Sole Proprietorship	Partnership	Limited Liability Company		Corporation	Trust	Non-Profit Organization		Other		
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linority Business interprise	Women-Owned Business Enterprise	Small Busine Enterprise	SS	Physically Ch Business En		Veteran Owned Business	ned Disabled Veteran Owned Eusiness		Emerging Small Business	
Number of Cla	ark County N	levada Residen	its E	mployed:			7			
		180 Community V	Vellne	ss Centers, L	LC					
Corporate/Busines										
Include d.b.a., if a	pplicable)	4344 W. Cheyenr	a Ave	anue .	10	/ebsite: 180CWC.COM	/I			
Street Address:		North Las Vegas,			9	OC Name: Ericka Seve	ers			
City, State and Zip	Code:	NOITH Las Vegas,	11010			mail: ESEVERS	@~80C	WC.DW		
Telephone No:		702.675.6314			F	ax No:702.476.9697	===			
Nevada Local Stre	et Address:				V	Vebsite:				
(If different from a	bove)									
City, State and Zi	p Code:					ocal Fax No:				
					1	.ocal POC Name:				
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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 C ater Reclamation District.	lark County, Department of A	Aviation, Clark County Deten	tion Center or Clark County
	ip by blood. "Affinity" is a relat		
		indidate's first and second d	egree of blood relatives as
ows:			

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

Business Entit	у Ту	e (Please select	one)									
Sole Proprietorship		Partnership	Cor	Limited Liability npany		Corporation	Trust		Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply)			_		1		
₩ BE		₩ BE		☑ SBE		PBE		4	VET		DVET	ESB
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ent			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of	Cla	rk County N	evad	da Residents	s Er	mployed:				17		
	_		Ann	le Grove Treatm	ent	Centers, LLC						
	Corporate/Business Entity Name.							nnle	Grove			
(Include d.b.a.	Citite divisi, it applicable)				_				bsite: www.applegrov	refost	ercare com	
Street Address	s:		-	5 S. Patrick Land	_	nire i		Wel	Site: WWW.applogrov	701050	0,0010.00111	
City, State and	d Zip	Code:	Las	Vegas, NV 891	20			Em	all.	egrov	efostercare.com	
Telephone No			702	-992-0576				Fax	No:702-992-0391			
Nevada Local	Stree		NA					Website:				
(If different fro			\vdash		_			1	aal Eav Mar			
City, State an	d Zlp	Code:	+-						cal Fax No:			
Local Telepho	ne N	o:					1	Em	cal POC Name:			
Entities include close corporation	e all b ons, fo	usiness association reign corporations, Fuil Name	ns org , Ilmite	anized under or go ad liability compani	es, p	artnerships, Ilm	ited partner	rship	tovised Statutes, includes, and professional cor	(ons. % Owne Not required for Pu	d blicly Traded
				N	Mana	aging Member	r			50%	porations/Horr-pro-	it organizations)
Icia Reid-Sand	_					llling				50%		
Jason Sandula	ıĸ				,, ,							
										_	-	
		ual members, partr County Water Rec	ners, d	tion District full-time	s, inv e em	olved in the bus ployee(s), or ap	siness entit pointed/ele	ty, a ected	Clark County, Departm d official(s)?	ent of		
Yes			ontrac	its, or other contrac	cts, v	vhich are not su	bject to cor	mpe				
eieter ara	andch	lld, grandparent, r yee(s), or appointe	elated d/elec	to a Clark County ted official(s)?	, De	partment of Avid	Bliott, Clark		itic partner, child, paren unty Detention Center o	, (, (a.,	,,	half-brother/half- clamation District
Yes			_		_			_	on Page 2. If no, please			
I certify under pland-use appro	penalt vals,	y of perjury, that al contract approvals,	of the	e information provi sales, leases or ex	ded I cchar	herein is curren nges without the	t, complete completed	, and disc	d accurate. I also under closure form.	stand	that the Board will r	not take action on
		/				Icia Reid-Sa Print Name	ndulak	_				
Signatuk												
Managing Mer	mber					Date						
i ina												

