Business Entity 1	ype (Please select	one)	ý								
Ticolo I.			Limited Liability		<b>1</b> 0 "		.	Non-Profit			
Proprietorship	Partnership	7/	mpany	<u> </u>	Corporation	Trus	ST	Organization		Other	
Business Design	ation Group (Pleas	e sel	ect all that apply	)							T
MBE	□WBE		SBE PBE VET				VET	DVET ESB			
Minority Business Enterprise	Women-Owned Business Enterprise						Veteran Owned Business				
Number of C	ark County Ne	evac	la Residents	E	mploved:			_	4		
ranibol of o	unt oounty it	1			p.ojou.						
Corporate/Busine	ess Entity Name:	22n	d Century Tec	hne	ologies, Inc.						
(Include d.b.a., if											
Street Address:		377	3 Howard Hug	he	s Pkwy #500:	s,	Web	osite: www.tscti.com	1		
City, State and Zi	p Code:	La	s Vegas, N	IV	89169		POC	Name: Anne Marie sledproposa		•	or
Telephone No:		888	-998-7284				Fax	No: 732-537-0888			
Nevada Local Str	eet Address:						Web	osite:			
(If different from	above)										
City, State and Z	ip Code:						Loc	al Fax No:			
I aval Talanhana	Ma.	Local POC Name:									
Local Telephone	NO:						Ema	nil:			
close corporations,	foreign corporations, i	limited	I liability companie	s, p	artnerships, limit	ed partner	rships	s, and professional corpo	(N	s. % Owne lot required for Pul orations/Non-profi	blicly Traded
Satvinder Singh			Р	res	ident/ CEO			5	51%	oradono/Non-pron	e organizationo)
Anupama Sharm	a				overable Trus	st			22.5%	, 0	
Anil Sharma				_	overable Trus				22.5%	,	
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)?											
2. Do any individual sister, grando	collual members, partne	ntracts	s, or other contract	s, w	hich are not subj e a spouse, regi	ject to con	npetit mesti	cted official(s) may not p ive bid.) c partner, child, parent, nty Detention Center or	in-law	or brother/sister,	half-brother/half-
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.)											
		of the	information provide	ed h	erein is current,	complete,	and	accurate. I also understa	_		ot take action on
Anne Marie Eaton, Adn	ninistrator Digitally signed by	Anne Mar 14:03:59 4	ie Eaton, Administrator 05'00'		Anne Marie	Eaton					
Signature	2000 20203107		<del></del> 5		Print Name						
Administrator					1/4/2023						
Title					Date						

# 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	N/A	N/A	N/A
•	ship by blood. "Affinity" is a reconsanguinity" applies to the		degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childre	n – Parents – In-laws (first deg	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
	noted above, please complete the follo	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County em	ployee(s) noted above involved in any	way with the business in performance	ee of the contract?
Notes/Comments:			

		DIGGEOOG		01 01111		I II KINOII ALC			
Business Entity Ty	e (Please select	one)	_						
Sole Proprietorship	Partnership	Limited Liability Company		Corporation	Trust	Non-Profit Organization	Ot	her	
Business Designati	on Group (Please	select all that app	ly)						
<b>□</b> МВЕ	□WBE	SBE	☐ SBE ☐ PBE ☐ VET						□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busines Enterprise	is	Physically Challenged Business Enterprise		Veteran Owned Business	Disabled Veteran Owned Business		Emerging Small Business
Number of Cla	rk County Ne	evada Resident	ts E	mploved:			13		
				, ,					
Corporate/Business Entity Name: Apex Systems, LLC									
(Include d.b.a., if ap	plicable)								
Street Address:		4400 Cox Road,	Suit	e 200	W	ebsite: www.apexsys	tems.com		
City, State and Zip	Code:	Glen Allen, \	√A,	23060	111	OC Name: Connor	Stewart		
Telephone No:		804-254-2600			F	<sub>ax No:</sub> 804-254-7290			
Nevada Local Stree		8400 W S	uns	set Rd#	110 "	debsite: www.ape	ksystems	.com	
City, State and Zip		Las Vegas, NV,	8911	13		ocal Fax No: 804-254-	7290		
Local Telephone No		702-904				Local POC Name: Connor Stewart  cstewart@apexsystems.com			
Entities include all bu	siness associations	s organized under or o	overr	ned by Title 7 of	the Nevada ed partnersh	dends to the applicant and Revised Statutes, includii ips, and professional corp	ng but not limite	ed to priv	
	Full Name				Title				ed blicly Traded it organizations)
Rand Blazer				ASGN Inc					
Buddy Omohundro	)			), General Co					
Sean Casey			Pres	sident, Apex S	Systems, L	LC			
1. Are any individu	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?								
sister, grandchile	al members, partne d, grandparent, rela ee(s), or appointed/	ated to a Clark County	ls hav y, Dep	ve a spouse, regi partment of Aviat	stered dome ion, Clark C	estic partner, child, parent, ounty Detention Center or	in-law or broth Clark County V	er/sister, Vater Re	half-brother/half- clamation District
Yes	No (If )	yes, please complete t	the Di	sclosure of Relat	ionship form	on Page 2. If no, please	print N/A on Pa	ge 2.)	
I certify under penalty land-use approvals, co						nd accurate. I also unders sclosure form.	tand that the Bo	oard will r	ot take action on
Eric Sholl	Display signed by Eric Bholl DN: (nwelk: Swill, w-Ayer Systems e-mail-set oligoposystems core, or Date: 2027;12:12:039 to GPOV	. U.C., ou-State and Local Government Segment. U.S.		Eric Sholl					
Signature				Print Name					
Principal - Segmen	nt Director			12/13/2023					
Title				Date					

# 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	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										

Business Entit	<b>у, Тур</b>	e (Please select	one)							17.	
Sole Proprietorship	0	Partnership	Con	Limited Liability npany	E	Corporation	Trust	Non-Profit Organization		Other	
Business Desig	gnati	on Group (Please	e sele	ect all that apply	)						100
<b>☑</b> MBE		[7] WBE		☑ SBE		ПРВЕ		VET	□DVET □ESB		
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Physically Challenged Business Enterprise Physically Challenged Business				Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business
Number of	Cla	rk County Ne	evac	da Residents	E	mployed:		0			
Corporate/Bus	iness	Entity Name:	Bu	zzClan LLC	,						
(Include d.b.a.,	_										
Street Address	_		57	57 Alpha Ro	d.,	Suite 340		Website: WWW.buzz	clan	i.com	
City, State and		Code:	_	allas, TX 75	_			POC Name: Sachin . Email: gov@bu		lan.com	
Telephone No:			46	9-251-2899				Fax No:469-251-28	399		
Nevada Local S			N	/A				Website:			
(If different from	_				_			Land Fau No.			
City, State and	Zip	Code:	_		_		_	Local Fax No:			
Local Telephor	ne No	:						Local POC Name: Email:			
Entities include close corporation	all bu	siness associations eign corporations, I Full Name	orga imited	anized under or go d liability companie	verr s, p	ned by Title 7 of eartnerships, limit	the Nevad ed partners Title	la Revised Statutes, includ ships, and professional cor	poratio	ns. % Owned	ı
Archana Ja	in			D	ro	sident				Not required for Pub corations/Non-profit	
Nupur Shai			_			e Presiden	nt		50%		
Nupui Shai	IIIIa					e i Tesiaen	i¢				
1. Are any inc Center or C	Center or Clark County Water Reclamation District full-time employee(s), or appointed/elected official(s)?										
sister, gran	idchild	d, grandparent, rela ee(s), or appointed/	ated t	to a Clark County, led official(s)?	Dep	partment of Aviati	ion, Clark	nestic partner, child, paren County Detention Center o	r Clark	County Water Rec	alf-brother/half- amation District
Yes Yes	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 pe land-use approva	nalty als, co	of perjury, that all ontract approvals, la	of the and sa	information provide ales, leases or excl	ed h	nerein is current, ges without the c	complete, completed	and accurate. I also unders disclosure form.	stand th	nat the Board will no	ot take action on
Sachin Ja	in_					Sachin Ja	in				
Vice Presid	dent					03/23/202	23				
Title	_					Date					

# 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			
10.		<u></u>	
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Deter	ntion Center or Clark County
"Consanguinity" is a relation:	ship by blood. "Affinity" is a rel	ationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first deg	gree)
<ul> <li>Brothers/Sisters – H</li> </ul>	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
- 5.00.00.00.00.00	an Bromoro, ram oronoro	• • • • • • • • • • • • • • • • • • • •	<b>3</b> /
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			

