

2026 Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant: Las Brisas Academy PTO		Applicant is a: ☐ City/Town/County (circle) ☒ Other: 501(c)(3) public charity	
Contact Person and Title: TJ Hansell, President – LBA PTO			
Applicant Address (administrative office): 18211 W Las Brisas Drive			
City: Goodyear		Zip Code: 85338	
Applicant Mailing Address (if different):			
City:		Zip Code:	
Phone Number: 480.828.3290		Fax Number:	
E-mail Address: lasbrisaspto@gmail.com			
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: Christina Panaitescu – Community Partnerships Program Manager			
City/Town/County Mailing Address: City of Goodyear 1900 North Civic Square			
City: Goodyear		Zip Code: 85395	
Phone Number: 623-882-7804		Fax Number:	
E-mail Address: christina.panaitescu@goodyearaz.gov			

Program or Project Name: LBA PTO – Extracurricular Improvements	
Priority Area (Check all that apply) ☒ education ☐ public safety ☐ health ☐ environment ☐ promotion of commerce ☐ economic and community development	
Purpose of Grant (brief statement): LBA PTO – Extracurricular Improvements project will improve the ability of all students at Las Brisas Academy to enjoy the amenities and extra programming at the school to improve their educational experience. These improvements will help them enjoy education, making their learning experience more satisfying which will lead to better outcomes for them in school and outside.	
Target Audience/Beneficiaries: Youth (K-8) – 650.+ that attend Las Brisas Academy	
Beginning and Ending Date of Program or Project: January 1, 2027 – December 31, 2027	
Amount Requested: \$150,000	Total Cost: \$150,000
Geographic Area Served: City of Goodyear	

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: 6/15/2026

Typed/Printed Name and Title: **Timothy J. Hansell – LBA PTO President**

For the Fiscal Agent: _____ Date: _____
 (If applicable)
 Typed/Printed Name and Title: **Christina Panaitescu – Community Partnerships Program Manager**

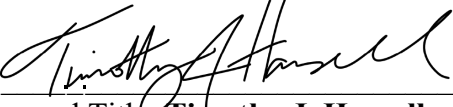
2026 Ak-Chin Indian Community Grant Application Cover Sheet

Name of Applicant: Southwestern Institute for the Education of Native Americans (SIENA)		Applicant is a: ☐ City/Town/County (circle) ☒ Other: 501(c)(3) public charity	
Contact Person and Title: TJ Hansell, President - SIENA			
Applicant Address (administrative office): 18607 W Vogel Ave			
City: Goodyear		Zip Code: 85338	
Applicant Mailing Address (if different):			
City:		Zip Code:	
Phone Number: 480.828.3290		Fax Number:	
E-mail Address: tj@siena-az.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: Christina Panaitescu – Community Partnerships Program Manager			
City/Town/County Mailing Address: City of Goodyear 1900 North Civic Square			
City: Goodyear		Zip Code: 85395	
Phone Number: 623-882-7804		Fax Number:	
E-mail Address: christina.panaitescu@goodyearaz.gov			

Program or Project Name: Natives Helping Natives	
Priority Area (Check all that apply) ☐ education ☐ public safety ☐ health ☐ environment ☐ promotion of commerce ☒ economic and community development	
Purpose of Grant (brief statement): Natives Helping Natives is an economic development initiative to support local Native American businesses, nonprofits, and organizations learn and share with other Native business leaders, executives, and organizations to lift the whole ecosystem. The shared experiences of each group will help build upon the other to create a network of experts that can understand the struggle and cultural aspects of running an organization or business with a focus on Native communities.	
Target Audience/Beneficiaries: Up to 100 Native businesses, nonprofits, executives, and entrepreneurs	
Beginning and Ending Date of Program or Project: January 1, 2027 – December 31, 2027	
Amount Requested: \$100,000 Total Cost: \$100,000	
Geographic Area Served: City of Goodyear and West Valley	

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: 6/15/2026

Typed/Printed Name and Title: **Timothy J. Hansell – LBA PTO President**

For the Fiscal Agent: _____ Date: _____
 (If applicable)

Typed/Printed Name and Title: **Christina Panaitescu – Community Partnerships Program Manager**