

When recorded return to:

Clerk of Board  
PO Box 827  
Florence, AZ. 85132

**Resolution No. 060822-AKCHIN-DVFD**

**A RESOLUTION OF THE BOARD OF SUPERVISORS OF PINAL COUNTY AUTHORIZING THE SUBMISSION OF AN APPLICATION FOR AK-CHIN INDIAN COMMUNITY SHARED REVENUE PROGRAM FUNDS, AND AUTHORIZING ALL ACTIONS NECESSARY TO IMPLEMENT AND COMPLETE THE ACTIVITIES OUTLINED IN SAID APPLICATION.**

WHEREAS, Pinal County is desirous of undertaking activities that will benefit the community; and

WHEREAS, the Ak-Chin Indian Community wishes to provide assistance from its Shared Revenue Program for the purpose of conducting such activities; and

WHEREAS, the Ak-Chin Indian Community requires that such funds address at least one of the priority funding areas; public safety, transportation, health care, economic development or education; and

WHEREAS, the activities within this application address at least one of these areas; and

WHEREAS, a grantee of Ak-Chin Indian Community Shared Revenue Program Funds is required to comply with the program guidelines and regulations set forth by the Ak-Chin Indian Community.

NOW, THEREFORE, BE IT RESOLVED THAT the Board of Supervisors of Pinal County hereby:

1. Approves the filing of an application for Ak-Chin Indian Community Shared Revenue Program funds and
2. Certifies that the application from the **Dudleyville Fire District for fire station remodel** is consistent and compatible with all adopted plans and programs of the Board of Supervisors of Pinal County; and
3. Agrees to comply with all appropriate procedures, guidelines and requirements established by the Ak-Chin Indian Community; and
4. Appoints the Pinal County Finance Grants Administrator as agent of the Board of Supervisors of Pinal County to conduct all negotiations, execute and submit all documents including, but not limited to, agreements, amendments, and billing statements which may be necessary for the completion of the project for which funding is being requested.

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Signed by: Jeffrey McClure, Chairman, Board of Supervisors

\_\_\_\_\_  
Date

Attest

\_\_\_\_\_  
Clerk of the Board:

\_\_\_\_\_  
Date