Business Entity	Ту	pe (Please selec	t one	)									
Sole Proprietorship		Partnership		Limited bility Company	Z	Corporation	☐ Trust	t	☐ Non-Profit Organization		☐ Other		
Business Desig	nati	on Group (Pleas	se sel	lect all that appl	y) _			_					
☑ MBE		□ WBE		☐ SBE		☐ PBE		_	☐ VET		VET	☐ ESB	
Minority Busines Enterprise	s	Women-Owned Business Enterprise		Small Business Physically Challenged Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business				Veteran Owned Business		abled Veteran ned Business	Emerging Small Business		
Number of (	Cla	rk County N	eva	da Resident	s E	Employed:	0						
Corporate/Busi	nes	s Entity Name:	Cali	fornia Creative S	Solu	itions Inc.							
(Include d.b.a.,			CCS	Global Tech									
Street Address:				75 Danielson St	ree	t, Suite 230		Wel	bsite: https://ccsgloba	altech	.com/		
City, State and		Code:		vay, CA 92064		•		PO	C Name: Raminder S	ingh			
Talambana Nav				3) 435-4857					No: 858-683-2424				
Telephone No:	-		,550	.,						holt-	oh ocm/		
Nevada Local S (If different from				3 Howard Hug te 200	ghe	s Parkway		Wel	bsite: https://ccsglo	baile	ecn.com/		
City, State and	Zip	Code:	Las	Vegas, NV 89	916	9		Loc	al Fax No: 858-683-2	424			
I and Talantan	- N		Local POC Name				al POC Name:Ramir	::Raminder Singh					
Local Telephon	ė N	D:	(85	(858) 435-4857 Email: gov@				ail: gov@ccsgloba	gov@ccsglobaltech.com dividuals holding more than five percent (5%) ownership or				
ownership or final	ncial II bu	interest. The discl	osure s orga	requirement, as a anized under or go	pplie verr	ed to land-use a ned by Title 7 of	pplications the Nevada	s, ex la Re	<b>Directors</b> in lieu of di tends to the applicant al evised Statutes, includin ips, and professional co	nd the g but i	landowner(s). not limited to priva	te corporations,	
		Full Name					Title				ot required for Pub prations/Non-profit	licly Traded	
Raminder Singh	_			P	resi	dent & CEO			1	00%_			
1 Are any indi	ividu	equired for public	ers. o	wners or principal	s, in	volved in the bu	siness enti	ity, a	a Clark County, Departm		No     Aviation, Clark Co	ounty Detention	
Center or C	lark	County Water Red	ves.	please note that	Cou	nty employee(s	), or appoi	inte	d/elected official(s) may	not p	erform any work	on professional	
sister, grand	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					_			_	on Page 2. If no, pleas				
certify under per on land-use appro	nalty ovals	of perjury, that all s, contract approva	of the	information provided information provided in information provided in information provided in information provided	ded exc	herein is current changes without	t, complete the comple	e, ar leted	nd accurate. I also under I disclosure form.	stand	that the Board will	not take action	
Signature Signature			_			Raminder Sin Print Name	gh	_					
President & CEC	)			<del></del>		1 <u>2/29/2022</u> Date							

1

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

Signature

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	N/A	N/A	N/A
"To the second degree of co  • Spouse – Registere	nship by blood. "Affinity" is a re ensanguinity" applies to the car ed Domestic Partners – Childre Half-Brothers/Half-Sisters – Gr	ndidate's first and second degr en – Parents – In-laws (first de	
For County Use Only:	and the second s	ll av dage	
•	noted above, please complete the fo		is norticular aganda itam?
	nployee(s) noted above involved in th nployee(s) noted above involved in a		
	nployee(s) noted above involved in al	ly way with the business in performal	ice of the contract?
Notes/Comments:			

2 REVISED 7/25/2014

Business Entity	Тур	e (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability		Corporation	Trus	st	Non-Profit Organization		Other	
Business Desig	nati	on Group (Please	e sele	ect all that apply	)			_		_		
MBE		□WBE		SBE		PBE		4	□ VET		DVET	<b> ✓</b> ESB
Minority Busines Enterprise	s	Women-Owned Business Enterprise		Small Business Physically Challenged Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Owned Business							Emerging Small Business	
Number of (	Cla	rk County Ne	evac	la Residents	s E	mployed:				2		
						TNOLLO						
Corporate/Busi	ness	Entity Name:	CA	TAPULT REC	RUI	TING LLC.						
(Include d.b.a.,	if ap	plicable)	040			21.) (D. #000			https://astance	ltroo	niting appal	
Street Address:			610	7 SW MURRA	(Y E	3LVD. #269			<sub>bsite:</sub> https://catapu		ruiting.com/	
City, State and	Zip (	Code:	Ве	averton, O	R	97008		PO0 Ema	C Name: Charlie Phi Charlie@C ail:		ultRecruiting.co	om
Telephone No:			503	3-970-3111				Fax	No: NA			
Nevada Local S			9	3 Via D	Di	Mello		Wei	<sup>bsite:</sup> https://cat	apu	ltrecruiting	.com/
100 / Au 100	33-500	20.0	Her	nderson, NV 89	901	1		Loc	al Fax No: NA			
Local Telephone No:  City, State and Zip Code:  Local POC Name: Charlie Phillips Charlie@CatapultRecruiting							ing.com					
close corporations	s, tor	eign corporations, i	imited	i liability companie	es, p	artnersnips, iiniit	ed partner	rsmp	s, and professional corp	oratio	% Owne	d
Charles Phillips	S	T dii Mario			Owner					Not required for Pu porations/Non-profi ,		
1 Are any ind	ividu	equired for publical	rs. ov	wners or principals	, inv	olved in the busi	ness entity	y, a (	Clark County, Departme		No viation, Clark Cou	nty Detention
Center or C	lark	County Water Recla	amati	on District full-time	em	ployee(s), or app	ointed/ele	ected	official(s)? ected official(s) may not			
D <sub>e</sub> ma <sub>t</sub> cha <sub>t</sub> d	و د داداند د	CON	ntract	s, or other contract	ts, w	hich are not sub	ject to con	npeti	tive 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												
I certify under per land-use approva	nalty ils, co	of perjury, that all on tract approvals, la	of the and s	information provid ales, leases or exc	led h	nerein is current, ges without the o	complete, completed	, and I disc	accurate. I also unders losure form.	tand ti	nat the Board will n	ot take action on
Charles Phillips Signature Charles Phillips Print Name												
Owner / CEO						03/23/2023						
Title					_	Date						

#### 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	NA	NA	NA
Water Reclamation District.	Clark County, Department of ship by blood. "Affinity" is a rel		ntion Center or Clark County
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registered	d Domestic Partners – Childre	n – Parents – In-laws (first deg	ree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	indchildren – Grandparents – I	n-laws (second degree)
For County Use Only:	noted above, please complete the follo	nwina:	
	ployee(s) noted above involved in the		particular agenda item?
	ployee(s) noted above involved in any		
Notes/Comments:			
Signature			

Business Entity Ty	pe (Please select	one)					1_			
Sole Proprietorship	Partnership		Limited Liability npany	7	Corporation	Trust	Non-Profi Organization		Other	
Business Designat	tion Group (Pleas	e sele	ect all that apply	)						T
<b>✓</b> MBE	□WBE		<b>✓</b> SBE		PBE		□VET	[	DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise		Small Business Enterprise Physically Challenged Business Enterprise Business					Disabled Veteran Owned Business	Emerging Small Business	
Number of Cla	irk County Ne	evac	la Residents	E	mployed:			0		
Corporate/Busines	s Entity Name:	CN	C Consulting, I	nc.						
(Include d.b.a., if a	pplicable)									
Street Address:		50 E	E Palisade Ave	, S	uite 422	V	Vebsite: WWW.C	ncconsult	ing.com	
City, State and Zip	Code:	En	glewood, N	IJ	07631		OC Name: Andy acha		/ cconsulting.com	
Telephone No:		201	-541-9121			F	ax No: 201-541	-9128		
Nevada Local Stree	et Address:					v	Vebsite:			
(If different from at	oove)									
City, State and Zip	Code:					L	ocal Fax No:			
Local Telephone N	o:						ocal POC Name Email:	:		
Entities include all buclose corporations, fo								onal corporat		d blicly Traded
Andy Charlery			Pr	res	ident			100	)%	
This section is not r								Yes	✓ No	atu Data - V
	ial members, partne County Water Recla							epartment of	f Aviation, Clark Cou	nty Detention
Yes			lease note that Cor s, or other contracts					may not perf	orm any work on pro	fessional service
sister, grandchil		ated t	o a Clark County, I						aw or brother/sister, irk County Water Red	
Yes	No (If y	yes, p	lease complete the	Dis	sclosure of Relat	ionship forn	n on Page 2. If no,	, please prin	t N/A on Page 2.)	
I certify under penalty land-use approvals, c								understand	I that the Board will n	ot take action on
Andy Charlery	Digitally signed   Date: 2022.12.3	by Andy 0 11:23:	Charlery 45 -05'00'		Andy Charle	ry				
Signature					Print Name					
President					12/30/2022					
Title					Date					

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

NAME OF BUSINESS	NAME OF COUNTY* EMPLOYEE/OFFICIAL	RELATIONSHIP TO COUNTY*	COUNTY* EMPLOYEE'S/OFFICIAL'S
OWNER/PRINCIPAL	AND JOB TITLE	EMPLOYEE/OFFICIAL	DEPARTMENT
None			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a rel	lationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first deç	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the follo	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
	ployee(s) noted above involved in any		
	proyoc(a) frotou above inverse in any		
Notes/Comments:			
Andy Charlery Digitally signed by Date: 2022.12.30 1	Andy Charlery		
Signature	1:24:07 -05'00'		
Andy Charlery			
Print Name Authorized Department Representa	ative		

Business Entit	у Ту	e (Please select	one)									
Sole Proprietorship		Partnership		imited Liability		Corporation	Tru	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Please	e sele	ct all that apply)	)			_		_		
<b>✓</b> MBE		<b>✓</b> WBE		<b>✓</b> SBE		☐ PBE			VET		OVET	□ESB
Minority Busines Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Ch Business Ente			Veteran Owned Business			Emerging Small Business
Number of	Cla	rk County Ne	evad	a Residents	E	mployed:				0		
Corporate/Bus	ines	Entity Name:	Data	amanUSA LLC	;							
(Include d.b.a.,	if ar	plicable)										
Street Address			689	South Tucso	n \	Nay, Suite 10	00	We	bsite: www.datama	nusa.	com	
City, State and		Code:	Cer	ntennial, Col	ora	ado 80112-	3919		C Name: Nidhi Saxe contact@d		anusa.com	
Telephone No:			720-	-201-5617				Fax	к No: 720-248-3200	N/A		
Nevada Local	Stree		N	/A				We	bsite:			
(If different fro					_				-15- M			
City, State and	<b>I Z</b> ip	Code:							cal Fax No:			
Local Telephor	ne No	):							cal POC Name: nail:			
Entities include close corporation	all bu	siness associations eign corporations, l Full Name	s orgai imited	liability companies	s, p	ned by Title 7 of eartnerships, limit	ed partne Title	ada R ership	Revised Statutes, includions, and professional corp	oratioi (1)	% Owner % Owner or required for Pul porations/Non-profit	d blicly Traded
Are any inc	dividu	e <b>quired for public!</b> al members, partne County Water Recla	rs. ow	ners or principals,	inv	olved in the busi	ness enti	ity, a	Clark County, Departme	-	No viation, Clark Cour	nty Detention
Yes	JIdl <sup>*</sup> K	✓ No (if	yes, pl		unt	y employee(s), o	r appoint	ed/ele	ected official(s) may not	perfor	m any work on prof	essional service
sister, gran	ndchil	al members, partne d, grandparent, rel ee(s), or appointed/	ated to	o a Clark County, I	hav Dep	ve a spouse, regi partment of Aviat	istered de tion, Clar	omes k Cou	tic partner, child, parent unty Detention Center or	in-law Clark	or brother/sister, County Water Rec	half-brother/half- lamation District
Yes		✓ No (If	yes, pl	ease complete the	e Di	sclosure of Rela	tionship f	orm c	on Page 2. If no, please	print N	I/A on Page 2.)	=
I certify under pe land-use approve	nalty als, co	of perjury, that all contract approvals, la	of the i and sa	nformation provide les, leases or excl	ed h han	nerein is current, ages without the c	complete complete	e, and d disc	d accurate. I also unders closure form.	tand th	at the Board will n	ot take action on
Nidda S	an					Nidhi Saxen	a					
Signature						Print Name						
CEO & Presid	ent					01/04/2023						
Title						Date						

