



Arizona
Department
of Housing

FORM 1
FY 13/14 COMMUNITY DEVELOPMENT BLOCK GRANT
APPLICATION COVER SHEET

<input checked="" type="checkbox"/>	A. Regional Account (RA) COG: CAAG	<input type="checkbox"/>	B. State Special Project (SSP)
<input type="checkbox"/>	C. Colonias	<input type="checkbox"/>	D. NRS: Date approved: / / Approval on page:

1. Applicant and DUNS Number: Gila County 02407139	2. Legislative/ Congressional Districts: 1 / 5
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3. Address (with 9-digit zip code): 5515 S. Apache Avenue, Suite 200, Globe, Arizona 85501-4430
Name of County Applicant Located In: Gila

4. Contact Person/Title (Grantee) Malissa Buzan/Director	5. Contact Person/Title (COG/Other): Malissa Buzan/Director
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Phone/Fax/Email: 928-425-7631/928-425-9468/mbuzan@co.gila.az.us	Phone/Fax/Email: 928-425-7631/928-425-9468/mbuzan@co.gila.az.us
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6. Complete the following information for the activities for which you are requesting funds in a single contract (maximum of 2 including Administration). Complete an additional Form 1 for each additional activity included in the application. Item d: Fund types are (1) Leverage, (2) Program Income, or (3) Other.

a. Activity Name	b. CDBG Funds	c. Non-CDBG Funds	d. Fund Type	e. Total Funds
1. Administration	17,793.00			17,793.00
2. OOHR	81,060.00			81,060.00

Total CDBG Funds Requested for this Project (Activities #1 and #2): \$ **98,853.00**

8. List all other activities applied for this fiscal year. Indicate by which application includes the required general information (Certifications, Disclosure Report, etc.) and administration funds. Note that there will be a separate contract for each activity except Administration.

Activity Name	Amount (CDBG \$ only)	CDBG USE ONLY - Contract No.
<input type="checkbox"/> a.		
<input type="checkbox"/> b.		
<input type="checkbox"/> c.		
<input type="checkbox"/> d.		

9. Total CDBG Funds Requested (all activities applied for this fiscal year, including administration): \$

10. Certification: To the best of my knowledge and belief, data in this application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached Certifications if the assistance is approved.

Signature of the Chief Elected Official	Date: 7-16-13
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Name (typed): Michael A. Pastor	Title: Chairman, Gila County Board of Supervisors
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FORM 2
COMMUNITY DEVELOPMENT BLOCK GRANT
GENERAL ADMINISTRATIVE SUMMARY

1. Applicant: Gila County

ITEM		a. CDBG \$	b. Non-CDBG \$*	c. Total
2. TAAP. Total costs for COG Technical Assistance and Application Preparation, as per local government/ COG Agreement		500.00		500.00
3. Salaries, Wages, Fringe Benefits	% or Hours			
3.1 Position #1 Title: Director	5%	3,580.00		3,580.00
3.2 Position #2 Title: Admin. Assistant	5%	2,767.00		2,767.00
3.3 Position #3 Title: Accountant	6%	2,985.00		2,985.00
3.4 Position #4 Title: Fiscal Manager	6%	4,409.00		4,909.00
4. Professional Services (Contractual)				
4.1 For:				
4.2 For:				
4.3 For:				
5. Travel		100.00		100.00
6. Office Supplies and Equipment		130.00		130.00
7. Advertising/Publications		20.00		20.00
8. Indirect Costs (% documented by cost allocation plan)		3,202.00		3,202.00
9. Other Operating Expenses (<i>specify</i>)				
9.1 Item 1:				
9.2 Item 2:				
9.3 Item 3:				
9.4 Other (Fair Housing, Section 504, etc.)		100.00		100.00
10. TOTALS		17,793.00		17,793.00

* Indicate in parentheses if the amount is Leverage (L), Program Income (PI), or Other (O). If the amount is a mixture of different types of funds, indicate the amount for each type.

