

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED (date formatted)	(FOR ADEM USE ONLY)
4/4/2014	
3. DATE RECEIVED BY STATE	
4. Annual County Allocation	

1. TYPE OF SUBMISSION:

Application	Preapplication
<input type="checkbox"/> Construction	<input type="checkbox"/> Construction
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction

5. APPLICANT INFORMATION

County Name: Gila	Organizational Unit: Health & Emergency Services
Address (give city, county, state, and zip code): 5515 S. Apache Avenue Suite 400 Globe, AZ 85501	Name and telephone number of person to be contacted on matters involving this application (give area code): Debra L. Williams 928-402-8763

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 8 6 - 6 0 0 0 4 4 4	7. TYPE OF APPLICANT: (enter appropriate letter in box) A
6a. Dun & Bradstreet Number: 1 8 3 0 1 1 6 3 4	<p>A. County B. Municipal C. Township D. Interstate E. Intermunicipal O. Other (Specify)</p> <p>F. Independent School Dist. G. Private University H. Indian Tribe I. Individual J. Profit Organization</p>

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es)

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

9. NAME OF STATE AGENCY: Arizona Division of Emergency Management	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Emergency Management State & Local Assistance
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
9 7 - 0 4 2

TITLE: **Emergency Management Performance Grant**

12. AREAS AFFECTED BY PROJECT (Cities, Counties, etc.):
Countywide

13. PROJECT DATES:	14a. CONGRESSIONAL DISTRICTS:	14b. LEGISLATIVE DISTRICTS:
Start Date: 10/01/2011 Ending Date: 09/30/2013	1, 4	6, 7, 8

15. ESTIMATED FUNDING:	16. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION 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 ASSURANCES IF THE ASSISTANCE IS AWARDED.
a. Federal \$ 0.00	
b. Applicant \$ 0.00	
d. TOTAL \$ 0.00	

17. a. Type Name of Authorized Representative Michael A. Pastor	b. Title Chairman, Board of Supervisors	c. Telephone Number 928-425-3231
d. Signature of Authorized Representative		e. Date Signed (date formatted)