
Nevada Local S	treet Addres	ss:			V	/ebsite:			
(If different from	n above)								
City, State and	Zip Code:					ocal Fax No:			
Local Telephon	a No:				L	ocal POC Name:			
					E	mail:	-		
			sure requirement, as a	oplied to land-use ap	plications, ex	nd Directors in lieu of o dends to the applicant and	d the lar	ndowner(s).	
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This section is many and the section of the section is many individual of the section is many and the section of the section o	Il business as in foreign corporation of the second of the	or publicly ers, partner ater Recla (If ye cont rs, partners arent, rela appointed/e (If ye	organized under or granited liability companies -traded corporations. s, owners or principals mation District full-time es, please note that Cotracts, or other contract sted to a Clark County, elected official(s)? es, please complete the the information providing	Are you a publicly, involved in the busic employee(s), or appountly employee(s), or appountly employee(s), or is, which are not subjusted by the busic employee of Related herein is current, hanges without the candra Mathi	the Nevada ted partnersh Title traded corness entity, a socionted/electer appointed/eject to compestered dome ion, Clark Colonship form	poration? Yes a Clark County, Department official(s)? Statute official(s)? Statute official(s) way not etitive bid.) Statute official(s) can be official(s)? Statute official(s)? Statute official(s) way not etitive bid.) Statute official(s) may not etitive bid.)	(No Corport of the control of the control of Avi	Mowner(s). % Owned of required for Pubprations/Non-profit ensler is an emperement employee own company's total and work on profesor brother/sister, hounty Water Reck A on Page 2.)	te corporations, dicty Traded organizations) bloyee owned firm is more than 4% shares ty Detention essional service alf-brother/half- amation District
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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
N/A	N/A	N/A	N/A
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 relacionsanguinity" 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:			
_	noted above, please complete the follo	_	andiada anada itama
	ployee(s) noted above involved in the oppose in the oppose in the oppose involved in any		-
Notes/Comments:		na, marate scances in performance	
Signature			
Print Name Authorized Department Representat	ive		

Business Entity T	ype (Please selec	t one										
Sole Proprietorship	Partnership		Limited Liability mpany	Corporatio	n T	ust	Non-Profit Organization		Other			
Business Designa	tion Group (Pleas	se sel	ect all that apply)								
MBE	□WBE		SBE	□PBE			□ VET		DVET	□ESB		
Minority Business Enterprise	Women-Owner Business Enterprise	d	Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business		
Number of Cla	ark County N	evac	da Residents	Employed				11				
Corporate/Busines	ss Entity Name:	Geo	orge M. Rogers, (Chartered								
(Include d.b.a., If a	pplicable)	Geo	orge M. Rogers, A	Architect (GMF	A)							
Street Address:		632	5 South Jones B	oulevard, Suite	100	We	bsite: www.gmralv.	com				
City, State and Zip	8		PO	C Name: George Ro	ogers	itect.com						
Telephone No:		702	-894-5027			-	x No: 702-894-5028					
Nevada Local Stre	et Address:					We	ebsite:					
(If different from a	bove)	-				1_						
City, State and Zij	Code:	_				Lo	cal Fax No:					
Local Telephone N		Local POC Name:										
Local Telephone II					Emaîl:							
lose corporations, fo	reign corporations,	limited	l liability companies	i, partnerships, lii	nited partr Title	ership	os, and professional co		% Owner			
ieorge M. Rogers			Pro	esident	sident			(Not required for Publicly Traded Corporations/Non-profit organizations) 100				
	·	_						_				
This section is not r	equired for public	lv-trad	lad corporations	Are vou a nubli	civ-traded	corn	oration?	تا	No			
Are any individu		ers, ow	ners or principals, i	involved in the bu	isiness eni	ity, a (است Clark County, Departm	-		ty Detention		
Yes			ease note that Cou , or other contracts				ected official(s) may no itive bid.)	t perform	n any work on prof	essional service		
sister, grandchi		lated to	a Clark County, D				tic partner, child, paren enty Detention Center o					
Yes	☑ No (If	yes, pl	ease complete the	Disclosure of Re	lationship	orm o	n Page 2. If no, please	print N	/A on Page 2.)			
certify under penalty and-use approvale, o							accurate. I also under losure form.	stand the	at the Board will no	ot take action on		
Yu	11/11/			George M.	Rogers							
Signature (V			Print Name	-							
resident				December	2, 2024							
Title				Date		_						

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
Water Reclamation District. "Consanguinity" is a relations	Clark County, Department of ship by blood. "Affinity" is a relucionsanguinity" applies to the	ationship by marriage.	
Spouse – Registered	d Domestic Partners – Childrer	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
	noted above, please complete the follo		
	ployee(s) noted above involved in the obloyee(s) noted above involved in any		
Notes/Comments:	noyoo(o) noted above involved in any	way with the business in performance	e of the confract?
Signature			
Print Name			
Authorized Department Representat	ive		

Business Entity T	vne /Please selec	t one)											
To de	*		Limited Liability	E-AV	2 1	listal _		Non-Profit					
Proprietorship	Partnership		тралу		Corporation	Tru	ust	Organization		Other			
Business Designa	tion Group (Pleas	e sel	ect all that apply	/)									
☐ MBE	□wBE		SBE	_	PBE			VET		OVET	□ESB		
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise Veteran Owned Business					abled Veteran ned Business	Emerging Small Business		
Number of Cl	ark County N	evac	la Residents	E	mployed:		_		31				
Corporate/Busines	ss Entity Name:	Harr	is Consulting Er	ngin	gineers, LLC								
(Include d.b.a., if applicable)													
Street Address:	ppiroducty	680	Pilot Road, Suite	e A			We	bsite: www.harriseng	jineers	s.com			
otreat radiess.		Las	Vegas, Nevada	89	119			C Name: Kent T. Bell					
City, State and Zip	Code:	1	· ogao, · · o · asa	-				nail: kbell@harri		eers.com			
Telephone No:		702-	269-1575				_	K No: 702-269-1574					
The second second second			1130 1100	-0.00		NILLEN FOR	I STATE		197				
Nevada Local Stre							We	ebsite:					
(If different from a													
City, State and Zij	Code:							cal Fax No:					
Local Telephone N	o:				Local POC Name: Email:								
Publicly-traded entions ownership or financial Entities include all b	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.												
Kent T. Bell	Full Name		Pr	Title resident / Mechanical Engineer			ır	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations) 70%					
James F. Heal				Principal				30%					
		-		molpai									
Are any individu	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?												
sister, grandchil	d, grandparent, rela ee(s), or appointed/o	ated to elected	a Clark County, D d official(s)? ease complete the	Dis	artment of Aviation	on, Clark onship fo	Cou	ic partner, child, parent, nty Detention Center or n Page 2. If no, please	Clark (County Water Recl			
I certify under penalty land-use approvals, c			formation provided	d he ang	erein is current, c	complete	, and	accurate. I also undersi			t take action on		
Signature	Print Name												
President, Mechanic	al Engineer			-	/2/17/20 Date	24							
				_									

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	0.44.00		
		18	
	· · · · · · · · · · · · · · · · · · ·		
Water Reclamation District. "Consanguinity" is a relations	Clark County, Department of ship by blood. "Affinity" is a release.	ationship by marriage.	
Spouse – Registered	d Domestic Partners – Children	ı – Parents – In-laws (first deç	gree)
Brothers/Sisters – Haller	alf-Brothers/Half-Siste r s – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
•	noted above, please complete the follo	wing:	
Yes No Is the County emp	oloyee(s) noted above involved in the	contracting/selection process for this	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:			

Busines	s Entity Tu	pe (Please selec	t one											
Sole		Partnership	T =	Limited Liability	_	Corporation	Trus	- +	Non-Profit		Other			
Proprieto	orsnip —		**	mpany	_	Corporation	III IIus	٥ ١	Organization		Other			
Vers.	s Designat		se sel	ect all that apply)	ПРВЕ		Т	VET	Ī	TDVET	ΠESB		
MBE Minority I	Business	WBE Women-Owned	t e	Small Business		Physically Cha	allenged	1	Veteran Owned	[Disabled Veteran	Emerging Small		
Enterpris	se	Business Enterprise		Enterprise		Business Ente	erprise		Business		Owned Business	Business		
Numb	er of Cla	rk County N	evac	da Residents	E	mployed:				4				
Corpora	te/Busines	s Entity Name:	1	a Engineering II	_									
(Include	d.b.a., if a	oplicable)	N/A											
Street A	ddress:		+	1 W Sahara Ave	_		-		bsite: www.havaeng		ring.com			
City, Sta	ate and Zip	Code:	Las	Vegas Nevada	891	17		PO:	C Name: Ali Eric Jav all: Ali@HavaE		eering.com			
Telepho	ne No:		949	.524.9851					: No: N/A					
		et Address:						Wel	bsite: www.havaeng	jinee	ring.com			
(If differe	ent from ab	ove)	N/A											
City, Sta	ate and Zip	Code:	N/A			Local Fax No: N/A								
Local Telephone No: 949.524.9851						Local POC Nar				ne: Ali Eric Javan Ali@HavaEngineering.com				
					-			Ema	ail: All@	пача	acingineening.com	ii 		
Entities is	include all bu	ısiness association	ns orga	anized under or go d liability companie	verr s, p	all Corporate Officers and Directors in lied do land-use applications, extends to the applicated by Title 7 of the Nevada Revised Statutes, in artnerships, limited partnerships, and professional Title			evised Statutes, includ	ncluding but not limited to private corporations,				
									-					
1. Are Cen	any individu	al members, partn County Water Rec	ers, ov lamatio	on District full-time	invo emp	olved in the busin ployee(s), or app or employee(s), or	ness entity ointed/ele appointe	y, a C cted d/ele	Clark County, Departmonth official(s)?	ent of				
siste	er, grandchil	d, grandparent, re ee(s), or appointed	lated t l/electe	o a Clark County, ed official(s)?	Dep	artment of Aviati	on, Clark	Cou	ic partner, child, paren nty Detention Center o	r Cla	rk County Water Re	r, half-brother/half- eclamation District		
	Yes				-				n Page 2. If no, please					
l certify ur land-use a	nder penalty approvals, c	of perjury, that all ontract approvals,	of the land sa	information provide ales, leases or excl	ed h nanç	erein is current, oges without the c	complete, ompleted	and discl	accurate. I also under losure form.	stand	that the Board will	not take action on		
A	di E Javan	=10 glody segred by Afr E. Jav. globic 2015 E-aligh havening 20 globic 2024,11.21 14.28.02<		MYA Engineering LLC, CN_AU E		ALI ERIC JAV	'AN							
Signature						Print Name								
PRESIDE	ENT					11/21/2024 Date				_				
LIGE			_		_									

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.

- 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.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

Business Entity Ty	pe (Please select	one	·									
□ c.t.	Partnership		Limited Liability	Е	Corporation	Tru	st	Non-Profit Organization		Other		
Business Designati	ion Group (Pleas	e sel	ect all that apply)			_					
МВЕ	□wBE		SBE		□PBE			□VET	DVET		ESB	
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		, , , , ,			Veteran Owned Business			Emerging Small Business	
Number of Cla	rk County Ne	evac	la Residents	Ε	mployed:				4			
Corporate/Business	Entitu Namo:	Hoo	gland Architectu	re.	LTD.							
(Include d.b.a., if ap			J									
Street Address:	phicable	628	0 S. Valley View	Blv	/d. #742		We	bsite: https://hoogland	darchi	tecture.com/		
City, State and Zip	Code:	_	Vegas, NV 8911				РО	C Name: Henry CJ Ho	oglan	d, III, AIA		
		702	-343-1850					iali.	alcilli	lecture.com		
Telephone No:		702	-343-1650				Fax	(No:				
Nevada Local Stree	w						We	bsite:				
(If different from ab		_					_					
City, State and Zip	Code:	_						cal Fax No:				
Local Telephone No) :				Email:			cal POC Name:				
								evised Statutes, includin s, and professional corpo			e corporations,	
	Full Name			Title				% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)				
Henry CJ Hoogland,	III, AIA		Pri	inci	ipal				100			
This section is not re	quired for publicly	y-trad	ed corporations.	Are	you a publicly-	traded o	orpo	oration? Yes	7	No		
	al members, partnei County Water Recla							Clark County, Departmen official(s)?	t of Av	ation, Clark Count	y Detention	
Yes			ease note that Cou , or other contracts					cted official(s) may not p tive bid.)	erform	any work on profe	ssional service	
sister, grandchild		ated to	a Clark County, D					ic partner, child, parent, i nty Detention Center or 0				
Yes	✓ No (If y	es, pl	ease complete the	Dis	closure of Relatio	onship fo	rm or	n Page 2. If no, please p	rint N/	A on Page 2.)		
I certify under penalty of land-use approvals, co								accurate. I also understa osure form.	ind tha	t the Board will not	take action on	
Signature	My	_	~	ļ	Henry CJ Hoog	gland, II	I, Al	Α				
Principal Architect Title				_	12.18.2024 Date							

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	N/A	N/A	N/A
	ν.		
Water Reclamation District.	Clark County, Department of		ntion Center or Clark County
	ship by blood. "Affinity" is a rel		
"To the second degree of c follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	d Domestic Partners – Children	n – Parents – In-laws (first deg	ree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
	noted above, please complete the follo	wing:	
	ployee(s) noted above involved in the		particular agenda item?
Yes No Is the County emp	oloyee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Circulation of the control of the co			
Signature			

