DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity	Tvn	e (Please select	one)									
Sole Proprietorship		artnership		Limited Liability mpany		Corporation	Trus		Non-Profit rganization		Other	
Business Desig	natio	on Group (Please	e sek	ect all that appl	y)							
□ мве		□WBE		SBE		□PBE			□VET		VET	□ESB
Minority Business Enterprise Women-Owned Business Enterprise			Small Business Enterprise		Physically Challenged Business Enterprise			teran Owned siness			Emerging Small Business	
Number of Clark County Nevada Residents Employed: 31												
Corporate/Business Entity Name:			Nevada Partnership for Homeless Youth									
(Include d.b.a., if applicable)			4981 Shirley St Websits; www.nphy.org									
Street Address: City, State and Zip Code:			Las Vegas NV 89119					POC Name: Arash Ghafoori Email: arash@nphy.org				
Telephone No:			702-383-1332					Fax No: 702-685-0746				
Nevada Local Street Address:			same as above					Website: same as above				
(If different from								Local Fax No: Same as above				
City, State and	Zip	Code:	same as above				Local POC Name: Same as above					
Local Telephone No:			same as above				Email: same as above					
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)												
See attached								Cor			rporations/Non-profit organizations)	
See allactico												
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation? Yes No 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 amployee(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. Arash Ghafoori												
Signature L		()			Print Name						
Chief Executive Officer						11/29/21						
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							
 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 Represent	ative						



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