DISCLOSURE OF OWNERSHIP/PRINCIPALS

			OLUGGI								
Business Entit	y Type (Please seld	ct one)				1		T			
Sole Proprietorship	□Partnership		imited fility Company	☑ Corporation	☐ Trust	Organization		Cther C			
Business Desi	nation Group (Ple	ase sele	ect all that app	ly)			1.		T ceb		
MBE	□ WBE		□ \$BE	O PBE		□ VET		DVET	ESB		
Minority Busines Enterprise	Minority Business Women-Owned Small Busin		Small Business Enterprise		Physically Challenged Business Enterprise			Isabled Veteran wned Business	Emerging Small Business		
Number of	Clark County	Nevad	la Resident	s Employed:	204						
Corporate/Business Entity Name: Ea			Eagle Quest								
(Include d.b.a.	if applicable)					Paula	0	niess sm			
Street Address);	368	0 N Rancho	Drive Website: EagleQ			Questoe	lyices.org			
City, State and		Las	Vegas		PCC Name: David Doyle Email: DDoyle@eaglequest.us.com						
- 1 - 1 - No.		702	-646-5437		F	ax No: 702-39	96-4193	4193			
Nevada Local	Street Address:					Website:					
(If different fro	m above)				-						
City, State and	i Zip Code:			Local Fax No:							
				Local PCC Name			e :				
Local Telepho	ne No:			Email:							
ctosa corporation	all business associations, foreign corporation	ns, fimited	d liability compar	ties, parmersnips, li	Title	звръ, вна ргою		% Own (Not required for Proposations/Non-pro	ed ablicty Traded		
				Chief Executiv	e Officer		49	%			
Ivan Ray Tip				Freasurer	e 011.00.	51%					
Leslie Jean	rippetts			reasurer							
1. Are any in Center or	not required for pui dividual members, pa Ctark County Water F	etners, ov Reclamati (If yes, parvice)	wners or princips ion District full-tin please note that contracts, or othe	ils, involved in the b ne employee(s), of a t County employee(or contracts, which a	usiness entit appointed/ele a), or appoir are not subje	y, a Clark County ected official(s)? nted/elected offici ct to competitive	iel(s) may no bid.)	ot perform any wor	k on professional		
cietor ara	ilvidual members, par ndchild, grandparent, mptoyee(s), or appoir	reisieo id ded/elect	ed official(s)?	, Department of Free							
☐ Yes	√Z No	(if yes, p	please complete	the Disclosure of R	-						
I certify under p on land-use app	enalty of perjury, that provals, contract appr	OVERS, REL	Mades, Idanos	ol evetteribes more		, and accurate. I a sted disclosure for	also understa rm.	and that the Board v	viii not take action		
Tela	17 U	- Sept	ell	Ivan Ray	ιppetts						
				Park 61							
Signature				Print Name							
Signature CEO				5/28/2025 Date	5						

Туре

DISCLOSURE OF RELATIONSHIP

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

N/A

NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	RELATIONSHIP TO COUNTY* EMPLOYEE/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
OWNER/PRINCIPAL	AND SOB TITLE		
			on Center or Clark County Wate
	ship by blood. "Affinity" is a rensanguinity" applies to the car		ree of blood relatives as follows
	d Domestic Partners - Childre		
	Half-Brothers/Half-Sisters – Gr		
For County Use Only:			
f any Disclosure of Relationship is	noted above, please complete the fo	llowing:	
Yes ☐ No is the County en	nployee(s) noted above involved in th	e contracting/selection process for t	his particular agenda item?
	nployee(s) noted above involved in a	ny way with the business in performa	ance of the contract?
Notes/Comments:			
Signature			
Dist Name			
Print Name Authorized Department Represent	tative		

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Enti	tv Tvi	e (Please select	one)									
Sole Sole Proprietorship		Partnership	Limited Company	Liability		Corporation	☐ Trus	Non-Profit Organization		☐ Other		
Business Des	ignati	on Group (Please	e select all t	hat apply	()							
□мве		□WBE	☐ SBE ☐ PBE			□ VET		OVET	☐ ESB			
Minority Busine Enterprise	Minority Business Women-Owned Sm		Small Enterp	Business orise		Physically Challenged Business Enterprise		Veteran Owned Business		Disabled Veteran Owned Business Emerging Busine		
Number of Clark County Nevada Residents Employed: 41 full-time, 3 PRN, 1 part-time, 2 interns							าร					
Corporate/Bus	sines	Entity Name:	Specialized Alternatives for Families and Youth of Nevada, Inc.									
(Include d.b.a.	, if a	plicable)										
Street Addres	s:		4285 N. R	ancho Dr,	, Sui	ite 130		Website: www.saf	y.org/safy-c	of-nevada		
City, State and	d Zip	Code:	Las Vega	s, N V 89	130			POC Name: Anya Email: safy	Earl ear /grants@sa	la@safy.org lfy.org		
Telephone No	:		702-385-	5331				Fax No:				
Nevada Local		117	SAME					Website:				
(If different fro					_			Local Fax No:				
City, State an	u Zip	Code:				Local POC Name:						
Local Telepho	ne N) :						Email:				
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 Pozy,Bo	James Pozy,Board Chairperman Cathy Desemberg. Executive Assistant											
Charmaine Brit	Charmaine Brittain, Vice-Chairperson Nathan Leonhard, Treasurer and Chief of Finance and Business Administration											
Wiliam Matt. F	Preside	ent CEO							-			
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?												
 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 p land-use approv	enalty /als, co	ontract approvals, la	of the informat and sales, lea	ion provide ses or exc	ed he	erein is current, ges without the c	complete, completed	and accurate, I also ur disclosure form.	nderstand th	at the Board will n	ot take action on	
I certify under p land-use approv	enalty /als, co	of perjury, that all ontract approvals, la	of the informat and sales, lea	ion provide ses or exc	ed he	erein is current, ges without the c Anya Earl Print Name	complete, completed	and accurate. I also ur disclosure form.	nderstand th	at the Board will n	ot take action on	
land-use approv	/als, co	ontract approvals, la	of the informat	ion provideses or exc	ed he	ges without the o	complete,	and accurate, I also ur disclosure form.	nderstand th	at the Board will n	ot take action on	

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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	ship by blood. "Affinity" is a re consanguinity" applies to the d Domestic Partners – Childre	lationship by marriage.	
For County Use Only:			
•	noted above, please complete the foll	owing: contracting/selection process for this	narticular agenda item?
		way with the business in performance	
Notes/Comments:	oloyee(e) Heled above involved in any	,,	
Signature Anya Earl Print Name Authorized Department Representa:	tive		