11. a. Indicate who will be in charge of the financial record keeping (give name and title):

Bree'na York, Fiscal Manager

b. Provide the street address for the location of the financial records:

5515 S. Apache Ave., Suite 200, Globe, Arizona 85501- 4430



FORM 3
COMMUNITY DEVELOPMENT BLOCK GRANT
ACTIVITY BUDGET

1. Applicant: Gila County	2. Activity Name: OOHR		
	a. CDBG \$	b. Non-CDBG \$	c. TOTAL \$
3. Environmental Review Record Check box if included in Administration <input type="checkbox"/>			
4. Design/Engineering/Inspection (or other Professional Services related to project) Previously Procured <input type="checkbox"/> Procure <input type="checkbox"/> In-House <input type="checkbox"/>			
5. Construction Contract Work (include materials and DB wage rates)	\$66,470.00		66,470.00
6. Fixed Asset Equipment			
7. Land Acquisition (includes easements) (<i>must comply with the Uniform Relocation Act</i>)			
8. Rehabilitation Services (if this exceeds 20% of total activity costs, attach a rationale) Procure <input type="checkbox"/> In-House <input checked="" type="checkbox"/>	\$14,590.00		\$14,590.00
9. Other (specify or attached as page): 			
10. For City/Town, County or Other Construction			
10.1 Purchase of materials			
10.2.a Employees (documentation attached as page regarding number of employees, wages, number of hours, etc.)			
10.2.b Offenders			
10.2.c Volunteers			
10.3 Equipment (Use vs. Purchase) (documentation attached regarding rental rates, number of hours to be used, type of equipment, etc.)			
10.4 Other (attached as page)			
11. TOTALS	\$81,060.00		\$81,060.00



COMMUNITY DEVELOPMENT BLOCK GRANT
ACTIVITY DESCRIPTION: HOUSING ACTIVITIES

1. Applicant: Gila County

2. Activity Name: Owner-Occupied Housing Rehab

3. Map(s) attached as page(s)

Examples of eligible housing activities include: private housing rehabilitation, public housing rehabilitation and modernization, infrastructure in support of new housing, new construction by eligible sub-recipients, housing services, property acquisition or conversion.

4. Type of Housing Activity (check all which apply):

- a. [X] Single family unit, owner-occupied residential rehabilitation (Housing Rehab Guidelines required)
b. [] Residential rental rehabilitation, one or two units (one of which must be occupied by low and moderate income persons) (Guidelines required)
c. [] Residential rental rehabilitation, more than two units (51% low and moderate income persons)
d. [] New housing construction (only eligible if executed by a sub-recipient) Proforma attached as page
e. [] Acquisition or conversion of property for housing Proforma attached as page
f. [] Housing services
g. [] Lead-based paint hazard evaluation and reduction
h. [] Infrastructure related to a proposed housing project Proforma attached as page
i. [] Home Ownership Assistance (Home Ownership Assistance Guidelines required)
j. [] NRS Area (If the activity will take place in an approved NRS area, persons do not need to be income qualified. However, the applicant must also complete Form 13 and attach to application as page .)
k. [] Commercial Rehabilitation
l. [] Other (describe):

5. WHAT ARE YOU GOING TO DO?

Describe the activity and what is intended to be accomplished. See instructions.

We propose to provide Owner-Occupied Housing Rehabilitation assistance to two homes. This activity will be conducted with in Gila County boundaries except reservation land. OOHR will complete 2 projects @ 40,500.00 (each participant will meet the low/mod income qualifications) in the form of a forgivable non-interest bearing deferred payment loan. The option of replacement may be performed as per our Housing Rehab Guidelines. Each participant will be selected on a first come, first served basis from Gila County's housing rehabilitation waiting list. All rehabilitation services will be done by in house staff and all construction services will be done by licensed and insured general contractors that meet the Gila County and State criteria.