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			
		4.	
Water Reclamation District. "Consanguinity" is a relation "To the second degree of follows: • Spouse – Registere	Clark County, Department of ship by blood. "Affinity" is a reconsanguinity" applies to the d Domestic Partners – Childre Half-Brothers/Half-Sisters – Gra	elationship by marriage. candidate's first and second on – Parents – In-laws (first de	degree of blood relatives as gree)
For County Use Only:			
	noted above, please complete the foll		
	nployee(s) noted above involved in the		
Yes No Is the County en	nployee(s) noted above involved in any	y way with the business in performant	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Represent	ative		

Business Entity Ty	na (Plassa salari	t one)							_		
□Solo -		1	mited Liability					Non-Profit			
Proprietorship	Partnership	Com	pany		Corporation	Tru	st	Organization		Other	
Business Designat	ion Group (Pleas	e selec	t all that apply)							
✓MBE	 ✓ WBE		✓ SBE	1	PBE			☐ VET		OVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran med Business	Emerging Small Business
Number of Cla	rk County No	evada	a Residents	Em	ployed:		_		48		
Corporate/Business	Entity Name:	Bamb	oo Sunrise, LL	.c							
(Include d.b.a., if ap											
Street Address:	,	98 Ea	98 East Lake Mead Parkway Website: www.bamboosunrise.net						net.		
City, State and Zip	Code:		erson, NV 8901					C Name: Michael Fly	'nn	sunrise.net	
Telephone No:		702-4	33-3038					No:			
	4.8.4.4			_			-				
Nevada Local Stree	.00						we	bsite:			
City, State and Zip							Loc	al Fax No:			
Gity, Glate und Esp	oud.							al POC Name:			
Local Telephone No) :						Em				
Entities include all bu- close corporations, for											,
Shirley Lim Holdema	n		Cr	Chief Executive Officer						ot required for Publicly Traded orations/Non-profit organizations)	
	il members, partne	rs, own	ers or principals, i	involv	ed in the busir	ness entit	y,a(Clark County, Departme	-	No viation, Clark Cour	ity Detention
Center or Clark C		yes, plea		unty e	mployee(s), or	appointe	ed/ele	ected official(s) may not	perform	n any work on prol	essional service
sister, grandchild		ated to	a Clark County, D					ic partner, child, paren nty Detention Center o			
Yes	✓ No (If)	yes, plea	ase complete the	Discl	osure of Relati	ionship fo	om o	n Page 2. If no, please	print N	/A оп Page 2.)	
l certify under penalty of land-use approvals, co									stand th	at the Board will n	ot take action on
h-	J. H			s	hirley Lim Ho	oldemar	1				
Signature	- 4			-	Print Name						
Chief Executive Offic	ег			1	1/28/2022						
Title			3	- [Date						

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/OFF!CIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registere	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first de	
For County Use Only:			
•	noted above, please complete the foli		
	ployee(s) noted above involved in the		
Yes No Is the County em	ployee(s) noted above involved in any	y way with the business in performan	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Represents	ative		

