

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input 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:					28	
Corporate/Business Entity Name:		Access to Healthcare Network, Inc.				
<i>(Include d.b.a., if applicable)</i>						
Street Address:		4001 S. Virginia St., Suite F		Website: https://www.accesstohealthcare.org/		
City, State and Zip Code:		Reno, Nv 89502		POC Name: Trevor Rice		
				Email: trevor@accesstohealthcare.org		
Telephone No:		(775) 284-1885		Fax No: (775) 284-1053		
Nevada Local Street Address:		3085 E Flamingo Rd, Suite A		Website: https://www.accesstohealthcare.org/		
<i>(If different from above)</i>						
City, State and Zip Code:		Las Vegas, NV 89121		Local Fax No: (702)489-3600		
Local Telephone No:		(702) 489-3400		Local POC Name: Jennifer Vasquez		
				Email: jennifer@accesstohealthcare.org		

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)
Donald Kowitz	Board President	
Valerie Clark	Vice President	
CJ Bawden	Treasurer	
Michelle Kling	Secretary	

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.

Trevor Rice
 Signature

Digitally signed by Trevor Rice
 DN: cn=Trevor Rice, o=Access to Healthcare Network, Inc, email=trevor@accesstohealthcare.org, Date: 2022.04.05 14:58:31 -0700

COO
 Title

Trevor Rice
 Print Name

04/05/2022
 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	N/A	N/A	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 Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input 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: 14						
Corporate/Business Entity Name: Aid for AIDS of Nevada, Inc.						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		1830 E. Sahara Ave. Ste. 210		Website: www.afanlv.org		
City, State and Zip Code:		Las Vegas, NV 89104		POC Name: Antioco Carrillo		
				Email: antioco@afanlv.org		
Telephone No:		(702)382-2326		Fax No: (702) 366- 1609		
Nevada Local Street Address: <i>(If different from above)</i>				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.

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Tina Ya	Board President	
Anthony DeFelice	Board Vice-President	
Nycole Cummings	Board Treasurer	
Antioco Carrillo	Executive Director	

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.)
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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.

Antioco Carrillo <small>Digitally signed by Antioco Carrillo Date: 2022.04.11 10:24:02 -0700</small> Signature	Antioco Carrillo Print Name
Executive Director Title	4/11/2022 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	N/A	N/A	N/A

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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 Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input 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: 31						
Corporate/Business Entity Name: AIDS Healthcare Foundation						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		6255 W. Sunset Blvd., Floor 21		Website: www.aidshealth.org		
City, State and Zip Code:		Los Angeles, California 90028		POC Name: Shibu Sam, National Director of Contracts		
				Email: shibu.sam@aidshhealth.org		
Telephone No:		323/860-5200		Fax No: 888/972-2281		
Nevada Local Street Address: <i>(If different from above)</i>		1815 E. Lake Mead Blvd., #113 Las Vegas, NV 89030 and 3201 S. Maryland Parkway, #218		Website: www.aidshealth.org		
City, State and Zip Code:		Las Vegas, NV 89109		Local Fax No: 702/639-8112 / 702/962-8077, respectively		
Local Telephone No:		702/639-8110 / 702/862-8075, respectively		Local POC Name: Nicole Stanfield		
				Email: nicole.stanfield@aidshhealth.org		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Condessa M. Curley	Secretary	N/A
Michael Weinstein	President	N/A
William Arroyo, M.D.	Chair	N/A
Cynthia Davis	Domestic Vice Chair	N/A
Steve L. Carlton	Treasurer	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 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.)

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 Signature

 President

 Title

Michael Weinstein

 Print Name

 March 9, 2022

 Date

DISCLOSURE OF RELATIONSHIP

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(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			

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Notes/Comments:

Signature

Print Name
Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input 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: 38						
Corporate/Business Entity Name: Community Counseling Center						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		714 E. Sahara Avenue		Website: www.cccofsn.org		
City, State and Zip Code:		Las Vegas, NV 89104		POC Name: Kay Velardo		
				Email: kvelardo@cccfn.org		
Telephone No:		(702)369-8700		Fax No: (702)369-8489		
Nevada Local Street Address: <i>(If different from above)</i>		Same as above.		Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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.)
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 Yes No (If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)

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Patrick Sena-Bozarth Digitally signed by Patrick Sena-Bozarth
DN: cn=Patrick Sena-Bozarth, o=Community Counseling Center, ou=Bozarth@cccfn.org
Date: 2022.03.21 17:11:22 -0700

Signature

Executive Director

Title

Patrick Sena-Bozarth

Print Name

March 31, 2022

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			

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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

Community Counseling Center Board of Directors Roster – 2022

Charles (Chuck) Stutz, President (Joined 2020)
Contact: stutzchuck@gmail.com

Andy Marlett, Board Member (Joined 2018)
Contact: andy@stolenacesfarm.com

Joseph Miera, Treasurer (Joined 2020)
Contact: joemiera@gmail.com

Kat Hawkins, Board Member (Joined 2022)
Contact: katkawkins@gmail.com

Patrick Sena Bozarth, Executive Director

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input 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: 31						
Corporate/Business Entity Name: Community Outreach Medical Center						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		1090 E. Desert Inn Rd. Suite 200		Website: www.nvcomc.org		
City, State and Zip Code:		Las Vegas, NV 89109		POC Name: Kema Ogden/Angelica Hall		
				Email: kogden@nvcomc.org/om@nvcomc.org		
Telephone No:		702.657.3873		Fax No: 702.636.0787		
Nevada Local Street Address: <i>(If different from above)</i>				Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Dr. Keith Rogers	President	
Tamera Champagne	Secretary/Treasurer	
Willie Garrett	Member	
Juan Diaz & Lizette Matos	Member & Member	

