



**FORM 1**  
**FY FFY15 COMMUNITY DEVELOPMENT BLOCK GRANT**  
**APPLICATION COVER SHEET**

<input checked="" type="checkbox"/>	A. Regional Account (RA) COG: CAG	<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 074462102	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): Leitha Griffin/Administrative Assistant
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Phone/Fax/Email: 928-425-7631/928-425-9468/mbuzan@co.gila.az.us	Phone/Fax/Email: 928-402-8697/lgriffin@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	20,370.42		CDBG	20,370.42
2. OOHR	92,798.58		CDBG	92,798.58

**Total CDBG Funds Requested for this Project (Activities #1 and #2):** \$ **113,169.00**

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 checked="" type="checkbox"/> a. CDBG SSP OOHR	330,000.00	
<input checked="" type="checkbox"/> b. HOME/SHF	275,000.00	
<input checked="" type="checkbox"/> c. CDBG/RA	132,417.00	
<input type="checkbox"/> d.		

**9. Total CDBG Funds Requested** (all activities applied for this fiscal year, including administration): \$ **737,417.00**

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: 09-01-2015
Name (typed): Michael A. Pastor	Title: Chairman, Gila County Board of Supervisors



**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	4,021.00		4,021.00
3.2 Position #2 Title: Housing Admin.	3,187.00		3,187.00
3.3 Position #3 Title: Accountant	3,405.00		3,405.00
3.4 Position #4 Title: Fiscal Manager	4,815.00		4,815.00
4. Professional Services (Contractual)			
4.1 For:			
4.2 For:			
4.3 For:			
5. Travel	200.00		200.00
6. Office Supplies and Equipment	187.42		187.42
7. Advertising/Publications	150.00		150.00
8. Indirect Costs (% documented by cost allocation plan)			
9. Other Operating Expenses ( <i>specify</i> )			
9.1 Item 1: Rent	3,205.00		3,205.00
9.2 Item 2:			
9.3 Item 3:			
9.4 Other (Fair Housing, Section 504, etc.)	700.00		700.00
<b>10. TOTALS</b>	<b>\$20,370.42</b>		<b>\$20,370.42</b>

\* 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):

Nick Montague, 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		
	<b>a.</b> CDBG \$	<b>b.</b> Non-CDBG \$	<b>c.</b> TOTAL \$
3. Environmental Review Record Check box if included in Administration <input type="checkbox"/>	\$200.00		\$200.00
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)	\$74,038.86		\$74,038.86
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"/>	\$18,559.72		\$18,559.72
9. Other (specify or attached as page     ):			
<b>10. For City/Town, County or Other Construction</b>			
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     )			
<b>11. TOTALS</b>	<b>\$92,798.58</b>		<b>\$92,798.58</b>

FORM 8



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.  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 or more projects at an average of \$37,356.00 (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?  
n/a

b. Are all utilities presently available to the site?  Yes  No If no, which utilities must be brought to the site? n/a  
Who has the responsibility for bringing utilities to the site? n/a

c. Provide copy of deed of ownership as page n/a

7. WHY ARE YOU GOING TO DO IT?

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

Gila County has an area of 4,768 square miles, with a high percentage of homes built before 1939. Our housing stock is in poor condition, especially in the Southern part of Gila County, we have a high percentabe of elderly and low-income population. Our goal is to preserve our housing stock by allowing the elderly and low-income population to remain in their homes. Our economic outlook has remained dismal, with above average unemployment rates in Gila County. On average, there are 100 applicants on our OOHR waiting list. That is why we propose to rehabilitate two owner occupied single family residences.

8. Indicate:

a. Total Number of People to be Served: 4

d. Total Number of Units: 2

b. Total Low Moderate People: 4

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 2/11/2015, and Project #2 Income was verified on 2/18/2015.**

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**

<b>1. Applicant Name</b>	Gila County	<b>2. Project Name</b>	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): 9-11

Demographic Category	Number/ # 4a)	Percentage/ % 4b)	Hispanic/Latino Ethnicity/# 5a)	Percentage/ % 5b)
<b>Single Race Categories</b>				
White	69	97%	19	27%
Black/African American	0	0	0	0
Asian	0	0	0	0
American Indian/Alaskan Native	2	3%	0	0
Native Hawaiian/Other Pacific Islander	0	0	0	0
<b>Multi-Race Categories:</b>				
American Indian/Alaskan Native & White	0	00	0	0
Asian & White	0	0	0	0
Black/African American & White	0	0	0	0
American Indian/Alaskan Native & Black/African American	0	0	0	0
Other Multi-Racial	0	0	0	0
<b>Non-Hispanic/Latino Ethnicity</b>			52	73%
<b>TOTAL 6)</b>	71	100%	71	100%

<b>Total Hispanic/Latino Ethnicity 7)</b>			19	
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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.

