

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 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
7						
Number of Clark County Nevada Residents Employed:						
Corporate/Business Entity Name: 180 Community Wellness Centers, LLC						
(Include d.b.a., if applicable)						
Street Address:		4344 W. Cheyenne Avenue		Website: 180CWC.COM		
City, State and Zip Code:		North Las Vegas, Nevada 89032		POC Name: Ericka Severs		
				Email: ESEVERS@180CWC.COM		
Telephone No:		702.675.6314		Fax No: 702.476.9697		
Nevada Local Street Address:				Website:		
(If different from above)						
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)
Ericka Severs	CEO	100%

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.

Ericka Severs

Print Name

11.27.2022

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 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 Centers, LLC						
(Include d.b.a., if applicable) DBA Apple Grove Foster Care Agency, DBA Apple Grove						
Street Address:		3155 S. Patrick Lane, Suite 1		Website: www.applegrovefostercare.com		
City, State and Zip Code:		Las Vegas, NV 89120		POC Name: Kerri Korin		
				Email: kerrik@applegrovefostercare.com		
Telephone No:		702-992-0576		Fax No: 702-992-0391		
Nevada Local Street Address:		NA		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)
Icia Reid-Sandulak	Managing Member	50%
Jason Sandulak	IT; Billing	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.)

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 Signature	Icia Reid-Sandulak Print Name
Managing Member	Date
Title	

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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☐ 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

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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:				48		
Corporate/Business Entity Name: Bamboo Sunrise, LLC						
(Include d.b.a., if applicable)						
Street Address:		98 East Lake Mead Parkway		Website: www.bamboosunrise.net		
City, State and Zip Code:		Henderson, NV 89015		POC Name: Michael Flynn		
				Email: michael@bamboosunrise.net		
Telephone No:		702-433-3038		Fax No:		
Nevada Local Street Address:				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)
Shirley Lim Holdeman	Chief Executive Officer	100

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

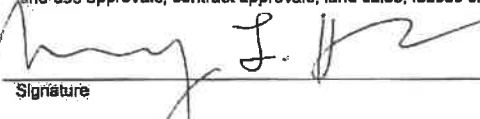
(If yes, please note that County employee(s), or appointed/elected official(s) may not perform any work on professional service contracts, or other contracts, which are not subject to competitive bid.)

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 Chief Executive Officer Title	Shirley Lim Holdeman Print Name 11/28/2022 Date
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DISCLOSURE OF RELATIONSHIP

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

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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 checked="" type="checkbox"/> ⁵ Corporation	<input type="checkbox"/> Trust	<input 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: <u>162</u>						
Corporate/Business Entity Name: <u>EAGLE QUEST</u>						
(Include d.b.a., if applicable)						
Street Address: <u>3680 N. RANCHO DR.</u>			Website: <u>EAGLEQUESTSERVICES.ORG</u>			
City, State and Zip Code: <u>LAS VEGAS, NV, 89130</u>			POC Name: <u>DAVID DOYLE</u>			
			Email: <u>DDOYLE@EAGLEQUEST.US.COM</u>			
Telephone No: <u>702-646-5437</u>			Fax No: <u>702-396-4193</u>			
Nevada Local Street Address:			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)
<u>IVAN RAY TIPPETTS</u>	<u>CEO</u>	<u>49</u>
<u>LESLIE JEAN TIPPETTS</u>	<u>TREASURER</u>	<u>51</u>

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.)

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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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Ivan Ray Tippetts
Signature

CEO
Title

IVAN RAY TIPPETTS
Print Name

11/28/2022
Date

DISCLOSURE OF RELATIONSHIP

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

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N/A			

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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:				2		
Corporate/Business Entity Name:		Greater Hope Foundation for Children, Inc				
(Include d.b.a., if applicable)		A Greater Hope				
Street Address:		14344 Cajon, Suite 102		Website: www.aghope.org		
City, State and Zip Code:		Victorville, CA 92392		POC Name: HELENA LOPEZ		
				Email: HLOPEZ@AGHOPE.ORG		
Telephone No:		760-243-3999		Fax No:		
Nevada Local Street Address:		170 S GREEN VALLEY PARKWAY STE 300		Website: www.aghope.org		
(If different from above)						
City, State and Zip Code:		HENDERSON NV 89012		Local Fax No: 760-256-0537		
Local Telephone No:		702-318-7129 ext. 7129		Local POC Name: Jessica Maurice		
				Email: jmaurice@aghope.org		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Frieda Scott	Board President	0
Kelly Kolterman	Vice President	0
Shirley Roach	Secretary	0

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☐ Yes ☒ No

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☐ Yes ☒ No


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Signature

HELENA LOPEZ

Print Name

CEI

11/21/2022

Title

Date

DISCLOSURE OF RELATIONSHIP

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(Mark N/A, if not applicable.)