# 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	N/A	N/A	N/A
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship by marriage.	
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters – H	alf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
•	noted above, please complete the foll	owing:	
•	ployee(s) noted above involved in the		s particular agenda item?
	ployee(s) noted above involved in any		
Notes/Comments:			
Signature			

Business Entit	у Тур	e (Please select	one)										
Sole Proprietorship		Partnership		Limited Liability	Z	Corporation	Tru	st	Non-Profit Organization		Other		
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply	)			-		-			
<b>✓</b> MBE		□WBE		<b>✓</b> SBE		PBE		_	☐ VET		DVET	ESB	
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		isabled Veteran wned Business	Emerging Small Business	
Number of	Cla	rk County No	evac	la Residents	E	mployed:		_		0			
Corporate/Bus	iness	Entity Name:	Ele	gant Enterprise	prise-Wide Solutions, Inc.								
(Include d.b.a.,													
Street Address		p	259	61 Hartwood E	Or.			We	bsite: http://www.e	elegar	ntsolutions.us		
City, State and		Code:	Cr	nantilly VA 2	20	152			C Name: Priyanka	Arora			
Telephone No:			703	-609-0215				Fax	<sub>k No:</sub> 703-722-662	8			
Nevada Local		t Address:			Ī			_	bsite:				
(If different fro													
City, State and								Loc	cal Fax No:				
Oity, Otate and	Lip	out.							cal POC Name:				
Local Telephor	ne No	):				Email:							
Entities include	all bu	siness association	s oraș	anized under or go d liability companie:	verr s, pa	ned by Title 7 of	the Neva	ıda R	ends to the applicant a tevised Statutes, inclu is, and professional co	ding bu	it not limited to prive	d blicly Traded	
-													
1. Are any inc	dividu	al members, partne County Water Recl	ers, ov amati yes, p	on District full-time	invo emp	olved in the busi ployee(s), or app y employee(s), o	ness enti oointed/el r appointe	ty, a ( ected ed/ele	Clark County, Departn I official(s)? ected official(s) may no	nent of			
sister, grar	dchile	d, grandparent, re ee(s), or appointed	lated t	to a Clark County, ed official(s)?	Dep	partment of Aviat	tion, Clarl	( Cou	tic partner, child, pare unty Detention Center	or Clar	k County Water Rec	half-brother/half- lamation District	
Yes		✓ No (If	yes, p	lease complete the	e Dis	sclosure of Relat	tionship fo	orm o	on Page 2. If no, pleas	e print	N/A on Page 2.)		
I certify under pe land-use approve	nalty als, co	of perjury, that all ontract approvals, I	of the and s	information provide ales, leases or excl	ed h han	nerein is current, ges without the o	complete	e, and d disc	l accurate. I also unde closure form.	rstand	that the Board will n	ot take action on	
Priyanka Aro	ra	Digitally signed Date: 2022.12.				Priyanka Arc	ога						
Sr. Program N	1ana	ger				Jan 4, 2023							
Title						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/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 de	
For County Use Only:			
	noted above, please complete the follow		
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	y way with the business in performand	ce of the contract?
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		



Business Er	tity Ty	pe (Please select	one	)		10						
Sole Proprietorshi	p	Partnership		Limited Liability mpany	Corporation	□ Tn	ıst	Non-Profit Organization		Other		
Business De	esignat	ion Group (Pleas	e sel	ect all that apply	N/A							
MBE		□WBE		□SBE	□ PBE			□ VET		OVET	□ESB	
Minority Busi Enterprise	ness	Women-Owned Business Enterprise		Small Business Enterprise	Physically C Business En		1	Veteran Owned Business		abled Veteran ned Business	Emerging Small Business	
Number o	of Cla	rk County No	eva	da Residents	Employed:	0						
Comments (D		- Fulls Names	F	nterprise So	nlutions Inc							
		s Entity Name:	_	N/A	JIGLIONS INC		_					
(include d.b. Street Addre		рисавле)	_	500 E. Diehl	Rd Suite 1	30	We	bsite: www.ente	rnri	sesolutioni	nc com	
Stidet With				JOO L. DICIII	na, sanc 1	.50		C Name: Shirish P		Sesolutioni	110.00111	
City, State a	nd Zip	Code:	-	Naperville, I	<u> </u>					risesolution	ninc.com	
Telephone N	lo:			949-413-403			-	x No: 630-209	-10	26		
Nevada Loca	al Stree	t Address:		Ve don't hav		office	We	ebsite:				
(If different f	irom ab	ove)	ir	the state o	f Nevada		_					
City, State a	and Zip	Code:					Lo	cal Fax No:				
Local Telepi	hone N	o:					ما	cal POC Name:				
							En	nail:	_			
Publiciy-trade ownership or t	ed entir financial de ali bi	tles and non-prof	it on osure	requirement, as app anized under or govern	tist all Corporate plied to land-use a	pplications of the Neva	s, ext ada f	Directors in lieu of dends to the applicant and Revised Statutes, includings, and professional corp	the la	ndowner(s). not limited to priva		
		Full Name				Title				% Owner lot required for Pul orations/Non-profit	blicly Traded	
Umesh	Gha	i		Р	resident				ľ	57.14%		
Sarvaji	it Tha	akur		P	artner					28.57%		
Samee				P	Partner			14.29%				
									_			
This section	is not r	equired for public	ly-tra	ded corporations.	Are you a public	ly-traded	согр	oration? Yes	Z	No		
Are any Center of	individu or Clark	ial members, partne County Water Recl	ers, o amat	wners or principals, ion District full-time	involved in the bus employee(s), or ap	siness ent opointed/e	ity, a lected	Clark County, Department official(s)?	nt of A	viation, Clark Cour	ty Detention	
Yes		No (If	yes,   ntract	please note that Co is, or other contracts	unty employee(s), s, which are not su	or appoint bject to co	ted/el ompe	ected official(s) may not litive bid.)	perfor	n any work on prof	essional service	
sister, g full-time	randchil employ	d, grandparent, re ee(s), or appointed	lated /elect	to a Clark County, I ted official(s)?	Department of Avia	ation, Clar	k Co	stic partner, child, parent, unty Detention Center or on Page 2. If no, please	Clark	County Water Rec	nalf-brother/half- lamation District	
Yes												
I certify under land-use appr	penalty ovals, o	of perjury, that all ontract approvals, l	of the and s	information provide ales, leases or excl	ed herein is current hanges without the	t, complete complete	e, and d disc	d accurate. I also underst closure form.	and th	at the Board will n	x take action on	
Shirish P					Shirish I	Paul						
Signature					Print Name							
Vice-Pres	siden	t			January Date	03, 20	)23					
						1					DO HOLD TIDEDOLL	

REVISED 7/25/2014





# RFQ No. 606374-22 IT TIER 1 PROFESSIONAL SERVICES PROPOSAL F. DISCLOSURE FORM

#### **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

<sup>\*</sup> County employee means Clark County, Department of Aviation, Clark County Detention Center or Clark County Water Reclamation District.

"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	<del></del>
7.4.4 N	
Print Name Authorized Depar	tment Representative

2

REVISED 7/25/2014

<sup>&</sup>quot;Consanguinity" is a relationship by blood. "Affinity" is a relationship by marriage.

Business Entity T	ne (Please select	one)								
	Partnership	Limited Company	Liability	Coi	rporation	Trus	t Non-Pro		Other	
Business Designa	tion Group (Pleas	e select all 1	hat apply	)						
MBE	□WBE	□SE	BE		PBE		□ VET		DVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Enter	Business prise		ysically Cha siness Ente		Veteran Ow Business		isabled Veteran wned Business	Emerging Small Business
Number of Cl	ark County No	evada Re	sidents	Emp	loyed:			0		
Corporate/Busines	ss Entity Name:	FAAZ Co	onsulting	g LLC						
(Include d.b.a., if a	pplicable)									
Street Address:		1765 Gre	ensbor	o Stat	ion PL		Website:WWW		n	
City, State and Zip	Code:	Suite 9	00 McI	lean \	VA 221	02	POC Name: Fa Email: fa		azconsulting	ı.com
Telephone No:							Fax No:			
Nevada Local Stre		N/A					Website:			
City, State and Zi							Local Fax No:			
Oity, Guata and L							Local POC Nar	ne:		
Local Telephone I	lo:						Email:			
Entities include all to close corporations, for	ousiness association preign corporations, Full Name	s organized L limited liability	inder or go , companie	overned b es, partne	oy Title 7 of erships, limit	the Nevaded partner	da Revised Statut ships, and profes	sional corporati	ons. % Owne	d
Fatima Ali			_ <u>H</u>	Head of Operations					(Not required for Pu rporations/Non-profi	
			_ =							
This section is not  1. Are any individual Center or Clari	required for public lual members, partne k County Water Reci	ers, owners of	r principals,	, involved	d in the busi	ness entity	, a Clark County,		✓ No Aviation, Clark Cou	nty Detention
Yes	√ No (If		ote that Co	ounty emp	ployee(s), o	r appointe	d/elected official(	s) may not perfo	orm any work on pro	fessional service
sister, grandch full-time emplo	ual members, partne ild, grandparent, re yee(s), or appointed	lated to a Cla /elected offici	rk County, al(s)?	Departm	nent of Aviat	tion, Clark	mestic partner, ch County Detention rm on Page 2. If	n Center or Clar	k County Water Red	half-brother/half- lamation District
I certify under penalland-use approvals,	v of periury, that all	of the informa	tion provid	ed hereir	n is current,	complete,	and accurate. I a			ot take action on
_ Fate	in it				atima Ali	İ				
Signature Head of Recruitm	nent and Busines	ss Develop	ment	12	2/06/202	2				
Title				Da	ate					

