

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input checked="" type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed: 32</b>						
<b>Corporate/Business Entity Name:</b>		Apple Grove Treatment Center, LLC				
<b>(Include d.b.a., if applicable)</b>		Apple Grove Foster Care Agency				
<b>Street Address:</b>		3155 E. Patrick Lane, Suite 1		<b>Website:</b> www.applegrovefostercare.com		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89120		<b>POC Name:</b> Jarod Wolsey		
				<b>Email:</b> jarodw@applegrovefostercare.com		
<b>Telephone No:</b>		702-992-0576		<b>Fax No:</b> 702-992-0391		
<b>Nevada Local Street Address:</b> (If different from above)				<b>Website:</b>		
<b>City, State and Zip Code:</b>				<b>Local Fax No:</b>		
<b>Local Telephone No:</b>				<b>Local POC Name:</b>		
				<b>Email:</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.

Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Icia Sandulak	Managing Member	50%
Jason Sandulak	Billing Specialist	50%

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

- Are any individual members, partners, owners or principals, involved in the business entity, a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
 Yes  No (If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)
- Do any individual members, partners, owners or principals have a spouse, registered domestic partner, child, parent, in-law or brother/sister, half-brother/half-sister, grandchild, grandparent, related to a Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?  
 Yes  No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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

	Jarod Wolsey
Signature	Print Name
	11/07/2024
Director	Date
Title	

## DISCLOSURE OF RELATIONSHIP

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
None			

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

"Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

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

- Spouse – Registered Domestic Partners – Children – Parents – In-laws (first degree)
- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

**For County Use Only:**

If any Disclosure of Relationship is noted above, please complete the following:

- Yes  No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
- Yes  No Is the County employee(s) noted above involved in any way with the business in performance of the contract?

Notes/Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
Authorized Department Representative

## DISCLOSURE OF OWNERSHIP/PRINCIPALS

<b>Business Entity Type (Please select one)</b>						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
<b>Business Designation Group (Please select all that apply)</b>						
<input type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVET	<input type="checkbox"/> ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>				41		
<b>Corporate/Business Entity Name:</b> Shining Star Community Services, LLC						
<b>(Include d.b.a., if applicable)</b> Shining Star						
<b>Street Address:</b> 4580 S Eastern Ave #33			<b>Website:</b> www.shiningstarlv.com			
<b>City, State and Zip Code:</b> Las Vegas, NV 89119			<b>POC Name:</b> Diana Wade			
			<b>Email:</b> buggy4di@aol.com			
<b>Telephone No:</b> 702-882-7827			<b>Fax No:</b> 702-940-6124			
<b>Nevada Local Street Address:</b> (If different from above)			<b>Website:</b> same as above			
<b>City, State and Zip Code:</b>			<b>Local Fax No:</b>			
<b>Local Telephone No:</b>			<b>Local POC Name:</b>			
			<b>Email:</b>			

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Diana Wade	CEO/Owner	100%

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 Signature  
 CEO/Owner  
 Title

Diana wade  
 Print Name  
 10/7/2024  
 Date

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(Mark N/A, if not applicable.)

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N/A			

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Signature

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Print Name  
Authorized Department Representative

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Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Challenged Business Enterprise	Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
<b>Number of Clark County Nevada Residents Employed:</b>					29	
<b>Corporate/Business Entity Name:</b> Youth Advocate Programs, Inc						
<i>(Include d.b.a., if applicable)</i>						
<b>Street Address:</b>		3899 North Front Street		<b>Website:</b> www.yapinc.org		
<b>City, State and Zip Code:</b>		Harrisburg, PA 17110		<b>POC Name:</b> Carla Powell <b>Email:</b> dev@yapinc.org		
<b>Telephone No:</b>		717-232-7580 334-324-7510		<b>Fax No:</b> 702-631-9251		
<b>Nevada Local Street Address:</b> <i>(If different from above)</i>		1515 E Tropicana Ave. Ste 200		<b>Website:</b> www.yapinc.org		
<b>City, State and Zip Code:</b>		Las Vegas, NV 89119		<b>Local Fax No:</b> 702-631-9251		
<b>Local Telephone No:</b>		<b>702-631-9275</b>		<b>Local POC Name:</b> Kimberly Brandon <b>Email:</b> kbrandon@yapinc.org		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Gary Ivory	President and CEO	N/A
Carla Powell	Chief Growth and Development Officer	N/A
Joanne Troutman	Chief Operating Officer	N/A
Brandon Rogers	Interim Chief Financial Officer	N/A

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Carla Powell  
 Digitally signed by Carla Powell  
 Date: 2024.10.10 06:03:50 -05'00'  
 Signature  
 Chief Growth and Development Officer  
 Title

Carla Powell  
 Print Name  
 10/8/2024  
 Date

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Print Name  
Authorized Department Representative