6. For construction or acquisition or conversion of property, complete the following:

a. Is the site properly zoned? Yes No If no, when will the zoning issue be resolved?

b. Are all utilities presently available to the site? Yes No If no, which utilities must be brought to the site?

Who has the responsibility for bringing utilities to the site?

c. Provide copy of deed of ownership as page

7. **WHY ARE YOU GOING TO DO IT?**

Describe the problems and conditions or other factors that indicate a need for the activity.

8. Indicate:

a. Total Number of People to be Served: 3

d. Total Number of Units: 2

b. Total Low Moderate People: 3

e. Total Low Moderate Units: 2

c. LM Percentage: 100%

f. Source of Information as page:

9. Will there be program income generated from the activity? Yes No

If yes, describe the program income source and estimated amount. If a DPL is required, this must be completed and RLF procedures developed and submitted for approval to CDBG.

10. Describe the income qualification process to be used. Include the name, title, and phone number of the persons responsible for the process and indicate the date the information was obtained.

Income will be verified during the Pre-Application Process, Estelle Belarde, Housing Assistant will review documentation of all household income during this time. Project #1 income was verified on 5/3/13, and Project #2 Income was verified on 6/19/13.

11. If applicable, it is assumed that the activity will use federal Housing Quality Standards (HQS) as the housing rehabilitation standard. If HQS or a more stringent state or local code will not be adhered to, describe the code or standard that will be used and provide a rationale for the proposed standard. This cannot be "NA." *Please specify the specific code that will be followed in your rehab program, which at a minimum must be HQS.*

Arizona State Weatherization Standards as well as Federal Housing Quality Standards will be used for all OOHR projects in this contract.

12. **For housing acquisition, conversion, or new construction projects and programs**, indicate the entities that will act as the owner, developer, and manager, including a name, title, address and phone number of a responsible official for each entity (if available).

n/a

13. a. **For housing acquisition, construction, or conversion projects**, attach documentation verifying a commitment to finance the project and make the dwellings available to low and moderate income households as page n/a.

b. Proforma attached as page

14. **For all rental housing projects and programs:**

a. attach a listing of the rents to be charged after rehabilitation (which must be affordable);

b. a definition of affordable;

c. a method whereby such were made public; and

d. if available, submit a copy of the draft agreement with the landlord that includes the process to be used to solicit tenants (see page)

15. For homeownership assistance, include the following:

a. Indicate if potential homeowners will seek their own financing. If a particular financing entity has been identified, provide the name, address and contact person for that entity.

n/a

b. Name, address, and phone number of the entity that will provide housing support services:

16. Ensure that any permanent relocation or displacement impacts of the project have been considered. This could potentially occur with the removal of low income housing stock from the market through demolition, acquisition, or conversion of dwellings. Contact the Council of Governments or CDBG Program staff for details.

Permanent Relocation/displacement anticipated? Yes (Describe plans or see page) No

17. If assistance to an eligible non-profit organization is proposed, supplemental information must be provided with your application. This information must include:

a. Copy of articles of incorporation attached as page

b. By-laws attached as page

c. Tax exempt status attached as page

d. Current board of directors attached as page

b. Most recent audit and financial report attached as page

c. Civil Rights Certification attached as page

d. Financial Management Certification attached as page

h. Statement from the Corporation Commission that the corporation has not been dissolved and is currently in good standing, attached as page



FORM 12
COMMUNITY DEVELOPMENT BLOCK GRANT
NATIONAL OBJECTIVE COMPLIANCE
DEMOGRAPHIC/RACIAL DATA

1. Applicant Name	Gila County	2. Project Name	Owner Occupied Housing Rehabilitation
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This form should be used to capture demographic/racial data for CDBG-funded projects.