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N.A			

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Notes/Comments:

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Print Name
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Through
Love
We
Thrive



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

Our mission is to enhance the quality of life for children and families through culturally responsive integrated services.

Phone: 760-256-0432 | Fax: 760-256-0537 | facebook.com/greaterhopefoundation | ghffc.org

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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: 4						
Corporate/Business Entity Name: National Youth Advocate Program, Inc.						
(Include d.b.a., if applicable)						
Street Address:		1801 Watermark Dr. Ste 200		Website: www.nyap.org		
City, State and Zip Code:		Columbus, OH 43215		POC Name:		
				Email: Reyahd Kazmi rkazmi@nyap.org		
Telephone No:				Fax No:		
Nevada Local Street Address:		500 N. Rainbow Blvd.		Website:		
(If different from above)				www.nyap.org		
City, State and Zip Code:		Las Vegas, NV 89107		Local Fax No:		
Local Telephone No:		725-230-0141		Local POC Name:		
				Email: Kristin Tordoff ktordoff@nyap.org		

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

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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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 Signature	Reyahd Kazmi Print Name
Chief Advocacy & Government Strategies Officer Title	11/10/22 Date

DISCLOSURE OF RELATIONSHIP

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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

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: lfedlam@porterwright.com
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: drjr@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

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:				17		
Corporate/Business Entity Name:		Olive Crest				
(Include d.b.a., if applicable)						
Street Address:		2130 Fourth St. Suite 200		Website: www.olivecrest.org		
City, State and Zip Code:		Santa Ana, CA 92705		POC Name: Donald Verleur, Chief Executive Officer		
				Email: ceo@olivecrest.org		
Telephone No:		714-543-5437		Fax No: 714-543-5463		
Nevada Local Street Address:		4285 North Rancho Dr. Suite 160		Website: www.olivecrest.org		
(If different from above)						
City, State and Zip Code:		Las Vegas, NV 89130		Local Fax No: 702-851-8528		
Local Telephone No:		702-685-3459		Local POC Name: Jimmy Monaghan, Executive Director		
				Email: jimmy-monaghan@olivecrest.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 Verleur	President/CEO	
Justin Laird	Treasurer/CFO	
Kathryn Jones	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.

 Signature	Donald Verleur Print Name
Chief Executive Officer Title	11/23/22 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			

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

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- 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:

