DISCLOSURE OF OWNERSHIP/PRINCIPALS

		וט	SCLUSUR	E OF OWN	4LIXOI	111 /	1 Itiliton ALL				
Business Entity Ty	pe (Please select	one)							T		
Sole Proprietorship	Partnership	_	Limited Liability	☐ Corporation ☐ Trust ☐ Non-Profit ☐ Other							
Business Designat	on Group (Please	e sele	ect all that apply)					7			
⊠ мве	⊠ WBE	☐ SBE ☐ PBE				☐ VET	□DVET [☐ ESB		
Minority Business Women-Owned Small E		Small Business Enterprise		Physically Challenged Business Enterprise		/eteran Owned Business			Emerging Small Business		
						_					
Number of Clark County Nevada Residents Employed: 32											
		_									
Corporate/Business	s Entity Name:	App	ile Grove Treatme	nt Center, LLC							
(Include d.b.a., if ap	plicable)	App	ole Grove Foster C	Care Agency				_			
Street Address:		315	5 E. Patrick Lane	Suite 1	te 1 Website: www.applegrovefostercare.com						
City, State and Zip	Code:	Las	Vegas, NV 89120)			Name: Jarod Wolse il: jarodw@applegro	•	stercare.com		
Talashana Na:		702	2-992-0576			Fax I	No: 702-992-0391				
Telephone No: Nevada Local Stree	t Address:	,,,,	. 002 0010			Webs	site:				
(If different from ab											
City, State and Zip				Local F			ocal Fax No:				
3.97 3.2.2.2				Loca			Local POC Name:				
Local Telephone No	o:					Emai	il:				
Publicly-traded entities and non-profit organizations shall list all collaptate of the control of 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 (Not required for Publicly Traded Corporations/Non-profit organizations)											
				Innasina Mambar				50%			
Icia Sandulak				Managing Member Billing Specialist			50%				
Jason Sandulak Billing Specialist 50%											
This section is not re	equired for public	y-trae	ded corporations.	Are you a public	ly-traded o	corpor	ration? Yes		No Clark Cour	nh. Datantian	
 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 (lf	yes, p	lease complete the	Disclosure of Rela	ationship fo	orm on	Page 2. If no, please	print N	I/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				Jarod Wolse Print Name	/			::/+=			
Director				11/07/2024							
Title				Date							

DISCLOSURE OF RELATIONSHIP

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

			A A 1 44 (MA) (A)				
NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'S				
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT				
Mana							
None							
			2				
	7		which Contar as Clark County				
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention Center or Clark County				
	ship by blood. "Affinity" is a rel						
"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 de	gree)				
•	alf-Brothers/Half-Sisters – Gra						
Brothers/Sisters – H	all-brothers/hall-oisters – Ora	macmaren – Oranaparemo	m lane (cocom registry)				
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 Representa	ıtive						

DISCLOSURE OF OWNERSHIP/PRINCIPALS

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Business Entit	у Ту	e (Please selec	t one)							gagemagen and	· 1	
Sole Proprietorship		Partnership	Company	Liability		Corporation	Trus	st	Non-Profit Organization	Month of the Management	Other	
Business Desi	gnati	on Group (Plea	se select all	that apply	<u>()</u>					-		T
Пмве		☑ WBE	☑ SBE □ PBE		□PBE	PBE		VET	DOVET		□ES8	
		Business Physically Challenge Business Enterprise				Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business			
Number of	levada Re	sident	5 E	mployed:		Marketon Laurence	And the second size of the secon	41				
wayshire Miller and Property of the		···		St. C. Committe Conince LLC								
Corporate/Bus	ines	Entity Name:		Shining Star Community Services, LLC								
(Include d.b.a.	, if aç	plicable)	Shining	-				-			h. onm	
Street Address	5:	- Windowski and	4580 S E			- The state of the			site: www, shinir			
City, State and	l Zip	Code:	Las Ve	gas, N	1V	89119		Ema		ldi@	aol.com	Spark and the state of the stat
Talashana Na			702-882	7827				Fax	No:702-940-61	24		
Nevada Local	Telephone No: 702-002 FOE. Nevada Local Street Address: Same as			S	same			site: same as				
(If different fro				and the same of th	,	-		Loca	al Fax No:			
City, State an	d Zip	Code:					Local POC Name:					
Local Telepho	ne N	o:						Email:				
close corporation	ns, fo	re-gn corporations Full Name	, jurnieci valovi	y compare	g 5₁ ≱r	da Brans en ishemi	Title		vised Statutes, inclu , and professional ox		% Owns Not required for Pu	ed
				CEDIOwner						parations/Non-prof		
Diana Wade CEO/Owner 100%												
		gerag a sy adar e consegue e adar e consegue e que a adar de deba		grupegam. Volum			programming Average We h	and the second second		Mr. market		www.
		79/10/2						Ø.,	1. X6600 - 3	20.20		
This section is	not r	equired for publi	cly-traded cor	porations	. Ar	e you a publici	ly-traded o	corpo	ration?	-	No.	
		al members, parti	sers, owners of	r principals	i, ma	olved in the bus ployed(s), or Hp	ness entity pointed/elu	ly, a C ected	lark County, Departr official(s)?			
Yes	the property of the property of the sales of											
		g, grandparem, r sats) or appointe	distorted office	af(≤)?					c partner, child, pare ity Detention Center Page 2. If no, plea			, nat-tromerman- clamation District
Yes												
Londing under pa	enalty als, o	of perjury, that all ontract approvals,	i of the informa land sales, lea	tion provid ises or ext	ted h chan	erein is current ges without the	, completed completed	, and I deck	accurate 1 also undo osure formi	erstand	that the Board will	ERRE STATES OF EACH AND STATES
Signature		\triangle				Diana was	ie	uuran ai uunii	mangada ga Militali ki Apinan dama mananan jaran ilipa a sa king a kini dalar ga mananan ki	·	Margarine as assessment of the Children's Margarine As As As (Margarine as assessed 1797)	gyptionidalisticateristics, aggregate are table has appeared appearing to be sub-
						10/7/2024					and the same of th	ery, also a de represent a formalisat servicione servicio que a securi a consequent securi
CEO/Owner	provided by			gan anakan		Date					Lympholic Algorite was required the	and the second s
with the same of t	Japan .	And the same of th					1					REVISED 7/29/2014