3. Demographic/Ethnicity Data

- a) Source of Racial/Demographic Data: Waiting List
- b) See page(s):

Demographic Category	Number/ # 4a)	Percentage/ % 4b)	Hispanic/Latino Ethnicity/# 5a)	Percentage/ % 5b)
Single Race Categories				
White	2	100%	0	0
Black/African American				
Asian				
American Indian/Alaskan Native				
Native Hawaiian/Other Pacific Islander				
Multi-Race Categories:				
American Indian/Alaskan Native & White				
Asian & White				
Black/African American & White				
American Indian/Alaskan Native & Black/African American				
Other Multi-Racial				
Non-Hispanic/Latino Ethnicity				
TOTAL 6)	2	100%	0	0

Total Hispanic/Latino Ethnicity 7)				
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For reporting purposes, Hispanic is no longer classified as a race, but as an ethnic category. Thus, those collecting data on race must also ask the individual if he/she considers his/herself to be of Hispanic ethnicity. The Hispanic ethnicity has the potential to span across all races. Those who are White, Black, Asian, Pacific Islanders, American Indian, or Other Multi-Racial may also be counted as being Hispanic.



FORM 14
NATIONAL OBJECTIVE COMPLIANCE
LIMITED CLIENTELE LOW MOD INCOME BENEFIT

1. Applicant: **Gila County**

2. Activity Name: **Owner Occupied Housing Rehab**

LIMITED CLIENTELE LOW MOD INCOME BENEFIT

3. Type of clientele or activity (check as many as apply to your activity). Indicate the type of low and moderate income groups to be served and the number in each group. Ensure that at least 51% of the total estimated persons to be served are represented below.

a. Total Persons to be Served: **2**

b. Total Low and Moderate Income Persons to be Served: **2** (Note the type below)

Check Categories Applicable to the Project	Type of Persons	Number
<input type="checkbox"/>	1) Abused Children	
<input type="checkbox"/>	2) Battered Spouses	
<input checked="" type="checkbox"/>	3) Elderly Persons (62 and older)	1
<input type="checkbox"/>	4) Homeless Persons	
<input type="checkbox"/>	5) Illiterate Persons	
<input type="checkbox"/>	6) Migrant Farm Workers	
<input type="checkbox"/>	7) Adults w/Severe Disabilities*	
<input type="checkbox"/>	8) Persons Living with AIDS	
<input checked="" type="checkbox"/>	9) Persons earning 80% or less of median income and not included in other groups listed above.	2

c. Percentage of Low/Moderate Income to be Served: **100%** (b ÷ a)

d. The source of the data in a. and b: Pre-Application Forms(or attached as page)

* See Instructions for definition of Adults with Disabilities



FORM 16 - HR
CDBG - MILESTONES FOR PROJECT PLANNING
HOUSING REHABILITATION

1. Applicant Gila County Housing Services

2. Activity Owner Occupied Housing Rehab

Indicate below the initiation and completion dates for activity milestones (i.e. major events that must be accomplished to initiate and implement the CDBG funded activity). Month one is the first month after the effective date of the contract. If a milestone has already been achieved on an item pre-approved by the CDBG program, please note it.

Milestones↓	Months→											
	1 Jan '14	2 Feb '14	3 Mar '14	4 Apr '14	5 May 2014	6 June '14	7 Jul '14	8 Aug '14	9 Sept '14	10 Oct '14	11 Nov '14	12 Dec '14
General ERR	11-1-13	x	x	4-1-14								
Marketing	1-1-14	x	x									
Quarterly Progress Reports	x	x	x	4-15-14	x	x	7-15-14	x	x	10-15-14	x	x
Request for Payment (at least quarterly)				4-15-14	x	x	7-15-14	x	x	10-15-14	x	x
House(s) #1												
ERR (Appendix A)			3-15-14									
Initial Inspection & Work write-ups			3-15-14	x	5-1-14							
Procurement					5-10-14							
Construction & Final Inspection						7-10-14	x	x	10-10-14			
House(s) #2												
ERR (Appendix A)			3-15-14									
Initial Inspection & Work write-ups			3-15-14	x	5-1-14							
Procurement					5-10-14							
Construction & Final Inspection						7-10-14	x	x	10-10-14			

