

2025 Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant: Maricopa Seniors Inc.		Applicant is a: <input type="checkbox"/> City/Town/County (circle) <input checked="" type="checkbox"/> Other: Non-Profit Agency	
Contact Person and Title: Peggy Chapados			
Applicant Address (administrative office): 43466 W Neely Dr			
City: Maricopa		Zip Code: 85138	
Applicant Mailing Address (if different):			
City:		Zip Code:	
Phone Number: 520-280-4611		Fax Number:	
E-mail Address: pjchoa@msn.com			
Fiscal Agent for any Applicant that is not a City, Town, or County (Special Taxing Districts/Fire Districts must have a Fiscal Agent)			
Contact Person: Gia Jenkins			
City/Town/County Mailing Address: 39700 West Civic Center Plaza			
City: Maricopa		Zip Code: 85138	
Phone Number: 520-316-6845		Fax Number:	
E-mail Address: Gia.Jenkins@maricopa-az.gov			

Program or Project Name: Senior Transportation Services		
Priority Area (Check all that apply) <input type="checkbox"/> education <input type="checkbox"/> environment	<input type="checkbox"/> public safety <input type="checkbox"/> promotion of commerce	<input checked="" type="checkbox"/> health <input checked="" type="checkbox"/> economic and community development
Purpose of Grant (brief statement): To provide medical and recreational transportation to senior citizen residents living within the City of Maricopa		
Target Audience/Beneficiaries: Senior citizens living within City of Maricopa		
Beginning and Ending Date of Program or Project: January 1, 2026 - December 30, 2026		
Amount Requested: \$78,120.00		Total Cost: \$78,120.00
Geographic Area Served: City of Maricopa		

By the execution of this Grant Application the undersigned agrees that the information contained in this Application is true, to the best of the Applicant's knowledge. The Applicant shall notify the Community if any information in this Application changes.

Signature: _____
 For the Applicant: Peggy J. Chapados Date: 5/27/25

Typed/Printed Name and Title: Peggy J. Chapados, President/Treasurer

For the Fiscal Agent: _____ Date: _____
 (If applicable)

Typed/Printed Name and Title: _____