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Minority Business Enterprise	Women-Owned Business Enterprise	d	Small Business Enterprise	Physical Busines			Veteran Owned Business		abled Veteran med Business	Emerging Small Business	
						11.0					
Number of Cla	rk County N	levad	a Resident	s Employe	ed:	49					
Lisa A. Durette MD PLLC											
Corporate/Busines	s Entity Name:		thy Minds								
(Include d.b.a., if a	pplicable)		Tonopah Dr. St	a 160	_	T.,	vebsite: www.healthyr	nindslv	.com		
Street Address:											
City, State and Zip	Code:	Las	Vegas, NV 891			1	OC Name: mali:				
Telephone No:		702-	234-2727			F	ax No:				
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From: Kenneth Mckay < Drkenmckay@healthymindslv.com>

Sent: Tuesday, January 19, 2021 2:59 PM

To: Scott Clark

Subject: Re: Amendment to contract 604858-18

Hello Scott,

Lisa A. Durette employs 49 total Clark county residents.

Thanks! Ken

From: Scott Clark <Scott.Clark@ClarkCountyNV.gov>

Date: Tuesday, January 19, 2021 at 1:42 PM

To: Kenneth Mckay < Drkenmckay@healthymindslv.com>

Subject: RE: Amendment to contract 604858-18

Ok. Thank you.

From: Kenneth Mckay < Drkenmckay@healthymindslv.com>

Sent: Tuesday, January 19, 2021 1:40 PM

To: Scott Clark < Scott.Clark@ClarkCountyNV.gov> **Subject:** Re: Amendment to contract 604858-18

Hello Scott,

I will have your question answered in 30 minutes. I just saw it within the last 15 minutes.

Thanks! Ken

From: Scott Clark < Scott.Clark@ClarkCountyNV.gov>

Date: Tuesday, January 19, 2021 at 12:56 PM

To: Kenneth Mckay < Drkenmckay@healthymindslv.com >

Subject: RE: Amendment to contract 604858-18

Hi Dr. McKay,

Could you please provide me the information below today. If not received I will miss taking this to the board on February 2 and have to wait till March 2. If you have any questions please feel free to reach out to me.

Scalt Clark

Purchasing & Contracts 500 S. Grand Central Parkway, 4th floor Las Vegas, Nevada 89155

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Business Entity Typ					T Non Desfit		
Sole Proprietorship	Partnership	Limited Liability Company	Corporation	Trust	Non-Profit Organization	Other	
Business Designati	on Group (Pleas	e select all that apply					
MBE	□wbe	SBE	☐ PBE		□VET	DVET	ESB
Minority Business Enterprise			Physically Ch Business Ente		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
					4		
Number of Clark County Nevada Residents Employed:							
Corporate/Business	Entity Name:	Choices Group, LLC					
(Include d.b.a., if ap	plicable)						
Street Address:		1785 E Sahara Ave.	Ste. 160	w	ebsite: www.choicesla	svegas.com	
		Las Vegas, NV 8910)4		OC Name: Cindy Green		
City, State and Zip	Code:					r@pathways.com	
Telephone No:		702-252-8342		Fa	x No: 540-710-6447		
Nevada Local Stree	t Address:				ebsite:		
(If different from ab		N/A					
City, State and Zip				Lo	ocal Fax No:		
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sister, grandchile	d, grandparent, re				estic partner, child, parent ounty Detention Center or		
Yes	✓ No (If	yes, please complete the	Disclosure of Rela	tionship form	on Page 2. If no, please	print N/A on Page 2.)	
		of the information provide and sales, leases or excl			nd accurate. I also unders sclosure form.	tand that the Board will r	not take action on
Cunthia Gres	^		Cindy Greer				
SIGRARISO DE SOLO DE			Print Name				
CEO/State Director			1/5/2021				
Title			Date				

From: Nancy Poe <Nancy.Poe@pathways.com>
Sent: Tuesday, January 19, 2021 12:43 PM

To: Scott Clark

Subject: RE: Disclosures Form

Hello,

Please update the Disclosure form for Choices Group LLC- The Number of Clark County Nevada Residents Employed should be 16.