House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
Milestones ↓	Months →	13	14	15	16	17	18	19	20	21	22	23	24
		Jan '15	Feb '15	Mar '15	Apr '15	May '15	Jun '15						
Marketing													
Quarterly Progress Reports		1-15-15											
Request for Payment (at least quarterly)		1-15-15											
House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													

House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
CLOSEOUT													
Milestones ↓ Months →	25	26	27	28	29	30	31	32	33	34	35	36	
Marketing													
Quarterly Progress Reports													
Request for Payment (at least quarterly)													

House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
House(s) #													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
CLOSEOUT		2-28-15											

CERTIFICATIONS

APPLICANT CERTIFICATIONS FOR FY13/14

The applicant hereby assures and certifies that:

1. It possesses legal authority to apply for Community Development Block Grant funds, and to execute the proposed program.
2. Prior to the submission of the application, the applicant's governing body has duly adopted or passed as an official act a resolution authorizing the submission of the application, including all understandings, assurances, statutes, regulations and orders contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
3. Its chief executive officer or other officer of the applicant approved by the State:
 - a. Consents to assume the status of a responsible Federal official under the National Environmental Policy Act of 1969 (NEPA) and other provisions of Federal law, as specified at 24 CFR 58.1(a) (3) and (a)(4), which further the purposes of NEPA insofar as the provisions of such Federal law apply to this program.
 - b. Is authorized and consents on behalf of the applicant and him(her)self to accept the jurisdiction of the federal and State courts for the purpose of enforcement of his/her responsibilities as such an official.
4. It will comply with the provisions of Executive Order 11990, relating to evaluation of flood hazards and Executive Order 11288 relating to the prevention, control and abatement of water pollution.
5. It will, in connection with its performance of environmental assessments under the National Environmental Policy Act of 1969, comply with Section 106 of the National Historic Preservation Act of 1966 (16 U.S.C. 470), Executive Order 11593, and the Preservation of Archeological and Historical Data Act of 1966, P.L. 93-291 (16 U.S.C. 469a-1, et.seq.).
6. It will administer and enforce the labor standard requirements of the Davis Bacon Act, as amended at 40 U.S.C. 276a-276a-5, and the Contract Work Hours and Safety Standards Act at 40 U.S.C. 327-333.
7. It will comply with the provisions of 24 CFR Part 24 relating to the employment, engagement of services, awarding of contracts or funding of any contractors or subcontractors during any period of debarment, suspension or placement in ineligibility status.
8. It shall comply with the requirements of the 1992 Lead Based Paint Poisoning Prevention Act of 42 U.S.C. 4821-4846 (also Title X of the Housing and Community Development Act of 1992) and implementing regulations at 24 CFR Part 35.
9. It will comply with the provisions of 24 CFR part 58 "Uniform Grant Administrative Requirements" and OMB Circular A-87.
10. It will comply with the American Disabilities Act and Section 504 of the Rehabilitation Act, as amended.

