

Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant: NABI Foundation	Applicant is a: <input type="checkbox"/> City/Town/County (circle) <input checked="" type="checkbox"/> Other Non-profit
Mayor/Supervisor/Chairman/President: GinaMarie Scarpa	
Contact Person and Title: GinaMarie Scarpa/President & CEO	
Applicant Address (administrative office): 1220 E. Osborn Rd., Ste 200	
City: Phoenix	Zip Code: 85014
Applicant Mailing Address (if different): PO Box 25606	
City: Phoenix	Zip Code: 85002-5606
Phone Number: 480-446-7052	Fax Number: 480-446-7053
E-mail Address: gmscarpa@nabifoundation.org	
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: Heather Patel	
City/Town/County Mailing Address: PO 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: NABI Educational Youth Summit & Basketball Invitational	
Purpose (Check all that apply) <input checked="" type="checkbox"/> education <input type="checkbox"/> public safety <input checked="" 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): 100% of the grant will be used to organize the week- long	
Program. The program will serve over 1500 Native youth from all over AZ (40%) and out of	
state, Canada & New Zealand. Program to include: summit, college & career fair, parade of	
teams, basketball invitational and \$20k awarded in college scholarships. The programs also	
brings in an estimated \$1.3 million economic impact to the host community/city.	
Beginning and Ending Date of	
Program or Project: July 11-17, 2021	
Amount Requested: \$50,000.00	Total Cost: \$500,000.00
Geographic Area Served: 40% AZ youth and 60% out-of-state, Canada & New Zealand.	

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: NABI Foundation Date: June 11, 2020

Typed/Printed Name and Title: GinaMarie Scarpa/President & CEO

Signature:
For the Fiscal Agent: Pinal County Date: _____

Typed/Printed Name and Title: Lori Pruitt/Finance Director