

2026 Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant:	Applicant is a: <input type="checkbox"/> City/Town/County (circle) <input type="checkbox"/> Other	
Contact Person and Title:	Interim President Brenda Singleton	
Applicant Address (administrative office):	43356 W. Courtney Dr.	
City:	Maricopa	Zip Code: 85138
Applicant Mailing Address (if different):		
City:	Maricopa	Zip Code:
Phone Number:	919 539 1245	Fax Number:
E-mail Address:	85138arts@gmail.com	
Fiscal Agent for any Applicant that is not a City, Town, or County <i>(Special Taxing Districts/Fire Districts must have a Fiscal Agent)</i>		
Contact Person:	Gia Jenkins	
City/Town/County:	City of Maricopa	
City:	Maricopa	Zip Code: 85139
Phone Number:	520-568-9098	Fax Number:
E-mail Address:	Gia.Jenkins@maricopa-az.gov	

Program or Project Name:	Maricopa Friends of the Arts Downtown Heritage District	
Priority Area (Check all that apply)	<input type="checkbox"/> education <input type="checkbox"/> public safety <input type="checkbox"/> health <input type="checkbox"/> environment <input type="checkbox"/> promotion of commerce <input checked="" type="checkbox"/> economic and community development	
Purpose of Grant (brief statement):	Decrease economic leakage in Maricopa by offering foot traffic/walkability to local small businesses, showcase local artisans and revitalize Maricopa's Downtown Historic District. Build community connections by offering interactive opportunity's to create new and strengthen existing relationships. Provide educational opportunity for learning about Maricopa's history by enjoying current talent and identity as a City.	
Target Audience/Beneficiaries:	City of Maricopa Families, Local small businesses & Local Artisans	
Beginning and Ending Date of Program or Project:	10/2/26 – 1/1/27	
Amount Requested:	\$15,000	Total Cost:\$30,000
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: Brenda B. Singleton Date: 5/15/2026

Typed/Printed Name and Title: Brenda B. Singleton, President

For the Fiscal Agent: _____ Date: _____
(If applicable) Nancy Smith, Mayor