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 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.)
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	Kema Ogden
Signature	Print Name
Executive Director	04.13.2022
Title	Date

DISCLOSURE OF RELATIONSHIP

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(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
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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: 3,482						
Corporate/Business Entity Name: Dignity Health						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		3001 St. Rose Parkway		Website: www.dignityhealth.org/las-vegas/		
City, State and Zip Code:		Henderson, NV 89052		POC Name: Jon Van Boening		
				Email: jon.vanboening@commonspirit.org		
Telephone No:		702-616-5000		Fax No: 602-230-3097		
Nevada Local Street Address: <i>(if different from above)</i>				Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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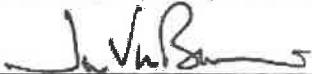
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Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
See attached list		

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 Signature

Jon Van Boening

 Print Name

Nevada Market Leader and President, Siena

 Title

5/12/20

 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.

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- 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

Dignity Health – St. Rose Dominican Board of Directors

Maggie Arias-Petrel, Chair

Mark Wiley, Vice Chair

Cynthia Cammack

Patricia Dulka

Patrick Hays

Saville Kellner

Sean McBurney

Shaundell Newsome

John Oh, MD

Timothy Sauter, MD

Dr. Irena Vitkovitsky

Dr. Kate Zhong

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input 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: 2						
Corporate/Business Entity Name: Golden Rainbow of Nevada, Inc						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		714 E. Sahara Ave. Suite 101		Website: www.goldenrainbow.org		
City, State and Zip Code:		Las Vegas, NV 89106		POC Name: Gary Costa		
Telephone No:		702-384-2899		Email: gcosta@goldenrainbow.org		
Nevada Local Street Address:				Fax No: 702-384-3914		
<i>(If different from above)</i>				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)
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 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	Gary Costa Print Name
Executive Director	April 6, 2022 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			

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For County Use Only:

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- 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

Board of Directors

Rico Ramirez – President

Brittany Dupree – Vice President

John Vanderploeg – Treasurer

Shannon Hebert-Way – Secretary

DISCLOSURE OF OWNERSHIP/PRINCIPALS

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 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:				28		
Corporate/Business Entity Name:		John Phoenix APRN, PLLC				
(Include d.b.a., if applicable)		Huntridge Family Clinic				
Street Address:		1820 E. Sahara Ave. Suite 201		Website: huntridgefamilyclinic.org		
City, State and Zip Code:		Las Vegas, NV 89104		POC Name: John Phoenix		
				Email: jphoenixaprn@huntridgefcf.org		
Telephone No:		702-979-1111		Fax No: 702-979-6227		
Nevada Local Street Address:		s/a		Website:		
(if different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
John Phoenix	managing member	100

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- 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.)

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John Phoenix
 Digitally signed by John Phoenix
 Date: 2022.07.13 14:11:46 -07'00'
 Signature

Managing Member
 Title

John Phoenix
 Print Name

7/13/22
 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			

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Notes/Comments:

Signature

Print Name
Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Non-Profit Organization	<input type="checkbox"/> Other
Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input 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: 7						
Corporate/Business Entity Name:		Impact Exchange				
(Include d.b.a., if applicable)		n/a				
Street Address:		6540 Bradley Rd		Website: https://harmreductioncenterlv.com/		
City, State and Zip Code:		Las Vegas, NV 89131		POC Name:		
				Email: impactexchange6114@gmail.com		
Telephone No:		702.840.6693		Fax No: n/a		
Nevada Local Street Address:		61		Website: n/a		
(If different from above)						
City, State and Zip Code:				Local Fax No: n/a		
Local Telephone No:		702 840-6693		Local POC Name: Rickey R. Reich, Executive Director		
				Email: Impactexchange6114@gmail.com		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Alexandre Nanobashvili	President of Board	
Evelyn M McGuckin-Reich	Treasurer of Board	
James Aaron Thomas	Secretary of Board	
Rickey R. Reich	Executive Director -- non board member	

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.)

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Rickey R Reich
Print Name

Executive Director of Impact Exchange

April 11, 23022

Title

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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Notes/Comments:

Signature

Print Name
Authorized Department Representative

DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Type (Please select one)						
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Business Designation Group (Please select all that apply)						
<input type="checkbox"/> MBE	<input 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:				0000		
Corporate/Business Entity Name: North Country Healthcare, Inc						
<i>(Include d.b.a., if applicable)</i>						
Street Address:		1510 Stockton Hill Road		Website: northcountryhealthcare.org		
City, State and Zip Code:		Kingman, AZ 86401		POC Name: Elizabeth Markona		
				Email: emarkona@nchcaz.org		
Telephone No:		928-522-9438		Fax No: 928-522-9439		
Nevada Local Street Address: <i>(If different from above)</i>		N/A		Website:		
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
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Full Name	Title	% Owned <small>(Not required for Publicly Traded Corporations/Non-profit organizations)</small>
Please see attachment.		
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 Yes No *(If yes, please complete the Disclosure of Relationship form on Page 2. If no, please print N/A on Page 2.)*

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 Signature

Gregory Kuzma

 Print Name

Chief Financial Officer

 Title

2/16/2022

 Date

DISCLOSURE OF RELATIONSHIP

List any disclosures below: N/A
 (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

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Notes/Comments:

 Signature

 Print Name
 Authorized Department Representative

**North Country HealthCare
Management Team**
September 15, 2021

