

## 2024 Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant: Hope Key Foundation	Applicant is a: <input checked="" type="radio"/> City/Town/County (circle) <input type="checkbox"/> Other
Mayor/Supervisor/Chairman/President:	
Contact Person and Title: Darlene Smith-Raibon, Executive Director	
Applicant Address (administrative office): 44920 W. Hathaway Ave.	
City: Maricopa	Zip Code: 85139
Applicant Mailing Address (if different): 18197 N. Tera Lane	
City: Maricopa	Zip Code: 85138
Phone Number: 520 632-4057	Fax Number:
E-mail Address: DA@Hopekey.org	
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:	
City/Town/County Mailing Address:	
City:	Zip Code:
Phone Number:	Fax Number:
E-mail Address:	

Program or Project Name: <b>Bridge to Success</b>	
Purpose (Check all that apply) <input checked="" type="checkbox"/> education <input type="checkbox"/> public safety <input type="checkbox"/> health <input type="checkbox"/> environment <input type="checkbox"/> promotion of commerce <input type="checkbox"/> economic and community development	
Purpose of Grant (brief statement): The purpose of this grant is to support the Hopekey Foundation's mission to interrupt the school-to-prison pipeline by providing comprehensive academic support, mentoring, and social-emotional resources to high-risk students in Maricopa. Grant funds will enable the foundation to expand its tutoring and mentoring programs, deliver professional training for educators, and offer targeted reentry support for students transitioning from juvenile detention, foster care, or homelessness. This comprehensive approach ensures at-risk youth receive the guidance, resources, and safe environment they need to achieve academic success and personal development.	
Beginning and Ending Date of Program or Project: August 1, 2025 through August 1, 2026	
Amount Requested: 80.000	Total Cost: 80.000
Geographic Area Served: Maricopa City	

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: *Darlene Smith* Date: 06/02/2025

Typed/Printed Name and Title: Darlene Smith, Executive Director

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For the Fiscal Agent: \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)  
Typed/Printed Name and Title: \_\_\_\_\_