mited Liability	Corporation	Trust	Non-Profit Organization		Other					
t all that apply)			1 0.90			/				
SBE	□РВЕ		□VET	DVE	Т	□ESB				
			Veteran Owned Business	Disabled Veteran Owned Business Emerging Sma Business						
Residents	Employed:			73						
cks LLC										
(Include d.b.a., if applicable)										
Nest Grove Par	kway	W	/ebsite: www.horrocks	.com						
ant Grove, UT 8	34062		la al Observa							
33.5100		F	ax No: (801) 763-5101							
N. Green Valley	Parkway, Suite	W								
arson Nevada 8	89074	- I.								
ison, recedua c				lacoby						
66.4063	laa				com					
	ied to land-use app	olications, ex	tends to the applicant an	d the landov	wner(s).					
zed under or gove	ied to land-use app erned by Title 7 of	olications, ex the Nevada	tends to the applicant an Revised Statutes, includ ips, and professional cor	d the landowing but not liporations.	wner(s). Iimited to priva % Owned	ate corporations,				
red under or gove ability companies,	ied to land-use app erned by Title 7 of	olications, ex the Nevada ed partnersh	tends to the applicant an Revised Statutes, includ	id the landowing but not leporations. (Not re	wner(s). limited to priva % Owned equired for Put	ate corporations,				
zed under or gove ability companies,	ied to land-use apperned by Title 7 of partnerships, limite	olications, ex the Nevada ed partnersh Title	tends to the applicant an Revised Statutes, includ	id the landoving but not l porations. (Not re Corporati	wner(s). limited to priva % Owned equired for Put	ate corporations, d blicly Traded				
eed under or gove ability companies,	ied to land-use apperned by Title 7 of partnerships, limite	olications, ex the Nevada ed partnersh Title	tends to the applicant an Revised Statutes, includ	ing but not I porations. (Not re Corporati	wner(s). limited to priva % Owned equired for Put	ate corporations, d blicly Traded				
eed under or gove ability companies, Pre See Ma	ied to land-use apperned by Title 7 of partnerships, limite esident Horrocks cretary Horrocks naging Member	the Nevada ed partnersh Title	tends to the applicant an Revised Statutes, includings, and professional cordinates, and professional cordinates.	ing but not I porations. (Not re Corporation) 0% 100%	wner(s). limited to private when the content of th	ate corporations, d blicly Traded t organizations)				
Pre See Ma ## Corporations. A ## Corporations or principals, in District full-time e	erned by Title 7 of partnerships, limited by Title 7 of partnerships, limited by the partnerships and the partnerships are the partnerships and the partnerships are you a publicly involved in the busing mployee(s), or app	the Nevada ed partnersh Title	ntends to the applicant an Revised Statutes, includings, and professional corporation? Poration? Yes a Clark County, Department official(s)?	ing but not I porations. (Not re Corporations) 0% 100% No lent of Aviation	wner(s). limited to private with the construction of the construc	ate corporations, d blicly Traded t organizations)				
Pre Ser Ma d corporations. A ers or principals, ir District full-time er use note that Cour or other contracts,	eried to land-use apperned by Title 7 of partnerships, limited sesident Horrocks cretary Horrocks naging Member Are you a publicly prolived in the busing mployee(s), or apporty employee(s), or which are not subj	the Nevada ed partnersh Title -traded corporates entity, a cointed/elector appointed/elector ect to compe	poration? Yes a Clark County, Department of official(s)?	ing but not I porations. (Not re Corporations) 0% 100% V No ent of Aviation and a perform and a performance an	wner(s). limited to private which was a construction of the const	ate corporations, d blicity Traded t organizations) aty Detention fessional service				
Pre Ser Ma Corporations. A corporation or other contracts, rs or principals his corporation of the contracts, rs or principals his clark County, Difficial(s)?	eried to land-use apperned by Title 7 of partnerships, limited sident Horrocks cretary Horrocks naging Member have you a publicity involved in the busing miles appeared by the horse of the property employee(s), or appeared by the horse of	the Nevada ed partnersh Title -traded corn ness entity, a ointed/electe appointed/e ect to compe stered dome on, Clark Co	poration? Yes a Clark County, Department of official(s)? elected official(s) may not etitive bid.)	(Not re Corporations. (Not re Corporations) 0% 100% V Notent of Aviation of Aviation of Aviation of Aviation of Clark Cour	wner(s). limited to private with the content of th	ate corporations, d blicly Traded t organizations) aty Detention fessional service				
Pre Ser Ma ## Corporations. If Corporations is a component of the contracts, are on principals, in the contracts, are on principals had clark Country, Difficial(s)?	erned by Title 7 of partnerships, limited by Title 7 of partnerships, limited by the partnerships and publicly avolved in the busing property employee(s), or apporty employee(s), or apporty employee(s), or which are not subjury ave a spouse, register as pouse, register as pous	the Nevada ed partnersh Title -traded corp ness entity, a ointed/electer ect to compe stered dome on, Clark Co- ionship form	poration? Yes a Clark County, Department of official(s)? Selected official(s) may not etitive bid.) estic partner, child, parent out you be controlled to the county of t	(Not re Corporations. (Not re Corporations. 100% No ent of Aviation at perform an an art, in-law or be reclared to print N/A or	wner(s). Ilimited to private with the private was a common on, Clark Country work on professions was a contracted with the profession on the profession was a contracted with the profession of the profession was a contracted with the profession of the private was a contracted on the pr	ate corporations, d blicly Traded t organizations) aty Detention ressional service half-brother/half-				
Pre Ser Ma # corporations. A ers or principals, in District full-time e use note that Coun or other contracts, rs or principals his clark County, Di official(s)?	erned by Title 7 of partnerships, limited by Title 7 of partnerships, limited by the partnerships and publicly avolved in the busing property employee(s), or apporty employee(s), or apporty employee(s), or which are not subjury ave a spouse, register as pouse, register as pous	the Nevada ed partnersh Title -traded corposes entity, a cointed/electer appointed/electer to compessered dome on, Clark Coinship form complete, are	poration? Yes a Clark County, Department of official(s)? elected official(s) may not entitle bid.) estic partner, child, parent ounty Detention Center of on Page 2. If no, please and accurate. I also understanding the county of the county o	(Not re Corporations. (Not re Corporations. 100% No ent of Aviation at perform an an art, in-law or be reclared to print N/A or	wner(s). Ilimited to private with the private was a common on, Clark Country work on professions was a contracted with the profession on the profession was a contracted with the profession of the profession was a contracted with the profession of the private was a contracted on the pr	ate corporations, d blicly Traded t organizations) aty Detention ressional service half-brother/half-				
Pre Ser Ma # corporations. A ers or principals, in District full-time e use note that Coun or other contracts, rs or principals his clark County, Di official(s)?	erned by Title 7 of partnerships, limited as in the partnerships are partnerships as pouse, register as pou	the Nevada ed partnersh Title -traded corposes entity, a cointed/electer appointed/electer to compessered dome on, Clark Coinship form complete, are	poration? Yes a Clark County, Department of official(s)? elected official(s) may not entitle bid.) estic partner, child, parent ounty Detention Center of on Page 2. If no, please and accurate. I also understanding the county of the county o	(Not re Corporations. (Not re Corporations. 100% No ent of Aviation at perform an an art, in-law or be reclared to print N/A or	wner(s). limited to private with the private was a common on, Clark Country work on professions was a contracted with the profession on the profession on the profession on the profession of the profession on the profession of the private was a contracted on the priva	ate corporations, d blicly Traded t organizations) aty Detention ressional service half-brother/half-				
	Residents Residents Cks LLC West Grove Parant Grove, UT 8 63.5100 N. Green Valley Person, Nevada 8 66.4063 and non-profit or before the Board.	Residents Employed: Residents Employed: Cks LLC West Grove Parkway ant Grove, UT 84062 S3.5100 N. Green Valley Parkway, Suite erson, Nevada 89074 36.4063 and non-profit organizations, must before the Board.	Residents Employed: Residents Employed: Cks LLC West Grove Parkway ant Grove, UT 84062 P. Sa.5100 R. Green Valley Parkway, Suite 160 Person, Nevada 89074 L. Ge.4063 L. Ge.4063 L. Ge.4063 L. Ge.4063	Residents Employed: Cks LLC West Grove Parkway ant Grove, UT 84062 N. Green Valley Parkway, Suite 160 Parkway, Suite 160 Residents Employed: Website: www.horrocks Email: leej@horro Residents Employed: Website: www.horrocks Email: leej@horro Local Fax No: n/a Local POC Name: Lee Email: leej@	Residents Employed: Residents	Physically Challenged Business Enterprise Physically Challenged Business Residents Employed: Residents Employed: Website: www.horrocks.com ant Grove, UT 84062 POC Name: Lee Jacoby Email: leej@horrocks.com Sa.5100 Fax No: (801) 763-5101 Website: www.horrocks.com Local Fax No: n/a Local POC Name: Lee Jacoby Email: leej@horrocks.com Pocal Fax No: n/a Local POC Name: Lee Jacoby Email: leej@horrocks.com				

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 of follows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a relector consanguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
	noted above, please complete the follo		
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa			

Business Entit	v Tvr	e (Please select	one										
Sole Proprietorship		Partnership		Limited Liability	Z	Corporation	Tru	st	Non-Profit Organization		Other		
Business Design	nati	on Group (Pleas	e sel	ect all that apply)								
MBE		□WBE		SBE		□PBE			□VET	DVET		□ESB	
Minority Busines Enterprise	SS	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise		Veteran Owned Business			Emerging Small Business		
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				22			
Corporate/Pupi		Entity Name	Hou	gland Pils Inc									
Corporate/Busi (Include d.b.a.,		1000		Consulting Eng	ine	ers							
Street Address		piloable)	_	OS Valley View F	_			We	bsite: www.hpace-lv	.com			
	Las Vegas, NV 89118 City, State and Zip Code:								C Name: Karl Pils		m		
Telephone No:			(702	?) 685-0136					No: (702) 685-8890				
Nevada Local S	troot	Addrose:						_	bsite:				
(If different from			San	ne as above				WE	baile.				
City, State and								Loc	al Fax No:				
							Local POC Name:						
Local Telephon	e No	:						Email:					
Entities include a	ill bus s, fore	siness associations	orga	nized under or gov	em	ed by Title 7 of t	he Neva	da R	nds to the applicant ar evised Statutes, includ s, and professional cor	ing but i poration (N	not limited to priva	i Ilicly Traded	
Karl W Pils				Pri	inci	pal				50			
James YL Hough	and			Pri	inci	pal			2	50			
								_					
Are any indi	vidua	l members, partner	rs, ow	ed corporations. ners or principals, i n District full-time e	nvo	lved in the busin	ess entity	, у, а С	Clark County, Departme		No iation, Clark Coun	ty Detention	
Yes	[ease note that Cou , or other contracts,					cted official(s) may not ive bid.)	perform	any work on prof	essional service	
sister, grand full-time em	child,	grandparent, rela e(s), or appointed/e	ted to	a Clark County, D d official(s)?	ера	artment of Aviation	on, Clark	Cour	c partner, child, parent nty Detention Center of	r Clark C	County Water Recl		
		f perjury, that all of	f the in		d he	rein is current, c	omplete,	and	n Page 2. If no, please accurate. I also unders osure form.			t take action on	
Karl W Pi	ls	B. Colonial right of Colonial	alling Englands, Clark	uan,	5	Karl Pils Print Name							
Principal					60	12/17/2024							
Title					_	Date							

	NAME OF COUNTY*	RELATIONSHIP TO	COUNTY*						
NAME OF BUSINESS OWNER/PRINCIPAL	EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT						
N/A	7112 002 1112								
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County						
"Consanguinity" is a relations	ship by blood. "Affinity" is a re	lationship 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 – Childre	n – Parents – In-laws (first deg	gree)						
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)						
For County Use Only:	seted shows places complete the fell	nuina:							
	noted above, please complete the followers		particular agenda item?						
	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 Representat	tive ⁻								

Business Entit	v Tvi	pe (Please select	one)	Š									
Sole Proprietorship		Partnership		Limited Liability	V	Corporation	Tru	ıst	Non-Profit Organization		Other		
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)								
□MBE		□WBE		SBE		☐ PBE			VET		OVET	□ESB	
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number of	Cla	rk County Ne	evac	la Residents	Er	mployed:				5			
Corporate/Business Entity Name: JVC Associates, Inc.													
				Architects									
(Include d.b.a., Street Address		plicable)		5 Cameron St, S	Suite	15		Wa	bsite: www.jvcarchited	ts.ne	t		
City, State and		Code:		Vegas, NV 8911				РО	C Name: Jim Van Con	npern	olle		
			702	-871-3416					ull.		net		
Telephone No:			102	-071-3410	_			Fax	k No: N/A	-			
	Nevada Local Street Address: same as above (If different from above)					We	bsite:						
City, State and	City, State and Zip Code:							Loc	Local Fax No:				
Local Telephone No:					Local POC Name:			cal POC Name:					
Eddar Telephor	10 140	,.						Em	ail:				
Entities include	all bu	siness associations	s orga	nized under or gov	vem	ed by Title 7 of	the Neva	da R	ends to the applicant and evised Statutes, including s, and professional corpo	g but i ration (N	not limited to priva s. % Owned ot required for Pub	d blicly Traded	
Jim Van Compe	rnolle	9		Pr	resid	sident			1	Corpo 00	orations/Non-profit	organizations)	
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 (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 No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)													
		of perjury, that all o ntract approvals, la							accurate. I also understa losure form.	nd tha	at the Board will no	ot take action on	
Jim Van Compernolle Print Name													
President Title	President 12/10/2024												
THE						Date 1							

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	"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								
Yes No Is the County em	noted above, please complete the foll ployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this							
Signature Print Name Authorized Department Representa	ative								

Business Entity Type (Please select one)									
Sole Proprietorship	Partnership	Limited Liability Company	✓ Corporation	Trust	Non-Profit Organization				
Business Designa	ation Group (Pleas	e select all that appl	y)						
МВЕ	□wbe	SBE	PBE		□VET	DVET	□ESB		
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically C Business En		Veteran Owned Business	Disabled Veteran Owned Business			
Number of CI	ark County N	evada Resident	s Employed:			49			
Corporate/Busine	ss Entity Name:	kga, Inc.							
(Include d.b.a., if a	applicable)	007514187-11-87	- Outs 200			ion			
Street Address:		9075 W Diablo Driv	e, Suite 300		Vebsite: www.kga.des				
City, State and Zij	o Code:	Las Vegas, NV			OC Name: Brian Henl				
		702 267 6000			.man	i.uesigii			
Telephone No:		702.367.6900		F	ax No:				
Nevada Local Stro				V	Vebsite:				
City, State and Zi	p Code:			L	ocal Fax No:				
				L					
Local Telephone	No:			E	mail:				
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)		
James C. Lord II		F	Partner, CEO			33.67%			
Rick Romito		F	Partner, COO/CF0)		33.33%			
Lee Norsworthy		F	Partner, Director o	of Architectu	re	11%			
Brian Henley Che	isea Lavell	F	Partner, Director o	of Design F	artner, Director	11% 11%			
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									
Yes	✓ No (If	yes, please complete th	e Disclosure of Rela	ationship form	on Page 2. If no, pleas	e print N/A on Page 2.)			
land-use approvals	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, leaves or exchanges without the completed disclosure form. Brian Henley								
Signature 2	· ·	2772	Print Name						
Partner, Director o	f Design		12/17/2024						
Title			Date						

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	"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)								
For County Use Only:									
	noted above, please complete the folio								
	ployee(s) noted above involved in the								
_	ployee(s) noted above involved in any	way with the business in performance	e of the contract?						
Notes/Comments:									
Signature									
Print Name Authorized Department Representa	tive								

			ISCEO301	<u></u>	OI OVVI	ILIVOI	111	PIRMOIPALS			
Business Entity Type (Please select one)											
Sole Proprietorship	Partnership		Limited Liability mpany	[Corporation	Trus	st	Non-Profit Organization		Other	
Business Design	ation Group (Pleas	se sel	ect all that apply)							
MBE	□WBE		□SBE		□PBE			□VET		VET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	i	Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of C	lark County N	evac	la Residents	E	mployed:				110		_
Corporate/Busine	ess Entity Name:	Kim	ley-Horn and Ass	soc	iates, Inc.						
(Include d.b.a., if	applicable)										
Street Address:		421	Fayetteville Stre	et,	Suite 600		We	ebsite: www.kimley-hor	n.com	1	
City, State and Zi	p Code:	Rale	eigh, NC 27601				РО	C Name: Steve Lefton,	PLA,	AICP	
		703	.674.1373			-		iuiii -	KIIIIC	y 110171.00111	
Telephone No:		703.	.074.1373	-			Fax	k No:			
Nevada Local Str		6671 Las Vegas Boulevard South, Suite 320				We	bsite: www.kimley-hor	n.con	п		
City, State and Z	ip Code:	Las Vegas, NV 89119					Local Fax No:				
Local Telephone	No:	702.862.3600				100		cal POC Name: Michae		ley, PE, PTOE ley@kimley-hor	rn com
							Em	ail: michae	1.11108	iey@kiiiiley-iioi	ni.com
Publicly-traded en ownership or financi Entities include all	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.										
NIA			Title				(Not required for Publicly Traded Corporations/Non-profit organizations)				
N/A											
N/A											
N/A											
N/A		-							_		
This section is not	required for public	y-trad	ed corporations.	Are	you a publicly	-traded co	orpo	oration? Yes	\checkmark	No	
	dual members, partne k County Water Reck							Clark County, Department official(s)?	of Avia	ation, Clark Count	ty Detention
Yes			ease note that Cou , or other contracts,					cted official(s) may not petive bid.)	rform	any work on profe	essional service
sister, grandch		ated to	a Clark County, D					ic partner, child, parent, ir nty Detention Center or C			
Yes	✓ No (If	yes, pl	ease complete the	Disc	closure of Relation	onship for	m oi	n Page 2. If no, please pr	int 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.											
	Hed S Mys			ı	Michael Mosle	y, PE, P ⁻	TOE	=			
Signature					Print Name						
Authorized Signer					12/12/24						
Title					Date						

SOR

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
"To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a relations and the consanguinity" applies to the constitution of the constit	candidate's first and second n – Parents – In-laws (first deg	ree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Grar	ndchildren – Grandparents – II	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is n	oted above, please complete the follow	wing:	
Yes No Is the County emp	loyee(s) noted above involved in the o	contracting/selection process for this p	particular agenda item?
Yes No Is the County emp	loyee(s) noted above involved in any v	way with the business in performance	of the contract?
Notes/Comments:			
Signature			
Oignature			
Print Name Authorized Department Representati	ve		

Geraldine Cruz

From:

Mosley, Michael <michael.mosley@kimley-horn.com>

Sent:

Monday, February 17, 2025 4:30 PM

To:

Geraldine Cruz

Cc:

Webster, Savannah

Subject:

RE: 607190-24 Professional Services for Real Property Management – Master Services

Agreement - Kimley Horn and Associates

Attachments:

MEP_Disclosure of Own_REV.pdf; Const_Reno_Disclosure of Own_REV.pdf;

Ext_Imp_Disclosure of Own_REV.pdf

Geraldine,

Kimley-Horn and Associates, Inc. is wholly owned by Associates Group Services, Inc., which is wholly owned by APHC, Inc., which is owned by over 800 Kimley-Horn employees, none of which own 2% or more of the outstanding shares. Therefore, there are no individuals holding more than 5% ownership, or financial interest in Kimley-Horn, to list on the requested forms. We did update the forms to show myself as the point of contact (POC) and local POC. I am also the authorized signer. Could you please update the Kimley-Horn and Associates, Inc. signature line within the MSA to show "Michael Mosley, Vice President", and send us a revised copy? Thank you,

Michael S. Mosley P.E., PTOE

Kimley-Horn | 6671 Las Vegas Boulevard South, Las Vegas NV 89119

Direct: 702 862 3626 | Mobile: 480 720 2718 |

From: Geraldine Cruz < Geraldine.Cruz@ClarkCountyNV.gov>

Sent: Wednesday, February 12, 2025 4:20 PM

To: Lefton, Steve <Steve.Lefton@kimley-horn.com>

Cc: Mosley, Michael <michael.mosley@kimley-horn.com>

Subject: 607190-24 Professional Services for Real Property Management – Master Services Agreement – Klmley Horn

and Associates

You don't often get email from geraldine.cruz@clarkcountynv.gov. Learn why this is important

Your firm meets the qualifications for the above referenced project (Category 1, 2 & 3)

Attached is the Master Services Agreement for your review. Please sign and return the **signature page only** by end of business day Tuesday February 18, 2025 or sooner.

