

The subrecipient shall address all programmatic notices relative to this Agreement to the appropriate the AZDOHS staff; contact information at www.azdohs.gov.

The subrecipient shall submit reimbursement requests relative to this Agreement to the appropriate the AZDOHS staff; contact information at www.azdohs.gov

The AZDOHS shall address all notices relative to this Agreement to:

Director Matt Bolinger
Enter Title, First & Last Name above
Gila County Division of Emergency Management
Enter Agency Name above
5515 S. Apache Ave., Ste 400
Enter Street Address
Globe, AZ 85501
Enter City, State, ZIP

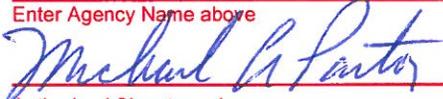
XXXX. IN WITNESS WHEREOF

The parties hereto agree to execute this Agreement.

FOR AND BEHALF OF THE

Gila County Division of Emergency Manag

Enter Agency Name above



Authorized Signature above

Michael A. Pastor, Chairman

Print Name & Title above

Gila County Board of Supervisors

11/16/10

Enter Date above

FOR AND BEHALF OF THE

Arizona Department of Homeland Security



Gilbert M. Orrantia

Director

12/21/10

Date

Approved As To Form



Bryan B. Chambers

Chief Deputy Gila County Attorney

(Please be sure to complete and mail two original documents to the Arizona Department of Homeland Security.)