Sole		100			15		Plus - a			
Proprietorship	Partnership	Co	Limited Liability Npany	□ □	Corporation	Trust	Non-Profit Organization		Other	
usiness Designal	tion Group (Plea	se sel	ect all that appl	y)						
MBE	□WBE		SBE		□ PBE		□ VET		DVET	ESB
Ainority Business Enterprise	Women-Owne Business Enterprise	đ	Small Business Enterprise		Physically Ch Business Ente		Veteran Owned Business		sabled Veteran wned Business	Emerging Smal Business
Number of Cla	rk County N	levac	ia Resident	s Em	nployed:	62				
	m Parkle brown	+	AGLE O	. 17	-5-					
orporate/Busines include d.b.a., if a			HOLE G	MI						
treet Address:	<u> </u>	3	680 N. 1	RAI	NCHO	DR. W	ebsite: EAGLE	QUE	STSERV	CES. ORG
ity, State and Zip	Code:	LA	is vegas	3 J 1	1P8,VV	30 P	oc Name: DAY	LEG	DOYLE	
elephone No:		1	02-1046	54	37	F	ax No: 702-3	96-	4193	
levada Local Stre	21					W	febsite:			
City, State and Zip						L	ocal Fax No:			
Local POC Name:										
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inancial interest in the Publicly-traded entl ownership or financia Entities include all b	e business entity a ties and non-pro I interest. The disc usiness associatio	ippearin offit org dosure ons orga	ng before the Boar anizations shall requirement, as a unized under or go	rd. I list a ppiled t overne	ell Corporate to land-use ap	Officers ar plications, ex the Nevada	nd Directore in lieu of dends to the applicant Revised Statutes, ind	of disclosi and the la luding but corporation	ing the names of andowner(s).	individuals with ale corporations, dolor Traded
inancial interest in the Publicity-traded enti invinership or financia Entities include all bi dose corporations, fo	a business entity a ties and non-pro- l interest. The disc usiness association reign corporations Full Name	appearin offt org dosure i ons orga i, limited	ng before the Boar anizations shall requirement, as a unized under or go	rd. I list a ppiled t overne	ell Corporate to land-use ap	Officers er plications, ex the Nevada ed partnersh	nd Directore in lieu of dends to the applicant Revised Statutes, ind	of disclosi and the la luding but corporation {P Corp	ing the names of endowner(s). not limited to priva ns. % Owne Not required for Pul	individuals with ale corporations, dolor Traded
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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
NA			
	Almahai ang a sa s		
Water Reclamation District, "Consanguinity" is a relations	Clark County, Department of ship by blood, "Affinity" is a release consanguinity" applies to the	lationship by marriage.	·
Spouse – Registerer	d Domestic Partners – Childre	n – Parents – in-laws (first deg	ree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters Gra	ndchildren – Grandparents –	n-laws (second degree)
For County Use Only: If any Disclosure of Relationship is	noted above, please complete the folio	owlng:	- Paring Carlotte - Ca
•	ployee(s) noted above involved in the		particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performanc	e of the contract?
Notes/Comments:			
Signature			

Business Entity T	ype (Please selec	t one)		,				
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other		
Business Designa	ation Group (Pleas	se select all that apply	0					
MBE	□WBE	SBE	PBE		□VET	DVET	ESB	
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically C Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
Number of C	ark County N	evada Residents	s Employed:			2		
Corporate/Busine	ss Entity Name:	Greater Hope Found	dation for Childre	en, inc				
(Include d.b.a., if	applicable)	A Greater Hope	400		www.ogbopo	ora		
Street Address:		14344 Cajon, Suite			Website: www.aghope.			
City, State and Zi	p Code:	Victorville, CA 9239)2		LII ODEZ®	AGHOPE.ORG		
		700 040 0000				AGITOF E.ONG		
Telephone No:		760-243-3999		- 60	Fax No:			
Nevada Local Str		170 S GREEN VAL	LEY PARKWAY	STE 300				
City, State and Z	ip Code:	HENDERSON NV 8	39012		ocal Fax No: 760-256-0537			
		702-318-7129 ext.	7129		Local POC Name: Jess	me: Jessica Maurice		
Local Telephone	No:	702 010 1120 0111		1	Email: jmau	rice@aghope.org		
ownership or finance	ial interest. The disc	losure requirement, as ap	pplied to land-use a overned by Title 7 o	ipplications, e of the Nevad	and Directors in lieu of extends to the applicant ar a Revised Statutes, includ ships, and professional con	nd the landowner(s). ling but not limited to priv	vate corporations, ed ublicly Traded	
Frieda Scott		E	Board President			0		
Kelly Kolterman			√ice President			0		
Shirley Roach			Secretary			0		
Are any indiving Center or Cla Yes	dual members, partr rk County Water Red No (I	clamation District full-time f yes, please note that Contracts, or other contrac	s, involved in the bu e employee(s), or al ounty employee(s), cts, which are not su	siness entity ppointed/elect or appointed ubject to com	, a Clark County, Departm eted official(s)? l/elected official(s) may no petitive bid.)	ent of Aviation, Clark Cou	ofessional service	
sister, grando	hild, grandparent, r oyee(s), or appointe	elated to a Clark County, d/elected official(s)?	, Department of Avi	iation, Clark	nestic partner, child, parer County Detention Center (or Clark County vvater Re	, half-brother/half- clamation District	
Yes	✓ No (I	f yes, please complete th	ne Disclosure of Re	lationship for	m on Page 2. If no, pleas	e print N/A on Page 2.)		
land-use approvals	Ity of perjury, that all contract approvals,	of the information provided land sales, leases or exc	ded herein is curren changes without the HELENA LO Print Name	e completed (and accurate. I also under disclosure form.	stand that the Board will	not take action on	
Signature	f (4)							
CEI			11/21/2022					

