



Advisory Neighborhood Commission 1C

P.O. Box 21009, Kalorama Station NW, Washington, DC 20009 - <http://anc1c.org>

ANC 1C Grant Request Application

| Contact Information | |
|---|--|
| Date | |
| Amount Requested | |
| Organization Requesting Grant/Applicant | |
| Organization Address | |
| Organization City State ZIP | |
| Organization Phone | |
| Organization Representative Name | |
| Organization Representative Title | |
| E-Mail Address | |
| Organization Web Address | |

| About Your Organization | Yes | No |
|--|-----|----|
| Is your organization a 501 (c) (3)? If yes attach a copy of your organization's non-profit exemption status). | | |
| If no, indicate the 501(c)(3) organization that will receive and manage the grant funds on applicant's behalf): | | |
| Has your organization applied for 501(c)(3) status? | | |
| Has your organization previously applied for a grant from ANC 1C? | | |
| If yes, what was the amount of the grant request? \$ What year? | | |
| Was the grant awarded? | | |
| If yes, were all required receipts and a follow-up report given to the Commission? | | |
| If no, please explain: | | |
| Does your organization currently receive funding from the DC Government? | | |
| If yes, how much annually? \$ From what agency(ies)/office(s)? | | |
| Is your organization's Annual revenue stream less than \$50,000? | | |
| Is your organization an all-volunteer organization? | | |
| Is the organization based in Adams Morgan as defined by the boundaries of ANC1C? | | |

Applicant's Statement of Purpose

Please provide a description of what the grant will be used for. Attach a second page if necessary. ATTACH A LINE-ITEM BUDGET, WRITTEN ESTIMATES, BIDS, OR PRE-INVOICES TO THE GRANT APPLICATION.

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Agreement and Signature

The undersigned affirms under penalties of perjury that the responses to this Grant Application are true and correct to the best of his/her knowledge. On behalf of the Applicant, the undersigned acknowledges that this Grant Application may not be approved or that the Commission's grant budget may be insufficient to fund this Application even if approved. The Applicant's sole recourse to such non-approval or failure to fund is to submit another Application to the Commission.

The undersigned acknowledges familiarity with ANC 1C's Grant Guidelines and Policy Statement and specifically agrees to comply with the provisions concerning Grantee Compliance/Accountability.

| | |
|--------------|--|
| Name (Print) | |
| Title | |
| Signature | |
| Date | |