No	Date	Name	Address	Telephone	Rehab Elig.	Disabled Y/N	Elderly Y/N	Ethnic	%
						Complete this section for rehab only			
1	3/12/2012	Williams, Iva	246 N. Skyline Trail, Miami	928-473-4124	yes	Y	N	W	1
2	3/27/2012	Handy, Carol	112 S. 5th Street, Globe	928-425-4830	no			W	
3	10/12/2012	Werner, Desiree	5550 S. Glendale Ave, Globe	480-309-8215	no			H	
4	11/1/2012	Lopez, Adela	6052 Porto Rico Ave, Miami	928-473-8258	no			H	
5	5/14/2013	Minke, Suzanne	1065 N. Wheatfields #12, Globe	928-200-2172	no			W	
6	5/29/2013	Burkett, Patsy	6206 S. Russell Road, Globe	928-425-8455	no			W	
7	6/13/2013	Martinez, Robert	5885 Van Winkle, Miami	928-200-0470	no			H	
8	10/16/2013	DiSomma, Alan	99 E. Quail Hollow Drive, Globe	928-478-6811	no			W	
9	10/31/2013	Markman, David(HOLD) 8-6-15	404 S. Vista Road, Payson	702-782-7059	yes	Y	N	W	1
10									
11	1/2/2014	Newton, Ellen	601 N. Ponderosa Circle #2 Payson	928-472-2222	no			W	
12	1/10/2014	Jones, Billie	5258 Lincoln Way, Globe	928-961-4400	no			W	
13	1/16/2014	Vanes, Tyler	1107 S. McLane Rd Space #25	928-978-5956				W	
14	1/23/2014	Cordero, Angela	115 E. Quail Hollow Dr. Star Valley	602-507-7550	no			W	
15	1/31/2014	Bailey, Michele	4521 N. Pine Creek, Pine AZ	928-899-2564	yes	Y	N	W	1
16	2/10/2014	Barnett, Jacqueline	201 W. Holly Circle, Payson AZ	928-478-6031	no			W	
17	3/5/2014	Thyrion, Patrisha(HOLD 12-15	720 N. Lawrence, Globe	928-961-3665	yes	N	N	H	2
18	4/2/2014	Henson, Rita	7429 N. Paloma Vista, Payson	928-474-4846	yes	N	Y	N	1
19	5/1/2014	Ortiz, Marylou	7946 S. Six Shooter Canyon, Globe	No phone				H	
20	5/5/2014	Lola Jascha	8958 S. Six Shooter Canyon #80	928-310-9357	no	N	N	W	2
21	5/27/2014	Smith, Aaron	8234 E. Abiquice Trial, Globe AZ	480-234-6277	no			W	
22	6/9/2014	Wick, Mary	8200 W. Sepia Road, Payson	928-478-6141	yes	Y	Y	W	2
23	6/13/2014	Parker, Gloria	843 First Ave, Miami AZ 85539	928-701-1646	yes	N	Y	W	2
24	7/3/2014	Logan, Linda	480 S. Rainbow Drive #60 Star	928-472-9785	no	N	Y	W	1
25	12/10/2014	Critzer, Teryl	1025 N. Wheatfields Lot #12	928-961-2921	no			W	
26	1/6/2015	Morgan, Bonnie	1160 W. Frederick Street, Miami	928-701-3075	yes	N	Y	H	2
27	1/14/2015	Boosamra, Daniel	903 E. Granite Dells Road #45	623-302-8972	no			W	
28	1/16/2015	Moltz, Shandelle	1264 E. Montecito Drive #8	928-200-2548				W	
29	1/26/2015	Barnicoat, Tamara	211 S. Franz Ave, Miami	928-961-0043	yes	Y	N	W	1
30									
31									
32									
33									
34									

Comments
Rehab/replace
Needs new doors
Needs heating and cooling
Needs ramp
Floor needs repairs
Flooring needs work
Weatherization
Weatherization only rents
Rehab/Weatherization
Weatherization
Inspection needed
Weatherization only
Weatherization only
Rehab
Rental Weatherization only
Rehab
Rehab
repairs
Weatherizaion only
Weatherization/unless name
Either WAP/Rehab
Rehab
Weatherization only
Weatherization only
Weatherization only

72									
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<b>* Demographic Codes</b>	
<b>Race of HH</b>	<b>HH Type (Select ALL that apply)</b>
11- White    12- Black/African American    13- Asian	1- Single, Non-Elderly
14- American Indian or Alaskan Native	2- Elderly (62+)
15- Native Hawaiian or other Pacific Islander	3- Single Parent
16- American Indian or Alaskan Native & White	4- Two parent
17- Asian & White    18- African American & White	5- Not Related
19- American Indian or Alaskan Native & Black	6- Female Head of House
20- Other Multi-racial	7- Disabled

Revised

8/20/2015



DP05

ACS DEMOGRAPHIC AND HOUSING ESTIMATES

2008-2012 American Community Survey 5-Year Estimates

Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Data and Documentation section.

Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.

Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities and towns and estimates of housing units for states and counties.

Subject	Gila County, Arizona			
	Estimate	Margin of Error	Percent	Percent Margin of Error
<b>SEX AND AGE</b>				
Total population	53,436	*****	53,436	(X)
Male	26,751	+/-151	50.1%	+/-0.3
Female	26,685	+/-151	49.9%	+/-0.3
Under 5 years	3,116	+/-68	5.8%	+/-0.1
5 to 9 years	3,096	+/-354	5.8%	+/-0.7
10 to 14 years	3,089	+/-368	5.8%	+/-0.7
15 to 19 years	3,257	+/-222	6.1%	+/-0.4
20 to 24 years	2,513	+/-252	4.7%	+/-0.5
25 to 34 years	4,669	+/-251	8.7%	+/-0.5
35 to 44 years	5,081	+/-49	9.5%	+/-0.1
45 to 54 years	7,372	+/-74	13.8%	+/-0.1
55 to 59 years	4,248	+/-415	7.9%	+/-0.8
60 to 64 years	4,541	+/-381	8.5%	+/-0.7
65 to 74 years	7,355	+/-77	13.8%	+/-0.1
75 to 84 years	3,604	+/-267	6.7%	+/-0.5
85 years and over	1,495	+/-252	2.8%	+/-0.5
Median age (years)	47.8	+/-0.3	(X)	(X)
18 years and over	42,053	+/-102	78.7%	+/-0.2
21 years and over	40,413	+/-297	75.6%	+/-0.6
62 years and over	15,174	+/-345	28.4%	+/-0.6
65 years and over	12,454	+/-37	23.3%	+/-0.1
18 years and over	42,053	+/-102	42,053	(X)
Male	20,790	+/-129	49.4%	+/-0.2
Female	21,263	+/-72	50.6%	+/-0.2
65 years and over	12,454	+/-37	12,454	(X)
Male	5,969	+/-35	47.9%	+/-0.2
Female	6,485	+/-17	52.1%	+/-0.2
<b>RACE</b>				
Total population	53,436	*****	53,436	(X)

Subject	Gila County, Arizona			
	Estimate	Margin of Error	Percent	Percent Margin of Error
One race	52,210	+/-323	97.7%	+/-0.6
Two or more races	1,226	+/-323	2.3%	+/-0.6
One race	52,210	+/-323	97.7%	+/-0.6
White	42,288	+/-482	79.1%	+/-0.9
Black or African American	238	+/-41	0.4%	+/-0.1
American Indian and Alaska Native	7,831	+/-171	14.7%	+/-0.3
Cherokee tribal grouping	15	+/-19	0.0%	+/-0.1
Chippewa tribal grouping	0	+/-31	0.0%	+/-0.1
Navajo tribal grouping	512	+/-239	1.0%	+/-0.4
Sioux tribal grouping	4	+/-9	0.0%	+/-0.1
Asian	140	+/-105	0.3%	+/-0.2
Asian Indian	0	+/-31	0.0%	+/-0.1
Chinese	37	+/-53	0.1%	+/-0.1
Filipino	94	+/-87	0.2%	+/-0.2
Japanese	0	+/-31	0.0%	+/-0.1
Korean	0	+/-31	0.0%	+/-0.1
Vietnamese	8	+/-15	0.0%	+/-0.1
Other Asian	1	+/-3	0.0%	+/-0.1
Native Hawaiian and Other Pacific Islander	26	+/-26	0.0%	+/-0.1
Native Hawaiian	15	+/-23	0.0%	+/-0.1
Guamanian or Chamorro	0	+/-31	0.0%	+/-0.1
Samoa	0	+/-31	0.0%	+/-0.1
Other Pacific Islander	11	+/-14	0.0%	+/-0.1
Some other race	1,687	+/-413	3.2%	+/-0.8
Two or more races	1,226	+/-323	2.3%	+/-0.6
White and Black or African American	103	+/-57	0.2%	+/-0.1
White and American Indian and Alaska Native	383	+/-203	0.7%	+/-0.4
White and Asian	290	+/-130	0.5%	+/-0.2
Black or African American and American Indian and Alaska Native	24	+/-25	0.0%	+/-0.1
Race alone or in combination with one or more other races				
Total population	53,436	*****	53,436	(X)
White	43,479	+/-443	81.4%	+/-0.8
Black or African American	463	+/-106	0.9%	+/-0.2
American Indian and Alaska Native	8,340	+/-195	15.6%	+/-0.4
Asian	452	+/-74	0.8%	+/-0.1
Native Hawaiian and Other Pacific Islander	34	+/-29	0.1%	+/-0.1
Some other race	2,001	+/-451	3.7%	+/-0.8
HISPANIC OR LATINO AND RACE				
Total population	53,436	*****	53,436	(X)
Hispanic or Latino (of any race)	9,612	*****	18.0%	*****
Mexican	8,505	+/-320	15.9%	+/-0.6
Puerto Rican	71	+/-98	0.1%	+/-0.2
Cuban	22	+/-29	0.0%	+/-0.1
Other Hispanic or Latino	1,014	+/-334	1.9%	+/-0.6
Not Hispanic or Latino	43,824	*****	82.0%	*****
White alone	35,059	+/-46	65.6%	+/-0.1
Black or African American alone	238	+/-41	0.4%	+/-0.1
American Indian and Alaska Native alone	7,734	+/-164	14.5%	+/-0.3
Asian alone	139	+/-105	0.3%	+/-0.2
Native Hawaiian and Other Pacific Islander alone	26	+/-26	0.0%	+/-0.1
Some other race alone	30	+/-46	0.1%	+/-0.1
Two or more races	598	+/-195	1.1%	+/-0.4
Two races including Some other race	0	+/-31	0.0%	+/-0.1
Two races excluding Some other race, and Three or more races	598	+/-195	1.1%	+/-0.4