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			
Water Reclamation District. "Consanguinity" is a relation: "To the second degree of of follows: • Spouse – Registere	ship by blood. "Affinity" is a re	elationship by marriage. candidate's first and second en – Parents – In-laws (first de	
Yes No Is the County em	noted above, please complete the fol aployee(s) noted above involved in the aployee(s) noted above involved in an	e contracting/selection process for this	





Foster Care • Adoption • Supervised Visitation • Behavioral Health • Child Abuse Prevention & Treatment

Disclosure of Ownership, page 1 Board Members Continued:

Cecilia Mansila Treasurer 0% owned

Charles Hart Member 0% owned

Business Entity Type (Please select	one)					
Sole Proprietorship	☐ Limited Liability Company	☐ Corporation	☐ Trust	☑ Non-Profit Organization	☐ Other	
Business Designation Group (Please	e select all that apply)					
☐ MBE ☐ WBE	SBE	☐ PBE		□ VET	□DVET	☐ ESB
Minority Business Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ente		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Clark County Ne	evada Residents E	Employed:	4			
	National Yout	h Advocat	e Progr	ram Inc		
Corporate/Business Entity Name:	Trational Tour	iii / tavooat	.o i rogi	arri, irro		
(Include d.b.a., if applicable)	1801 Watermark D	r Sta 200	14	/ebsite: WWW.nyap.o	ra	
Street Address:	1001 Watermark D	1. 316 200			19	
City, State and Zip Code:	Columbus, OH 43	3215		oc Name: mail: Reyahd Kaz	zmi rkazmi@i	nyap.org
Telephone No:			F:	ax No:		
Nevada Local Street Address:			W	lebsite:		
(If different from above)	500 N. Rainbow Blvd.			www.nyap.o	org	
City, State and Zip Code:	Las Vegas, NV 8	9107	L	ocal Fax No:		
Local Telephone No:	725-230-0141		L	ocal POC Name:	tin Tordoff kto	rdoff@nyan or
ownership or financial interest. The disclo- Entities include all business associations close corporations, foreign corporations, li Full Name	organized under or gove	rned by Title 7 of	the Nevada	Revised Statutes, including ips, and professional corpo	but not limited to priva	d blicly Traded
This section is not required for publicly	v-traded corporations. A	re you a publicly	y-traded cor	poration?	⊠ No	
Are any individual members, partne Center or Clark County Water Recla	rs, owners or principals, in amation District full-time en	volved in the busin nployee(s), or app	ness entity, a oointed/electe	a Clark County, Department ed official(s)?	of Aviation, Clark Cour	nty Detention
	ves, please note that Coun stracts, or other contracts,			elected official(s) may not pe etitive bid.)	erform any work on pro	fessional service
Do any individual members, partner sister, grandchild, grandparent, rela full-time employee(s), or appointed/s	eted to a Clark County, De elected official(s)?	epartment of Aviat	ion, Clark Co	ounty Detention Center or C	Clark County Water Red	half-brother/half- lamation District
☐ Yes 🔀 No (If y	es, please complete the D	isclosure of Relat	tionship form	on Page 2. If no, please p	rint N/A on Page 2.)	
I certify under penalty of perjury, that all o land-use approvals, contract approvals, la	f the information provided and sales, leases or exchai	herein is current, nges without the c	complete, ar completed dis	nd accurate. I also understa sclosure form.	nd that the Board will n	ot take action on
Ros Ka	e.	Reyahd K	azmi			