Attached is a copy of your firm's Disclosure of Ownership form. Please provide the list of officers and resubmit

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	Business Entity Tu	no /Blanco coloct	onol									
Susiness Designation Group (Please select all that apply)			T					Non-Profit				
Minority Business More M		Partnership			7	Corporation	Trust					
Minority Business Enterprise Number of Clark County Nevada Residents Employed: 36	Business Designati	on Group (Pleas	e sele	ect all that apply)			T-	_			
Number of Clark County Nevada Residents Employed: 36 Section 19	МВE	□WBE		SBE		□PBE		□VET		DVET	□ESB	
Corporate/Business Entity Name: (Include d.b.a., if applicable) Street Address: 770 First Avenue, Suite 400	,	Business										
Corporate/Business Entity Name: (Include d.b.a., if applicable) Street Address: 770 First Avenue, Suite 400					_							
Sire Address: 770 First Avenue, Suttle 400 Website: www.kleinfelder.com Street Address: 770 First Avenue, Suttle 400 Website: www.kleinfelder.com San Diego, CA 92101 POC Name: John Moossazadeh, PE Email: JMoossazadeh, PE	Number of Cla	rk County Ne	evac	la Residents	E	mployed:			36			
Include d.b.a., if applicable Street Address: 770 First Avenue, Suite 400 Website: www.kleinfelder.com POC Name: John Moossazadeh, PE Email: JMoossazadeh, PE PE PE PE PE PE PE PE	Corporate/Business Entity Name Kleinfelder, Inc.											
Street Address:		Col porate/business Entity Name.										
City, State and Zip Code: San Diego, CA 92101		piloudio	770	First Avenue, Su	uite	400	v	Vebsite: www.kleinfelde	r.com			
Telephone No:		Code:	San	Diego, CA 9210	1		Р	OC Name: John Mooss	azade	eh, PE		
Nevada Local Street Address: (if different from above) G960 Smoke Ranch Road, Suite 110 Website: www.kleinfelder.com	Talambana Na.		+16	S19-831-4600				iliali.				
City, State and Zip Code: Las Vegas, NV 89128-3204 Local Fax No; +1 702-255-8375				710 001 1000								
Local Telephone No: #1 702-255-8100 Local POC Name: Rae Paravia Email: rparavia@kleinfelder.com rimarcial interest in the business entity appearance before the Board. ### Publicity-traded entities and non-p-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). Entitles include all business associations organized under or governed by Tite 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. #### Publicity-traded corporations Title	6960 Smoke Ranch Road, Suite 110				Vebsite: www.kleimeide	91.0011						
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 Full Name Title **Covered** **Cove	City, State and Zip	City, State and Zip Code: Las Vegas, NV 89128-				3204	L	ocal Fax No: +1 702-25	5-837	75		
All entities, with the exception of publicity-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. 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, closes corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations. Full Name Title Titles action is not required for publicity-traded corporations. Are you a publicity-traded corporation? Titles action is not required for publicity-traded corporations. Are you a publicity-traded corporation? (Not required for Publicity Traded Corporations). This section is not required for publicity-traded corporations. Are you a publicity-traded corporation? (Not required for Publicity Traded Corporations). This section is not required for publicity-traded corporations. Are you a publicity-traded corporation? (Not required for Publicity Traded Corporations). (Not required for Publicity Traded Corporations). (Not required for Publicity Traded Corporations). (If yes, please note that County employee(s), or appointed/elected official(s)? (If yes, please note that County employee(s), or appointed/elected official(s)? (If yes, please organized that county employee(s), or appointed/elected official(s)? (If yes, please organized that year 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 C	+1 702 255 8100					Local POC Name: Rae			Paravia			
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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 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. Digitally, signeds, by Dakin's Alexander, PE, CCM Print Name Vice President 12/17/2024	This section is not re	equired for publicl	y-trac	led corporations.	Ar	e you a publicly	-traded co	rporation? Yes	\checkmark	No		
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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. Digitall, signed by Divini S. Alexander, PE, CCM Print Name Vice President 12/17/2024	Yes								perfor	n any work on prof	essional service	
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Signature Print Name 12/17/2024	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											
Signature Print Name Vice President 12/17/2024	Q ₁	Digitally signed by	David S. A 9:29:53 -7	Mexanger, PE, CCM		David S. Alexa	ander, PE.	ССМ				
100 1 1000011					-						-	
100 1 1000011	Vice President					12/17/2024						
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
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Water Reclamation District. "Consanguinity" is a relations	Clark County, Department of ship by blood. "Affinity" is a rel	ationship by marriage.	·
follows:	onsanguinty applies to the	candidate 3 mst and second	degree of blood relatives as
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Brothers/Sisters – H.	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the follo	wing:	
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Notes/Comments:			



Kleinfelder, Inc., a California corporation, is a wholly owned subsidiary of The Kleinfelder Group, Inc., a California corporation; which is a wholly owned subsidiary of Kleinfelder Parent, Inc., a Delaware corporation; which is a wholly owned subsidiary of Kleinfelder Intermediate LLC, a Delaware limited liability company; which is a wholly owned subsidiary of Kleinfelder Group Holdings LLC, a Delaware limited liability company; which is a wholly owned subsidiary of Kleinfelder Group Parent LP, a Delaware limited partnership; which is majority owned by LG Kleinfelder Holdings LP, a Delaware limited partnership.

Busin	Business Entity Type (Please select one)													
Sol Proprie	e etorship	D	artnership		Limited Liability mpany	Е	Corporation	Tr	ıst	t Non-Profit Organization Other				
Busin	ess Desigr	natio	n Group (Pleas	e sei	ect all that apply)								
☑ MB	E		□WBE	☑ SBE		□PBE			□VET		DVET		□ESB	
Minorit Enterp	ty Business rise		Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		t	Veteran Owned Business		abled Veteran med Business	Emerging Small Business	
Num	ber of C	lar	k County Ne	evac	da Residents	E	mployed:				11			
Corpo	rate/Busin	ess	Entity Name:	КМІ	E Architects LLC									
(Includ	de d.b.a., if	арр	licable)											
Street	Address:			519	5 S Durango Driv	/e S	Suite 103		We	bsite: www.kmearc	hitects.c	com		
City S	tate and Z	in C	ada:	Las	Vegas, NV 8911	3			PO	C Name: Emanuele	Arguell	es		
Oity, G	rtate and Z	ıp Ç	oue.						Em	ail: emanuele	@kmeai	rchitects.com		
Teleph	топе Но:	_		702	-888-2088				Fax	No: 702-868-2089				
	Nevada Local Street Address: (If different from above)								Wel	bsite:		-		
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I certify a land-use	approvals,	ty of contr	perjury, that all of ract approvals, lar	the ir	nformation provided es, leases or excha	inge	rein is current, co es without the co Emanuele Argu Print Name	mpleted	and a disclo	accurate. I also under ssure form.	stand tha	t the Board will not	take action on	
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Principal Title		_				=	12/12/2024 Date							
							1							

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:	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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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:		onsanguinity" applies to the	candidate's first and second	degree of blood relatives as					
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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		•	_	particular agenda item?					
Notes/Comments: Signature									
Signature									
Print Name	Signature								
T THE INCHIC	Print Name								

Business Entity	/ Type (Please	select on	e)								
Sole Proprietorship	Partnership		Limited Liability	Corporation Corpo	n Tru	Ist Non-Prof		Other			
Business Desig	nation Group	(Please se	elect all that apply	0							
MBE	□WBE		SBE	PBE	□ PBE □ VET			DVET	□ESB		
Minority Busines Enterprise	s Women-0 Business Enterpris		Small Business Enterprise	, , ,	Physically Challenged Business Enterprise Business			sabled Veteran vned Business	Emerging Small Business		
Number of 0	Clark Coun	ty Neva	da Residents	s Employed	:		22				
Corporate/Busin	ness Entity Na	me: Kn	it								
(Include d.b.a.,	if applicable)										
Street Address:		72	50 Peak Drive, S	⊔ite 216		Website: knitstud	lios.com				
City, State and 2	Zip Code:	La	s Vegas, Nevada	89128		POC Name: John Email: johnr	Ritz @knitstudios	s.com			
Telephone No:		70:	2.363.2222			Fax No: 702.363.	6060				
Nevada Local S	treet Address:					Website:					
(If different from						vvobono.					
City, State and	Zip Code:					Local Fax No:					
	1/6					Local POC Name	:				
Local Telephone	e No:					Email:		_			
ownership or finan Entities include a	icial interest. The Il business asso	disclosure ciations org	requirement, as ap anized under or go	plied to land-use verned by Title 7	applications of the Neva	and Directors in li, extends to the applic da Revised Statutes, rships, and profession	cant and the la , including but nal corporatior	ndowner(s). not limited to priva	te corporations,		
Employee Stock	Ownership Pla	n						orations/Non-profit			
John Anderson, J			inty P	rincipals			8% ea	nch (24 total)			
Eric M. Roberts			P	resident/CEO/F	Principal		5%				
Rhonda Gillogly			P	artner			1%				
Are any indiv Center or Cla Yes	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.)										
sister, grande		nt, related pinted/elect	to a Clark County, I ed official(s)?	Department of Av	riation, Clark	County Detention Corm on Page 2. If no,	enter or Clark	County Water Recl			
	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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.										
John C. Ri	tz (2001)	10) for 1) R-ur pr-x ∰ - 161,00 s.com, 1 = 4 27 10 14 45 06 06	iş ülkirdanın 12 Misr	John Ritz							
Signature				Print Name							
Chief Marketing C	Officer			November 27, 2024 Date							
Title											

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	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childrenalf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as gree)
For County Use Only:			
•	noted above, please complete the follo		
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performant	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity Ty	pe (Please select	one)						ų					
Sole Proprietorship	Partnership	Limi Compa	ted Liability ny		Corporation	Tru	ıst	Non-Profit Organization		Other			
Business Designati	ion Group (Pleas	e select a	all that apply)									
□ МВЕ	✓wBE	V	SBE		PBE			□VET		OVET	□ESB		
Minority Business Enterprise	Women-Owned Business Enterprise		nall Business terprise		Physically Ch Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business		
Number of Cla	rk County Ne	evada F	Residents	Er	nployed:				4				
				_									
Corporate/Business	s Entity Name:	Kora LL	C	_									
(Include d.b.a., if applicable) dba Kora Architecture & Interiors													
Street Address: 9345 W. Sunset Rd. Suite 101 Website: http://www.koraarchitecture.com													
City, State and Zip	Code:	Las Veg	gas, Nevada	891	48		PO Em	C Name: ^{Carly} Moss ail: carly@kora		cture.com			
Telephone No:		(702) 96	55-4325					No: N/A					
Nevada Local Street Address: (If different from above) Same as above Sam													
City, State and Zip		Same as	s above				Loc	cal Fax No: N/A					
Origi, Oraco and Exp	0000.							cal POC Name: Carly	/ Mossr	man			
Local Telephone No	o:	(702) 96	65-4325				Em	a a rh	carly@koraarchitecture.com				
ownership or financial Entities include all bu close corporations, for	siness associations	organizeo	d under or gov	erne	ed by Title 7 of	the Neva	da R	evised Statutes, includ	ing but i	not limited to priva	te corporations,		
	Full Name					Title				% Owned ot required for Pub prations/Non-profit	licly Traded		
Carly Mossman			Fo	und	ling Principal				100%	stations/reon-prone	organizations)		
This section is not re	quired for publicly	y-traded c	orporations.	Are	you a publicly	-traded d	orpo	ration? Yes	V	No			
	al members, partner County Water Recla							Clark County, Department official(s)?	ent of Av	iation, Clark Coun	ty Detention		
Yes					employee(s), or ich are not subj			cted official(s) may not tive bid.)	perform	any work on profe	essional service		
sister, grandchild	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	✓ No (If y	es, please	complete the	Disc	losure of Relation	onship fo	rm or	n Page 2. If no, please	print N/	A on Page 2.)			
	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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.												
/ an	GA			(Carly Mossma	n							
Signature	7			-	Print Name								
Founding Principal				1	12/17/2024								
Title				_	Date								
					1								

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	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the diplomestic Partners – Children alf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as								
For County Use Only:											
	noted above, please complete the folio										
	ployee(s) noted above involved in the										
	ployee(s) noted above involved in any	way with the business in performance	e of the contract?								
Notes/Comments:											
Signature											
Print Name Authorized Department Representa	tive										

Busine	ess Entity	/ Tvr	e (Please select	one	/i									
Sol			Partnership		Limited Liability	Z	Corporation	Trus	st	Non-Profit Organization		Other		
Busin	ess Desig	nati	on Group (Pleas	e sel	ect all that apply)		1		_					
□мв	E		✓ WBE		☑ SBE		PBE		4	VET		DVET	ESB	
Minorit Enterp	ty Busines orise	s	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business	Disabled Veteran Emerging Small Owned Business Business			
Num	ber of (Cla	rk County Ne	evac	la Residents	E	mployed:				15			
					NE Davidson Inc.									
Corpo	rate/Busi	ness	Entity Name:	LAG	BE Design, Inc.									
(Includ	de d.b.a.,	if ap	plicable)	04.4	0.141.4014	<u>C.</u>	.h. 100		_	unuu lamadaal	moine			
Street	Address:			_	S. Water Street,	_	lite 120			bsite: www.lagedesi		30111		
City, S	State and 2	Zip (Code:	Her	derson, NV 8901	5			PO:	C Name: Cecilia Sch ail: ceciliascha		agedesigninc.com	ı	
Teleph	none No:			702	.479.5225				Fax	No: N/A			4	
Nevad	la Local S	tree	t Address:						Wel	bsite:				
	erent fron					_								
City, S	State and	Zip	Code:			-				al Fax No:				
Local	Telephon	e No	:						Local POC Name: Email:					
close c	orporations				l liability companies	s, p				evised Statutes, includ s, and professional cor	poratioi (N		licly Traded	
Cecilia	Schafler					esi	ident				100%			
1. A C	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 No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)													
land-us	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. Cecilia Schafler													
Preside	resident December 17, 2024 Date													

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 of follows: • Spouse – Registered	ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childre	candidate's first and second n – Parents – In-laws (first de	gree)
For County Use Only:			
	noted above, please complete the follo		
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	ce of the contract?
Notes/Comments:			
Signature			
Print Name			