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

<u> </u>	NAME OF COUNTY	RELATIONSHIP TO	COUNTY*
NAME OF BUSINESS OWNER/PRINCIPAL	NAME OF COUNTY* EMPLOYEE/OFFICIAL AND JOB TITLE	COUNTY* EMPLOYEE/OFFICIAL	EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A			
14// \			
			1
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ention Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship by marriage.	
"To the second degree of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	ed Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
Brothers/Sisters – F	Half-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
For County Use Only:		I = 1	
•	noted above, please complete the following		6. I da Varra
	nployee(s) noted above involved in the		
Yes No Is the County en	nployee(s) noted above involved in an	y way with the business in performan	ce of the contract?
Notes/Comments:			
Signature			
Signature			
Print Name Authorized Department Represent	ative		

Business Entity	Tune /Ple	sea ealart	one\	п								
Tisala				Limited Liability					Non-Profit			
Proprietorship	Partne	rship		npany	<b>'</b>	Corporation	Trus	st ——	Organization		Other	
Business Design	ation Gro	oup (Pleas	e sel	ect all that apply	)					Ē		
✓ MBE	□v	/BE		SBE		PBE		4	VET		OVET	ESB
Minority Business Enterprise	Wom Busir Enter			Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of C	lark Co	ounty Ne	evac	la Residents	E	mployed:				0		
Corporate/Busin	ess Entity	V Name:	Info	jini Inc.								
(Include d.b.a., if		565										
Street Address:	прричин		1001	5 Old Columbia Road, S	Suite	B 215, Columbia, M	1D 21046	We	bsite: www.infojinico	nsul	ting.com	
City, State and Z	ip Code:		Col	umbia, MD 210	)46			РО	C Name: Sandeep Harja statebids@infojir	ni		
Talauhana Nat			443	3-257-0086					K No: 443-283-4249			
Telephone No:					_				bsite:	_		
Nevada Local St		ess:						vve	rusite:			
(If different from								100	cal Fax No:			
City, State and Z	ip Code:								cal POC Name:			
Local Telephone	No:								iail:			
close corporations,	foreign co	rporations, l	imited	liability companie	s, pa	artnerships, limit	Title	rship	Revised Statutes, includin os, and professional corpo	oration (N	% Owne	d blicly Traded
Sandeep Harjar	ni			P	res	ident				100%	•	
This section is no  1. Are any indiv Center or Cla	idual mem	bers, partne Water Recl	ers, ov amati yes, p	vners or principals, on District full-time	invo emp	olved in the busing ployee(s), or apply employee(s), or	ness entit pointed/ele r appointe	ty, a ected ed/el	Clark County, Departmer d official(s)? ected official(s) may not p	nt of A		
Do any indivi     sister, grando     full-time empl	child, grand	bers, partne iparent, rel	rs, ov	vners or principals to a Clark County,	hav	e a spouse, regi	istered do	mes	tic partner, child, parent, unty Detention Center or	in-law Clark	or brother/sister, County Water Red	half-brother/half- clamation District
Yes	₹ No	o (If	yes, p	lease complete the	e Dis	sclosure of Relat	tionship fo	orm c	on Page 2. If no, please p	orint N	/A on Page 2.)	
I certify under pena land-use approvals	alty of perju	iry, that all o approvals, l	of the and s	information provide ales, leases or excl	ed h hang	erein is current, ges without the c	complete	, and i disc	d accurate. I also underst closure form.	and th	at the Board will n	ot take action on
Sandeep Harja	ani	Digitally signed Date: 2022.12.0				Sandeep Ha	arjani					
Signature						Print Name						
President						12/08/2022						
Title						Date						

# 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			
1777			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship by marriage.	
"To the second degree of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as
Spouse – Registere	d Domestic Partners – Childre	n – Parents – In-laws (first deç	gree)
<ul> <li>Brothers/Sisters – H</li> </ul>	lalf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
•	noted above, please complete the follo	owina:	
	iployee(s) noted above involved in the		narticular agenda item?
-	ployee(s) noted above involved in the		
	iployee(s) floted above involved in any	way with the business in performance	e of the contract:
Notes/Comments:			
Sandeep Harjani Digitally signed by S Signature Sandeep Harjani	Sandeep Harjani 9:48:12 +05'30'		

	59.7 GB 1											
Business Entity Ty	pe (Please select				- N - B - C							
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other						
Business Designat	ion Group (Pleas	e select all that appl	у)		I		T					
<b>✓</b> 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  Business						
Number of Cla	ark County Ne	evada Resident	s Employed:			15+						
Corporate/Busines	s Entity Name:	Info Way Solution	ns LLC	LLC								
(Include d.b.a., if a												
Street Address:	pprioductoy	46520 Fremont B	llvd, Suite 614	v	rebsite: https://infowa	ygroup.com/						
City, State and Zip	Code:	Fremont, CA		Р	OC Name: Mr. Kisma							
Telephone No:		(925) 435 - 9672		F	<sub>ax No:</sub> (925) 558 - 47	784						
Nevada Local Stre		400 S. 4th S	Street, Suite	e 500 °	/ebsite:							
(If different from al		Las Vegas, NV, 8	39101		ocal Fax No:							
City, State and Zip		Lao Vogao, IVV, o		L	ocal POC Name: Mr. k	me: Mr. Kismat Kathrani kismat.k@infowaygroup.com						
close corporations, fo	reign corporations, Full Name	limited liability compani	es, partnerships, lim	ited partnersh Title	Revised Statutes, includi	porations.  % Own  (Not required for Pictor Proporations/Non-pro	ed ublicly Traded					
Kismat Kathrani			CEO			nt Organizations)						
		ly-traded corporations			- '	لسبيا						
Are any individu     Center or Clark	ual members, partne County Water Recl	ers, owners or principals amation District full-time	s, involved in the bu e employee(s), or ap	siness entity, a opointed/elect	a Clark County, Departme ed official(s)?	ent of Aviation, Clark Cou	unty Detention					
Yes		yes, please note that C ntracts, or other contrac			elected official(s) may not etitive bid.)	perform any work on pro	ofessional service					
sister, grandchi	ial members, partne ild, grandparent, re yee(s), or appointed	lated to a Clark County	s have a spouse, re r, Department of Avi	gistered dome ation, Clark C	estic partner, child, parent ounty Detention Center o	t, in-law or brother/sister r Clark County Water Re	, half-brother/half- clamation District					
Yes	✓ No (If	yes, please complete th	he Disclosure of Rel	ationship form	on Page 2. If no, please	print N/A on Page 2.)						
l certify under penalty land-use approvals, o	y of perjury, that all contract approvals, i	of the information providend sales, leases or ex	ded herein is curren changes without the	t, complete, a completed di	nd accurate. I also unders sclosure form.	stand that the Board will	not take action on					
	it kalurani	·	Kismat Kat	hrani								
Signature												
CEO			03/22/2023 Date	3								
Title			Date									

# 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			
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Deter	ntion Center or Clark County
"Consanguinity" is a relations	ship by blood. "Affinity" is a rel	ationship by marriage.	
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Spouse – Registered	d Domestic Partners – Childre	n – Parents – In-laws (first deg	ree)
Brothers/Sisters – Haller	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)
For County Use Only:			
If any Disclosure of Relationship is r	noted above, please complete the folio	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No Is the County emp	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature			



### Disclosure Form

### DISCLOSURE OF OWNERSHIP/PRINCIPALS

Business Entity Typ				11			
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other	
Business Designati	on Group (Please	e select all that apply	0				,
MBE	<b>☑</b> WBE	SBE	□PBE		□ VET	DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Cha Business Ente		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cla	rk County Ne	evada Residents	s Employed:			0	
114111111111111111111111111111111111111							
Corporate/Business	Entity Name:	Integrated Techno	ology Solutions a	and Service	ces Inc. (ITSSI)		
(Include d.b.a., if ap	plicable)						
Street Address:		1997 Annapolis Exch	nange Parkway, Su	uite 300 W	/ebsite: www.itssico	rp.com	
City, State and Zip	Code:	Annapolis Mi	O 21401		OC Name: Shweta K itssi@itss mail:	ukreja icorp.com	
Telephone No:		443-889-2295		F	ax No:		
Nevada Local Stree	al Street Address: None Website:						
(If different from ab					N		
City, State and Zip	Code:		Local Fax No:				
Local POC Name:  Local Telephone No:  Email:							
All entitles, with the offinancial interest in the	business entity ap	pearing before the Boar it organizations shall	d. list all Corporate	list the name	es of individuals holding	more than five percent (4 disclosing the names of the landowner(s).	
All entities, with the offinancial interest in the Publicly-traded entit ownership or financial Entities include all but	business entity ap les and non-profi interest. The disclo- siness associations	pearing before the Boar it organizations shall sure requirement, as ap s organized under or go	ist all Corporate piled to land-use apported by Title 7 of	list the name Officers are	es of individuals holding nd Directors in lieu of ktends to the applicant a	disclosing the names on the landowner(s).	f individuals with
All entities, with the offinancial interest in the Publicly-traded entit ownership or financial Entities include all but	business entity ap les and non-profi interest. The disclo- siness associations	pearing before the Boar it organizations shall sure requirement, as ap s organized under or go	ist all Corporate piled to land-use apported by Title 7 of	list the name Officers are	es of individuals holding nd Directors in lieu of ktends to the applicant ar Revised Statutes, includ	disclosing the names on the landowner(s).	f individuals with rate corporations, ed
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1