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	ship by blood. "Affinity" is a re	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	
For County Use Only:	noted above, please complete the folk	owing:	
•	ployee(s) noted above involved in the		particular agenda item?
	ployee(s) noted above involved in any		
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

NATIONAL YOUTH ADVOCATE PROGRAM - BOARD OF DIRECTORS

Mary Ramseyer, Chair 612 Crimson Maple Court Bluffton, OH 45817 843-592-0567 Cell

Email: mary.ramseyer@gmail.com

Term expiration: 12/2025

Delois McKinley-Eldridge, Vice Chair 5836 Radcliffe Drive Fort Wayne, IN 46816 260-447-7650 Home 260-467-8500 Office 260-602-4674 Cell

Email: delois.mckinley-eldridge@fwcs.k12.in.us

Term expiration: 12/2025

David Gemmill, Treasurer 102 Ottekee Drive Perrysburg, OH 43551 419-874-4483 Home 419-215-6846 Cell

Email: wdgemmill@gmail.com
Term expiration: 12/2025

Frances James-Brown, Secretary 1325 Haddon Road Columbus, OH 43209 614-736-4352 Cell 614-237-4506 Work

Email: fjames2@sbcglobal.net Term expiration: 12/2025

Gabrielle Benoit 1338 ½ W. Argyle St., Apt. 3N Chicago, IL 60640 631-943-2301

Email: gabrielle benoit@yahoo.com

Term expiration: 12/2023

Luke Fedlam 129 Sanctuary Court Columbus, OH 43235 614-558-0658 cell

Email: <u>Ifedlam@porterwright.com</u>

Term expiration: 12/2022

Terence D. Johnson 1848 Rolling River Drive, SW Lilburn, GA 30047 770-820-4643

Email: terence.johnson@fanning.uga.edu

Term expiration: 12/2023

Janet E. Rechtman
11 Avenida Brisa Court
Chico, CA 95928
404-966-3318 Phone
Email: drir@uga.edu
Term expiration: 12/2028

Linda Sanner 1630 N. Edgemont St., Apt. D3 Los Angeles, CA 90027 847-471-2289 Cell

Email: LSanner@gatewayshospital.org

Term expiration: 12/2027

Marvena Twigg, President/CEO
National Youth Advocate Program
1801 Watermark Drive, Suite 200
Columbus, OH 43215
614-487-3822 Phone
614-296-8181 Cell
Email: mtwigg@nyap.org

Business Entity	Тур	e (Please select	one)	1								
Sole Proprietorship		Partnership		Limited Liability	C	Corporation	Trus	st	Non-Profit Organization		Other	
Business Design	natio	n Group (Pleas	e sele	ect all that apply)	_			_		_		
MBE		WBE		SBE		☐ PBE			□ VET	□DVET □ ES		□ESB
Minority Business Enterprise	3	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of C	lar	k County Ne	evad	la Residents	Ε	mployed:				17		
	_		0"	. 0				_				
Corporate/Busin	088	Entity Name:	Olive	e Crest				_				
(include d.b.a., if	ap	olicable)	0404		-							
Street Address:				Fourth St. Suite	_	00			bsite: www.olivecrest.c		blaf Evacutiva C	MG
City, State and Z	ip C	ode:	San	ta Ana, CA 9270	5				C Name: Donald Verle ail: ceo@olivecre			PMICER
Telephone No:			714-	543-5437				Fax	No:714-543-5463			
Nevada Local St	reet	Address:	4285	5 North Rancho (Dr.	Suite 160		We	bsite: www.olivecrest.	org		
(If different from	abo	ve)						_				
City, State and 2	Zip (Code:	Las	Vegas, NV 8913	0			Loc	cal Fax No:702-851-85	28	achea Franctic	Dispeter
Local Telephone	No.	:	702-	685-3459					cal POC Name: ^{Jimmy}		agrian, Executive ighan@olivecres	
close corporations,	, fore	lgn corporations, I	imited	I llability companies	s, p	artnerships, limit	ed partne	rship	levised Statutes, including is, and professional corpo	ratior (N	% Owned ot required for Put orations/Non-profit	i blicly Traded
Donald Verleur			_		President/CEO							
Justin Laird					Treasurer/CFO							
Kathryn Jones				Se	ecr	etary						
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.)												
Yes			-									at taka sation
I certify under pena land-use approvals Signature	alty o	of perjury, that all on tract approvals, la	of the i	information provide iles, leases or exch	id h	perein is current, ges without the control of the c	completed	disc	accurate. I also understa	ing th	at the Board Will ho	ot take action on
Chief Executive C	Office	er				11/23/22						
Title						Date		Ξ				