Thank you

Nancy Poe B.A.
Contract Administrator
Pathways of Arizona
1161 N EL Dorado Pl Suite 103
Tucson, AZ 85715
Ph: (520)570-1460
www.pathwaysofaz.com



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From: Scott Clark [mailto:Scott.Clark@ClarkCountyNV.gov]

Sent: Tuesday, January 19, 2021 1:04 PM
To: Nancy Poe <Nancy.Poe@pathways.com>

Subject: Disclosures Form

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hi Nancy,

Just left you a message, if you have a moment today can you call me. I am going through final review on a couple amendments and the person approving the amendment had a couple questions about the disclosure forms.

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Minority Business Enterprise			Physically Cl Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business	
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Corporate/Busines	s Entity Name:	Pathways Health an	d Community Su	pport, LLC				
(Include d.b.a., if ap	oplicable)							
Street Address:		10304 Spotsylvania	Avenue, Ste. 30	0 v	ebsite: www.pathwa	ys.com		
City, State and Zip	Code:	Fredericksburg, VA	22408	P	OC Name: Cindy Gre			
Talashana Na		540-710-6447			ax No: 540-710-6447			
Telephone No:								
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Cynthia Gru	ır		Cindy Gree	r				
SIRILA KARON DADADADE			1/5/202	1				
CEO/State Director				<u>.</u>				
Title			Date					

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Corporate/Busin	ness	Entity Name:	Pyra	amid Health Hold	ding	js, LLC						
(Include d.b.a., it												
Street Address:			103	04 Spotsylvania	Ave	enue, Ste. 300		Website: no	ne			
City, State and 2	žip (Code:	Free	dericksburg, VA	224	108		POC Name	Joyce Mon		athways.com	
Telephone No:			(540	0) 710-6085				Fax No:540		-01		
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General Counsel	I					1/7/2021						
Title						Date						

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(Include d.b.a., if ap	plicable)										
Street Address:		375	0 Las Vegas Blv	d S	outh			bsite: none			
City, State and Zip	Code:	Las	Vegas, NV 8915	58				C Name: Joyce Monta		ithways.com	
Telephone No:		(540	0) 710-6085					K No: ⁵⁴⁰⁻⁷¹⁰⁻⁶⁴⁴⁷		,	
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Joya Monte	3				Joyce Montes	s					
Signature And Econos			-		Print Name						
General Counsel					1/7/2021						
Title					Date 1						

Business Entity T	vpe (Please selec	t one)	(
TI Calle	Partnership		Limited Liability		Corporation	Trust		Non-Profit anization		Other	
Business Designa	tion Group (Pleas	se sel	ect all that apply)			_				
□MBE	□WBE		SBE	PBE			□∨	ET		OVET	□ESB
Minority Business Enterprise			Small Business Enterprise		Physically Cha Business Ente		Vete Busin	ran Owned ness		abled Veteran ned Business	Emerging Small Business
Number of Cla	ark County N	evac	la Residents	En	nployed:				0		
Corporate/Business Entity Name: Naxos Capital LLC								_			
(Include d.b.a., if a											
Street Address:		477	5 Collins Avenue	e, Ap	ot. 3804	Ι,	Website:	none			
City, State and Zip	Code:	Mia	mi Beach, FL 33	140			POC Nar	ne: Joyce Mont		thwave com	
Telephone No:		(540)) 710-6085				Email:	540-710-6447	o @ pa	anwayo.com	
				-		7			-		
Nevada Local Stre		N/A					Website	:			
(If different from a	-							N.a.			
City, State and Zi	o Code.						Local Fa		_		
Local Telephone N	lo:						Local POC Name: Email:				
ownership or financia Entities include all b close corporations, for	ousiness association	is orga	nized under or gov	veme	ed by Title 7 of	the Nevad	a Revised	Statutes, includ	ing but poration	not limited to priva is. % Owner lot required for Pub	d olicly Traded
Robert Lezec			So	ole r	member				100	orations/Non-profit	organizations)
This section is not		•	•							No	
Center or Clark	ual members, partne County Water Rec	lamatio	on District full-time	empl	loyee(s), or app	ointed/elec	ted officia	al(s)?			
Yes	co	ntracts	lease note that Cor s, or other contracts	s, wh	nich are not subj	ect to com	petitive bi	id.)			
sister, grandch	ual members, partne ild, grandparent, re yee(s), or appointed	lated t	o a Clark County, I	have Depa	a spouse, regis	stered don ion, Clark (nestic pari County De	tner, child, parent etention Center of	, in-law r Clark	or brother/sister, h County Water Rec	alf-brother/half- amation District
Yes	✓ No (If	yes, p	lease complete the	Disc	closure of Relati	ionship for	m on Pag	e 2. If no, please	print N	/A on Page 2.)	
I certify under penalty land-use approvals, one DocuSigned by:									itand th	at the Board will no	t take action on
Joyce Montes	5				Joyce Montes						
316/16/E/PA4BE55453				-	Print Name						
General Counsel				1	L/7/2021						
Title					Date						