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			
ollows:	consanguinity" applies to the		
<ul> <li>Spouse – Registere</li> </ul>	d Domestic Partners – Childre	n – Parents – In-laws (first de	gree)
<ul> <li>Brothers/Sisters – H</li> </ul>	alf-Brothers/Half-Sisters – Gra	andchildren – Grandparents –	In-laws (second degree)
For County Use Only:			
-	noted above, please complete the foli	owing:	
	ployee(s) noted above involved in the		s particular agenda item?
	ployee(s) noted above involved in any		
Notes/Comments:			
Signature			
	<del></del> -		
Print Name Authorized Department Representa	ative		

2

REVISED 7/25/2014

		DIGGEGG					_		
Business Entity Typ	e (Please select	one)	-			1_			
Sole Proprietorship	Partnership	Limited Liabilit	ty	Corporation	Trust	t Non-Profit Organization		Other	
Business Designati	on Group (Please	e select all that ap	ply)	<u> </u>			-		T
<b>✓</b> MBE	<b>✓</b> WBE	SBE		PBE		□VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	ess	Physically Ch Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
hi i (0)		l. Dl.l.	.4. 5	·			0		
Number of Cla	rk County Ne	vada Residei	nts E	mpioyea:					
Corporate/Business	Entity Name:	LanceSoft, Inc.							
(Include d.b.a., if ap		NA							
Street Address:	pilotaloj	2121 Cooperat	ive W	ay, Suite 130		Website: www.lances	oft.cor	n	
City, State and Zip	Code:	Herndon, VA 20171  POC Name: Prashant Arni marketing@lancesoft.com							
Telephone No:		703-674-4500				Fax No: 703-889-650	)		
Nevada Local Street Address:  Nevada Local Street Address:  Website: www.lancesoft.com									
(If different from ab	ove)								
City, State and Zip	Code:	NA				Local Fax No: NA			
Local Telephone No	):	703-67	<b>'</b> 4-	4500		Local POC Name: Pras mar		Arni @lancesoft.cor	n
Entities include all bu	siness associations	organized under o	r gover	ned by Title 7 of	the Nevad	extends to the applicant and Revised Statutes, include ships, and professional collections.	ing but	not limited to priva	ate corporations,
Divya Gandhi	Full Name		CEC	)	% Owned (Not required for Publicly Trader Corporations/Non-profit organizations/Non-profit organ			olicly Traded	
Center or Clark	al members, partne County Water Recla	rs, owners or princip amation District full-t	oals, inv ime em	olved in the busi ployee(s), or app	ness entity pointed/ele	, a Clark County, Departm	ent of A		
Yes	cor	tracts, or other cont	racts, v	vhich are not sub	ject to com	npetitive bid.)			
sister, grandchild	d, grandparent, rela ee(s), or appointed/	ated to a Clark Cour elected official(s)?	nty, De	partment of Aviat	tion, Clark	mestic partner, child, parer County Detention Center o	r Clark	County Water Rec	naif-brother/haif- lamation District
Yes	✓ No (If y	es, please complete	e the D	isclosure of Relat	tionship for	rm on Page 2. If no, pleas	print N	I/A on Page 2.)	
I certify under penalty land-use approvals, co	of perjury, that all contract approvals, la	f the information pro and sales, leases or	ovided I exchar	herein is current, nges without the c	complete, completed	and accurate. I also under disclosure form.	stand th	at the Board will n	ot take action on
Signatura	A			Prashant Ar	ni				
Signature									
Sr. V.P. Delivery a	nd Operations			03/24/2023 Date					
Title				Date					

# 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	N/A	N/A	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 de	
For County Use Only: If any Disclosure of Relationship is a	noted above, please complete the follo	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	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			

					_							
Busine	ss Entity Ty	pe (Please sele	et one	L.,								
Sole Proprie	torship	Partnership		Limited Liability		Corporation	Trust	Non-Profit Organization		Other		
Busine	ss Designat	on Group (Plea	se sel	ect all that apply	)						r	
MBE	=	<b>₩</b> BE		☑ SBE		□ PBE		□ver	DOVET		☐ ESB	
Minority Enterpri	y Business ise	Women-Owne Business Enterprise	đ	Small Business Enterprise		Physically Chi Business Ente		Veteran Owned Business		sabled Veteran med Business	Emerging Small Business	
		*			-		-					
Numi	ber of Cla	rk County i	leva	ia Residents	Er	nployed:	76					
Corner	rate/Busines	s Entity Name:	Lin	k Tech, LLC								
	e d.b.a., if a		dba	Link Techno	log	iles						
	Street Address: 9505 Hillwood Di					Suite 150	V	Vebsite: www.linkte	cheon	sulting.com		
City, State and Zip Code:						39134	E		o@lir	ko nktechcons	ulting.com	
Telephone No: 702-233-8703							F	ax No: 702-233-80	53			
Nevada Local Street Address:							V	Vebsite:				
	rent from al		+		_			to make a display				
City, State and Zip Code:					_			ocal Fax No:				
Local 7	Telephone N	o: ,					1	Local POC Name: Email:				
Entitles close co	include all b orporations, fo	usiness associations reign corporations Full Name	ns orgi i, limite	anized under or go d liability companie	vem s, p:	ed by Title 7 of artnerships, limit	the Nevada ed partners	Revised Statutes, incluining the professional co	rporatio	not limited to priva ns.  % Owne Not required for Pur paretions/Non-profi	d blicly Traded	
Debbie	e Banko			M	lan	aging Mem	ber		54%			
	d Harrison	1							46%			
					Member				40 /6			
1 4	ne anv individu	al mambers part	ners. di	ded corporations. where or principals, on District full-time	inve	alved in the busi	ness entity.	a Clark County, Departm	-	No.	nty Detention	
E	Yes	No i	fwas. r		unty	employee(s), o	r appointed	elected official(s) may no	t perfor	m any work on pro	fessional service	
si	ster, grandchi	ld, grandparent, rae(s), or appoints	elated d/elect	to a Clark County, ed official(s)?	Dep	artment of Avial	lion, Clark C	estic partner, child, parer lounly Detention Center	or Clark	County Water Rec	half-brother/half- lemation District	
	Yes				-			on Page 2. If no, pleas				
certify land-us	under penally e approvals, o	of perjury, that a contract approvals	l of the	information provide and, leases or exci	ed h	erein is current, jes without the c	complete, a completed d	nd accurate. I also under isclosure form.	stand th	nat the Board will n	ot take action on	
Signatu	M/U		_(_		,	Debbie Banko Print Name						
Manag	ging Mem	ber				December 15, 2022						
Title					_	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/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT
N/A	N/A	N/A	N/A
			-
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"To the second degree of of follows:  • Spouse – Registere	ship by blood. "Affinity" is a rel consanguinity" applies to the d Domestic Partners — Children lalf-Brothers/Half-Sisters — Gra	candidate's first and second	gree)
For County Use Only:			
If any Disclosure of Relationship is	noted above, please complete the folk	owing:	
Yes No Is the County em	ployee(s) noted above involved in the	contracting/selection process for this	particular agenda item?
Yes No is the County em	ployee(s) noted above involved in any	way with the business in performance	e of the contract?
Notes/Comments:			
Signature	(2)		
Print Name			
Authorized Department Representa	itive		

Rusiness Enti	hr Tor-	e (Please select	one		_							
Sole		Partnership		Limited Liability	T T	Corporation	Trus	st	Non-Profit		Other	
Proprietorship				mpany		Corporation	1100		Organization	_	Outo	
MBE Des	ignati	on Group (Please	sele	SBE	-	ПРВЕ		Т	□VET	П	DVET	□ESB
Minority Busine Enterprise	ess	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business	Disabled Veteran Emerging Sr Owned Business Business		
Number of	Cla	rk County Ne	vad	la Residents	Er	mployed:				0		
Corporate/Bus	siness	Entity Name:	RA	Dgov, Inc.								
(Include d.b.a.												
Street Addres			675	0 N. Andrews	Αv	e, Suite 200		We	ebsite:www.radgov.c	om		
City, State and Zip Code: Fort Lauderda					le	, Florida 33	3309	РО	C Name: Pranay Mis parcher@ra	hra,		ger
Telephone No: (954) 938 2800 Fax No: (954) 938 2004												
Nevada Local Street Address: Website: www.radgov.co					com							
	from above)						Loc	cal Fax No:				
City, State an	a Zip	Code:							cal POC Name:			
Local Telepho	ne No	<b>)</b> :			Email:							
close corporatio	ns, foi	eign corporations, I Full Name	imited	i liability companies	s, pe	annersnips, limite	Title	snibs	s, and professional corpor	(1	% Owne Not required for Pul porations/Non-prof	blicly Traded
Jyothi Mynen	i			P	res	sident Vice				53%		
Deepa Kodur	u			<u>P</u>	res	sident				47%		
					_	h.P. h.	Avadad a		areation? Ven		7 No	
1. Are any ir	ndividu	equired for publicity al members, partne	rs, ov	ners or principals, i	invo	olved in the busin	ess entity	, a C	lark County, Department	_		Detention
Center or Yes	Clark	County Water Recla	amatio yes, p	on District full-time	emp unt	oloyee(s), or appo y employee(s), or	ointed/ele r appointe	cted d/ele	official(s)? ected official(s) may not pe			
sister, gra	ındchil	al members nartne	ers, ov ated t	wners or principals o a Clark County,	hav	ve a spouse red	istered d	omes	stic partner, child, parent, unty Detention Center or	in-lav Clark	w or brother/sister, County Water Red	half-brother/half- clamation District
Yes					e Di	sclosure of Relat	ionship fo	rm o	on Page 2. If no, please p	rint N	/A on Page 2.)	
I certify under p land-use appro	enalty vals, c	of perjury, that all contract approvals, la	of the and s	information provide ales, leases or excl	ed h	erein is current, oges without the c	complete, ompleted	and discl	accurate. I also understa	nd tha	at the Board will not	t take action on
Singh pa		7				Pranay Mish	nra					
Signature		/										
Capture Man	ager					01/03/2023 Date						
ilue						Dare .						