REVISED 7/25/2014

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 Dete	ention Center or Clark County

"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)

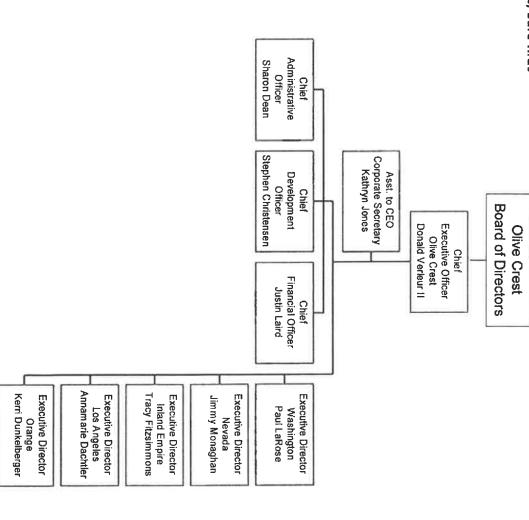
For County Use Only:
If any Disclosure of Relationship is noted above, please complete the following:
Yes No Is the County employee(s) noted above involved in the contracting/selection process for this particular agenda item?
Yes I No Is the County employee(s) noted above involved in any way with the business in performance of the contract?
Notes/Comments:
Signature
Print Name
Authorized Department Representative

Water Reclamation District.

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.



Executive Leadership



lusiness Entite	v Type	(Please solect	one) .					•	_	1	
Sole Proprietorship	T_	artnership		ted Liabil	^{ty} C	Corporation	Trust	Non-Proft Organization	Suite of some Welling assumption	Other	dani 1000 (100) - representajo no comincia di 1000 (100)
	gnatio	n Group (Pleas	e select a	all that ag	oply)		and the second s	guin 100 · acrossov 20		ANALYSIA V	i
MBE	- 1	PIWBE		SBE		PBE		□ VET		OVE T	☐ ESB
Minority Busine Enterprise		Women-Owner Business Enterpriso		euil Busin l'erprise	iess	Pnysically C Business En		Veteran Owned Business		abled Veteran ned Business	Emerging Sma Business
Number of	f Clar	k County N					吐	and the second s		ALLESSON PROPERTY OF THE PROPE	
Corporate/Bu			Shi	ning	Stau	2 Comm		serves	- · ·		дия типос—«РММДПФ»—/000006—ШВВЯ дебУ.
(Include d.b.a		plicable)	UGO	05	Bay	an he	93 L	Caballa WWW.	Shini	mster [v.	com
Street Addres City, State and		Code:				89119	P	Vebeite WWW. S OC Name Dlank mail BUgg	Wal	C@ 001.4	M
		Market Ma	COV	7,7.5	782	7827		ax No	1		a 27080M
Telephone No			1					/ebsite:			
Nevada Local				Surve	,			febsite:			
(If different fro						Alexander - Anna Alexan		east Earl No.		AL CONTRACTOR OF THE PROPERTY	
City, State an	d Zip (Code.	-	w		Africanoppy		ocal Fax No:	PRIMING CAST-SA		
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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
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			degree of blood relatives as
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*To the second degree of follows: • Spouse – Registers	consanguinity" applies to the	candidate's first and second n – Parents – In-laws (first de	<u> </u>

