



## ANC 4D Community Grant Application

*Grant applications are accepted quarterly and must be submitted to the ANC Secretary by the deadline date.*

(Please print or type)

Today's Date: \_\_\_\_\_ Date Project/Activity Starts: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Projected Total Cost: \_\_\_\_\_

Other Sources of Funding (Be Specific, Provide Names and amounts/Write on the back sheet)

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Public Benefit of Grant Project: (Briefly describe the program/activity for which funds are sought. Include a statement about the project goals and objectives.)

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ANC 4D funds cannot be used for the benefit of individuals, families, or other small groups. Services provided using ANC 4D funds must benefit a large number of members of the general public within ANC 4D boundaries.

Make Check Payable to: \_\_\_\_\_ *A report indicating how project funds were expended must be submitted within sixty (60) days after the grant funds have been dispersed by the ANC 4D Treasurer.*

Name and Contact Information of Person Responsible for Reporting Results to ANC 4D:

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Applicant Organization Name, Address and Website: \_\_\_\_\_

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Key Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Telephone # \_\_\_\_\_ Email address: \_\_\_\_\_

Community Priority To Which Application Applies (Circle one or more):

- Arts and Cultural Education and Projects
- Extra-Curricular Educational Activities for Pre-K-12 students
- Media
- Neighborhood Beautification Activities
- Parks and Recreation Projects
- Public Safety Projects
- Senior Citizen Programs/Activities
- Youth/Adult Education Projects
- Other \_\_\_\_\_

If this grant request is for an activity that will result in a physical improvement in ANC 4D's jurisdiction, indicate which ANC Single Member District(s) will be affected:

\_\_\_\_\_

Has the Applicant Organization received the support of the Single Member District Commissioner(s)?

\_\_\_\_\_.

The approval of the relevant SMD Commissioner(s) is required in order for this application to be considered.

Please attach a letter from said Commissioner(s) to this application.

A Certificate of Good Standing from the DC Department of Consumer and Regulatory Affairs certifying that the applicant organization's corporate registration is current, and a Clean hands Certificate from the DC Office of Tax and Revenue, certifying that the applicant organization does not owe more than \$100 in taxes, fees, penalties, or penalties to the District of Columbia government, must be attached to this application before it can be accepted by ANC 4D.

Answer the following questions below:

1. Is the applicant a 501 (c)(3) nonprofit organization? \_\_\_ Yes \_\_\_ No

If yes, please attach a copy of the exemption. If no, please describe the legal structure of the organization. (*corps., assoc./foundation operate for Religious, charitable or educational purposes*) \_\_\_\_\_

\_\_\_\_\_

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2. Is the applicant a 501 (c)(4) nonprofit organization? \_\_\_ Yes \_\_\_ No  
If yes, please attach a copy of the exemption. If no, please describe the legal structure of the organization. (*Civil leagues and other corps., charitable, educational, recreational*) \_\_\_\_\_

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3. Has the applicant applied for an ANC 4D grant before? \_\_\_ Yes \_\_\_ No If yes, when \_\_\_\_\_ and for how much \$\_\_\_\_\_. Was it granted? \_\_\_ Yes \_\_\_ No

4. Does the applicant currently receive funding from the D.C. government? \_\_\_ Yes \_\_\_ No If yes, for what purpose \_\_\_\_\_; from which agency \_\_\_\_\_; and for how much \$\_\_\_\_\_.

5. Is this project/activity for which the applicant seeks funding currently supported by other donors, grantors, etc.? \_\_\_ Yes \_\_\_ No If yes, please provide a list of names and amount for no more than five key supporters.

\_\_\_\_\_ If no, are there plans to secure additional support? Please explain.

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6. Attach the following documents (2 pages max) to complete this application form:

- a. A statement of the general purpose of the grant.
- b. A description of what the grant funds will be used for.
- c. Who all will benefit from this grant
- d. In what way will this grant effect the community and will it make a difference
- e. Project Budget Form (Itemized budget showing all expenses for ANC funds).
- f. A timeline for the project.
- g. Supporting documentation, including financial statements, newspaper clippings, brochures, etc.

As a condition of accepting ANC 4D grant funds, the recipient organization agrees to forfeit any funds that are not used in accordance with the representations the organization makes on this application, ANC 4D guidelines which are incorporated by reference, and within sixty (60) days of dispersal of funds by the ANC 4D Treasurer. Accordingly, the penalty for noncompliance with the terms of the grant shall

be the return of unaccounted grant funds disbursed to the organization, and the Office of the Attorney General will be contacted to initiate compliance proceedings.

The undersigned representing the applicant affirms that the information provided in this Grant Application is accurate and true to the best of his/her knowledge.

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Signature	Date	Printed Name
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**ANC 4D INTERNAL USE**

Check Number: \_\_\_\_\_ Date Check Issued: \_\_\_\_\_

60 Day Project Report Review Date: \_\_\_\_\_

# Project Budget Form

## PROJECT EXPENSES

Personnel: \_\_\_\_\_ \$ \_\_\_\_\_

Outside Fees & Services: \_\_\_\_\_ \$ \_\_\_\_\_

Materials: \_\_\_\_\_ \$ \_\_\_\_\_

Shipping/Transportation: \_\_\_\_\_ \$ \_\_\_\_\_

## Marketing/Promotion

Printing: \_\_\_\_\_ \$ \_\_\_\_\_

Advertising: \_\_\_\_\_ \$ \_\_\_\_\_

## Other Operating Expenses

Postage & Delivery: \_\_\_\_\_ \$ \_\_\_\_\_

Telecommunications (specify): \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

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Applications are reviewed on the basis of the appropriateness and feasibility of the request.

Purposes for which grants are prohibited:

- Grants awards are not made for non-public purposes or where services are provided for personal gain.
  - Grants are not made conditional upon a grantee's political support or support of a position taken by the Commission.
  - Grant awards are not to be made to a District of Columbia agency or agency program funded by the DC Government.
  - Grant awards are not made if the funds will be used for food and/or entertainment purchases.
  - Grant awards are not made to an individual, as that would be deemed a non-public purpose expenditure.
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*I hereby certify that the information in this application and its attachments are true and correct to the best of my knowledge.*

\_\_\_\_\_  
Signature, Title

\_\_\_\_\_  
Date

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