Business Entity Typ	e (Please select	t one)								
Tour.	Partnership		mited Liability	7	Corporation	Trust	Non-Profit Organization		Other	
Business Designation	on Group (Pleas	e selec	t all that apply)						
□MBE	□WBE		SBE		☐ PBE		□VET		OVET	ESB
Minority Business Enterprise	Women-Owned Business Enterprise	ness Enter			Physically Ch Business Ente		Veteran Owned Business		abled Veteran ned Business	Emerging Small Business
Number of Clar	k County Ne	evada	Residents	En	mployed:			0		
Corporate/Business	Entity Name:	вско	Capital, Inc.							
(Include d.b.a., if app	plicable)									
Street Address:		2285	Sherwood Rd			v	/ebsite: none			
City, State and Zip C	Code:	San M	/larino, CA 911	801			OC Name: Joyce Mon		thways.com	
Telephone No:							ax No:			
Nevada Local Street	Address:						/ebsite:			
(If different from abo		N/A				-				
City, State and Zip (L	ocal Fax No:			
						L	ocal POC Name:			
Local Telephone No	:					E	mail:			
ownership or financial i	es and non-profinterest. The disclo	opearing fit organ osure rec	nizations shall quirement, as ap	d. list plied	all Corporate I to land-use ap	Officers ar plications, ex	es of individuals holding ad Directors in lieu of dends to the applicant ar Revised Statutes, include	disclosi od the la	ng the names of ndowner(s).	individuals with
Publicly-traded entiti ownership or financial i Entities include all bus close corporations, fore	es and non-profinterest. The disclosiness association	opearing fit organ osure reconstructions osure reconstructions	nizations shall quirement, as ap ized under or go iability companie	d. list oplied overnous, pa	all Corporate to land-use ap ed by Title 7 of	Officers ar plications, ea	nd Directors in lieu of	disclosi ad the la ling but poration (N	ng the names of ndowner(s).	individuals with ate corporations,
Publicly-traded entiti ownership or financial i Entities include all bus close corporations, fore	ies and non-profinterest. The disclosiness association eign corporations,	opearing fit organ osure rec is organi ilimited li	nizations shall quirement, as ap ized under or go iability companie	list plied vvernos, pa	all Corporate i to land-use ap ed by Title 7 of artnerships, limit	Officers ar plications, e: the Nevada ted partnersh	nd Directors in lieu of tends to the applicant an Revised Statutes, includings, and professional cor	disclosi d the la ling but poration (N Corp	ng the names of ndowner(s). not limited to privals. % Owne lot required for Puorations/Non-profi	individuals with ate corporations,
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				\E .	OF OVVI	IEK3		PRINCIPAL	-5		
Business Entity Ty	pe (Please select	one)				_					
Sole Proprietorship	Partnership		Limited Liability mpany	Ø	Corporation	Tru	st	Non-Profit Organization		Other	
Business Designat	ion Group (Pleas	e sele	ect all that apply)							
MBE	WBE		SBE	4	☐ PBE			VET		DVET	□ESB
Minority Business Enterprise	Women-Owned Business Enterprise	ness Enterprise		Physically Challenged Business Enterprise			Veteran Owned Business		sabled Veteran vned Business	Emerging Small Business	
Number of Cla	rk County Ne	evac	la Residents	En	nployed:				0		
Corporate/Business	amore Capital, In	ıC.					_				
(Include d.b.a., if ap	plicable)										
Street Address:	-	525	5 Cangas Drive				Wa	bsite: none			
City, State and Zip	Code:	Cala	abasas, CA 9130)1				C Name: Joyce Mor			
							Em	ail: joyce.mon	les@pa	athways.com	
Telephone No:		-					Fax	c No:			
Nevada Local Stree		N/A					We	bsite:			
City, State and Zip	-						Loc	cal Fax No:			
						-					
Local Telephone No) :						Local POC Name: Email:				
Entities include all but close corporations, for	eign corporations, li Full Name	mited	liability companies	s, parl	tnerships, limite	ed partner Title	rship	s, and professional co	rporation	ns. % Owned	
∕ijay Mony			Sh	areh	nolder					lot required for Pub orations/Non-profit	licly Traded
This section is not red 1. Are any individual Center or Clark Company Yes	I members, partner county Water Recla	s, owi matioi es, ple	ners or principals, in n District full-time e	involv emplo inty e	red in the busing byee(s), or appoint mployee(s), or	ess entity pinted/ele	, a C cted d/ele	Clark County, Departmonents official(s)?	ent of A		
sister, grandcinid	members, partner	s, owr	ners or principals ha	ave a	snouse regis	tered don	naeti	ic partner, child, paren nty Detention Center o	t, in-law r Clark (or brother/sister, h County Water Recl	alf-brother/half- amation District
Yes	✓ No (If y	es, ple	ease complete the [Discl	osure of Relation	onship for	m or	n Page 2. If no, please	print N	'A on Page 2.)	
I certify under penalty of land-use approvals, cor-	of perjury, that all of ntract approvals, lar	the in	nformation provided es, leases or excha	d here	ein is current, o s without the co	complete, ompleted	and discl	accurate. I also undersosure form.	stand tha	at the Board will no	t take action on
Joya Montes				Jo	oyce Montes						
3/G/15/16/26/4BE55453					7/2021						
Seneral Counsel											
					Date I						