Business Entit	v Tvi	pe (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability	¥	Corporation	Trus	ust Non-Profit Organization Other				
Business Desi	gnati	on Group (Pleas	e sele	ect all that apply)					_		
MBE		□WBE		✓ SBE		PBE		VET			OVET	□ESB
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente		Veteran Owned Business			abled Veteran ned Business	Emerging Small Business
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				24		
Carranata/Bua		Entity Name:	LGA	Architecture								
Corporate/Bus		70	LGA									
(Include d.b.a.		plicable)	-	6 S 3rd Street Su	uite	110		Website: LGAarchite	ctui	re.com	1	
Street Address City, State and		Code:		Vegas, Nevada	_			POC Name: Jason Jo Email: jjorjorian	orjo	rian		
Telephone No:			702	-263-7111				Fax No: 702-263-811	1			
=		4 A d due a a .	-					Website:				
Nevada Local			NA					website.				
								Local Fax No:			-	
City, State and	ı Zip	Coue.						Local POC Name:				
Local Telepho	ne No) :				Local POC Name:						
close corporation	ns, for	eign corporations, I Full Name	imited	l liability companies	s, p	artnerships, limiti	ed partners	la Revised Statutes, inc ships, and professional (corp	oration (N	s. % Owne lot required for Pu orations/Non-profi	d blicly Traded
Jason Jorjorian					_	ident				41.5%		
Lance Kirk	_			Vi	ice	President / Se	cretary		-	41.5%		
Craig Galati				Tr	rea	surer			-	17%		
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 (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 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	an	Date: 2024.12.1	7 11:00:	28 -08'00'		Print Name						
President Title						12.17.24 Date						
1100	_		_									

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 of follows: • Spouse – Registere: • Brothers/Sisters – H	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childre alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:	noted above, please complete the fall	owing:	
•	noted above, please complete the foll uployee(s) noted above involved in the		particular agenda item?
	ployee(s) noted above involved in any		
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ative		

Business	Business Entity Type (Please select one)												
Sole Proprietors	ship [Partnership Company Corporation Trust Organization Other											
Business	Designat	on Group (Plea	se sele	ct all that apply	1)					_			
□MBÉ		□wbe		SBE		PBE			□VET		DVET	ESB	
Minority Bu Enterprise		Women-Owner Business Enterprise	d	Small Business Enterprise	Physically Challenged Business Enterprise				Veteran Owned Business	Disabled Veteran Owned Business Emerging Smal Business			
Number	r of Cla	rk County N	evad	a Residents	Emp	oloyed:				2			
- 450			McK	instry Essention									
		Entity Name:	IVICIX	mony Looemion	i, LLO								
(Include d.		iplicable)	5005	Third Avenue S	South			W/o	bsite: www.mckinsti	v.com			
Street Add	aress:		+	tle. WA 98134	- Couli				C Name: Ed Ball	<i>y.</i>			
City, State	and Zip	Code:	0001	, **** *****				Em		nstry.co	om		
Telephone	No:		206.	762.3311					No: N/A			*	
Nevada Lo		t Address:							bsite: www.mckinst	rv.com			
(If differen			5725	South Valley V	/iew Bl	vd, Suite 10	07		50.	,			
City, State	e and Zip	Code:	Las \	√egas, NV 8911	18			Loc	al Fax No: 303.215.	4041			
			202	215 4040					cal POC Name: Ed Ball				
Local Tele	phone No); 	303.	215.4040					Email: edb@mckinstry.com				
close corpor				liability companies	s, partne	erships, limite	ed partne Title	rships	evised Statutes, includes, and professional cor	poration (N Corp		d blicly Traded	
Ash Awad										12.56			
Brian Floyd				EX	xecutiv	e vice Pres	sident			5.87			
This section	n is not re	quired for public	ly-trade	ed corporations.	Are yo	u a publicly	-traded c	orpo	ration? Yes	√	No		
				ners or principals, a District full-time e					clark County, Departme	ent of Av	viation, Clark Coun	ty Detention	
Ye		✓ No (If	yes, ple		unty em	ployee(s), or	appointe	d/ele	cted official(s) may not	perforn	n any work on prof	essional service	
sister,	 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)? 												
Ye	es	✓ No (If	yes, ple	ease complete the	Disclos	sure of Relation	onship fo	rm or	Page 2. If no, please	print N	/A on Page 2.)		
				formation provide es, leases or exch					accurate. I also unders osure form.	stand tha	at the Board will no	ot take action on	
Greg	Spalling				Gre	eg Spalding							
Signature	1 0				_	int Name							
Regional Di	irector				12.	10.24							
Title	itle Date												

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	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a re	lationship 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 – Childre	n – Parents – In-laws (first de	gree)
Rrothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
o Browners/Olocoro	an Brothoron an Glocore Gro		,
For County Use Only:			
	noted above, please complete the follow.		
	ployee(s) noted above involved in the		
-	ployee(s) noted above involved in any	way with the business in performant	ce of the contract?
Notes/Comments:			
Signature			
Oignaturo			
Print Name Authorized Department Representa	tive		

Business Entit	у Тур	e (Please select	one)	N									
Sole Proprietorship													
Business Desi	nati	on Group (Pleas	e sele	ect all that apply)								
МВЕ		□WBE		SBE		PBE			VET		OVET	✓ ESB	
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Challenged Business Enterprise Veteran C Business			Veteran Owned Business	Disabled Veteran Owned Business Business Business			
Number of	Claı	k County Ne	evad	a Residents	E	mployed: 3	3						
Cornorato/Busi	nose	Entity Name:	New	Architectural Se	ervi	ces Company	LLC						
	(Include d.b.a., if applicable) New Architectural Set NASCO												
Street Address	-	piloubito	102	5 S 1st Street #1	40			We	bsite: http://newarchit	ectura	alservices.com		
City, State and		Code:	Las	Vegas, NV 8910)1				C Name: Nasko Balak	tchiev		n	
Telephone No:			(702)426-9598					No:				
Nevada Local S	traat	Address:				- Veni			bsite:				
(If different from		70	1613	3 Desert Canyon	ı Ct	•		****	osite.				
City, State and			Las	Vegas, NV 8912	8			Loc	al Fax No:				
								Loc	al POC Name:				
Local Telephon	e No	:						Ema	mail:				
									evised Statutes, includir s, and professional corp	oration (N		licly Traded	
Nasko Balaktchi	ev			Ma	ana	ger				00%			
Are any indi	vidua	I members, partner ounty Water Recla	rs, ow matio	n District full-time e	invo emp unty	olved in the busin loyee(s), or appo	ess entity pinted/ele appointe	y, a Co octed d/ele	Clark County, Departmer official(s)?	t of Av			
sister, grand	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)?												
	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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.												
Nasko Balakto Signature	chie	V Digitally signed b Date: 2025.02.18	y Nasko I 14:10:3	Balaktchiev 6 -08'00'		Nasko Bałakto Print Name	hiev						
Manager Title						12/18/2024 Date							
						1							

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 of follows: • Spouse – Registered	ship by blood. "Affinity" is a relectors and in the consanguinity" applies to the display and Domestic Partners — Children alf-Brothers/Half-Sisters — Gra	candidate's first and second	gree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the follo	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
	płoyee(s) noted above involved in any	way with the business in performant	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tivo		

Business Entity Ty	pe (Please select	onel	(
Ti Cala			Limited Liability		10 "	-		Non-Profit			
Proprietorship	Partnership	Cor	npany	No.	Corporation	Trus	st	Organization		Other	
Business Designat		e sele)			-	_			
MBE	WBE	-	SBE	-	PBE		+	VET		VET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business			Emerging Small Business
Number of Cla	rk County Ne	evad	a Residents	Er	mployed:				33		
Corporate/Business	Entitu Namo:	NV5	Consultants Inc								
(Include d.b.a., if ag	- 11										
Street Address:	plicable	5155	West Patrick La	ane			Wak	bsite: www.nv5.com			
City, State and Zip	Code:	Las Vegas, NV 89118 POC Name: Kirsten Mallet									
Telephone No:		702.	362.9200				Ema	No: 702.362.9862	9.110		
Nevada Local Stree	t Address.			_				osite: www.nv5.com			
(If different from ab		sam	e as above				wer	osne: www.nvo.com			
City, State and Zip		same	e as above				Loc	al Fax No: 702.362.98	62		
only otato and Esp	0000.							al POC Name: Kirsten		ıt	=
Local Telephone No):	702.	362.9200				Ema	Education		t@nv5.com	
								evised Statutes, including s, and professional corpor	ations (No		licly Traded
Dickerson Wright			Ex	ecu	tive Chairman				COI po	rations/Non-profit	organizations)
MaryJo O'Brien			Ch	nief /	Administrative	Officer					
Alex Hockman			Co	-CE	O						
Ben Heraud			Со	-CE	0						
Center or Clark C	Il members, partner County Water Recla	s, owr matior es, ple tracts,	ners or principals, in District full-time e ease note that Coul or other contracts,	nvol emple nty e , whi	ved in the busing oyee(s), or appo employee(s), or ich are not subje	ess entity, pinted/elec appointed act to comp	, a Cl ted c l/elec petiti	lark County, Department official(s)? eted official(s) may not pe ve bid.)	of Avia	any work on profe	essional service
sister, grandchild	, grandparent, rela e(s), or appointed/e	ited to elected	a Clark County, D I official(s)?	epa	rtment of Aviatio	on, Clark C	Count	c partner, child, parent, in ty Detention Center or Cl Page 2. If no, please pri	ark Co	ounty Water Reck	
I certify under penalty of land-use approvals, con								accurate. I also understan ssure form.	d that	the Board will no	t take action on
Signature Signature				_	/lanny Galvez, Print Name	PE					
VP Planning and Des	ign			-	1/25/24						
Title					Date		_				

REVISED 7/25/2014

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 of follows: • Spouse – Registere	ship by blood. "Affinity" is a re consanguinity" applies to the d Domestic Partners – Childre lalf-Brothers/Half-Sisters – Gra	candidate's first and second n – Parents – In-laws (first deg	gree)
For County Use Only:			
	noted above, please complete the following		novicular anamala itom?
	ployee(s) noted above involved in the ployee(s) noted above involved in any		
Notes/Comments:	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Signature			
Print Name Authorized Department Representa	ative		

Sent: To:	:	Kirsten Mallet <kirsten.mallet@nv5.com></kirsten.mallet@nv5.com>
To:		Thursday, February 13, 2025 2:11 PM
		Geraldine Cruz
Cc:		Manny Galvez
Subje	ct:	RE: 607190-24 Professional Services for Real Property Management – Master Services
Attac	hments:	Agreement – NV5 Consultants MSA -SignaturePage_NV5 Consultants, Incpdf
Attac	initerits.	Mish signaturer age_tives consultants, incpur
Hi Ger	aldine,	
Please	e see the signatu tes, that providin	re page attached. Regarding the disclosure of ownership form, NV5 is publicly traded. On the form it g the % owned is not required for publicly traded corporations as well as the section below it.
Thank	you!	
	Mallet Marketing ' Patrick Lane Las '	g Manager <u>NV5</u> Vegas, NV 89118 P: 702.362.9200
Electron	nic Communications	<u>Disclaimer</u>
Sent: To: Ma Subject Consu	Thursday, Febru anny Galvez < <u>m</u> ct: 607190-24 Pi	<geraldine.cruz@clarkcountynv.gov> lary 13, 2025 6:17 AM anny.galvez@nv5.com> rofessional Services for Real Property Management – Master Services Agreement – NV5</geraldine.cruz@clarkcountynv.gov>
		qualifications for the above referenced project (Category 1, 2, 3 & 6) er Services Agreement for your review. Please sign and return the signature page only by end
Attach		nesday February 19, 2025 or sooner.
Attach of bus	iness day Wed	
Attach of bus Attach	iness day Wed ned is a copy of	nesday February 19, 2025 or sooner. your firm's Disclosure of Ownership form. Please check yes or no and resubmit.
Attach of bus Attach	iness day Wed ned is a copy of nis section is not re	nesday February 19, 2025 or sooner. your firm's Disclosure of Ownership form. Please check yes or no and resubmit. equired for publicly-traded corp
Attach of bus Attach	ned is a copy of his section is not re	nesday February 19, 2025 or sooner. your firm's Disclosure of Ownership form. Please check yes or no and resubmit.
Attach of bus Attach	ned is a copy of his section is not re	rnesday February 19, 2025 or sooner. f your firm's Disclosure of Ownership form. Please check yes or no and resubmit. equired for publicly-traded corp. la! members, partners, owners or
Attach of bus Attach	ned is a copy of his section is not real Are any individual Center or Clark Yes Do any individual sister, grandchile	nesday February 19, 2025 or sooner. your firm's Disclosure of Ownership form. Please check yes or no and resubmit. equired for publicly-traded corp lal members, partners, owners or County Water Reclamation Distric No (If yes, please no
Attach Attach TH	ned is a copy of his section is not real Are any individual Center or Clark Yes Do any individual sister, grandchile	residay February 19, 2025 or sooner. Fyour firm's Disclosure of Ownership form. Please check yes or no and resubmit. Required for publicly-traded corp. It members, partners, owners or County Water Reclamation Distric No (If yes, please no contracts, or othe all members, partners, owners or d, grandparent, related to a Clari

Geraldine Cruz
Purchasing Analyst

Busine	ess Entity Tvr	e (Please select	one)								
Sole		Partnership	7	Limited Liability	Е	Corporation	Tru	st	Non-Profit Organization		Other	
Busine	ess Designati	on Group (Pleas		ect all that apply)							
Пмв		□WBE		SBE	à.	□PBE			VET		DVET	ESB
Minorit Enterp	ty Business rise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
				•								
Num	ber of Cla	rk County Ne	evad	da Residents	Ε	mployed:				23		
			- DO	AL 110								
Corpo	rate/Business	Entity Name:	PG.	AL, L LC						_		
(Includ	de d.b.a., if ap	plicable)	707	20 Deals Daise Of	- 1	70			www.pasl.co			
Street	Address:		_	3 Peak Drive, St	_	70			bsite: www.pgal.com			
City, S	itate and Zip (Code:	Las	Vegas, NV 891	28				C Name: Benjamin			
-			700	105 1110	_			Em		ypgai.cc	om	
Teleph	none No:		702	.435.4448	-	-10/3		Fax	No: 702.435.4470			
	a Local Street							We	bsite:			
City, S	State and Zip	Code:						Loc	al Fax No:			
	,							Loc	al POC Name:			
Local	Telephone No):						Em	ail:			
close co	orporations, fore			d liability companies	s, pa				evised Statutes, inclu s, and professional co	rporation (N Corp		d blicly Traded
Jeff Ger					ΞO					67%		
Ken Bro						dent				9%		
Jeff We	einer			E>	(ec	utive Vice Pres	sident			9%		
1. Ai Ci	re any individua enter or Clark C Yes o any individua ster, grandchild ill-time employe	Il members, partne County Water Recta No (If y cor I members, partner, grandparent, rela- e(s), or appointed/	rs, ov ematic res, p stracts rs, ow ated t electe	on District full-time of elease note that Cou s, or other contracts where or principals h to a Clark County, E ed official(s)?	invo emp unty s, wh nave Depa	olved in the busin oloyee(s), or appu employee(s), or nich are not subjue a a spouse, regis artment of Aviati	ness entity ointed/ele appointe ect to con stered dor ion, Clark	y, a C cted d/ele npetit mesti Cour	Clark County, Departm official(s)? cted official(s) may no	ent of Average of Aver	n any work on prof or brother/sister, I County Water Rec	essional service
				information provide ales, leases or exch			ompleted	discl	accurate. I also under osure form.	stand th	at the Board will no	ot take action on
Signatu	ire 💮					Print Name	,					
Principa Title	al				-	December 10,	2024					
						1						

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			
1			
Water Reclamation District.	Clark County, Department of	·	ntion Center or Clark County
"Consanguinity" is a relation:	ship by blood. "Affinity" is a re	lationship 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 – Childre	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
			(
For County Use Only:			
_	noted above, please complete the follo		
	ployee(s) noted above involved in the		
Yes No Is the County emply Notes/Comments:	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments.			
Signature			
Print Name Authorized Department Representati	tive		