11. It will comply with
 - a. Title VI of the Civil Rights Act of 1964 (Pub. L. 88- 352), and the regulations issued pursuant thereto (24 CFR Part 1).
 - b. Title VIII of the Civil Rights Act of 1968 (Pub. L. 90- 284), as amended.
 - c. Section 109 of the Housing and Community Development Act of 1974.
 - d. Executive Order 11063 pertaining to equal opportunity in housing and nondiscrimination in the sale or rental of housing built with Federal assistance.
 - e. Executive Order 11246, and the regulations issued pursuant thereto (24 CFR Part 130 and 41 CFR Chapter 60).
 - f. Section 3 of the Housing and Urban Development Act of 1968, as amended.
 - g. Federal Fair Housing Act of 1988, P.L. 100-430.
 - h. The prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1973, 42. U.S.C. 6101-07, and the prohibitions against discrimination against persons with handicaps under Section 504 of the Rehabilitation Act of 1973, (P.L. 93-112), as amended, and the regulations at 24 CFR Part 8.
 - i. The requirements of the Architectural Barriers Act of 1966 at 42 U.S.C. 4151-415.
12. It will comply with the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations.
13. The Applicant certifies that there was no participation in any aspect or manner of the due diligence, compilation, preparation, or submission process relating to this Application, or the project that is the subject of this Application, by any person(s) or entity(ies) in violation of applicable State of Arizona (such as those found at A.R.S. §§ 38-501 - 38-511) or federal (such as those found at 24 CFR 92.365 relating to the administration of HOME funds or 24 CFR 570.611 relating to the administration of CDBG funds) conflict of interest laws . Should ADOH determine that such a conflict exists; the Application will be discontinued from consideration of the award at issue. Further, violations of any other applicable state or federal law will similarly result in disqualification of the Application from consideration of said award. Applicant further certifies It will comply with applicable conflict of interest provisions, incorporate such in all contracts and establish safeguards to prohibit employees from using positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
14. It will comply with the provisions of the Hatch Act that limits the political activity of employees.
15. It will give representatives of the State, the Secretary of HUD, the Inspector General, and the General Accounting Office access to all books, accounts, records, reports, files and other papers, things, or property belonging to it or in use by it pertaining to the administration of State CDBG assistance.
16. It will ensure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the program are not listed on the Environmental Protection Agency's (EPA) list of violating facilities and that it will notify the State of the receipt of any communication from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.
17. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Pub.L. 93-234, 87 Stat., 975, approved December 31, 1973. Section 103 (a) required, on and after March 2, 1974.

18. It has AND WILL COMPLY WITH THE PROVISIONS OF THE STATE OF ARIZONA CITIZEN AND PUBLIC PARTICIPATION PLAN FOR THE STATE OF ARIZONA CDBG PROGRAM.
19. It has developed plans to minimize displacement of persons as a result of activities assisted in whole or in part with CDBG funds and to assist persons actually displaced as a result of such activities, and has provided information about such plans to the public.
20. It will not recover any capital costs of public improvements assisted in whole or in part with CDBG funds by assessing any amount against properties owned and occupied by persons of low and moderate income, including any fee charged or assessment made as a condition of obtaining access to such public improvements **unless**:
 - a. the CDBG funds are used to pay the proportion of the fee or assessment that is financed from other revenue sources, or:
 - b. it will certify to the State in writing that it lacks sufficient CDBG funds to comply with (a) but that it will not assess properties owned by very low-income persons.
21. It will provide all other funds/resources identified in the application, or any additional funds/resources necessary to complete the project as described in the application as submitted, or as may be later amended.
22. It will comply with the requirements of the Single Audit Act of 1996 and OMB Circular A-133; and if the grant is closed out prior to all funds having been audited, it shall refund to ADOH any costs disallowed as a result of any audit conducted after the date of grant closeout.
23. It hereby adopts and will enforce a policy prohibiting the use of excessive force by law enforcement agencies within its jurisdiction against any individuals engaged in nonviolent civil rights demonstrations; and will enforce applicable State and local laws against physically barring entrance to or exit from a facility or location which is the subject of such nonviolent civil rights demonstrations within its jurisdiction.
24. It will ensure that, to the best of the knowledge and belief of the undersigned:
 - a. no Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in the connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
 - b. if any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
 - c. the undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

"This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required

certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure."

25. It shall comply with the provisions of Section 102 of the HUD Reform Act of 1989.
26. It shall ensure that efforts are made to recruit minority, disabled and woman owned businesses for its vendor/supplier lists.

CERTIFIED BY:

Signature of Mayor or Chair of County Board

7-16-13
Date

Michael A. Pastor, Chairman, Gila County Board of Supervisors
Typed Name of Mayor or Chair of County Board

NOTE: The Attorney General has ruled that these Certifications must have an original signature when submitted to the CDBG Program. If an applicant submits more than one application, the Certifications should be included in the application that includes administration funds and other general items such as public participation, resolutions, etc.