Subject	Gila County, Arizona			
	Estimate	Margin of Error	Percent	Percent Margin of Error
Total housing units	32,644	+/-106	(X)	(X)

Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see Accuracy of the Data). The effect of nonsampling error is not represented in these tables.

The ACS questions on Hispanic origin and race were revised in 2008 to make them consistent with the Census 2010 question wording. Any changes in estimates for 2008 and beyond may be due to demographic changes, as well as factors including questionnaire changes, differences in ACS population controls, and methodological differences in the population estimates, and therefore should be used with caution. For a summary of questionnaire changes see [http://www.census.gov/acs/www/methodology/questionnaire\\_changes/](http://www.census.gov/acs/www/methodology/questionnaire_changes/). For more information about changes in the estimates see <http://www.census.gov/population/hispanic/files/acs08researchnote.pdf>.

For more information on understanding race and Hispanic origin data, please see the Census 2010 Brief entitled, Overview of Race and Hispanic Origin: 2010, issued March 2011. (pdf format)

While the 2008-2012 American Community Survey (ACS) data generally reflect the December 2009 Office of Management and Budget (OMB) definitions of metropolitan and micropolitan statistical areas; in certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB definitions due to differences in the effective dates of the geographic entities.

Estimates of urban and rural population, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2000 data. Boundaries for urban areas have not been updated since Census 2000. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

Source: U.S. Census Bureau, 2008-2012 American Community Survey

Explanation of Symbols:

1. An '\*\*\*' entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate.
2. An '-' entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution.
3. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
4. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
5. An '\*\*\*\*' entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
6. An '\*\*\*\*\*' entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate.
7. An 'N' entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.
8. An '(X)' means that the estimate is not applicable or not available.