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Business Entity Typ	e (Please select	one)	-,-			·			
Sole Proprietorship	Partnership	Limited Liability Company	y [Corporation	Trust	Non-Profit Organization		Other	
Business Designati	on Group (Pleas	e select all that app	oly)						
MBE	□wBE	SBE		PBE		VET	DVET		□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	ss	Physically Ch Business Ente		Veteran Owned Business		l Veteran Business	Emerging Small Business
Number of Cla	rk County Ne	vada Residen	ıts E	mployed:			40		
Corporate/Business	Entity Name:	Specialized Altern	natives	s for Families a	and Youth				
(Include d.b.a., if ap	plicable)								
Street Address:		4615 Hilton Corpo	orate C	Orive	w	ebsite: www.safy.org			
City, State and Zip	Code:	Columbus, OH 43	3232			OC Name: Cathy Dese mail: desenbergo			
Telephone No:		(614) 729-2024		To the state of th	Fa	x No: (614) 729-2030			
Nevada Local Stree		4285 North Ranch	no Driv	ve, Suite 130	w	ebsite: www.safy.org	45		
City, State and Zip		Las Vegas, NV 89	9130		L	ocal Fax No; (702) 385	5-5678		
Local Telephone No		(702) 385-5331			1	ocal POC Name: Valer	ie Hicks v@safy.org		
close corporations, for	eign corporations, l	imited liability compa	nies, p	artnerships, limit	ed partnersh Title	Revised Statutes, includ ips, and professional cor	porations. (Not rec	% Owne	
Valerie Hicks			Exec	utie Director			Corporation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. organization,
Wiliam P. Matt		-	Presi	ident					
Nathan Leonhard			Treas	surer					
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7/aleui	thes			Valerie Hicks Print Name					-98V
Executive Director				11/30/2022					
Title				Date	ange We				

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
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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

^{*} County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

[&]quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

[&]quot;To the second degree of consanguinity" applies to the candidate's first and second degree of blood relatives as follows:

our leadership



William Matt
President and Chief Executive Officer



Nathan Leonhard, MBA
Chief of Finance & Business Administration



Veronica Farris, MBA Cnief of Business Development and Marketing



Heather Rice, PHR, MOD Chief of Human Resources



Ryan Estes, LCSW, LCAS
Chief of Clinical Innovation and Technology



Tonya Brooks-Thomas, MSSA, LISW-S Sentor Executive Director of Ohlo

board of directors and members



Daniel Pappas BOARD PRESIDENT Magistrate for the State of Indiana



Elisabeth B. Evensen, PhD BOARD V CE PRESIDENT Client Relationship Director



Natasha Davis Associate General Counsel



Michael Crome Financial Professional



James J. Poży
Finance and Accounting Professional



jeffrey A. Crawford
Foster Parent



Charmaine Brittain, MSW, PhD Director of Practice Innovation for Butler Institute for Families



Ramona Denby-Brinson, PhD
Dear- University of Chapel Hill School
of Social Work







ABOUT US a message from our executive director, Demetria Parnell-Scott, LCSW

Since 1998, SAFY of Alabama has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. Our qualified staff ensure programmatic excellence and positive clinical outcomes. boasting a proven track record of successful program development and a deep understanding of the needs of families and children.





ABOUT US a message from our executive director, Jenna Coleman, LCSW

Since 2014, SAFY of Colorado has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. We've built our reputation around our commitment to programmatic and administrative excellence, ensuring the best interests of children and families through our ability to develop and manage direct clinical services that produce positive outcomes.

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a message from our executive director, Camron Whitacre, MSEd., LPCC-S

Since 1990, SAFY of Indiana has cared for families and children, meeting a brighter today and strength for them to carry throughout their lifetime. Our professional staff is known for delivering exceptional service in each of our programs that ensure positive outcomes for families and children. We are proud to collaborate with community partners to serve indiana's families and chligren.