Business Entity Ty	pe (Please select	one)							
Dou.		Limited Liability	/	✓ Corporation	Trust	Non-Profit		Other	
Proprietorship	Partnership	Company		Corporation	IIIust	Organization		Cilother	
Business Designati	I		oly)				1-		T
MBE	WBE	SBE		PBE		VET		OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	ss	Physically Challenged Business Enterprise Veteran Owned Business			Disabled Veteran Owned Business Business Business		
Number of Cla	rk County No	evada Residen	ts E	Employed:			12		
Corporate/Business	s Entity Name:	R. Brandon Sprag	jue, A	Architect, P.C.					
(Include d.b.a., if ap	oplicable)	Aptus							
Street Address:		241 W Charleston	Blvc	d., Suite 145		Vebsite: www.aptusgro			
City, State and Zip	Code:	Las Vegas, NV 89	9102		F	OC Name: R. Brandon			
orty, otato and sap						mail: brandon@a	ptusgr	oup.com	
Telephone No:		702.839.1200			F	ax No: 702.839.1213			
Nevada Local Stree	t Address:				V	Vebsite:			
(If different from ab	ove)								
City, State and Zip	Code:		_		L	ocal Fax No:			
Local Telephone No	a:				L	ocal POC Name:			
All entities, with the e financial interest in the	exception of publicle business entity ap	y-traded and non-pro- pearing before the Bo	fit org ard.	anizations, must	list the nam	es of individuals holding	more th	an five percent (5	%) ownership or
financial interest in the Publicly-traded entit ownership or financial Entities include all bu	e business entity ap ties and non-prof interest. The disclar siness association eign corporations,	pearing before the Bo it organizations sha sure requirement, as s organized under or	all lis applie gover	at all Corporate ed to land-use apprend by Title 7 of	Officers a plications, ethe Nevada partners	nd Directors in lieu of extends to the applicant an Revised Statutes, including and professional corp	disclosio d the la	ng the names of ndowner(s). not limited to priva s.	individuals with
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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	N/A	N/A	N/A
Water Reclamation District. "Consanguinity" is a relations "To the second degree of confollows: • Spouse – Registered	Clark County, Department of ship by blood. "Affinity" is a relationsanguinity" applies to the collaboration of the	ationship by marriage. candidate's first and second - Parents - In-laws (first deg	degree of blood relatives as
For County Use Only:			
_	oted above, please complete the follow	•	
_ =	loyee(s) noted above involved in the oloyee(s) noted above involved in any v		•
Notes/Comments:	noyee(s) noted above involved in any t	way with the business in performance	of the contract:
Signature			
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Business Entity	Tyr	e (Please select	one)									
Sole Proprietorship	- 500	Partnership	7	Limited Liability		Corporation	Tru	st	Non-Profit Organization		Other	
Business Desig	nati	on Group (Please	e sele	ect all that apply)			-		_		
□ МВЕ		☐ WBE		✓ SBE		PBE		_	☐ VET		OVET	✓ESB
Minority Business Enterprise	S	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of 0	Cla	rk County Ne	evac	la Residents	E	mployed:				8		
On the sector (December		F-4W/Mana	Ric	hardson Wet	7 <u>e</u>	Architects	LLC					
Corporate/Busin		(720)	TAIC	ilaidooli vvod		7 ii di iii doto,	LLO					
(Include d.b.a., i Street Address:		plicable)	430	00 E. Sunset	Ro	ad. Suite E-	-3	Wo	bsite: www.rwa-de:	sian	.com	
Street Audress.				nderson, NV				PO	C Name: Steven Ric	har	dson	
City, State and 2	Zip (Code:		nuerson, nv	os	014			<u> </u>			
Telephone No:			702	2-736-8822				Email: sr@rwa-design.com Fax No: 702-736-8855				
Nevada Local S			N/A	Ą				vve	bsite: N/A			
(If different from City, State and			N/A	<u> </u>	_			Lor	cal Fax No: N/A			
City, State and	Lip	coue.							cal POC Name: N/A			
Local Telephone	No):	N/A					Em	NI/A			
close corporations	, for	eign corporations, li Full Name	imited	i liability companies	s, p	artnerships, limite	ed partne Title	ership	levised Statutes, including is, and professional corpo	ration	is. % Owne	d
Steven A. Ric	har	dson		M	lar	naging Mem	her				(Not required for Publicly Traded Corporations/Non-profit organizations)	
Michael E. W						naging Mem				0		
MIONACI E. 11	J. Z.											
Are any indiv	/idua ark C	If members, partne	rs, ow amatic res, p	on District full-time	inv em unty	olved in the busin ployee(s), or apport	ness entit ointed/ele	ty, a (ected ed/ele	Clark County, Department official(s)?	t of A		
sister, grand	child	l, grandparent, rela e(s), or appointed/ —	ated to electe	o a Clark County, I ed official(s)?	Dep	artment of Aviati	on, Clark	Cou	ic partner, child, parent, inty Detention Center or C	Clark (County Water Rec	nalf-brother/half- lamation District
I certify under pen				information provide ales, leases or exch					accurate. I also understa losure form.	ind th	at the Board will no	ot take action on
Signalue	-					Steven A. F	Richar	dso	n			
Managing Me	mb	er				12/17/24 Date						
Title			_		_	Date 1						

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	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	gree)
Brothers/Sisters – H.	alf-Brothers/Half-Sisters – Grai	ndchildren – Grandparents – I	In-laws (second degree)
5.0.11.01			
For County Use Only:	antad above places as wellets the full-		
_	noted above, please complete the follo ployee(s) noted above involved in the o	_	norticular aganda itana?
	ployee(s) noted above involved in the o	· ,	
Notes/Comments:	bioyee(s) noted above involved in any	way with the business in performance	e of the contract?
Signature			
Print Name Authorized Department Representat	ive		

Business Entity	Тур	e (Please select	one)) (i								
Sole Proprietorship		Partnership	Co	Limited Liability	7	Corporation	Tru	ıst	Non-Profit Organization		Other	
Business Desig	nati	on Group (Pleas	e sel	ect all that apply)							
□мве		✓WBE		✓ SBE		PBE			VET		OVET	ESB
Minority Busines Enterprise	S	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of 0	Cla	k County Ne	evac	la Residents	Ε	mployed:			-	6		
					-							
Corporate/Busin	ness	Entity Name:	-	ert A. Fielden, In	_	D :						
(Include d.b.a., i	fap	plicable)	-	Architecture ar					https://www.D	٨٥١٨٣٥	hitostura nam	
Street Address:				0 W Horizon Rid		Pkwy, #200			bsite: https://www.R			
City, State and 2	Zip (ode:	Hen	derson, NV 890	52				C Name: Laura Jane		chitecture.com	
			(700	N 405 7004				Em	all.		Jillecture.com	
Telephone No:	-		(702	2) 435-7234				Fax	(No: (702) 435-6478			
Nevada Local S	tree	: Address:						We	bsite:			
(If different from	ı ab	ove)	-									
City, State and	Zip	Code:	-					Loc	al Fax No:			
Local Telephone	e No	:						Loc	al POC Name:			
ownership or finan	icial i Il bus	nterest. The disclo siness associations	sure i s orga	requirement, as app inized under or gov	plie vern	d to land-use app ned by Title 7 of t	lications he Neva	, exte ida Ri	Directors in lieu of ands to the applicant an evised Statutes, includes, and professional corp	d the lai ng but i poration (N	ndowner(s). not limited to privat	e corporations,
Laura Jane Spina	3			Pr	esi	ident / CEO				51	orations/Non-pront	organizations)
Robert Fielden				Pr	rinc	cipal				49		
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Are any indirector Classification Yes Do any indivisiter, grand	vidua ark C 	I members, partne county Water Reck No (If cor	ers, ow amatic yes, pi ntracts rs, ow ated to	on District full-time of lease note that Cou s, or other contracts mers or principals h o a Clark County, I	invo emp unty s, w	olved in the busin ployee(s), or apport of the ployee(s), or apport of the ployee(s), or thich are not subject the ployees of	ess entit pinted/ele appointe ect to cor tered do	ected ed/ele mpetit	Clark County, Departme official(s)?	nt of Av	n any work on profe or brother/sister, h	ssional service
Yes					Dis	sclosure of Relation	onship fo	rm or	n Page 2. If no, please	print N/	A on Page 2.)	
I certify under pen land-use approvals									accurate. I also unders osure form.	tand tha	at the Board will not	take action on
Signature		Digitally signed Date: 2025.02.1				Laura Jane Sp Print Name	ina					
President / CEO						02/18/2025						
Title					_	Date						

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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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: If any Disclosure of Relationship is r	noted above, please complete the follo	owing:	
Yes No Is the County emp	ployee(s) noted above involved in the	contracting/selection process for this	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:			
Signature			
Print Name Authorized Department Representa	tive		

Business Ent	ity Ty	e (Please select	t one)								
Sole Proprietorship		Partnership		Limited Liability	Corporati	on 🔲 Tru	ust Non-Profit Organization		Other		
		on Group (Pleas		ect all that apply)	-					
✓MBE	9	✓wbe		SBE	PBE		☑ VET	[DVET	ESB	
Minority Busin Enterprise	ess	Women-Owned Business Enterprise	ı	Small Business Enterprise		/ Challenged Enterprise	Veteran Owned Business		isabled Veteran wned Business	Emerging Small Business	
Number o	f Cla	rk County N	evac	la Residents	Employee	d::		43			
0 1 10		F. Carling.	S&F	Christ Consulti	na II.C						
		Entity Name:	-		79, 220						
(Include d.b.a		plicable	955	5 Hillwood Drive	Suite 160		Website: sbchristo	onsulting.	com		
Street Addres	55:		_	Vegas, NV 8913			POC Name: Sharon Christ				
City, State an	d Zip	Code:	Las	vogas, ivi oo i	, -T		POC Name: Straton Critist Email: schrist@sbcc-us.com				
Talambana Na			702	202.6004			Fax No: 702.202.6				
Telephone No											
Nevada Local							Website:				
(If different fr			-				Least Fou No.				
City, State ar	id Zip	Code:	-				Local Fax No:				
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Entities include close corporation	e all bu	siness association eign corporations, Full Name	s orga limited	nized under or go Hiability companie:	verned by Title s, partnerships,	7 of the Nevalimited partner Title	ada Revised Statutes, erships, and profession	al corporati	nt not limited to priva ons. % Owned (Not required for Put rporations/Non-profit	d blicly Traded	
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Brian Christ					esident & CE	0	51%				
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		•	-	led corporations.	ce President Are you a put	& COO		49%	∕ No		
1. Are any ir	ndividu	al members, partne	ers, ov	led corporations.	ce President Are you a put involved in the	& COO	ty, a Clark County, Dej	49%	∕ No		
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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
N/A			
-			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship by marriage.	
"To the second degree of follows:	consanguinity" applies to the	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)
For County Use Only:			
	noted above, please complete the following	owing:	
Yes No Is the County em	nployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	nployee(s) noted above involved in any	way with the business in performant	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa			

Business Entity	Type (Please selec	t one)						
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization		Other	
Business Desig	nation Group (Pleas	se select all that apply	0		T			
MBE	✓WBE	SBE	PBE		□VET	□DVET □		□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise			Veteran Owned Business			Emerging Small Business
Number of Clark County Nevada Residents Employed: 4								
Corporate/Busin	ness Entity Name:	. Sparkflight Studios						
(Include d.b.a., i								
Street Address:		1489 W. Warm Spri	ngs Rd #110	W	ebsite: www.sparkfligh	tstudio	s.com	
City, State and 2		Henderson, NV 890	14	P	OC Name: Anne Johnsomail: anne@spark	on		
Telephone No:		702.553.3323			ax No: 702.995.9245			
Nevada Local S	treet Address:				/ebsite:			
(If different from								
City, State and	Zip Code:			L	Local Fax No:			
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Entities include a close corporations	II business associatior , foreign corporations, Full Name	is organized under or go limited liability companie	verned by Title 7 of es, partnerships, limit	the Nevada ted partnersh Title	Revised Statutes, includir ips, and professional corp	orations	ot limited to priva % Owner t required for Pul	ť
Anne Johnson			O/Principal				rations/Non-profi	
							N.	
Are any indiv	vidual members, partn	Iy-traded corporations. ers, owners or principals. lamation District full-time	involved in the busi	ness entity, a	Clark County, Departmen	nt of Avia		ity Detention
Yes	No (If	yes, please note that Contracts, or other contract	unty employee(s), o s, which are not sub	r appointed/e ject to compe	elected official(s) may not patitive bid.)	perform	any work on prof	essional service
sister, grand	ridual members, partne child, grandparent, re ployee(s), or appointed	lated to a Clark County,	have a spouse, regi Department of Aviat	istered dome tion, Clark Co	stic partner, child, parent, ounty Detention Center or	in-law o Clark Co	or brother/sister, l ounty Water Rec	nalf-brother/half- lamation District
Yes					on Page 2. If no, please	_		
I certify under pen land-use approvals	alty of perjury, that all s, contract approvals,	of the information providence and sales, leases or exc	ed herein is current, hanges without the o	complete, ar completed dis	d accurate. I also underst closure form.	and that	the Board will no	ot take action on
	Anne	Digitally signed by Anne Johnson	Anne Johnso	n				
			Print Name					
	lohnson	13:40:20 -08'00'	12/3/2024 Date					
Title			Date					

* County employee means Clark County, Department Water Reclamation District. "Consanguinity" is a relationship by blood. "Affinity" is a "To the second degree of consanguinity" applies to the follows: • Spouse – Registered Domestic Partners – Child. • Brothers/Sisters – Half-Brothers/Half-Sisters – Governments: For County Use Only: If any Disclosure of Relationship is noted above, please complete the Yes No Is the County employee(s) noted above involved in Notes/Comments:		
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	e candidate's first and second ren – Parents – In-laws (first deg Grandchildren – Grandparents – I	gree)
Notes/Comments:	ren – Parents – In-laws (first deg Grandchildren – Grandparents – I	gree) In-laws (second degree) particular agenda item?
	ren – Parents – In-laws (first deg Grandchildren – Grandparents – I	gree) In-laws (second degree) particular agenda item?
Signature	ren – Parents – In-laws (first deg Grandchildren – Grandparents – I	gree) In-laws (second degree) particular agenda item?
Print Name	ren – Parents – In-laws (first deg Grandchildren – Grandparents – I	gree) In-laws (second degree) particular agenda item?

Durings Entity To	o /Diseas palast	0001	0								
Business Entity Typ								Non-Profit			
Sole Proprietorship	Partnership		Limited Liability npany	Z	Corporation	Trus		Organization		Other	
Business Designati	on Group (Please	e sel	ect all that apply)							
MBE	□wbe		□SBE □PBE □VET]VET	□DVET		□ESB			
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Physica		Physically Ch Business Ente		1 .	eteran Owned usiness		abled Veteran ned Business	Emerging Small Business
Number of Clark County Nevada Residents Employed: 71											
Corporate/Business	rate/Business Entity Name Stantec Consulting Services Inc.										
(Include d.b.a., if ap											
Street Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	410	17th Street, Suit	te 1	400		Webs	ite: www.stantec.cor	m		
City, State and Zip	Code:	Der	iver, CO 80202					Name: Cary Baird		c.com	
Telephone No:		(303	3) 295-1717					o: (303) 410-4100			
Nevada Local Stree	t Address							ite: www.stantec.com	m		
(If different from ab		611	1 S. Buffalo Drive	e, S	Suite 200		11003	116.			
City, State and Zip		Las	Vegas, NV 8911	3			Local	Fax No: N/A			
Orty, Otate and Zip	ooue.							POC Name: Cary Ba	aird		
Local Telephone No):	(702	2) 878-8010				Email	cary.ba	ird@	stantec.com	
Entities include all bu	siness associations	s orga	nized under or gov	verr	ned by Title 7 of	the Nevad	da Revi	s to the applicant and t sed Statutes, including and professional corpor	but ration	not limited to priva	i oliciy Traded
Please see attached	list of Corporate	Offic	ers								
		_		_							
This section is not re	al members, partne	rs, ov	vners or principals,	invo	olved in the busin	ness entity	, a Cla	rk County, Department		No riation, Clark Coun	ty Detention
Center or Clark		/es, p		unty	employee(s), or	r appointed	d/electe	ed official(s) may not pe	erforn	n any work on prof	essional service
sister, grandchild	I members, partner	rs, ow ated t	ners or principals I o a Clark County, I	hav	e a spouse, regi	stered don	nestic r	partner, child, parent, in Detention Center or C	n-law Clark (or brother/sister, t County Water Rec	nalf-brother/half- lamation District
Yes	✓ No (If y	/es, p	lease complete the	Dis	sclosure of Relati	ionship for	rm on P	age 2. If no, please pr	int N	'A on Page 2.)	
I certify under penalty land-use approvals, co	of perjury, that all o ontract approvals, la	of the and sa	information provide ales, leases or exch	ed h nanç	erein is current, ges without the c	complete, completed	and ac	curate. I also understa ure form.	nd tha	at the Board will no	ot take action on
	Ber blay signed by Early Cary Bray Symbol of Gary, Carryan Last 2024 by 17 by 64 16 06 00	mas, Curusari 0	, Olmsterfel, Odmorp, Sidness		Cary Baird						
Signature					Print Name						
Principal, Landscape	Architecture				12/18/2024						
Title				_	Date						

STANTEC CONSULTING SERVICES INC.

