2025 Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant: Pinal County Public Health Family Advocacy Centers Applicant is a: X City/Town/County **□ Other** _____
Contact Person and Title: Melody Lenhardt, Family Advocacy Center Manager
Applicant Address (administrative office): 31 N. Pinal Street
City: Florence Zip Code: 85132
Applicant Mailing Address (if different): P.O. Box 1348
City: Florence Zip Code: 85132
Phone Number: 520-866-7029 Fax Number:
E-mail Address: melody.lenhardt@pinal.gov
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: Heather Patel, Grants Manager
City/Town/County Mailing Address: P.O. Box 1348
City: Florence Zip Code: 85132
Phone Number: 520-866-6422 Fax Number:
E-mail Address: heather.patel@pinal.gov

Program or Project Name: Forensic Medical Records System
Priority Area (Check all that apply) ☐ education ☑ public safety ☒ health ☐ environment ☐ promotion of commerce ☐ economic and community development
Purpose of Grant (brief statement): Update the forensic medical records system within the Family Advocacy Centers
Target Audience/Beneficiaries: Victims of crime
Beginning and Ending Date of Program or Project: January 2026 – December 2026
Amount Requested: $22,625 Total Cost: $22,625
Geographic Area Served: Pinal County

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: Melody Lenhardt Date: 6/18/25

Typed/Printed Name and Title: Melody Lenhardt, Family Advocacy Division Manager

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