DISCLOSURE OF RELATIONSHIP

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

Print Name Authorized Department Representative

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY' EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY' EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A		and the second s	
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Service and Servic		A MARIE CONTROL OF THE PARTY OF	And the second section of the section
	And the state of t		To produce the second s
		de transportation of the second secon	
To the second degree of follows:	ship by blood. "Affinity" is a rel	candidate's first and second	
	d Domestic Partners - Childrer		
 Brothers/Sisters – H 	lalf-Brothers/Half-Sisters - Gra	ndchildren – Grandparents –	In-laws (second degree)
- A May Dahu			
For County Use Only:	noted above, please complete the folk	owing.	
Type IT 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 performant	ee of the contract?
Notes/Comments:			
Signature	and the second of the second o		

DISCLOSURE OF OWNERSHIP/PRINCIPALS

		DISCLOSE	JKE	OF OWN	EKSH	IP/PRINCIPAL	.5			
Business Entity Type (Please select one)										
-	Partnership	Limited Liability Corporation Trust Organization		Non-Profit Organization		Other				
Business Designati	on Group (Please	select all that ap	ply)							
Пмве	Пwве	SBE		□PBE		□VET	□DVET		□ESB	
Minority Business Enterprise Women-Owned Business Enterprise Small Busines Enterprise		ss	Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business		
Number of Clark County Nevada Residents Employed: 29										
Corporate/Business	Entity Name:	Youth Advocate	Prog	grams, Inc						
(Include d.b.a., if ap	plicable)									
Street Address:		3899 North From	nt Str	eet		Website: www.yapino				
City, State and Zip (Code:	Harrisburg,	PA	17110		POC Name: Carla Pov dev@yap Email:	inc.or	9		
Telephone No:		717-232-7580 3	34-3	24-7510		Fax No: 702-631-925	1			
				cana Ave. Ste 200 Website: www.ya				oinc.org		
(If different from ab		Las Vegas, NV	89119			Local Fax No: 702-631-9251				
City, State and Zip Local Telephone No		702-63		1-9275 Local POC Name: Kir						
Local Telephone No).	702 00		02.0		Email:	2110011			
er i sassi i di la	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)									
			Dro	sident and CE	:0		Corporations/Non-profit organizations) N/A			
Gary Ivory				of Growth and		ment Officer	N/A			
Carla Powell			_	Chief Operating Officer				N/A		
Joanne Troutman			Interim Chief Financial Officer				N/A			
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										
sister, grandchild, grandparent, related to a clark county, bepartment of Notation, plant of the full-time employee(s), or appointed/elected official(s)? Yes You You You You You You You Yo										
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.										
Carla Powell	Digitally signed Date: 2024.10.1	by Carla Powell 0 06:03:50 -05'00'		Carla Powe	11					
Signature										
Chief Growth and	Development C	Officer		10/8/2024 Date						
Title				Date						

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
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 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
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			
Print Name Authorized Department Representa	itive		