People QuickFacts	Gila County	Arizona
Population. 2013 estimate	53,053	6,626,624
Population. 2010 (April 1) estimates base	53,597	6,392,015
Population. percent change. April 1, 2010 to July 1, 2013	-1.0%	3.7%
Population. 2010	53,597	6,392,017
Persons under 5 years. percent. 2013	5.7%	6.5%
Persons under 18 years. percent. 2013	20.4%	24.4%
Persons 65 years and over. percent. 2013	25.8%	15.4%
Female persons. percent. 2013	50.4%	50.3%
White alone. percent. 2013 (a)	80.6%	84.0%
Black or African American alone. percent. 2013 (a)	0.8%	4.6%
American Indian and Alaska Native alone. percent. 2013 (a)	16.2%	5.3%
Asian alone. percent. 2013 (a)	0.7%	3.2%
Native Hawaiian and Other Pacific Islander alone. percent. 2013 (a)	0.1%	0.3%
Two or More Races. percent. 2013	1.6%	2.6%
Hispanic or Latino. percent. 2013 (b)	18.5%	30.3%
White alone. not Hispanic or Latino. percent. 2013	63.8%	56.7%
Living in same house 1 year & over. percent. 2009-2013	88.3%	80.4%
Foreign born persons. percent. 2009-2013	3.4%	13.4%
Language other than English spoken at home. pct age 5+. 2009-2013	14.4%	26.8%
High school graduate or higher. percent of persons age 25+. 2009-2013	84.3%	85.7%
Bachelor's degree or higher. percent of persons age 25+. 2009-2013	16.1%	26.9%
Veterans. 2009-2013	6,166	522,382
Mean travel time to work (minutes). workers age 16+. 2009-2013	20.8	24.6
Housing units. 2013	32,947	2,892,325
Homeownership rate. 2009-2013	75.8%	64.4%
Housing units in multi-unit structures. percent. 2009-2013	5.2%	20.7%
Median value of owner-occupied housing units. 2009-2013	\$134,000	\$165,100
Households. 2009-2013	20,601	2,370,289
Persons per household. 2009-2013	2.54	2.67
Per capita money income in past 12 months (2013 dollars). 2009-2013	\$20,792	\$25,358
Median household income. 2009-2013	\$39,954	\$49,774
Persons below poverty level. percent. 2009-2013	21.6%	17.9%
<b>Business QuickFacts</b>	<b>Gila County</b>	<b>Arizona</b>
Private nonfarm establishments. 2012	1,016	131,375
Private nonfarm employment. 2012	11,413	2,134,252
Private nonfarm employment. percent change. 2011-2012	0.0%	1.2%
Nonemployer establishments. 2012	3,497	413,571
Total number of firms. 2007	5,250	491,529
Black-owned firms. percent. 2007	F	2.0%
American Indian- and Alaska Native-owned firms. percent. 2007	4.3%	1.9%
Asian-owned firms. percent. 2007	S	3.3%
Native Hawaiian and Other Pacific Islander-owned firms. percent. 2007	F	S
Hispanic-owned firms. percent. 2007	S	10.7%
Women-owned firms. percent. 2007	28.7%	28.1%
Manufacturers shipments. 2007 (\$1000)	0	57,977,827
Merchant wholesaler sales. 2007 (\$1000)	D	57,573,459
Retail sales. 2007 (\$1000)	550,763	86,758,801
Retail sales per capita. 2007	\$10,545	\$13,637
Accommodation and food services sales. 2007 (\$1000)	106,693	13,268,514

Building permits. 2012	51	21.726
Geography QuickFacts	Gila County	Arizona
Land area in square miles. 2010	4.757.93	113.594.08
Persons per square mile. 2010	11.3	56.3
FIPS Code	7	4
Metropolitan or Micropolitan Statistical Area	Payson. AZ Micro Area	
(a) Includes persons reporting only one race.		
(b) Hispanics may be of any race. so also are included in applicable race categories.		
FN: Footnote on this item for this area in place of data		
NA: Not available		
D: Suppressed to avoid disclosure of confidential information		
X: Not applicable		
S: Suppressed; does not meet publication standards		
Z: Value greater than zero but less than half unit of measure shown		
F: Fewer than 100 firms		
Source: US Census Bureau State & County QuickFacts		

Key Zip or Address  Find Zipcode or click on the map.   Zip Layer 3+1, 0

This page shows a Google Map of USPS Zip Codes for Gila County, A  
 Users can easily view the boundaries of each Zip Code and the county a  
[Index](#) [Instructions](#) [Privacy Policy](#) [The New Maps](#)  
 Gila County, Arizona Zip Code Polygon Map Version 3.1 Copyright © 1996-2014 John Corvay -





**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 type="checkbox"/>	3) Elderly Persons (62 and older)	
<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.	

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



Gila County Housing Services  
Pre-Application Form

Rehab

Please PRINT all information

Date: 1/31/14

First Name: Michele MI: K. Last Name: Bailey

Home Address: 4521 N. Pine Creek Canyon Rd, Pine, AZ 85544  
Street City State Zip Code

Mailing Address: P.O. Box 1811, Pine, AZ 85544  
Street City State Zip Code

Telephone Number: \_\_\_\_\_ Cell#: (928) 899-2564 Message#: \_\_\_\_\_

Age of Head of Household: 56 1/2

Gender of Head of Household:  
 Male  Female

Number of persons in household: 1 Adults 0 Children

Is anyone living in the home disabled?  Yes  No

Ethnicity:

Please mark one

11 White

13 Asian

15 Native Hawaiian or Other Pacific Islander

16 American Indian or Alaskan Native & White

18 African American & White

20 Other Multi-Racial

12 Black/African American

14 American Indian or Alaskan Native

17 Asian and White

19 American Indian or Alaskan Native & Black

Hispanic?  Yes  No

1. Type of Home:  house  mobile home  travel trailer  Other \_\_\_\_\_

2. Is the home listed for sale at this time?  Yes  No

3. Do you have a deed/title to the home and property in your name only?  Yes  No

4. Do you have total loss/fire coverage insurance on your home/property?  Yes  No

5. Are your property taxes paid up to date?  Yes  No

If No, explain: \_\_\_\_\_

6. Age of home: 30 yrs Square Footage: @ 750 # of Bedrooms: 2

my Name is Mortgage Lender Also

Continued on reverse side

7. List all household members' Monthly Income (Gross amount - before taxes and deductions):

Source: Social Security Amount: \$ 968<sup>00</sup> mo

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

TOTAL Monthly Amount: \$ 968<sup>00</sup> mo

8. Is there a health or safety emergency at this time?  Yes  No

Explain: Large Crack in Floor Slab, Cement Blocks missing from foundation-dirt pack interior eroding.

9. What type of home repair(s) do you need?

Total home rehabilitation - painting, staining, possibly siding, sliding glass door replacement, many repairs and weatherization check.

10. Have you received housing rehabilitation from Gila County in the past?  Yes  No

if yes, when/explain? \_\_\_\_\_

I authorize Gila County Housing Services (GCHS) to contact any source necessary to establish the accuracy of the information on this form. Housing Services will use the information only in the administration on any assistance. GCHS will not release this information to any person or agency outside of GCHS or its agents. Under penalty of perjury and acknowledged by my signature below, I swear and affirm that all information on this form is true and correct to the best of my knowledge.

Signature: Michelle X Bailey Date: 1-31-14

When complete return this form to:

Gila County Housing Services  
5515 S. Apache Ave., Suite 200  
Globe, Arizona 85501

Phone: (928) 425-7631  
Fax: (928) 425-9468  
Toll Free: 800-304-4452, Ext.8650



Gila County Housing Services  
Pre-Application Form

Called 1-16-15 et  
left message.  
Called 1-28-15 et  
left message

Never sent paperwork

Please PRINT all information

Date: 10/31/2013

First Name: David MI: B Last Name: Markman

Home Address: 404 South Vista Rd. Payson AZ 85541  
Street City State Zip Code

Mailing Address: Same  
Street City State Zip Code

Telephone Number: 702 782-7059 Cell#: 702 782-7059 Message#:

Age of Head of Household: Self 53

Gender of Head of Household:  
 Male  Female

Number of persons in household: 1 Adults 0 Children

Is anyone living in the home disabled?  Yes  No

Ethnicity: -Please mark one

- 11 White
- 12 Black/African American
- 13 Asian
- 14 American Indian or Alaskan Native
- 15 Native Hawaiian or Other Pacific Islander
- 16 American Indian or Alaskan Native & White
- 17 Asian and White
- 18 African American & White
- 19 American Indian or Alaskan Native & Black
- 20 Other Multi-Racial

Hispanic?  Yes  No

1. Type of Home:  house  mobile home  travel trailer  Other

2. Is the home listed for sale at this time?  Yes  No

3. Do you have a deed/title to the home and property in your name only?  Yes  No

4. Do you have total loss/fire coverage insurance on your home/property?  Yes  No

5. Are your property taxes paid up to date?  Yes  No

If No, explain: \_\_\_\_\_

6. Age of home: 40 yrs Square Footage: 1248 # of Bedrooms: 2

Continued on reverse side

7. List all household members' Monthly Income (Gross amount - before taxes and deductions):

Source: State Compensation Arizona Amount: \$ 675.51  
 Source: Payson multipurpose Senior ctr Amount: \$ 274.00  
 Source: 4 hrs weeks Amount: \$ \_\_\_\_\_  
 Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

*add 200  
Payson @  
gmail.com*

TOTAL Monthly Amount: \$ 949.51

*\$ 150.00 Food Stamps*

8. Is there a health or safety emergency at this time?  Yes  No

Explain: I have congestive heart failure and it gets too cold in the house  
And the leaking roof has mold in laundry room.

9. What type of home repair(s) do you need?

Winter proofing: The windows let in cold air old single pane w/holes..roof  
leaks and wall have on insulation..Heater has to run 24/7 to keep house at  
low 60's

10. Have you received housing rehabilitation from Gila County in the past?  Yes  No

if yes, when/explain? \_\_\_\_\_

I authorize Gila County Housing Services (GCHS) to contact any source necessary to establish the accuracy of the information on this form. Housing Services will use the information only in the administration on any assistance. GCHS will not release this information to any person or agency outside of GCHS or its agents. Under penalty of perjury and acknowledged by my signature below, I swear and affirm that all information on this form is true and correct to the best of my knowledge.