ABOUT US a message from our executive director, Janet A. Hodge, LMFT

Since 1999, SAFY of Kentucky has cared for families and children, meeting a brighter today and strength for them to carry throughout their iffetime. Our professional staff is known for delivering exceptional service in each of our programs that ensure positive outcomes for families and children. We are proud to collaborate with community partners to serve Kentucky's families



ABOUT US a message from our executive director, Valerie Hicks, MSSA, LISW

Since 1993, SAFY of Nevada has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. We are proud to collaborate with community partners to directly impact the safety, permanency and well-being of Nevada's families and children. Our qualified staff have implemented programs that build resiliency that produce positive, sustainable outcomes.





ABOUT US a message from our executive director, Tonya Brooks-Thomas, MSSA, LISW-S

Since 1984, SAFY of Ohio has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetime. Our qualified staff ensure programmatic excellence and positive clinical outcomes, boasting a proven track record of successful child welfare program development and a deep understanding of the needs of Ohio's families and children.



ABOUT US a message from our executive director, Christi Wright, MA, LPC, LPC/S, CACII

Since 1994. SAFY of South Carolina has cared for families and children, providing a brighter today and strength for them to carry throughout their lifetima. We've built our reputation on delivering clinical services that produce positive outcomes for families and children in South Carolina. Our impact on the individuals we serve in Family Preservation, Therapeutic Foster Care, and Behavioral Health programs continue to build resiliency throughout our communities.

Business Entity Typ	o /Dingen enlact	onal						
Tou		Limited Liability	Correction	Trust	✓ Non-Profit		Other	
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Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ci Business En		Business		ned Business	Business
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Corporate/Business	Entity Name	St. Jude's Ranch for	Children-Nevad	a Region Inc),			
(include d.b.a., if ap	- 01%			· · · · · · · · · · · · · · · · · · ·				
Street Address:	(Milodoie)	200 Wilson Circle		W	ebsite: www.stjudesi	ranch.org	9	
City, State and Zip	Code:	Boulder City, NV 89	005	P	OC Name: Jed Blake			
		700 004 7420			mall: jblake@sij ax No: 702-294-7171		on.org	
Telephone No:		702-294-7130						
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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
NA			
			1117
* County employee means Water Reclamation District.	Clark County, Department o	f Aviation, Clark County Dete	ention Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	elationship by marriage.	
"To the second degree of follows:	consanguinity" applies to the	candidate's first and second	I degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	en – Parents – In-laws (first de	gree)
Brothers/Sisters H	lalf-Brothers/Half-Sisters – Gr	andchildren – Grandparents –	In-laws (second degree)
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For County Use Only:	La la la constante de la formación de la forma	llowing:	
	noted above, please complete the fo	e contracting/selection process for the	s particular agenda item?
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Notes/Comments:	ipioyoo(b) notod daare intercent		
1107001 Castillianes			
Signature			



BOARD OF TRUSTEES

Lance T. Knight (Chairman)
Nevada Managing Partner
Ashton Thomas Private Wealth
lknight@at-pw.com

Vincent C.J. Eckelkamp Retired, Corporate Manager Eckelkamp Retirement Planning vincent.eckelkamp01@yahoo.com

Mike Fath Former Major Gift Officer Self-Employed fath.michael@gmail.com

Jim Mace Co-Managing Shareholder Greenberg Traurig, LLP. macei@gtlaw.com

Ashley Burney
Founder & President
Heart to Heart, LLC.
ashleysburney@gmail.com

Robin Greenspun Producer/Director Culture Dog Films robin@culturedog.com Cara Steele (Secretary/Treasurer)
VP of Corporate Finance
Caesar's Entertainment
cahuey@caesars.com

Robert Kolesar Vice President of Commercial Sales First American Title NCS rkolesar@firstam.com

Christie O'Melia CRA Officer Toyota Financial Savings Bank Christie.omelia@toyota.com

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