Ak-Chin Indian Community Grant Application Cover Sheet

Name of City/Town/County/Non-Profit:	
Mayor/Supervisor/Chairman/President:	
Contact Person and Title:	
Applicant Address (administrative office):	
City:	Zip Code:
Applicant Mailing Address (if different):	
City:	Zip Code:
Phone Number:	Fax Number:
E-mail Address:	
If Non-Profit, Name of City/Town/County With Which You Will Associate:	
Contact Person:	
City/Town/County Mailing Address:	
City:	Zip Code:
Phone Number:	Fax Number:
E-mail Address:	

Program or Project Name:	
Purpose (Check all that apply) ☐ education ☐ public safety ☐ health ☐ environment ☐ promotion of commerce ☐ economic and community development	
Purpose of Grant (brief statement):	
Beginning and Ending Date of Program or Project:	
Amount Requested:	Total Cost:
Geographic Area Served:	

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: _____ Date:_____

Typed/Printed Name and Title: _____

For the City/Town County: City of Maricopa   Date: July 31, 2019
(If different than applicant)
Typed/Printed Name and Title: Christian Price, Mayor