Signature: [Handwritten Signature] Date: 10/31/2013

When complete return this form to:

Gila County Housing Services  
5515 S. Apache Ave., Suite 200  
Globe, Arizona 85501

Phone: (928) 425-7631  
Fax: (928) 425-9468  
Toll Free: 800-304-4452, Ext.8650



## 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 Oct '15	2 Nov '15	3 Dec '15	4 Jan '16	5 Feb '16	6 Mar '16	7 Apr '16	8 May '16	9 Jun '16	10 Jul '16	11 Aug '16	12 Sep '16
General ERR		x	x	x									
Marketing		x	x	x									
Quarterly Progress Reports					1-15-16	x	x	4-15-16	x	x	8-15-16	x	x
Request for Payment (at least quarterly)					1-15-16	~	x	4-15-16	x	x	8-15-16	x	x
<b>House(s) #1 &amp; 2</b>													
ERR (Appendix A)		x	x	x	1-5-16								
Initial Inspection & Work write-ups		x	x	12-15-16	x								
Procurement		x	x	x	x	2-15-16							
Construction & Final Inspection						x	x	x	5-15-16				
<b>House(s) #</b>													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													

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

25

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

26

ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
<b>House(s) #</b>													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
<b>House(s) #</b>													
ERR (Appendix A)													
Initial Inspection & Work write-ups													
Procurement													
Construction & Final Inspection													
<b>CLOSEOUT</b>			11-15-16										

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## CERTIFICATIONS

### APPLICANT CERTIFICATIONS FOR FFY 2015

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

9/1/2015

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.



**RESOLUTION NO. 15-02-01**

**A RESOLUTION OF THE GILA COUNTY BOARD OF SUPERVISORS AUTHORIZING THE SUBMISSION OF AN APPLICATION FOR FISCAL YEAR (FY) 2013/14 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG), STATE SPECIAL PROJECTS, AND A FUTURE APPLICATION FOR REGIONAL ACCOUNT (RA) FUNDS, CERTIFYING THAT SAID APPLICATION MEETS THE COMMUNITY'S PREVIOUSLY IDENTIFIED HOUSING AND COMMUNITY DEVELOPMENT NEEDS AND THE REQUIREMENTS OF THE CDBG PROGRAM; AND AUTHORIZING ALL ACTIONS NECESSARY TO IMPLEMENT AND COMPLETE THE ACTIVITIES OUTLINED IN SAID APPLICATION.**

**WHEREAS, the Gila County Board of Supervisors is desirous of undertaking community development activities; and**

**WHEREAS, the State of Arizona is administering the CDBG program; and**

**WHEREAS, the activities outlined within this application address the community's low and moderate income population housing needs; and**

**WHEREAS, recipients of funds from the CDBG program are required to comply with the program guidelines, and state and federal statutes and regulations.**

**THEREFORE, BE IT RESOLVED that the Gila County Board of Supervisors authorizes an application to be made to the State of Arizona, Department of Housing for FY 2013/2014 Community Development Block Grant, State Special Projects, and Regional Account program funds; authorizes its Chairman to sign the application and contract or grant documents for receipt and use of these funds for owner occupied housing rehabilitation; and 3) authorizes its Chairman to take all actions necessary to implement and complete the activities submitted in said application; and**

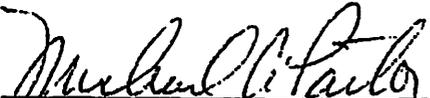
**BE IT FURTHER RESOLVED that the Gila County Board of Supervisors will comply with all Community Development Block Grant program guidelines; state and federal statutes and regulations applicable to the Community Development Block Grant program; and the certifications contained in this application.**

PASSED AND ADOPTED this 17<sup>th</sup> day of February 2015, at Globe, Gila County, Arizona

Attest:

GILA COUNTY BOARD OF SUPERVISORS

  
\_\_\_\_\_  
Marian Sheppard, Clerk

  
\_\_\_\_\_  
Michael A. Pastor, Chairman

Approved as to form:

  
\_\_\_\_\_  
Bryan Chambers  
Deputy County Attorney/Civil Bureau Chief



**RESOLUTION NO. 15-02-02**

**A RESOLUTION OF THE GILA COUNTY BOARD OF SUPERVISORS AUTHORIZING THE ADOPTION OF OWNER-OCCUPIED HOUSING REHABILITATION GUIDELINES DATED APRIL 5, 2006, IN RELATION TO AN APPLICATION FOR FISCAL YEAR (FY) 2013/2014 COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) STATE SPECIAL PROJECT ACCOUNT AND FISCAL YEAR 2015 REGIONAL ACCOUNT PROGRAM FUNDS FOR AN OWNER OCCUPIED HOUSING REHABILITATION ACTIVITY.**

**WHEREAS**, Gila County is desirous of undertaking an owner-occupied housing rehabilitation program; and

**WHEREAS**, this program is funded with CDBG and State Special Project Account program funds provided by the State of Arizona; and

**WHEREAS**, the CDBG and State Special Project Account program requires that every local government requesting SHF funds for housing rehabilitation adopt specific guidelines for such a program; and

**WHEREAS**, Gila County has developed such Owner-Occupied Housing Rehabilitation Guidelines (OOHRGs) dated April 5, 2006, which have been pre-approved by the CDBG program.

