

**APPLICATION FOR
FEDERAL ASSISTANCE**

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	2. DATE SUBMITTED March 11, 2014	Applicant Identifier AZ034	
			3. DATE RECEIVED BY STATE	State Application Identifier	
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: Cochise County			Organizational Unit: Department: Housing Authority		
Organizational DUNS: 020126041			Division:		
Address: Street: 1415 Melody Lane			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Bisbee			Prefix: Ms.	First Name: Anita	
County: Cochise			Middle Name Marie		
State: Arizona			Last Name Baca		
Zip Code 85603		Suffix:			
Country: United States			Email: abaca@cochise.az.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 8 6 - 6 0 0 0 3 9 8			Phone Number (give area code) (520) 432-8883		Fax Number (give area code) (520) 432-8890
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Labor Management Cooperation Program 1 4 - 2 4 1			9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development, HIV/AIDS Housing		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Cochise County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: FY 2014 HOPWA Permanent Supportive Housing		
13. PROPOSED PROJECT Start Date: 1/1/2015			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 8		
Ending Date: 1/1/2018			b. Project 8		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	655,584 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	⁰⁰	DATE:		
c. State	\$	⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	655,584 ⁰⁰			
18. 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. Authorized Representative					
Prefix Ms.		First Name Ann		Middle Name	
Last Name English			Suffix		
b. Title Chairperson, Cochise County Board of Supervisors			c. Telephone Number (give area code) 520-432-9200		
d. Signature of Authorized Representative			e. Date Signed March 11, 2014		