



Applicant: Gila County

CDBG Contract No.(if known): _____ RA for FFY 14/15 SSP for FFY _____

**CDBG DISCLOSURE REPORT
FEDERAL FISCAL YEAR
10/1/2013- 9/30/2014**

This form must be completed and submitted with each application for CDBG funds.

PART I - APPLICANT INFORMATION

1. Applicant, Complete Address with 9-digit zip code, Phone Number:

Gila County Community Services Division

5515 S. Apache Avenue, Suite 200

Globe, Arizona 85501-4430 Telephone: 928-425-7631

2. Federal Employer Identification Number: 86-60000444

3. Indicate whether this is: Initial Report Update Report # _____

4. Amount of this CDBG Grant Applied for: \$113,139.00

PART II - THRESHOLD DETERMINATION

1. Is the amount listed in 4(above) more than \$500,000? Yes No

2. Have you received, can reasonably expect to receive, or applied for other HUD assistance (through programs listed in Appendix A of the Instructions) during the current federal fiscal year, which when added to 4. (above) amounts to more than \$500,000? Yes No

PART III - OTHER GOVERNMENT ASSISTANCE PROVIDED/APPLIED FOR

Provide the requested information for any other Federal, State and/or local governmental assistance *either awarded or applied for, which will be used in conjunction with this CDBG grant.*

Name and Address of Agency Providing or Applied to for Assistance	Program	Type of Assistance	Amount Requested or Awarded
Arizona Dep't. of Housing	HOME	OOHR	440,000.00
1110 W. Washington St. Suite #310			\$
Phoenix, AZ 85007			\$
			\$
AZCAA	DOE, LIHEAP	Weatheriza tion	\$
2700 North 3 rd Street, Suite 3040	SWG/APS	Weatheriza tion	\$206,000.00
Phoenix, AZ 85004	URRD		7,000.00
			\$
			\$
			\$

PART IV - INTERESTED PARTIES

Identify any person or entity that has a pecuniary interest in this project that exceeds \$50,000 or 10% of the CDBG assistance (whichever is lower). All consultants, developers or contractors involved in the CDBG application or in the planning, development or implementation of the project must be identified as an interested party unless procured through a competitive process.

List of all Persons with a Reportable Financial Interest in the Project	Social Security No. or Employer ID No.	Type of Participation in the Project	Financial Interest in the Project (\$ and %)
			\$ / %
			\$ / %
			\$ / %
			\$ / %
			\$ / %
			\$ / %
			\$ / %
			\$ / %
			\$ / %
			\$ / %

