

DISCLOSURE OF OWNERSHIP/PRINCIPALS

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|--|---|---|---|--|--|--------------------------------|
| Business Entity Type (Please select one) | | | | | | |
| <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 |
| Business Designation Group (Please select all that apply) | | | | | | |
| <input checked="" 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 |
| Number of Clark County Nevada Residents Employed: 17 | | | | | | |
| Corporate/Business Entity Name: Apple Grove Treatment Center LLC DBA Apple Grove Foster Care Agency | | | | | | |
| (Include d.b.a., if applicable) | | | | | | |
| Street Address: | | 3155 E. Patrick Lane, Suite 1 | | Website: www.applegrovefostercare.com | | |
| City, State and Zip Code: | | Las Vegas, NV 89120 | | POC Name: | | |
| Telephone No: | | 702-992-0576 | | Email: | | |
| Telephone No: | | 702-992-0576 | | Fax No: 702-992-0391 | | |
| Nevada Local Street Address: (If different from above) | | NA | | Website: | | |
| City, State and Zip Code: | | | | Local Fax No: | | |
| Local Telephone No: | | | | Local POC Name: | | |
| | | | | Email: | | |

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 Reid-Sandulak | Executive Director | 50% |
| Jason Sandulak | Billing Specialist | 50% |
| | | |

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 _____ Executive Director _____ Title _____ | Icia Reid-Sandulak Print Name _____ 10/27/2021 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 |
|-------------------------------------|---|---|--|
| NA | | | |
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* 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

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| Business Entity Type (Please select one) | | | | | | |
| <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 |
| Business Designation Group (Please select all that apply) | | | | | | |
| <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 |
| Number of Clark County Nevada Residents Employed: 13 | | | | | | |
| Corporate/Business Entity Name: The Center for Change, LLC | | | | | | |
| (Include d.b.a., if applicable) Access Healthcare | | | | | | |
| Street Address: 7220 S. Cimarron Rd. Ste 210 | | | Website: www.ahconv.com | | | |
| City, State and Zip Code: Las Vegas, NV 89113 | | | POC Name: Myra Thompson | | | |
| | | | Email: drthompson@ahconv.com | | | |
| Telephone No: 702-368-2380 | | | Fax No: 702-442-7455 | | | |
| Nevada Local Street Address: (if different from above) | | | Website: | | | |
| City, State and Zip Code: | | | Local Fax No: | | | |
| Local Telephone No: | | | Local POC Name: | | | |
| | | | Email: | | | |

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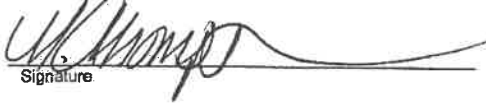
Entities include all business associations organized under or governed by Title 7 of the Nevada Revised Statutes, including but not limited to private corporations, close corporations, foreign corporations, limited liability companies, partnerships, limited partnerships, and professional corporations.

| Full Name | Title | % Owned (Not required for Publicly Traded Corporations/Non-profit organizations) |
|----------------------|---------------------------------------|---|
| Morgan Lee-Rodriguez | Director of Healthcare Administration | 45 |
| Ernesto Rodriguez | Director of Neurofeedback Services | 30 |
| Myra Thompson | Director of Clinical Services | 25 |

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Signature

Myra Thompson
Print Name

Director of Clinical Services
Title

10/15/2021
Date

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 |
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Print Name
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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 |
| | | | | | | |
| Number of Clark County Nevada Residents Employed: 19 | | | | | | |
| Corporate/Business Entity Name: <u>Shining Star Community Services, LLC</u> | | | | | | |
| (Include d.b.a., if applicable) | | | | | | |
| Street Address: <u>4580 S. Eastern Ave #33</u> Website: <u>www.shiningstarlv.com</u> | | | | | | |
| City, State and Zip Code: <u>Las Vegas, NV 89119</u> | | | | POC Name: <u>Diana Wade</u> | | |
| Telephone No: <u>702-892-6241</u> | | | | Email: <u>Buggy4DI@ACL.com</u> | | |
| Nevada Local Street Address: <u>N/A</u> | | | | Website: | | |
| (If different from above) | | | | Local Fax No: | | |
| City, State and Zip Code: | | | | Local POC Name: | | |
| Local Telephone No: | | | | Email: | | |

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

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Signature: [Signature] Print Name: Diana Wade
 Title: CEO/Managing Member Date: 11/16/2021

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N/A

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