

Cover Sheet

Click field or use up/down arrow keys to move among fields

Municipality Information			
1. Date of Application: 2/27/2025			
2. Name of City, Town or County: Pinal County			
3. Mayor (City or Town) or Board of Supervisor's Chairman (County): Stephen Q. Miller			
4. Mailing Address: PO BOX 1348			
5. City: Florence State:	Arizona Zip Code: 85132		
6. Acknowledgement of Submission by Authorized Municipality Representative: Typed Name/Title: Heather Patel, Grants Manager Email Address: heather.patel@pinal.gov Signature:			
	pplicant Information		
7. Department/Organization Name: Pinal County Attorney's Office			
8. Select Organization Type: Municipality	① If Non-profit please attach IRS Determination Letter		
9. Application Contact Person: Salpi Stark Title: Grants Administrator			
10. Phone Number: 520-866-6282			
11. Mailing Address: PO BOX 887			
12. City: Florence State:	Arizona Zip Code: 85132		
13. Email Address: Salpi.stark@pinal.gov	Vebsite Address: https://www.pinal.gov/1676/County-Attorney		
Project Information			
14. Project Title: Pinal County Secure Communities Initiative			
15. Purpose of Grant: Purchase security systems and equipment			
16. Priority Funding Area	Public Safety		
17. Annual amount requested	\$200,000		
18. Number of years that funding is requested	1		
19. Total amount requested (annual amount x number of years)	\$200,000		
20. Has your organization received past funding from GRIC? If yes, list each year and amount	2020,2021,2022,2023,2024		
21. Geographic area served	Pinal County		

For Office Use Only:				
Data Entry	Receipt	Evaluation		
☐ Approval – Amount/Term		□ D	enial	