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			
Water Reclamation District.  "Consanguinity" is a relations  "To the second degree of of follows:  • Spouse – Registered	ship by blood. "Affinity" is a relactor sonsanguinity" applies to the delactor Domestic Partners – Children	Aviation, Clark County Deten ationship by marriage.  candidate's first and second of a Parents – In-laws (first degrandchildren – Grandparents – In-	degree of blood relatives as ree)
For County Use Only:			
•	noted above, please complete the follo		
_		contracting/selection process for this p way with the business in performance	
Notes/Comments:	bioyee(s) noted above involved in any	way was the basiness in performance	or the contract.
Signature			
Print Name Authorized Department Representa	tive		

Business Entit	y Typ	e (Please select	one)									
Sole Proprietorship		Partnership		Limited Liability	V	Corporation	Tru	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Please	e sele	ect all that apply)	)							
✓ MBE		□WBE		SBE		PBE			VET	DVET		□ESB
Minority Busines Enterprise	SS	Women-Owned Business Enterprise		Small Business Enterprise		Physically Cha Business Ente			Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				5		
Corporate/Bus	iness	Entity Name:	Res	source Logistic	jistics, Inc.							
(Include d.b.a.,												
Street Address		phoduloj	39 1	Milltown Road				We	bsite: https://www.re	esour	ce-logistics.co	m/
	East Brunswick, NJ-08816 POC Name: Ravi Bhaska						ar	logistics.com				
Telephone No: (732) 553-0566 ext 24 Fax No:												
	Nevada Local Street Address:							We	bsite:			
(If different from					_				and Familian			
City, State and	<b>Z</b> ip	Code:			_				cal Fax No:			
Local Telephor	ne No	<b>)</b> :							cal POC Name:			
Entities include close corporation	all bu s, for	siness associations eign corporations, I Full Name	s orga imited	nized under or gov l liability companies	verr s, p	ned by Title 7 of artnerships, limite	the Neva ed partne Title	ada R ership	Revised Statutes, includir os, and professional corp	oration (N	not limited to priva s. % Owned ot required for Pub orations/Non-profit	l licly Traded
Venkatesh P I	yer			Pı	President				100%		organizations)	
1. Are any inc	lividu	al members, partne	ers, ov	ded corporations.  vners or principals,  on District full-time	inv	olved in the busi	ness enti	ity, a	Clark County, Departmen		No viation, Clark Coun	ty Detention
Yes				lease note that Cor s, or other contracts					ected official(s) may not pitive bid.)	perforr	n any work on prof	essional service
sister, gran	dchile	al members, partne d, grandparent, rel ee(s), or appointed/	ated t	o a Clark County, I	hav Dep	ve a spouse, regis partment of Aviati	stered do ion, Clarl	omesi k Cou	tic partner, child, parent, unty Detention Center or	in-law Clark	or brother/sister, h County Water Recl	alf-brother/half- amation District
Yes					-				on Page 2. If no, please			
I certify under pe land-use approva	nalty als, co	of perjury, that all contract approvals, la	of the and sa	information provide ales, leases or excl	ed h han	nerein is current, ges without the c	complete completed	e, and d disc	d accurate, I also underst closure form.	and th	at the Board will no	t take action on
Venkar Signature	tes	hP Aye	r			Venkatesh F	9 lyer					
President						January 4, 2	2023					
Title						Date						

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

	WALE OF COUNTY	DEL ATIONIOLUD TO	OOLINITY#
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	Clark County, Department of ship by blood. "Affinity" is a release consanguinity" applies to the diponentic Partners – Children alf-Brothers/Half-Sisters – Gra	lationship by marriage. candidate's first and second n – Parents – In-laws (first deg	degree of blood relatives as
For County Use Only:			
	noted above, please complete the follo ployee(s) noted above involved in the		particular agenda item?
<u> </u>	ployee(s) noted above involved in any		
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	tive		

Business Entity T	vpe (Please select	one)							
T Solo	Partnership	Limited Liabilit	ty	7 Corporation	Trus	Non-Profit Organization		Other	
Business Designa	tion Group (Pleas	e select all that ap	ply)						
<b>✓</b> MBE	<b></b> ✓WBE	□SBE		□PBE		□VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Busine Enterprise	ess	Physically Cha Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of CI	ark County No	evada Resideı	nts E	mployed:			45		
Corporate/Busine	ee Entity Name	Rose Internation	nal, I	lnc.					
(Include d.b.a., if a		N/A							
Street Address:	тррисавте)	16305 Swingley	y Ridg	ge Rd. Suite 3	350	Website: www.roseir	nt.com		
City, State and Zig	Code:	Chesterfield				POC Name: Marcos of molayo@	Olayo, C		
Telephone No:		(636) 812-4000, ext. 5215 Fax No: 888-711-1050							
	ere phone No.					Website: www.ros		oom	
(If different from a		4580 We	est	Post Ro	oad	Wooden WWW.IOS	semi.	JOH	
City, State and Zi		Las Vegas, NV	8911	18		Local Fax No: 888-7	11-1050	)	
Local Telephone		(636) 812	-40	00, ext. 5	215	Local POC Name: Ma	rcos Ol		
Entities include all close corporations, f	ousiness association oreign corporations, Full Name	s organized under or limited liability compa	r gover anies, p	rned by Title 7 of partnerships, limit	the Neva ted partne Title	da Revised Statutes, incl rships, and professional c	orporation	not limited to prive  % Owne  Not required for Pul  porations/Non-profi	d blicly Traded
HBGB Trust, Hir	nanshu Bhatia, <sup>-</sup>	Trustee	Fou	ınder/Chairwo	man		86%		,
Eric Token	•	14	Chie	ef Revenue O	fficer		5.5%		
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-									
2. Do any individ	CO	ntracts, or other cont	nais ha	ive a spouse red	istered do	mestic partner, child, par	ent, in-lav	v or brother/sister,	half-brother/half-
sister, grandol full-time emplo	ual members, partne nild, grandparent, re byee(s), or appointed	ntracts, or other cont ers, owners or princip lated to a Clark Coul l/elected official(s)?	oals ha nty, De	eve a spouse, reg epartment of Aviat	istered do tion, Clark	mestic partner, child, par County Detention Cente	r or Clark	County Water Red	half-brother/half-
sister, grandol full-time emplo Yes	ual members, partne nild, grandparent, re rygee(s), or appointed No (If	ntracts, or other cont ers, owners or princip lated to a Clark Coul /elected official(s)? yes, please complete	e the D	eve a spouse, regionartment of Aviation of Rela	istered do tion, Clark tionship fo	rmestic partner, child, part County Detention Cente orm on Page 2. If no, plea , and accurate. I also und	r or Clark	V/A on Page 2.)	half-brother/half- lamation District
sister, grandol full-time emplo Yes	ual members, partner inild, grandparent, reprecess, or appointed No (If ty of perjury, that all contract approvals, Digitally signed	ntracts, or other cont ers, owners or princip lated to a Clark Coul /elected official(s)? yes, please complete of the information pro	e the D	eve a spouse, regionartment of Aviation of Rela	istered do tion, Clark tionship fo complete completed	rmestic partner, child, part County Detention Cente orm on Page 2. If no, plea , and accurate. I also und	r or Clark	V/A on Page 2.)	half-brother/half- damation District
sister, grandol full-time emplored Yes  I certify under penal land-use approvals,	ual members, partner inild, grandparent, reprecess, or appointed No (If ty of perjury, that all contract approvals, Digitally signed	ntracts, or other conters, owners or principal lated to a Clark Could lelected official(s)?  yes, please complete of the information properties of the properties of the properties of the Lary Crane	e the D	epartment of Aviat Disclosure of Relater herein is current, nges without the o	istered do tion, Clark tionship fo complete completed	rmestic partner, child, part County Detention Cente orm on Page 2. If no, plea , and accurate. I also und	r or Clark	V/A on Page 2.)	half-brother/half- damation District
sister, grandol full-time emplo Yes  I certify under penal land-use approvals,	ual members, partner inid, grandparent, represent in property of appointed and the property of	ntracts, or other conters, owners or principal lated to a Clark Could lelected official(s)?  yes, please complete of the information properties of the properties of the properties of the Lary Crane	e the D	eve a spouse, regional partment of Aviation Disclosure of Relations in the control of the contro	istered do tion, Clark tionship fo complete completed	rmestic partner, child, part County Detention Cente orm on Page 2. If no, plea , and accurate. I also und	r or Clark	V/A on Page 2.)	half-brother/half- damation District

# 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	N/A	N/A	N/A				
			1				
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:  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							

