

**ADVISORY NEIGHBORHOOD COMMISSION 6E GRANT
APPLICATION**

This form must be completed by applicants for funds from ANC 6E for community service projects. Only DC registered non-profit organizations may apply. Please contact an Advisory Neighborhood Commission 6E officer with any questions regarding the grant application process. Contact information for ANC 6C officers can be found on the Commission's website, www.anc6e.org.

Date of Request: _____ Date Grant Required: _____

Application Organization (Must be a Non-Profit Incorporated in the District of Columbia):

Address, Telephone, Email Address, and Website Address of Applicant Organization:

General Purpose of Applicant Organization:

A copy of the organization's Articles of Incorporation as filed with the DC Department of Consumer and Regulatory Affairs must be attached to this application.

Amount Sought: \$ _____

Specific Purpose of Request:

Please attach a detailed line item budget indicating how the requested grant funds will be utilized. If equipment is being purchased, please provide three (3) bids for the items(s) in question. Please note that ANC 6E grant funds cannot be used to pay for food or beverages, nor can any services to be provided using these grant funds duplicate services offered by the Government of the District of Columbia.

Other Funding Sources for Project and Amounts Obtained:

Public Benefit of Grant:

ANC 6E funds cannot be used for the benefit of individuals, families, or other small groups. Services provided using ANC 6E funds must benefit a large number of members of the general public.

Make Check Payable to:

Note: A report indicating how project funds were expended must be submitted within ninety (90) days after the grant is approved.

Name of Person Responsible for Report to ANC 6E:

Address, Telephone, and Email Address of Person Responsible for Grant Report:

If this grant request is for an activity that will result in a physical improvements in ANC 6E'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) for said SMD(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 6E.

Has the Applicant Organization Previously Received Grant Funding from ANC 6E? If Yes, Indicate Date of Last Grant Payment

I certify that the goods or services described above represent expenses that the requested ANC 6E funds will be used to pay for, and that no funds will be used for any purpose other than those approved by ANC 6E. Any amounts remaining after payment for the approved goods and services will be refunded via check made payable to Advisory Neighborhood Commission 6E.

Signature:

Date:

Title: _____

Organization: _____

Mail Grant Applications together with all required attachments to:

ADVISORY NEIGHBORHOOD COMMISSION 6E
PO BOX 26182
LEDROIT PARK STATION
WASHINGTON DC 20001