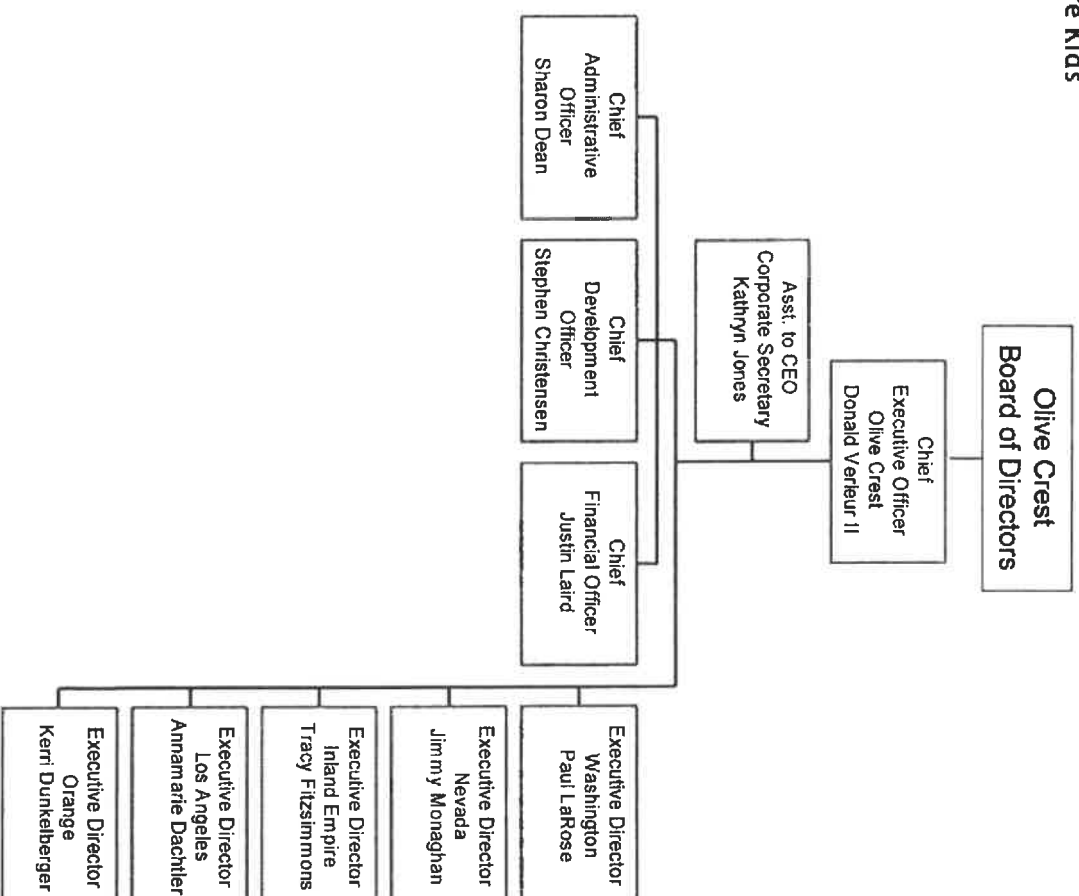
Signature

Print Name
Authorized Department Representative



Strong Families, Safe Kids

Executive Leadership



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 type="checkbox"/> MBE	<input checked="" type="checkbox"/> WBE	<input checked="" type="checkbox"/> SBE	<input type="checkbox"/> PBE	<input type="checkbox"/> VET	<input type="checkbox"/> DVE T	<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: <u>Shining Star Community services</u>						
(Include d.b.a., if applicable)						
Street Address: <u>4580 S Eastern Ave #33</u>			Website: <u>www.shiningstarTV.com</u>			
City, State and Zip Code: <u>Las Vegas, NV 89119</u>			POC Name: <u>Diana Wade</u>			
Telephone No: <u>702-882-7827</u>			Email: <u>Buggy405@aol.com</u>			
Nevada Local Street Address: <u>Same</u>			Website:			
(If different from above)			Local Fax No:			
City, State and Zip Code:			Local POC Name:			
Local Telephone No:			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)
<u>Diana Wade</u>	<u>CEO</u>	<u>100%</u>

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 employees(s) or appointed/elected officials(s)?
☐ Yes ☒ No (If yes, please note that County employees(s) or appointed/elected officials(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 employees(s) or appointed/elected officials(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.

<u>P. J.</u> Signature <u>CEO</u> Title	<u>Diana Wade</u> Print Name <u>11/10/22</u> 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.

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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

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:				40		
Corporate/Business Entity Name:		Specialized Alternatives for Families and Youth				
(Include d.b.a., if applicable)						
Street Address:		4615 Hilton Corporate Drive		Website: www.safy.org		
City, State and Zip Code:		Columbus, OH 43232		POC Name: Cathy Desenberg		
				Email: desenbergc@safy.org		
Telephone No:		(614) 729-2024		Fax No: (614) 729-2030		
Nevada Local Street Address:		4285 North Rancho Drive, Suite 130		Website: www.safy.org		
(If different from above)						
City, State and Zip Code:		Las Vegas, NV 89130		Local Fax No: (702) 385-5678		
Local Telephone No:		(702) 385-5331		Local POC Name: Valerie Hicks		
				Email: hicksv@safy.org		

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Full Name	Title	% Owned (Not required for Publicly Traded Corporations/Non-profit organizations)
Valerie Hicks	Executive Director	
William P. Matt	President	
Nathan Leonhard	Treasurer	

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

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☐ Yes ☒ No

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Valerie Hicks
Signature

Executive Director
Title

Valerie Hicks
Print Name

11/30/2022
Date

DISCLOSURE OF RELATIONSHIP

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N/A	N/A	N/A	N/A

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Notes/Comments:

Signature

Print Name
Authorized Department Representative

OUR leadership



William Matt
President and Chief Executive Officer



Nathan Leonhard, MBA
Chief of Finance & Business Administration



Veronica Farris, MBA
Chief 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**
Senior Executive Director of Ohio

OUR board of directors and members



Daniel Pappas
BOARD PRESIDENT
Magistrate for the State of Indiana



Elisabeth B. Evensen, PhD
BOARD VICE PRESIDENT
Client Relationship Director



Natasha Davis
Associate General Counsel



Michael Crome
Financial Professional



James J. Pozy
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
Dean - 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.



ABOUT US a message from our executive director, Camron Whitacre, MEd., 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 children.



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 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 Kentucky's families and children.



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 lifetime. 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.

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:				58		
Corporate/Business Entity Name: St. Jude's Ranch for Children-Nevada Region Inc.						
(Include d.b.a., if applicable)						
Street Address:		200 Wilson Circle		Website: www.stjudesranch.org		
City, State and Zip Code:		Boulder City, NV 89005		POC Name: Jed Blake		
				Email: jblake@stjudesranch.org		
Telephone No:		702-294-7130		Fax No: 702-294-7171		
Nevada Local Street Address:				Website:		
(If different from above)						
City, State and Zip Code:				Local Fax No:		
Local Telephone No:				Local POC Name:		
				Email:		

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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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Signature

Chief Executive Officer

Title

Dr. Christina Vela, DPP

Print Name

Nov. 9, 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			

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- Brothers/Sisters – Half-Brothers/Half-Sisters – Grandchildren – Grandparents – In-laws (second degree)

For County Use Only:

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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

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.
macej@gtlaw.com

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

Robin Greenspun
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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

Last revision: June 2022

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F: 702-294-7171
www.stjudesranch.org