Business Entit	ty Tvi	e (Please select	one									
Sole Proprietorship		Partnership		Limited Liability	<b>V</b>	Corporation	Trus	st	Non-Profit Organization		Other	
Business Desi	ignati	on Group (Pleas	e sel	ect all that apply	)							
<b></b> ✓MBE		□WBE		SBE		□PBE			□VET	□DVET □ESB		
Minority Busine Enterprise	SS	Women-Owned Business Enterprise		Small Business Physically Challenged Business Enterprise Physically Challenged Business						abled Veteran ned Business	Emerging Small Business	
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				18		
Corporate/Bus	ines	Entity Name:	Sof	tHQ, Inc.								
(Include d.b.a.	, if ap	plicable)										
Street Address	s:		649	4 Weathers Pla	ace	e Suite 200		We	bsite: www.softhq.c	om		
City, State and	l Zip (	Code:	Sa	n Diego, C	Α	92121			C Name: Kranti Poni rfp@softhq		om	
Telephone No:			(85	8) 658-9200   (8	847	7) 513-2999		Fax	к No: (858) 225-683	4		
Nevada Local	Stree	t Address:						We	bsite:			
(If different fro					_							
City, State and	d Zip	Code:	Local Fax No:									
Local Telepho	Local Telephone No:											
close corporation	ns, for	eign corporations, l	limited	l liability companies	s, p	artnerships, limite	ed partne	rship	Revised Statutes, includings, and professional corp	oratior (N	s.  % Owned tot required for Pub orations/Non-profit	I licly Traded
TOTAL OF THE												
1. Are any inc	dividu	al members, partne	ers, ov	ded corporations. vners or principals,	inv	olved in the busin	ness entit	y, a	Clark County, Departmen		No viation, Clark Coun	ty Detention
Center or 0	Clark	County Water Recla	amatio yes, p	on District full-time	em unty	ployee(s), or app y employee(s), or	ointed/ele r appointe	ected ed/ele	d official(s)? ected official(s) may not			
sister, grai	ndchile	al members, partne	rs, ov ated t	o a Clark County, I	hav	re a spouse, regis	stered do	mes	itive bid.) tic partner, child, parent, unty Detention Center or	in-law Clark	or brother/sister, r County Water Reci	alf-brother/half- amation District
Yes					Di	sclosure of Relat	ionship fo	rm c	on Page 2. If no, please	print N	/A on Page 2.)	
I certify under per land-use approve	enalty als, co	of perjury, that all contract approvals, la	of the and sa	information provide ales, leases or exch	ed h	nerein is current, or ges without the c	complete completed	, and	d accurate. I also undersi closure form.	and th	at the Board will no	ot take action on
Signature						Kranti Ponna	am					
•												
President						12/12/2022						
Title						Date						

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

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			
1			
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 foll		
	ployee(s) noted above involved in the		
	ployee(s) noted above involved in any	way with the business in performand	ce of the contract?
Notes/Comments:			
Signature			

Business Entir	у Туг	e (Please select	one)								
Sole Proprietorship	7	Partnership		Limited Liability mpany	Corporation	Tru	ıst	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply					_		
<b></b> ✓ MBE		□WBE		✓ SBE PBE VET			OVET	□ESB			
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise Physically Challenged Business Enterprise Business Enterprise Disabled Veteran Owned Business Owned Business				Emerging Small Business			
Number of	Cla	rk County Ne	evac	la Residents	Employed:				0		
Corporate/Business Entity Name: The Evolvers Group, L.P.											
(Include d.b.a.	, if ap	plicable)									
Street Address			101	1 Surrey Lane,	Building 200		We	ebsite: www.evolvers	grou	p.com	
City, State and		Code:		wer Mound, cas 75022			РО	C Name: Sandeep Sl	harm		
Telephone No			(97	2) 762-3661			Fax	x No: (469) 519-0110	)		
Nevada Local		t Address:					We	ebsite:			
(If different fro	m ab	ove)									
City, State an	d <b>Zi</b> p	Code:					Lo	cal Fax No:			
Local Telepho	Local POC Name:										
Entities include close corporation	ns, foi	siness association eign corporations, Full Name	s orga limited	d liability companie:	verned by Title 7 is, partnerships, lin	of the Neva nited partne Title	ada F ership	Revised Statutes, includings, and professional corpo	oration (N	not limited to privals.  % Owned to required for Puborations/Non-profit	d blicly Traded
Oandeep Ona	IIIIa										
1 Are any in	dividu	al members, partne County Water Recl	ers, ov amati	on District full-time	involved in the bu employee(s), or a unty employee(s),	siness ent ppointed/e or appoint	ity, a lected ted/el	Clark County, Departmend official(s)?	nt of A		
sister, gra	ndchil	d, grandparent, re ee(s), or appointed	lated f	to a Clark County, ed official(s)?	Department of Av	iation, Clar	k Co	stic partner, child, parent, unty Detention Center or	Clark	County Water Rec	nalf-brother/half- lamation District
Yes		✓ No (If	yes, p	please complete the	e Disclosure of Re	lationship f	orm o	on Page 2. If no, please p	print N	/A on Page 2.)	
I certify under polaries land-use approv	enalty als, c	of perjury, that all ontract approvals, I	of the and s	information provide ales, leases or excl	ed herein is currer hanges without the	it, complete complete	e, and d disc	d accurate. I also underst closure form.	and th	at the Board will no	ot take action on
Sandeep Sh Signature	arm	Digitally signed Date: 2023.01.			SANDEEF Print Name	SHARM	1A				
CEO					01/03/202	3					
Title	-				Date						

# 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	N/A	N/A	N/A					
Water Reclamation District.  "Consanguinity" is a relations	Clark County, Department of	lationship by marriage.						
follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as					
Spouse – Registered	d Domestic Partners – Childre	n – Parents – In-laws (first deg	ree)					
Brothers/Sisters – Ha	alf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents – I	n-laws (second degree)					
For County Use Only:	nated above places complete the fell	owing:						
•	noted above, please complete the folloployee(s) noted above involved in the		particular agenda item?					
<del></del>								
Yes No Is the County employee(s) noted above involved in any way with the business in performance of the contract?  Notes/Comments:								
Signature								



#### RFQ NO. 606374-22 IT TIER 1 PROFESSIONAL SERVICES

#### DISCLOSURE OF OWNERSHIP/PRINCIPALS

	ype (Please selec						
T Solo	Partnership	Limited Liability Company	Corporation	Trus	st Organization	Other	
Business Design	ation Group (Pleas	se select all that apply	)				
□MBE	□WBE	□SBE	□P8E		□VET	□DVET □ESE	
Minority Business Enterprise	Women-Owner Business Enterprise	ned Small Business Enterprise Physically Challenged Business Enterprise Physically Challenged Business Enterprise Disabled Veteran Owned Business Owned Business					
Number of C	lark County N	evada Residents	Employed:	55			
Corporate/Busine	ss Entity Name:	Tryfacta, Inc.					
(Include d.b.a., If							
Street Address:		6671 South Las Vegas Bo	oulevard Enterprise, B	Building D	Website: www.tryfact	a.ai	
City, State and Zi	p Code:	Las Vegas, N	V 89119		POC Name: Arman Dr rfp@tryfa		
Telephone No:		408-893-5500 & 9	25-640-3641		Fax No: 408-503-093	4.	
Nevada Local Str		6671 South Las Vegas Be	oulevard Enterprise, B	Building D	Website: www.tryf	acta.ai	
(If different from		Las Vegas, NV 89	119		Local Fax No:		
City, State and Z	p code.				Local POC Name: Arm	ian Dhar	
Local Telephone	No:					tryfacta.ai	
ownership or financial interest. The disclosure requirement, as applied to land-use applications, extends to the applicant and the landowner(s).  Entitles 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 fiability companies, partnerships, limited partnerships, and professional corporations.  Full Name  Title  (Not required for Publicity Traded Corporations/Non-profit organizations)							of individuals with
Entitles include all	ial interest. The discl business association foreign corporations,	osure requirement, as ap as organized under or go limited fiability companie	plied to land-use ap verned by Title 7 of s, partnerships, limi	pplications, f the Neva ted partne	da Revised Statutes, inclui	nd the landowner(s). ding but not limited to oporations. % C (Not required fo	private corporations, wned Publicty Traded
Entitles include all close corporations,	ial interest. The discl business association foreign corporations,	osure requirement, as ap as organized under or go limited fiability companie	plied to land-use ap verned by Title 7 of s, partnerships, limi	pplications, f the Neva ted partne	extends to the applicant a da Revised Statutes, inclui	nd the landowner(s).  ding but not limited to reporations.  % C  (Not required to Corporations/Non-	private corporations, wned Publicty Traded
Entitles include all close corporations,  Ratika Tyagi  This section is not  1. Are any individual	ial interest. The disci business association foreign corporations, Full Name  required for public dual members, partnik County Water Rec	osure requirement, as ap is organized under or go limited liability companie C C c c c c c c c c c c c c c c c c c	plied to land-use ap verned by Title 7 of s, partnerships, limit EO  Are you a publicf, involved in the bus employee(s), or api	plications, If the Nevarted partner Title  Title  fy-traded of the pointed pointed pointed partner  pointed/ele	extends to the applicant at da Revised Statutes, inclurships, and professional control of the components of the components of the components of the components of the county, Departmented official(s)?	nd the landowner(s). ding but not limited to rporations.  % C (Not required for Corporations/Non- 100%  No Non- Non- Non- Non- Non- Non- Non- Non-	private corporations, whed Publicity Traded profit organizations)
Entitles include all close corporations,  Ratika Tyagi  This section is not  1. Are any individual	ial interest. The disci- business association foreign corporations,  Full Name  required for public dual members, partn k County Water Rec	osure requirement, as ap is organized under or go limited liability companie C C c c c c c c c c c c c c c c c c c	plied to land-use ap verned by Title 7 of s, partnerships, limit EO  Are you a public! involved in the busiemployee(s), or app unty employee(s), or app	plications, If the Nevarted partner Title  Title  Springer and the service of the	extends to the applicant at da Revised Statutes, inclurships, and professional control of the comporation?  Yeorporation?  Yeory, a Clark County, Departmented official(s)?	nd the landowner(s). ding but not limited to rporations.  % C (Not required for Corporations/Non- 100%  No Non- Non- Non- Non- Non- Non- Non- Non-	private corporations, whed Publicity Traded profit organizations)
Entitles include all close corporations,  Ratilka Tyagi  This section is not  1. Are any individual of the corporation of the c	ial interest. The disci- business association foreign corporations,  Full Name  Prequired for public dual members, partn ik County Water Rec  No (Il  Gual members, partn hild, grandparent, re oyee(s), or appointer	osure requirement, as ap as organized under or go limited liability companies of the compan	plied to land-use apverned by Title 7 of s, partnerships, limit EO  Are you a public! involved in the busing in the busing involved in th	plications, If the Nevarited partner  Title  Title  fy-traded of the pointed by t	extends to the applicant at da Revised Statutes, inclurships, and professional control of the comporation?  Yeorporation?  Yeory, a Clark County, Departmented official(s)?	nd the landowner(s). ding but not limited to reporations.  (Not required to Corporations/Non-100%  S  No nent of Aviation, Clark of perform any work or the in-law or brother/sic or Clark County Water	private corporations, whed r Publicly Traded profit organizations)  County Detention professional service tter, half-brother/half- Reclamation District
Entitles include all close corporations,  Ratilka Tyagi  This section is not  1. Are any indivicenter or Clair  Yes  2. Do any indivicester, grando full-time emple  Yes	ial interest. The discibusiness association foreign corporations,  Full Name  Proquired for public dual members, partnik County Water Rec  No (II county Water Rec	osure requirement, as ap as organized under or go limited liability companies of the contracts of the contra	plied to land-use apverned by Title 7 of s, partnerships, limit as, partnerships, limit by the partnerships of the business of	f the Nevaried partner  Title  Title  fy-traced of aness entity pointed electropointed open to conjustered do tion, Clark attoriship for complete, complete,	pertends to the applicant at da Revised Statutes, inclurships, and professional consistency. The pertendence of the statutes o	nd the landowner(s). ding but not limited to rporations.  (Not required for Corporations/Non-100%  No Nonent of Aviation, Clark of perform any work or the corporation or Clark County Water or Clark County Water or Page 2	private corporations, whed Publicly Traded profit organizations)  County Detention professional service tor, half-brother/half- Reclamation District
Entitles include all close corporations,  Ratilka Tyagi  This section is not  1. Are any indivicenter or Clair  Yes  2. Do any indivicester, grando full-time emple  Yes	ial interest. The discibusiness association foreign corporations,  Full Name  Proquired for public dual members, partnik County Water Rec  No (II county Water Rec	osure requirement, as ap as organized under or go limited liability companies of the liability companies of the liability companies of the liability liabili	plied to land-use apverned by Title 7 of s, partnerships, limit as, partnerships, limit by the partnerships of the business of	f the Nevarted partner  Title	pertends to the applicant at da Revised Statutes, inclurships, and professional consistency. The pertendence of the statutes o	nd the landowner(s). ding but not limited to rporations.  (Not required for Corporations/Non-100%  No Nonent of Aviation, Clark of perform any work or the corporation or Clark County Water or Clark County Water or Page 2	private corporations, whed Publicly Traded profit organizations)  County Detention professional service tor, half-brother/half- Reclamation District
Entitles include all close corporations,  Ratilka Tyagi  This section is not  1. Are any indivicenter or Clair  Yes  2. Do any indivicester, grando full-time emple  Yes	ial interest. The discibusiness association foreign corporations,  Full Name  Proquired for public dual members, partnik County Water Rec  No (II county Water Rec	osure requirement, as ap as organized under or go limited liability companies of the liability companies of the liability companies of the liability liabili	plied to land-use apvermed by Title 7 of s, partnerships, limit EO  Are you a public! involved in the bus employee(s), or appuntly employee(s), or	f the Nevarted partner  Title	pertends to the applicant at da Revised Statutes, inclurships, and professional consistency. The pertendence of the statutes o	nd the landowner(s). ding but not limited to rporations.  (Not required for Corporations/Non-100%  No Nonent of Aviation, Clark of perform any work or the corporation or Clark County Water or Clark County Water or Page 2	private corporations, whed Publicly Traded profit organizations)  County Detention professional service tor, half-brother/half- Reclamation District