Business Entity	Type (Please se	lect one)					
Sole Proprietorship	Partnership	- 1	Limited Liability	Corporation	Trust	Non-Profit Organization	Other	
Business Desig	nation Group (P	lease se	lect all that apply				T	T
MBE	□WBE		SBE	PBE		□ VET	DVET	☐ ESB
Minority Business Enterprise			Small Business Enterprise	Physically Cl Business En		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of C	Clark County	/ Neva	da Residents	Employed:	50	3 C4		
Corporate/Business Entity Name: CR Guing LLC								
(Include d.b.a., if applicable) Sierra Sage Recovery Services								
Street Address:			321 N. Buf		A man	Website:		
City, State and 2	ip Code:		as vegas,			POC Name: Email:		
Telephone No:			102-849			Fax No:		
Nevada Local S	reet Address:					Website:		
(If different from			same					
City, State and						Local Fax No:	****	
						Local POC Name:		
Local Telephon	3 No:					Emall:		
	Full Name				Title	ships, and professional cor	% Ov (Not required for Corporations/Non-r	Publicly Traded
central a	ecovery	1,11	<u> </u>	Owner				
							nerd	
				. Are you a public			944	County Detention
 Are any indi Center or C 	vidual members, p ark County Water	Reclama	tion District full-lime	e employee(s), or ar	opointed/ete			
Yes	No.	contrac	cts, or other contrac	its, which are not su	ibject to con			
sister, grand	ridual members, p ichild, grandparen ployee(s), or appo	ıt, reiated	i to a Clark County,	s have a spouse, re , Department of Avi	gistered dor ation, Clark	mestic partner, child, parer County Detention Center (nt, In-law or brother/sis or Clark County Water	er, half-brother/half- Reclamation District
Yes	No	(If yes,	please complete th	ne Disclosure of Rel	ationship fo	rm on Page 2. Il no, pleas	e print N/A on Page 2.	
i certify under per land-use approva	nalty of perjury, that is, contract approv	at all of th rais, land	e information provid sales, leases or exc	changes without the	completed			ill not take action on
Signature	Mich	hae		Say Print Name	ndro	a Michael 1021		
Clinical	France	Di	rector	Dale	7/6	1601		

Hi Scott,

From: Sent: To: Subject:	Sandra Michael <smichael@centralrecovery.com> Tuesday, January 19, 2021 1:46 PM Scott Clark Re: Disclosure, signed amendment needed, email of approval</smichael@centralrecovery.com>						
We have 50 Sierra Sage employee	es within Clark County. Let me know if you need anything else.						
Thanks, Sandra							
On Tue, Jan 19, 2021 at 1:32 PM	Scott Clark < Scott.Clark@clarkcountynv.gov > wrote:						
OK. Thank you!							
From: Sandra Michael <smichael 19,="" 2021="" <scott.clark@cla="" a<="" clark="" disclosure,="" january="" re:="" scott="" sent:="" signed="" subject:="" th="" to:="" tuesday,=""><th>. 1:31 PM</th></smichael>	. 1:31 PM						
I reached out to our HR departn	nent. I will get you that number as soon as I have it.						
Thanks,							
Sandra							
On Tue, Jan 19, 2021 at 1:16 PN	1 Scott Clark < Scott.Clark@clarkcountynv.gov > wrote:						
Yes please							
From: Sandra Michael < smichael Sent: Tuesday, January 19, 202 To: Scott Clark < Scott.Clark@C Subject: Re: Disclosure, signed	21 1:14 PM						