SHAREHOLDERS:

Mustang Acquisition Holdings Inc. - 100%

DIRECTORS:

Stuart E. Lerner Jeffrey P. Stone

OFFICERS:

Updated: Oct 4/24

President

Chief Operating Officer – North America

CEO – Engineering & Executive Vice President

Chief Operating Officer – Global &

Coulting Officer – Global &

Executive Vice President Catherine Schefer Chief Growth & Innovation Officer &

Executive Vice President John Take

Chief People & Inclusion Officer &

Executive Vice President Asifa Samji
Chief Practice and Project Officer &

Executive Vice President

Susan Walter

Senior Vice President & Chief Information

Officer Chris McDonald

Senior Vice President & Chief Technology

Officer Shankar Kalyana Senior Vice President Paul J.D. Alpern Senior Vice President David R. Bernier Senior Vice President Paul R. Blaszczyk Senior Vice President Clayton A. Bock Senior Vice President Peter Bokor Senior Vice President Patrick G. Corser Senior Vice President Luke De Hayr

Senior Vice President
Senior Vice President
Senior Vice President
Senior Vice President
Paul J. DeKeyser
Joseph Geller
Harris J. (Josh) Gould

Corporate Information Summary
Page 1 of 3
https://stantec.sharepoint.com/teams/ClarkCountyNVpursuits/Shared Documents/Real Property Management SOQ 2025-2027/06_FinalDocuments/SCSI Directors and Officers as of 10-4-24.docx

STANTEC CONSULTING SERVICES INC.

John J. Hanula Senior Vice President Senior Vice President Jonathan A. (Andy) Hersey Peter Howe Senior Vice President David Irvine Senior Vice President Adriana Jaegerman Senior Vice President Michael Johnson Senior Vice President Jennifer Josephs Senior Vice President John S. Montgomery Senior Vice President Robert Mullins Senior Vice President Senior Vice President Michael Newbery Brian P. Norris Senior Vice President James (Jim) R. Obermeyer Senior Vice President Senior Vice President Philip R. Perciavalle Sujan Punyamurthula Senior Vice President Marilynn F. Robinson Senior Vice President Carrie Sabin Senior Vice President Kari Shively Senior Vice President Senior Vice President Robert A. Simm Joseph Russell (Russell) Snow Senior Vice President Senior Vice President Scott Storlid Glenn S. Tarbox Senior Vice President Senior Vice President Matthew D. Travers Joseph Uglevich Senior Vice President Arthur Umble Senior Vice President Senior Vice President Mike Watson Christopher Williams Senior Vice President Andrew C. Wilson Senior Vice President Frank Aceto Vice President Rusty Benkosky Vice President Vice President Andrew Burnham Amy Campbell Vice President Ramon Castella Vice President Vice President David Dargie Becky Hachenburg Vice President Megan Holmes Vice President Sarah McIlroy Vice President Scott Peyton Vice President Michael Reagan Vice President Jeffrey P. Stone Vice President Kristopher Wilhoit Vice President Scott Buttari Senior Principal Cecilia Einarson Senior Principal Long Hoang Senior Principal David Kennedy Senior Principal Douglas Stoker Senior Principal Robert R. Cunningham Principal

Corporate Information Summary

Documents/Real Management

https://stantec.sharepoint.com/teams/ClarkCountyNVpursuits/Shared 2027/06_FinalDocuments/SCSI Directors and Officers as of 10-4-24.docx Updated: Oct 4/24

Page 2 of 3 SOQ 2025-

STANTEC CONSULTING SERVICES INC.

Principal Principal

Senior Associate Senior Associate Senior Associate Senior Associate Senior Associate

Associate & CEO - Surveying

Account Manager Director, Taxation Right of Way Officer

Employee

Corporate Counsel Corporate Counsel

Secretary

Assistant Secretary

Treasurer

Updated: Oct 4/24

Steve Shadix Stephen Varsa Linda Brown Jason Schneider Gregory Sebourn Kelly VanElders Matthew Vernon Jerome Means Michael A. Kennedy

Ally Gerlach

Geraldine V. Webb

Brian Larson Michael Aceto David Archer

Eli Bilek

William A. Butler Thomas Curran William J. Edwards Victoria Hall-Sturt

Cate Hite

Katharine LaFrance

Amy Oygen Robert J. Ray

Charles B. (Chad) Rogers II

Corey Sanchez Matthew Storey Christopher O. Heisler

Jeffrey P. Stone

Vito Culmone

			·i
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	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the did Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
Yes No Is the County em	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature			
Print Name Authorized Department Representa	tive		

Business Entity Ty	vne (Please selec	t one)							
TI Solo	Partnership	Limited L Company	iability		Trust	Non-Profit Organization		Other	
Business Designa	tion Group (Pleas	e select all th	at apply)		1			
MBE	✓WBE	✓SBE		□PBE		□VET	□DVET □ESB		ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small E Enterpr	susiness ise	Physically Ch Business Ent		Veteran Owned Business			Emerging Small Business
Number of Clark County Nevada Residents Employed:							4		
Corporate/Business Entity Name: SUZANA RUTAR Architect, Ltd. A Professional Corporation									
(Include d.b.a., if a	790	SUZANA RU				· · · · · · · · · · · · · · · · · · ·			
Street Address:	pplicable	1950 E. War	m Spring	gs Rd.	V	Vebsite: www. SRutar.c	om		
City, State and Zip	Code:	Las Vegas,	NV 8911	19	F	POC Name: Suzana Rui	ar	om	
Telephone No:		702-263-617	6			ax No:			
	of Address .					Vebsite:			
Nevada Local Stre		Same as ab	ove		'	vebsite.			
City, State and Zij					i	ocal Fax No:			
orty, otato and an					L	ocal POC Name:			
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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		
N/A	N/A	N/A	N/A		
	14				
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registere	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childrentalf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	degree of blood relatives as gree)		
For County Use Only:					
	noted above, please complete the folk ployee(s) noted above involved in the		narticular agenda item?		
	ployee(s) noted above involved in any				
Notes/Comments:					
Signature					
Print Name Authorized Department Representa	ntive				

Business Entity Ty	Business Entity Type (Please select one)											
Sole Proprietorship	Partnership		Limited Liability mpany	V	Corporation	Tru	st	Non-Profit Organization		Other		
Business Designati	on Group (Pleas	e sel	ect all that apply)								
МВE	□WBE		□SBE		PBE			□VET	□DVET □ESB			
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business	ed Disabled Veteran Emerging Owned Business Busine			
Number of Clark County Nevada Residents Employed: 10												
Corporato/Rusinoss	Corporate/Business Entity Name: T.Y. Lin International											
(Include d.b.a., if ap			Emmemation									
Street Address:	pheable	345	California Stre	eet,	Suite 2300		We	bsite: www.tylin.co	om			
City, State and Zip (Code:		Francisco, CA				_	C Name: James Barr		ı.com		
Telephone No:		415	.291.3700					(No: 415.433.080)7			
Nevada Local Stree		40!	50 Dean Martin	Dı	rive			bsite: ww.tylin.com				
City, State and Zip		Las	Vegas, NV 8910	03			Loc	cal Fax No: N/A				
		701	. 500 7101				Local POC Name: Nelson Stone					
Local Telephone No): 	702	2.522.7101				Em	ail: nelson	n.sto	ne@tylin.com		
								evised Statutes, including s, and professional corpor	ations			
T.Y. Lin International (Group, LTD				Majority Owner				Corpo 83,020	rations/Non-profit o 3%	organizations)	
Individual holdings les	s than 5% ownersh	ip pe	r each individual						<5%			
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 (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 land-use approvals, con								accurate. I also understan osure form.	d that	the Board will not	take action on	
(X/	5400 YGC			J	James Barr							
Signature				-	Print Name							
rans ortation Section	tor Manager + \	Vice	President	_	December 12 Date	, 2024						
					_							

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: If any Disclosure of Relationship is a	noted above, please complete the folio	owing:						
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:								
Notes/Comments.								
Signature								
Print Name Authorized Department Representa	tive							

TYLININTERNATIONAL engineers | planners | scientists

SUBJECT: Supplement to Response to Item 1 of Exhibit H - Disclosure of Ownership / Principals

T.Y. Lin International (TYLIN) responded "Yes" to Item 1 on the Disclosure of Ownership/Principals form. To supplement this response, we have provided the following statement:

Mr. Nelson Stone, PE serves as Office Manager for the Las Vegas Office. Mr. Stone is an appointed Clark County Planning Commissioner. Pursuant to the RFQ and NRS 281A.430.1 (2) and (4), TYLIN and Mr. Stone may both participate in this competitive bid and any resulting contract.

Should you have any questions, please feel free to contact Nelson Stone, P.E. at 702-522-7101 or nelson.stone@tylin.com.

Sincerely,

T.Y. Lin International

Intissar Durham MRA PE

Vice President

Current Appointments

T.Y.Lin International Group, Ltd.

Officers

Name	Position
Cummings, Matthew G.	Chief Executive Officer
Harnagel, William K.	Chief Financial Officer
Price, Thomas J.	Chief Operating Officer
Lee, Jennifer N.	General Counsel
Cummings, Matthew G.	President
Lee, Jennifer N.	Secretary
Cayea, Stephen	Senior Vice President
Harnagel, William K.	Senior Vice President
Jordan, Sheila	Senior Vice President
Lee, Jennifer N.	Senior Vice President
MacLeod, lan	Senior Vice President
Santhanam, Preethi	Senior Vice President
Favero, Steven J. Del	Vice President
Lim, Pen Ann Kenny	Vice President
Sonnefeldt, Susan Diaz	Vice President
Price, Thomas J.	Executive Vice President
Lee, Jennifer N.	Chief Compliance Officer
MacLeod, Ian	Chief Administrative Officer
Niens, Niek	Chief Operating Officer-Asia
Jordan, Sheila	Chief Strategy and Marketing Office
Cayea, Stephen	Chief Information Officer
Santhanam, Preethi	Chief People Officer

Business Entit	у Тур	e (Please select	one)		_		1							
Sole Proprietorship		Partnership	Limite Compan	ed Liability y		Corporation	Trus	Non-F Organiza			Other			
Business Desi	gnati	on Group (Pleas	e select al	that apply	1)					_		<u> </u>		
□мве		□WBE		SBE		PBE		□ VET			OVET	ESB		
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		all Business erprise		Physically Ch Business Ent		Veteran O Business	wned		abled Veteran ned Business	Emerging Small Business		
Number of	Cla	rk County Ne	evada R	esidents	s En	nployed:				63				
Corporate/Bus	iness	Entity Name:	Taney Er	ngineering,	LLC									
(Include d.b.a.,	if ap	plicable)												
Street Address			6030 S J	ones Blvd.				Website: Tan						
City, State and	Zip (Code:	Las Vega	as, Nevada	891	118		POC Name: F	Robert Cur C@Taney					
Telephone No:			(702) 362	2-8844				Fax No:						
Nevada Local S								Website:						
City, State and								Local Fax No:						
	only otale and Ely odde.							Local POC Name:						
Local Telephone No:						Email:								
Entities include a close corporation	all bu s, for	siness associations eign corporations, l Full Name	s organized imited liabil	under or go	verne s, pa	ed by Title 7 of rtnerships, limit	the Nevad ed partner Title	da Revised Statu ships, and profe	utes, includi ssional corp	ooration (N	is. % Owne lot required for Pul	d blicly Traded		
HFW Holdings, I	ПС			0	wne	r					orations/Non-profi (no individual o	t organizations) wns more than 5%)		
Edward F. Tane					resid						han 5%			
Robert Cunning	_					or of Enginee	ring Serv	rices			han 5%			
Steven Dumovio				_		or of Survey				Less t	han 5%			
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)? 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.)														
land-use approva	ils, co	of perjury, that all contract approvals, to	and sales, le	eases or excl	hangı	es without the o	completed	disclosure form.	also unders	tand th	at the Board will n	ot take action on		
Robert Cunni Signature	ngh	am Digitally signed I	9 04:59:25 -08'0), J	:=	Robert Cunni Print Name	ngham, F	P.E.						
_	Principal Member December 12, 2024													
1100						1								

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	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first dec	degree of blood relatives as gree)
For County Use Only:			
	noted above, please complete the follo		
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performant	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ntive		

Business I	Entity Tv	pe (Please select	one											
Sole Proprietors		Partnership		Limited Liability mpany	V	Corporation	Trus	st	Non-Profit Organization		Other			
Business I	Designat	ion Group (Pleas	e sel	ect all that apply)									
□ МВЕ		□WBE		SBE		□PBE			□VET □DVET □ESB					
Minority Bu Enterprise	siness	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business		sabled Veteran ned Business	Emerging Small Business		
Number	of Cla	rk County Ne	evac	da Residents	s Eı	mployed:				26				
Corporate	Busines:	s Entity Name:	Tate	e Snyder Kimsey	/ Arc	chitects Ltd								
(Include d.	b.a., if ap	oplicable)	-				- T							
Street Add	ress:		314	South Water Str	reet				bsite: www.tska.com					
City, State	and Zip	Code:	Her	nderson, NV 890	15				C Name: Jason Ando					
Telephone	No:		702	.456.3000					k No: NA					
#====0====														
		t Address:						we	bsite:					
(If differen									al Fau Na					
City, State	and Zip	Code:							cal Fax No:					
Local Tele	phone N	o:				Local POC Name: Email:								
Entities included close corpor	lude all bu rations, foi	usiness associations reign corporations, Full Name	s orga limited	enized under or go d liability companie	vern s, pa	ned by Title 7 of artnerships, limite	the Nevaded partner	da R rship	tevised Statutes, includi s, and professional corp	ooration	not limited to privans. % Owner Not required for Pul	d		
Christopher	Huckab	ee		М	lana	aging Principal	, CEO, a	nd 1	Freasurer		oorations/Non-profi			
Thomas Luc	eck									50%				
1. Are ar	ny individu r or Clark	County Water Recla	ers, ov amatic yes, p	vners or principals, on District full-time	invo emp	olved in the busin bloyee(s), or app vemployee(s), or	ness entity ointed/ele appointe	y, a (ected d/ele	Clark County, Departme official(s)? ected official(s) may not	nt of A				
sister,	grandchil ne employ	d, grandparent, rel ee(s), or appointed/	ated t electe	o a Clark County, led official(s)?	Dep	artment of Aviati	ion, Clark	Cou	tic partner, child, parent inty Detention Center of n Page 2. If no, please	Clark	County Water Rec	half-brother/half- lamation District		
I certify und	er penalty		of the	information provide	ed he	erein is current,	complete, ompleted	and	accurate. I also unders	_		ot take action on		
Signalule						Print Name								
Principal-in-	Principal-in-Charge 12/12/24 Title Date													
						1								