**NOW, THEREFORE, BE IT RESOLVED** that the Gila County Board of Supervisors hereby adopts such OOHRGs dated April 5, 2006, in order to implement its housing rehabilitation program that will be funded through its applications for FY 2013/14 CDBG State Special Project Account and FY 2015 Regional Account program funds; and

**BE IT FURTHER RESOLVED** that Gila County shall utilize such OOHRGs, without revisions except such authorized by the chief elected official or a person authorized in writing to approve such revisions via the CDBG and State Special Project Account program's CD-1 form, with such revisions submitted to the CDBG and State Special Project Account program within a maximum of 10 working days of authorization.

PASSED AND ADOPTED this 17<sup>th</sup> day of February 2015, at Globe, Gila County, Arizona

Attest:

Laurie J. Kline for  
Marian Sheppard, Clerk

GILA COUNTY BOARD OF SUPERVISORS

Michael A. Pastor  
Michael A. Pastor, Chairman

Approved as to form:

Bryan Chambers  
Bryan Chambers  
Deputy County Attorney/Civil Bureau Chief



**RESOLUTION NO. 15-02-03**

**A RESOLUTION OF THE GILA COUNTY BOARD OF SUPERVISORS  
ADOPTING A RESIDENTIAL ANTI-DISPLACEMENT AND  
RELOCATION ASSISTANCE PLAN FOR FY 2015-2016, AS REQUIRED  
UNDER SECTION 104(d) OF THE HOUSING AND COMMUNITY  
DEVELOPMENT ACT OF 1974 AS AMENDED.**

**WHEREAS**, Section 104(d) of the Housing and Community Development Act of 1974, as amended, and implementing regulations require that each applicant for Community Development Block Grant funds must adopt, make public and certify that it is following a residential anti-displacement and relocation assistance plan; and

**WHEREAS**, Gila County is submitting an application to the Arizona Department of Housing for Community Development Block Grant (CDBG) and State Special Project funds.

**NOW, THEREFORE, BE IT RESOLVED**, that the Gila County Board of Supervisors does hereby adopt the Residential Anti-displacement and Relocation Assistance Plan as described below.

**RESIDENTIAL ANTIDISPLACEMENT AND RELOCATION ASSISTANCE PLAN**

The County of Gila will replace all occupied and vacant occupy-able low/moderate income dwelling units demolished or converted to a use other than as low/moderate income housing as a direct result of activities assisted with funds provided under the Housing and Community Development Act of 1974 as amended.

All replacement housing will be provided within three years of the commencement of the demolition or rehabilitation relating to conversion.

Before obligating or expending funds that will directly result in such demolition or conversion, the County of Gila will make public and submit to the Arizona Department of Housing the following information in writing:

1. A description of the proposed activity;
2. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be demolished or converted to a use other than as LM dwelling units as a direct result of the assisted activity;

3. A time schedule for the commencement and completion of the demolition or conversion;
4. The general location on a map and approximate number of dwelling units by size (number of bedrooms) that will be provided as replacement dwelling units;
5. The source of funding and a time schedule for the provision of replacement dwelling units; and
6. The basis for concluding that each replacement dwelling unit will remain a LM dwelling unit for at least 10 years from the date of initial occupancy.
7. Information demonstrating that any proposed replacement of housing units with smaller dwelling units (e.g., a 2-bedroom unit with two 1-bedroom units), or any proposed replacement of efficiency or single-room occupancy (SRO) units with units of a different size, is appropriate and consistent with the housing needs and priorities identified in the State of Arizona's approved Consolidated Plan (CP).

Gila County Housing Services will provide relocation assistance, as described in the ACT and implementing regulations, to each LM household displaced by demolition of housing or by the conversion of a LM dwelling unit to another use as a direct result of assisted activities.

**PASSED AND ADOPTED** this 17<sup>th</sup> day of February 2015, at Globe, Gila County, Arizona

Attest:

Laurie Kline for:  
Marian Sheppard, Clerk

**GILA COUNTY BOARD OF SUPERVISORS**

Michael A. Pastor  
Michael A. Pastor, Chairman

Approved as to form:

Bryan Chambers  
Bryan Chambers, Deputy County Attorney/  
Civil Bureau Chief