Tryfacta, Inc.

3





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

Signature

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								
* County employee means Water Reclamation District.	Clark County, Department of	Aviation, Clark County Dete	ntion Center or Clark County					
"Consanguinity" is a relation	ship by blood. "Affinity" is a re	lationship by marriage.						
"To the second degree of of follows:	consanguinity" applies to the	candidate's first and second	degree of blood relatives as					
<ul> <li>Spouse – Registere</li> </ul>	d Domestic Partners - Childre	n – Parents – In-laws (first de	gree)					
<ul> <li>Brothers/Sisters – H</li> </ul>	alf-Brothers/Half-Sisters – Gra	endchildren – Grandnarents –	In-laws (second degree)					
Diotriers/Sisters — III	all-Diothers/Hall-Olsters - Ole	andomidion - Ordinaparomo	iii iano (scoona acgree)					
For County Use Only:								
If any Disclosure of Relationship is	noted above, please complete the foil	owing:						
Yes No Is the County em	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 em	ployee(s) noted above involved in any	way with the business in performance	ce of the contract?					
Notes/Comments:								

Phone: 517-273-4547 & 408-893-5500 | Email: Rfp@tryfacta.ai

Dunings Fueles To	o /Diseas salest		70	_							
Sole Proprietorship	Partnership		Limited Liability	7	Corporation	Trust		Non-Profit Organization		Other	
Business Designat	on Group (Pleas	e sele	ect all that apply	)	U						
<b>✓</b> MBE	✓WBE		✓ SBE		☐ PBE		□VET □DVET		□ESB		
Minority Business Enterprise	Women-Owned Business Enterprise			Physically Cha Business Ente			eteran Owned siness		abled Veteran ned Business	Emerging Small Business	
Number of Cla	rk County Ne	evac	la Residents	Ε	mployed:				0		
Corporate/Business	Entity Name:	vTe	ch Solution Inc.								
(Include d.b.a., if ap											
Street Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110	0 H Street, N.W	/. S	uite 750	1	Websi	te: www.vtechsolu	tion.c	com	
City, State and Zip	Code:	Washington DC 20005  POC Name: Anisha Vataliya  Email: vTech.sled@vtechsolution.co					m				
Telephone No:		(202	2)-987-4567				_	o: (866) 733-4974			
Nevada Local Stree			CORP SERVICES vard Hughes Pkv			,	Website: www.vtechsolution.com				
	f different from above)										
City, State and Zip	State and Zip Code: Las Vegas, 69169-6014 Local Fax No: None.  Local POC Name: Vishnu Naruka				11ka						
Local Telephone No	o:	Nor	ne						ch.sled@vtechsolution.com		
ownership or financial Entities include all bu	siness association:	s oras	nized under or go	ven	ned by Title 7 of	the Nevada	a Revis	sed Statutes, including	g but oration (N	not limited to priva s. % Owner ot required for Pul	d olicly Traded
Anisha Vataliya			Pi	res	sident			5	Corporations/Non-profit organizations) 51		
Haresh Vataliya			С	ΕO	0			4	49		
This section is not required for publicly-traded corporations. Are you a publicly-traded corporation?  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-											
	ee(s), or appointed	electe	ed official(s)?					Detention Center or o			amation district
I certify under penalty land-use approvals, c	antract approvale le	of the	information provide ales, leases or excl	ed h han	nerein is current, ges without the c	complete, a	and ac	curate. I also understa ure form.	and th	at the Board will n	ot take action on
	And Williams										
Signature	lhe,				Anisha Vatali Print Name	ıya					
President Title					12-30-2022 Date						
1100					1						

# 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
Not Applicable			
Water Reclamation District.  "Consanguinity" is a relation  "To the second degree of follows:	Clark County, Department of ship by blood. "Affinity" is a re consanguinity" applies to the d Domestic Partners – Childre	lationship by marriage. candidate's first and second	degree of blood relatives as
Brothers/Sisters – H	lalf-Brothers/Half-Sisters – Gra	ndchildren – Grandparents –	In-laws (second degree)
•	noted above, please complete the foll		particular agenda item?
	nployee(s) noted above involved in any		
Notes/Comments:			
Signature			
Print Name Authorized Department Representa	ative		

Business Entit	y Tyr	e (Please select	one)	V.							6	
Sole Proprietorship		Partnership		Limited Liability		Corporation	Tru	st	Non-Profit Organization		Other	
Business Desi	gnati	on Group (Pleas	e sel	ect all that apply	)							
✓MBE		✓WBE		✓ SBE PBE VET		□VET		OVET	□ESB			
Minority Busine Enterprise	ss	Women-Owned Business Enterprise		Small Business Enterprise Physically Challenged Business Enterprise Business Disabled Veteral Owned Business					Emerging Small Business			
Number of	Cla	rk County Ne	evac	la Residents	E	mployed:				0		
0 to (D		Futitu Name	Zion Cloud Solutions LLC									
Corporate/Bus		1		1 01044 0014110								
(Include d.b.a.		piicable)	264	0 Patriot Blvd S	Sui	ite 250		Wo	bsite: www.zionclou	ds.co	om	
Street Address		2.4	-	enview, IL,					C Name: Stephanie	Stro		ouds som
City, State and	Zip	Jode:						Em	nail:	.500	ubiei@ziorici	Ouds.com
Telephone No:			224	-904-4901	_			Fax	x No:	_		
Nevada Local	Stree	t Address:						We	ebsite:			
(If different fro	m ab	ove)						_				
City, State and	<b>Z</b> ip	Code:	-						cal Fax No:			
Local Telepho	one No: Local POC Name:  Email:											
close corporation	ıs, for	eign corporations, Full Name	limited	d liability companie	s, p	artnerships, limit	ed partne Title	ership	Revised Statutes, includions, and professional corp	oration (۱)	% Owne % Owne Not required for Pul porations/Non-profi	d blicly Traded
Carmen Rec	lay			<u></u>	res	sident				100 %	0	
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.)												
sister, gra	ndchil	d, grandparent, re ee(s), or appointed	lated l/elect	to a Clark County, ed official(s)?	De	partment of Aviat	tion, Clar	k Co	stic partner, child, parent unty Detention Center or on Page 2. If no, please	Clark	County Water Rec	half-brother/half- damation District
L certify under pe	enalty als, co	of periury, that all	of the		ed I	herein is current,	complete	e, and	d accurate. I also unders	_		ot take action on
Stapha	nei	Stroub	s la	t.		Stephanie S	Strouble	eΓ				
Signature				-		Print Name						
Customer Suc	ces	s Manager				December 1	5, 202	2				
Title					_	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/OFFICIAL	COUNTY* EMPLOYEE'S/OFFICIAL'S DEPARTMENT		
	N/A	N/A			
Water Reclamation District.  "Consanguinity" is a relation  "To the second degree 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 foll				
	ployee(s) noted above involved in the				
Yes No Is the County em	iployee(s) noted above involved in any	way with the business in performan	ce of the contract?		
Notes/Comments:					
Signature					
Print Name Authorized Department Representa	ative				