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			
	18		
Water Reclamation District.	Clark County, Department of ship by blood. "Affinity" is a re	36	ntion Center or Clark County
"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 – Childre	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – l	In-laws (second degree)
For County Use Only:			
•	noted above, please complete the follo	owing:	
	ployee(s) noted above involved in the		particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Cignoture			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity	уТур	e (Please selec	t one										
Sole Proprietorship		Partnership		Company Corporation Trust Organization						Other			
Business Desig	nati	on Group (Pleas	e sel	ect all that apply	()								
□ МВЕ		□WBE		SBE		PBE			□ VET		□ESB		
Minority Busines Enterprise	S	Women-Owned Business Enterprise	ı	Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran rned Business	Emerging Small Business	
Number of	Claı	k County N	evac	la Residents	E E	mployed:				26			
		_ 2000.0	The	WLB Group, Inc									
Corporate/Busi	THE	WEB Group, inc	· .		=								
(Include d.b.a.,		plicable)	444	4 E. Broadway				107-1	bsite: wlbgroup.com				
Street Address:			-	son, Arizona, 85	711				C Name: Bill Walker				
City, State and	Zip C	ode:		Jon, r wizona, Jo				Ema	D	lbarou	p.com		
Telephone No:			520-	-881-7480					No: 520-881-7492	J			
Nevada Local S	4	Add			===				bsite: wlbgroup.com				
(If different from		,	366	3 E. Sunset Roa	ıd			wei	osite:g. ospros				
City, State and			Las	Vegas, Nevada,	89	120		Loc	al Fax No: 702-434-0)491			
3,7,000,000			700	450.0554					al POC Name: Mark		ın		
Local Telephon	e No	:	702	-458-2551				Ema	-hannan Qually annua annua				
Entities include a	ll bus , fore	iness association	s orga	nized under or gov	vern	ed by Title 7 of t	he Nevad	la Re	nds to the applicant and evised Statutes, including and professional corp	ng but r oration: (No	not limited to priva	licly Traded	
William Walker				Pr	esic	dent				75%			
Michael Byrne				Vi	se F	e President				25%			
This section is no	ot rec	uired for public	v-trad	ed cornorations	Aro	vou a publich-	traded co	orno	ration? Yes	[7]	No		
Are any indiv	/idual	members, partne	rs, ow		invo	lved in the busin	ess entity,	, a C	lark County, Departmer	_		y Detention	
Yes	Ī			ease note that Cou or other contracts					cted official(s) may not pove bid.)	oerform	any work on profe	essional service	
sister, grand	child,		ated to	a Clark County, E					partner, child, parent, ty Detention Center or				
Yes	Yes Vo (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)												
	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 and-use approvals, contract approvals, land sales, leases or exchanges without the completed disclosure form.												
WLB Group, Ir	1u.	.ga.i.egeg.eap 3€=AVP/Direct	or of I	Uevada	r	Mark Bangan							
Signature Signature	,				-	Print Name							
Director of Nevad	la Oı	perations				12-16-24							
Title			_	Date									

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	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
•	noted above, please complete the follo		
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entit	v Tvi	e (Please select	one											
Sole Proprietorship		Partnership		Limited Liability Corporation Trust Organization Other										
Business Desig	gnati	on Group (Please	e sel	ect all that apply)									
MBE		□wbe		SBE		PBE	□ VET			DVET		□ESB		
Minority Busines Enterprise	SS	Women-Owned Business Enterprise		Small Business Enterprise		, , , , , , , , , , , , , , , , , , , ,			Veteran Owned Business	Disabled Veteran				
Number of	Cla	rk County Ne	evac	la Residents	Ε	mployed:				26				
					_									
Corporate/Busi	iness	Entity Name:	_	Krob Consulting	_			_						
(Include d.b.a.,	if ap	plicable)	_	Consulting Engi										
Street Address	:			8 Spanish Ridge					bsite: www.tjkenginee					
City, State and	Zip (Code:	Las	Vegas, Nevada	89	148			C Name: Ken Meechu					
				074.0004				Ema	an.	ne@i	ijkengineers.com	1		
Telephone No:	_		702	-871-3621	_		_	Fax	: No: 702-871-8353	_				
Nevada Local S	Stree	t Address:						Wel	bsite:					
(If different from	n ab	ove)			_									
City, State and	Zip	Code:						Loc	al Fax No:					
Local Telephor	o Na	ν,						Loc	al POC Name:					
Local releption	ie iii	,.			_			Ema	ail:					
Entities include a	all bu	siness associations	orga	inized under or gov	verr	ed by Title 7 of	the Neva	da Re	ends to the applicant and evised Statutes, includir s, and professional corp	ig but oration	not limited to priva	1		
Tom Anderson				O	wne	er / President			5		orations/Non-profit			
Ken Meechudho	ne			0	wn	er / Vice Presid	lent			14.6%				
Are any ind	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?													
sister, gran	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)?													
I certify under per land-use approva	nalty Is, co	of perjury, that all o	f the i	information provide ales, leases or exch	ed he	erein is current, oges without the co	complete, ompleted	and discl	accurate. I also understosure form.	and tha	at the Board will no	ot take action on		
Ken Meechuc Signature	lhor	Digitally signed by Date: 2024.12.17	y Ken N 7 08:17:	deechudhone	3	Ken Meechud Print Name	hone							
Vice President														
						1								

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
Water Reclamation District.	Clark County, Department of ship by blood. "Affinity" is a rela		ntion Center or Clark County
'To the second degree of c follows:	onsanguinity" applies to the o	candidate's first and second	degree of blood relatives as
Spouse – Registered	l Domestic Partners – Children	n – Parents – In-laws (first deg	ree)
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Grar	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
f any Disclosure of Relationship is n	oted above, please complete the follow	wing:	
Yes 🔲 No Is the County emp	oloyee(s) noted above involved in the c	contracting/selection process for this p	particular agenda item?
Yes No Is the County emp	loyee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			

		-	OOLOGO	_	01 01111		***	71 14111011 742	_		
Business Entity Ty	pe (Please select	one)		_							
Sole Proprietorship	Partnership		imited Liability		Corporation	Trus	st	Non-Profit Organization		Other	
Business Designat	tion Group (Pleas	e sele	ct all that apply)							
MBE	□WBE		✓ SBE		PBE			□VET		OVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise	, , , , , , , , , , , , , , , , , , , ,			Veteran Owned Business	Disabled Veteran Owned Business Emerging Small Business			
Number of Cla	rk County Ne	evad	a Residents	E	mployed:	8					
Corporate/Busines	s Entity Name:	тмс	x Solutions								
(Include d.b.a., if a	pplicable)										
Street Address:		8205	W. Warm Sprir	ngs	Rd., Suite 110		We	bsite: www.tmcxsolu	tions.c	om	
City, State and Zip	Code:	Las	Vegas NV 8911	3				C Name: Loren Morr	is		
							_	ail: Imorris@tm	cxsoin	tions.com	
Telephone No:		7022	2527232				Fax	No: 702527234			
Nevada Local Stree							We	bsite:			
(If different from al									_		
City, State and Zip	Code:						cal Fax No:				
Local Telephone N		Local P			ocal POC Name:						
	reign corporations, l					ed partner		evised Statutes, includ s, and professional cor			
Cristi Leafstedt	Full Name		CI	ΞΟ		Title				ot required for Pub orations/Non-profit	licly Traded
Mark Leafstedt					ipal		_		44%		
Loren Morris					dent		_		5%		
LOI EII WOITIS				C31	dent			· · · · · · · · · · · · · · · · · · ·	070		
This section is not ro 1. Are any individu Center or Clark Yes	al members, partne County Water Recla	rs, ow amatio yes, pl	ners or principals, n District full-time	invo emp unty	olved in the busin oloyee(s), or appo	ness entity ointed/elec appointed	, a (cted d/ele	Clark County, Departme official(s)? ected official(s) may not	ent of Av		
sister, grandchil	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 y	yes, pl	ease complete the	Dis	closure of Relati	onship for	m o	n Page 2. If no, please	print N/	A on Page 2.)	
I certify under penalty land-use approvals, co								accurate, I also unders osure form.	tand tha	at the Board will no	it take action on
Loren Morris	Digitally signed to Date: 2024.11.1	oy Loren 2 15:29:3	Morris 3 -07'00'	i.	Loren W Morri Print Name	s					
·					40/40/0004						
President Title					12/12/2024 Date						
		_									

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	Clark County, Department of ship by blood. "Affinity" is a relectors anguinity" applies to the d Domestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as gree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the follo	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

		ט	ISCLUSU	NE.	OF CAAL	EKSI	ПІГ	PRINCIPAL	_		
Business Entity Typ	e (Please select	one									
Sole Proprietorship	Partnership	Co	Limited Liability mpany	Z	Corporation	Tru	st	Non-Profit Organization		Other	
Business Designati	on Group (Please	e sel	ect all that appl	y)	0						
□MBE	□wbe		SBE		PBE			□VET		OVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Busines Enterprise	s	Physically Ch Business Ente			Veteran Owned Business	Disa Ow	Emerging Small Business	
Number of Cla	rk County Ne	vac	la Resident	s E	mployed:			Ei	ght (8)	
Corporate/Business	Entity Name:	Tur	oin & Rattan En	Engineering, Inc.							
(Include d.b.a., if ap	plicable)										
Street Address:		244	1 Honolulu Ave	nue	Suite 200		We	bsite: turpinandrattan	.com		
City, State and Zip (Code:	Mor	ntrose, Californi	ia 91	020-1864		РО	C Name: Vickie Fortie	, Vice	President	
		212	.249.0444				Em	No: 619.466.6233	3.00111		
Telephone No:		010	.243.0444		+ NI - F		Fax	(No: 019.400.0233			
Nevada Local Stree		603	7 South Fort Ap	pach	e Road Suite 1	10	We	bsite: turpinandrattan	.com		
City, State and Zip		Las	Vegas, Nevada	a 891	148-5564		Loc	cal Fax No: 619.466.6	233		
Local Telephone No		702	.834.3880				Local POC Name: Rade Kecman, Associate Principal				
				_			Em	ail: rkecm	an@tr	eilv.com	
ownership or financial Entities include all but	interest. The disclos siness associations	orga	equirement, as a nized under or go	pplied overn	d to land-use app ed by Title 7 of t	lications, the Nevad	exte da R	Directors in lieu of di ends to the applicant and evised Statutes, includin s, and professional corpo	the lar g but r orations	idowner(s). not limited to priva s. % Owned	te corporations,
Ara Vartanians			F	Presid	dent CEO			2		ot required for Pub orations/Non-profit %	
Vickie Fortie					President				5.833		
Ryan Morse / Marie L	akey / Chris Han	nmei			Presidents				0% E		
Rade Kecman	andy / Office / Ide				ciate Principal	/ Las Ve	gas		.667%		
Tage Norman		-		10001	oldto i iliiolpai i	240 10	guo				
		s, ow	ners or principals	, invo	lved in the busin	ess entity	, a C	Clark County, Departmen	t of Avi		ty Detention
Yes	No (If yo	es, pl		ounty	employee(s), or	appointed	d/ele	cted official(s) may not p	erform	any work on profe	essional service
sister, grandchild		ted to	a Clark County,					ic partner, child, parent, inty Detention Center or 0			
Yes	✓ No (If ye	es, pl	ease complete th	e Dis	closure of Relation	onship for	m or	n Page 2. If no, please p	rint N/A	A on Page 2.)	
I certify under penalty of land-use approvals, con								accurate. I also understa osure form.	ind tha	t the Board will no	t take action on
Digitally signed by Robe Keleman DN. CHUS, Elementan gire is cort, O-Turph & Calm, 2024, 12, 17, 13,55,34-08/but Signature	PUBS, Environmental Bris v. com.) - Turp në Peatur Pipinger, p. n. n. ', CN-Pub Norman' (AN-Pub Norman' Pipinger, p. n. n. ', CN-Pub Norman' Pipinger, p. n.										
Associate Principal	_as Vegas Branc	h Ma	nager		December 17,	2024					
		_			- 410						

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	71112 3 3 2 111 2		
Water Reclamation District. "Consanguinity" is a relations "To the second degree of of follows: • Spouse – Registered	ship by blood. "Affinity" is a rel consanguinity" applies to the	Aviation, Clark County Deter lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
	noted above, please complete the follo	owing: contracting/selection process for this i	narticular agenda item?
		way with the business in performance	
Notes/Comments:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
Signature			
Print Name Authorized Department Represental	 tive		

Business Entity Typ	e (Please select	one)						
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e select all that app	ly)					
□MBE	□WBE	SBE	PBE		□VET		VET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busines Enterprise	Physically 6 Business E		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Cla	rk County Ne	evada Resident	s Employed:			1		
Cornerate/Business	Entity Name:	UNVC						
(Include d.b.a., if applicable) a dba of CMB Consultants								
Street Address:	pilousioj	1067 W 1400 S		v	Vebsite: UNVC.net			
City, State and Zip 0	Code:	Lehi, Utah, 84043		F	OC Name: Greg Cumi		net	
Tolophone No.		385.429.5870			mail: gcummings ax No: 801.407.1812	œunvc.	iici.	
Telephone No:		550.125.5015						
Nevada Local Street (If different from abo	8	2850 W Horizon Ri	idge Pkwy	, v	Vebsite: UNVC.net			
City, State and Zip	Code:	Henderson,			ocal Fax No:			
Local Telephone No	:	(702)480-4746		L	Local POC Name: Michael Ruesch Fmail: mruesch@unvc.net			
ownership or financial i Entities include all bus close corporations, fore	nterest. The disclos siness associations	sure requirement, as a organized under or go	pplied to land-use a overned by Title 7	pplications, ea of the Nevada	nd Directors in lieu of a stends to the applicant an Revised Statutes, includ ips, and professional cor	d the land	downer(s). ot limited to priva	te corporations,
Greg Cummings			Owner				t required for Pub rations/Non-profit	
John Burningham			Owner			18%		
Matt Marshall			Owner			16%		
Robert Lundeen			Owner			6%		
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 (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)?								
	f perjury, that all of	the information provid	ed herein is current	, complete, ar	on Page 2. If no, please d accurate. I also unders closure form.			t take action on
John Burningham Signature	Digitally signed by Date: 2024.12.11	y John Burningham 10:00;26 -07'00'	John Burning Print Name	gham				
Partner Title			12.11.2024 Date					

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 Deter	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a re	lationship by marriage.	
"To the second degree of collows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childre	n – Parents – In-laws (first deg	ree)
 Brothers/Sisters – H: 	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
Diotilo.			,
For County Use Only:			
<u> </u>	noted above, please complete the follo		
		contracting/selection process for this	
	oloyee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			
orgination			
Print Name Authorized Department Representat	tive		

Business Entit	у Ту	e (Please select	one)		_		T					
Sole Proprietorship		Partnership		Limited Liability mpany	₹	Corporation	Trus	it	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)							
MBE		□WBE		SBE		PBE			☐ VET		OVET	□ESB
Minority Busines Enterprise	SS	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente		- 1	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of	Cla	rk County No	evac	la Residents	E	mployed:				58		
Corporate/Bus	incer	Entity Name:	VTN	I Nevada								
(Include d.b.a.,												
Street Address		phodoloj	272	7 South Rainbow	v Bl	vd.		Web	bsite: vtnnv.com			
- Curour ruur coo			Las	Vegas, NV 8914	16				Name: Robert C. F	osea,	111	
City, State and	Zip (Code:						Ema	ail: roberth@vtr	nv.co	m	
Telephone No:			702	-873-7550				Fax	No: 702-362-2597			
Nevada Local S			*Sa	me as above*				Wel	osite:			
City, State and	Zip	Code:						Loc	al Fax No:			
I and Talanhan	a Ni							Local POC Name:				
Local Telephor	ie inc):						Ema	ail:			
Entities include close corporation	all bu s, for	siness association: eign corporations, Full Name	s orga limited	inized under or gov I liability companies	vern s, pa	ed by Title 7 of artnerships, limit	the Nevac ed partner Title	da Re ships	evised Statutes, includi s, and professional corp	ooration (N	not limited to priva ns. % Owned lot required for Put orations/Non-profil	d blicly Traded
Gene D. Kramet	baue	er			resident				67.55%			
Robert C. Hosea	_				_	ce President				10.69%		
David L. Edward						ce President- Secretary				10.69%		
Daniel T. Kamin	SKI		_	ır	eas	surer	_			5.42%		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes Vol 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 Vol (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 Vol (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)												
land-use approva	ls, co	of perjury, that all contract approvals, la	of the		ed he	erein is current,	complete,	and	accurate. I also unders	_		ot take action on
Digitally Robert Date: 2	signed C. Hose 124.12 1	by a, III 6										
Signature	9-06'00'	-	_		-	Robert C. Hos Print Name	sea, III					
_												
Vice President Title						12/16/2024 Date						
						1						