Business Entity Ty	e (Please select	one)		test Cult			
Sole Proprietorship	Partnership	Limited Liability	Corporation	Trust	Non-Profit Organization	Other	
Business Designati	ion Group (Please	e select all that apply)		1		
MBE	□WBE	SBE	□PBE		VET	DOVET	□ ESB
Minority Business Enterprise	Women-Owned Business Enterprise	Small Business Enterprise	Physically Ch Business Ent		Veteran Owned Business	Disabled Veteran Owned Business	Emerging Small Business
Number of Cla	rk County Ne	evada Residents	Employed:		8 ×		
Corporate/Busines:	s Entity Name:	Central	Recou	ery,	LLC		
(Include d.b.a., if ap	plicable)	10.0	001 =	10			
Street Address:		3321 N. Bu	HAMD B	X TOU	bsite:		
City, State and Zip	Code:	Las Vegas	NV 89		OC Name: mail:		
Telephone No:		702-868		`	ax No:		
Nevada Local Stree	t Address:	_		v	/ebsite:		
(if different from ab	ove)	Same					
City, State and Zip	Code:			L	ocal Fax No:		
Local Telephone No	.,			L	ocal POC Name:		
Eccui releptione in	<u>, </u>			E	mail;		
ownership or financial Entitles include all bu	Interest. The disclo	sure requirement, as ap s organized under or go	plied to land-use ap verned by Title 7 of	pilications, e: f the Nevada	nd Directors in lifeu of o dends to the applicant and Revised Statutes, Includi hips, and professional corp	d the landowner(s). ng but not limited to priv	
Stuart =	Full Name		Dune	Title		% Owner (Not required for Pu Corporations/Non-prof	iblicly Traded
The standard and a second							
Are any individu	al members, partne County Water Recla	amation District full-time yes, please note that Co	involved in the bus employee(s), or appunty employee(s), or	iness entity, pointed/elect or appointed/	a Clark County, Departme ed official(s)? etected official(s) may not		
sister, grandchild	' al members, partnei d, grandparent, reli	aled to a Clark County,	have a spouse, reg	istered dome	ellive bid.) estic partner, child, parent ounty Detention Center o	, In-law or brother/sister, Clark County Water Re	half-brother/half- clamation District
full-time employe	se(s), or appointed/ No (if)		e Disclosure of Rela	itlonship form	on Page 2. If no, please	print N/A on Page 2.)	
		of the information provide and sales, leases or excl			nd accurate. I also unders sclosure form.	land that the Board will r	not take action on
Sandio	Michance D	had	Sav Print Name	dra	michae		
Linica Fin	ance D	irector	Ol (I)	202			

From:	Sandra Michael <smichael@centralrecovery.com></smichael@centralrecovery.com>
Sent:	Tuesday, January 19, 2021 1:14 PM
To:	Scott Clark
Subject:	Re: Disclosure, signed amendment needed, email of approval
Hi Scott,	
Those 8 are with Centra	al Recovery. Do you need the total for Sierra Sage also?
Thanks, Sandra	
On Tue, Jan 19, 2021 at	11:48 AM Scott Clark < Scott.Clark@clarkcountynv.gov > wrote:
Hi Sandra,	
The 8 Clark County res	sidents are they with Central Recovery or Sierra Sage? If they are with Central Recovery, how sidents to you have employed by CR Living dba Sierra Sage.
many clark county res	idents to you have employed by on civing aba sierra sage.
Thank you,	
mank you,	
S 11 100 0	
Scott Clark	
Purchasing & Contrac	
500 S. Grand Central I	² arkway, 4 th floor
Las Vegas, Nevada 89	D155
Phone: (702) 455-580	7
Scott.clark@ClarkCoun	tyNV.gov
www.ClarkCountyNV.g	<u>ov</u>