

APPLICATION FOR FEDERAL ASSISTANCE

2. DATE SUBMITTED (date formatted)	(FOR ADEM USE ONLY)
3/30/2015	
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: 0	Organizational Unit: Gila County
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Address (give city, county, state, and zip code): 1400 E. Ash St. Globe, AZ 85501	Name and telephone number of person to be contacted on matters involving this application (give area code): Michael O'Driscoll, Director 928-200-2169
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6. EMPLOYER IDENTIFICATION NUMBER (EIN):

8 6 - 6 0 0 0 4 4 4

6a. Dun & Bradstreet Number:

1 8 3 0 1 1 6 3

7. TYPE OF APPLICANT: (enter appropriate letter in box) **A**

A. County	F. Independent School Dist.
B. Municipal	G. Private University
C. Township	H. Indian Tribe
D. Interstate	I. Individual
E. Intermunicipal	J. Profit Organization
O. Other (Specify)	

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

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

9 7 - 0 4 2

TITLE: **Emergency Management Performance Grant**

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Emergency Management State & Local Assistance

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

Countywide

13. PROJECT DATES:

Start Date	Ending Date
10/01/2015	09/30/2016

14a. CONGRESSIONAL DISTRICTS:

District 1 and District 4

14b. LEGISLATIVE DISTRICTS:

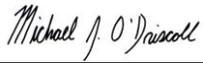
District 6,7 and 8

15. ESTIMATED FUNDING:

a. Federal	\$	160,000.00
b. Applicant	\$	160,000.00
c. Other	\$	
d. TOTAL	\$	320,000.00

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.

17. a. Type Name of Authorized Representative	b. Title	c. Telephone Number
Michael O'Driscoll	Director, Health & Emergency Services	928-200-2169

d. Signature of Authorized Representative	e. Date Signed (date formatted)
	3/30/2015