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	Clark County, Department of ship by blood. "Affinity" is a releasensanguinity" applies to the dipomestic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first dec	degree of blood relatives as
For County Use Only:			
·	noted above, please complete the follo		narticular agonda itam?
	ployee(s) noted above involved in the ployee(s) noted above involved in any		
Yes No Is the County em	pioyee(s) noted above involved in any	way with the business in performance	e of the contract:
Signature			
Print Name			
Authorized Department Representa	tive		

Business Entity Type (Ple	ease select o	ne)	,	-11:	- 11			
Sole Proprietorship	archin	Limited Liability	Corporation	Trust	Non-Profit Organization		Other	
Business Designation Gr	oup (Please s	select all that apply)					4
□MBE □V	VBE	□SBE	□PBE		□VET		OVET	□ESB
Enterprise Busi	nen-Owned ness rprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Clark Co	ounty Nev	ada Residents	Employed:			28		
Corporate/Business Entit	y Ivallio.	/elles Pugsley Arch ba: Simpson Coult						
(Include d.b.a., if applicated Street Address:	710)	51 E. Warm Spring		144	ebsite: simpsoncoult	er com		
Street Address:		as Vegas, NV 8911			OC Name: Sean Coul			
City, State and Zip Code:	-	ac 10gao, 111 0011					coulter.com	
Telephone No:	7	02-435-1150			x No: 702-435-7699			
Nevada Local Street Addr	ess:				ebsite:			
(If different from above)								
City, State and Zip Code:				Lo	cal Fax No:			
1 1 T-1				Lo	cal POC Name:			
Local Telephone No:				En	nail:			
Entities include all business close corporations, foreign co	rporations, limi					poration:		l licly Traded
Wade J. Simpson		Pa	irtner			41%		
Sean L. Coulter			artner			41%		
Kathryn Joy Rineer		Pa	artner			18%		
This section is not required 1. Are any individual memicenter or Clark County Yes No 2. Do any individual membisister, grandchild, grandfull-time employee(s), or	bers, partners, Water Reclama (If yes, contra	owners or principals, i tion District full-time e please note that Cou cts, or other contracts	involved in the busing amployee(s), or appoint the amployee(s), or appoint the amployee(s), or a which are not subjusted as pouse, regis	ness entity, a pointed/elected appointed/elect to compet stered domes	Clark County, Department of official(s)? ected official(s) may not itive bid.) tic partner, child, parent	ent of Avi	ation, Clark Count any work on profe	essional service
Yes No	parent, related rappointed/eled (If yes, ry, that all of th	cted official(s)? please complete the e information provided	Disclosure of Relation of Rela	onship form o	on Page 2. If no, please	print N/A	A on Page 2.)	amation District
I certify under penalty of perjuland-use approvals, contract a	parent, related rappointed/eled (If yes, ry, that all of th	cted official(s)? please complete the e information provided	Disclosure of Relation of Rela	onship form o	on Page 2. If no, please	print N/A	A on Page 2.)	amation District

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	NA	
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 release to the consanguinity" applies to the document 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 gree)
Yes No Is the County em	noted above, please complete the folloployee(s) noted above involved in the ployee(s) noted above involved in any	contracting/selection process for this	
Signature			
Print Name Authorized Department Representa	tive		

Business Entity Ty	pe (Please select	one)					
Sole Proprietorship	Partnership	Limited Liability Company	Corporation Corpo	Trust	Non-Profit Organization	Other	
usiness Designa	tion Group (Pleas	e select all that appl	y)(y			- College	- T-00
TMBE	□ WBE	☐ SBE	☐ PBE		VET	DVET	□ESB
Ainority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ci Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cla	ark County N	evada Resident	s Employed:			11	
orporate/Busine	s Entity Name:	WESTAR Architect	ural Group/Nevad	a, Inc.			
include d.b.a., if a	- 0	WESTAR Architect	S				
	рысавто	4052 Dean Martin I	Orive		Website: https://www.w	agnarchitects.com/	
treet Address:		Las Vegas, Nevada	89103		POC Name: Paul Heret	akis	
City, State and Zip	Code:				Email: pheretakis(@wagnarchitects.com	
		(700)970 0000			Fax No:(702)878-8430		
relephone No:		(702)878-0000					
levada Local Stre					Website:		
If different from a					Local Fax No:		
City, State and Zi	p Code:	_			Local POC Name:		
ocal Telephone i	No:			- 1	Email:		
·	Full Name			Title	ships, and professional co	% Own (Not required for F Corporations/Non-pr	Publiciv Traded
			Principal			94%	
aul Heretakis			Principal			6%	
lark Stearns			r inioipai				
a Barana Sandin da		riy-traded corporation	s involved in the bu	siness entity	a Clark County, Departs		ounty Detention
Center or Clar	k County Water Rec	Temetion District Inti-Int	to employed of or a	bhon was	cted official(s)? d/elected official(s) may n		
Yes	c	ontracts, or other contra	cts, which are not st	Tolact to cou	ibanaa no.'		
sister grandel	niid, grandparent, ro vyea(s), or appointe	elated to a Clark County d/elected official(s)?	V. Department of Avi	SERVIN CHAIN	nestic partner, child, pare County Detention Center		eclamation District
Yes					rm on Page 2. If no, pleas		
l certify under penal land-use approvals,	ty of perjury, that all contract approvals,	of the information provi land sales, leases or ex	ided herein is curren schanges without the	nt, complete, e completed	and accurate. I also unde disclosure form.	erstand that the Board wi	II Not take action on
			Paul Hereta	kis			
Signature	V		Print Name				
Principal			DECEMBE	24,202	4		
Title			Date				

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			
F1			
-			
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	Aviation, Clark County Dete lationship by marriage. candidate's first and second n – Parents – In-laws (first degendenthildren – Grandparents – In-	degree of blood relatives as
For County Use Only:			
	noted above, please complete the folio		
		contracting/selection process for this	
Yes No Is the County employees/Comments:	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments.			
Signature			
Print Name Authorized Department Represental	tive		

Business Entity Typ	o (Dianea enlact	l one l								
Electrical desired and the second sec		Limited	d Liability				Non-Profit			
Proprietorship	Partnership	Company			Corporation	Trust	Organization		Other	
Business Designation	on Group (Pleas	e select all	that apply)						
□MBE	□WBE	□s	ВЕ		PBE		□VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise		II Business rprise		Physically Ch Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Clar	rk County No	ovada Pe	eidonte	. Er	mnloved: 1	124				
Number of Clai	rk County Ne	evaua Ne	soluents	, L1	npioyea.	124				
Corporate/Business	Entity Name:	Westwood	d Professio	onal	Services, Inc.					
(Include d.b.a., if ap	plicable)									
Street Address:		2805 Dalla	as Parkwa	y, S	uite 150	v	Vebsite: www.wes	twoodps.cc	om	
City, State and Zip C	Code:	Plano, TX	, 75093				OC Name: Bryan		stwoodps.com	
		214.473.4	640					7047CII.@#70	оттосаро.сотт	
Telephone No:		214.473.4	040			F	ax No: N/A			
Nevada Local Street		5725 Bad	ura Avenu	e, S	uite 100	V	Vebsite: www.wes	twoodps.co	om	
City, State and Zip	Code:	Las Vegas	s, NV 8911	18		L	ocal Fax No: N/A			
		700 004 5	2000			L	ocal POC Name: F	Randy Carr	oll	
):	702.284.5	300				mail: r	andy.carro	II@westwoodps.	com
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial i	business entity ap ies and non-profi interest. The disclo	pearing befo it organizati osure require	re the Board ions shall ment, as ap	d. list plied	all Corporate I to land-use app	list the nam Officers and plications, e.	nd Directors in lieu xtends to the applica	of disclosi nt and the la	ng the names of ndowner(s).	individuals with
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial i Entities include all bus close corporations, fore	business entity ap ies and non-profi interest. The disclo	pearing befo it organizati osure required s organized u	re the Board ions shall ment, as app under or gov	d. list plied verne	all Corporate I to land-use appeted by Title 7 of	Officers at plications, et the Nevada	nd Directors in lieuxtends to the applica	u of disclosi nt and the la ncluding but al corporation	ng the names of ndowner(s). not limited to priva is.	individuals with te corporations,
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial is Entities include all bus close corporations, fore	business entity ap ies and non-profi interest. The disclo siness associations eign corporations, I	pearing befo it organizati osure required s organized u	re the Board ions shall ment, as app under or gov	d. list plied verne	all Corporate I to land-use apped by Title 7 of Intrarrantips, limite	Officers and plications, et the Nevada ed partners!	nd Directors in lieuxtends to the applica	u of disclosi nt and the la ncluding but al corporation (N	ng the names of ndowner(s). not limited to priva is. % Owned to required for Pub orations/Non-profit	individuals with te corporations, displicitly Traded
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial is Entities include all bus close corporations, fore	business entity ap ies and non-profi interest. The disclo siness associations eign corporations, I	pearing befo it organizati osure required s organized u	re the Board ions shall ment, as app under or gov	d. list plied verne	all Corporate I to land-use appeted by Title 7 of	Officers and plications, et the Nevada ed partners!	nd Directors in lieuxtends to the applica	u of disclosi nt and the la ncluding but al corporation (N	ng the names of ndowner(s). not limited to priva ns. % Owned tot required for Pub	individuals with te corporations, displicitly Traded
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial is Entities include all bus close corporations, fore	business entity ap ies and non-profi interest. The disclo siness associations eign corporations, I	pearing befo it organizati osure required s organized u	re the Board ions shall ment, as app under or gov	d. list plied verne	all Corporate I to land-use apped by Title 7 of Intrarrantips, limite	Officers and plications, et the Nevada ed partners!	nd Directors in lieuxtends to the applica	u of disclosi nt and the la ncluding but al corporation (N	ng the names of ndowner(s). not limited to priva is. % Owned to required for Pub orations/Non-profit	individuals with te corporations, displicitly Traded
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial is Entities include all bus close corporations, fore	business entity ap ies and non-profi interest. The disclo siness associations eign corporations, I Full Name N/A	pearing before the property of	re the Board ions shall ment, as app under or gov y companies	d. list plied verne s, pa	all Corporate I to land-use app ed by Title 7 of intrnerships, limite N/A	Officers applications, ethe Nevada ed partners! Title	nd Directors in lieuxtends to the applica Revised Statutes, in hips, and professions	u of disclosi nt and the la neluding but al corporation (N Corp	ng the names of ndowner(s). not limited to privals. % Owned to required for Puborations/Non-profit N/A	individuals with te corporations, display Traded organizations)
All entities, with the e financial interest in the Publicly-traded entiti ownership or financial is Entities include all bus close corporations, fore	business entity ap ies and non-profi interest. The disclo siness associations eign corporations, I Full Name N/A quired for publicle al members, partne county Water Recla	pearing before the control of the co	re the Board ions shall ment, as app under or gov y companies rporations. r principals, rict full-time	Are	all Corporate I to land-use append by Title 7 of Introduction N// E you a publicly Dived in the busin loyee(s), or app	Officers as plications, each partners! Title A traded conness entity, pointed/elect	nd Directors in lieuxtends to the applica Revised Statutes, in hips, and professions reporation?	u of disclosi nt and the la ncluding but al corporation (N Corp	ng the names of ndowner(s). not limited to prival section (s). % Owned to required for Public orations/Non-profit N/A N/A No viation, Clark Coun	individuals with te corporations, dislictly Traded organizations)
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500

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
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 release on sanguinity" applies to the standard Domestic Partners – Children	ationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
	oted above, please complete the follo ployee(s) noted above involved in the	-	particular agenda item?
	oloyee(s) noted above involved in any		
Notes/Comments:			
Signature			
Print Name Authorized Department Representati	ve		

Geraldine Cruz

From:

Randy Carroll < randy.carroll@westwoodps.com>

Sent:

Tuesday, February 18, 2025 4:14 PM

To:

Geraldine Cruz; Chris Langham

Subject:

RE: 607190-24 Professional Services for Real Property Management - Master Services

Agreement - Westwood Professional Services, Inc.

Hi Geraldine,

We don't have any officers that own more than 5%.

We have used the "N/A" designation to indicate the fact we don't have any officers owning more than 5% on previous County ownership disclosure forms.

Is the "N/A" acceptable or do you want us to say something else?

Thank you,

Randy Carroll, PE, PTOE

Director, Transportation Service randy.carroll@westwoodps.com Licensed in NV

direct main cell (702) 284-5354 (702) 284-5300 (702) 809-9996

Westwood 5725 W. Badura Ave, Suite 100 Las Vegas, NV 89118

From: Geraldine Cruz < Geraldine.Cruz@ClarkCountyNV.gov>

Sent: Tuesday, February 18, 2025 3:48 PM

To: Randy Carroll <randy.carroll@westwoodps.com>; Chris Langham <Chris.Langham@westwoodps.com>

Subject: FW: 607190-24 Professional Services for Real Property Management – Master Services Agreement – Westwood

Professional Services, Inc.

CAUTION: External Sender. Please do not click on links or open attachments from senders you do not trust.

Randy,

I apologize. I did not mention in my last email.

On the disclosure, please provide the name(s) of the officers.

If there are no officers who own more than 5%, please indicate on the form. Feel free to add the comment under the full name section.

Full Name	Title	% Own (Not required for P
N/A	N/A	Corporations/Non-prc N/A
This section is not required for publicly-traded corporation	ons. Are you a publicly-traded corporation?	Yes No
From: Randy Carroll randy.carroll@westwoodps.com Sent: Tuesday, February 18, 2025 3:10 PM To: Geraldine Cruz Geraldine Cruz@ClarkCountyNV. Cc: Randy Carroll Randy.Carroll@westwoodps.com Subject: RE: 607190-24 Professional Services for Real Professional Services, Inc.	gov> ; Chris Langham <chris.langham@westv< td=""><td>woodps.com> es Agreement – Westwood</td></chris.langham@westv<>	woodps.com> es Agreement – Westwood
Attached is the updated Disclosure of Ownership F	Form with the number of employees ide	entified.
Attached is the signed signature page from the Mas	ster Services Agreement.	
Thank you,		
Randy Carroll, PE, PTOE Director, Transportation Service randy.carroll@westwoodps.com Licensed in NV		
direct (702) 284-5354 main (702) 284-5300 cell (702) 809-9996		
Westwood 5725 W. Badura Ave, Suite 100 Las Vegas, NV 89118		
From: Geraldine Cruz < Geraldine.Cruz@ClarkCountyN Sent: Thursday, February 13, 2025 6:53 AM To: Randy Carroll < randy.carroll@westwoodps.com > Subject: 607190-24 Professional Services for Real Properties of the Professional Services, Inc.		reement – Westwood
CAUTION: External Sender. Please do not click on	links or open attachments from sende	rs you do not trust.
Your firm meets the qualifications for the above refe Attached is the Master Services Agreement for your of business day Wednesday February 19, 2025 or so	review. Please sign and return the sign	nature page only by end
Attached is a copy of your firm's Disclosure of Owner resubmit.	ership form. Please provide the numbe	er of employees and
Number of Clark County Novada Basidents	Emmlare d.	

Please acknowledge your receipt of this communication.

If you have any questions or concerns, please provide as a response to this email.

Geraldine Cruz

Purchasing Analyst Ph: (702) 455-6277

Email: Geraldine.Cruz@Clarkcountynv.gov

Work Hours: 6:00 am - 4:30 pm

Remote: Mondays (available through email and Teams)

In office: Tuesday – Thursday