

ANC 1C Grant Application

Applicants can download, print, or view a full-text version of the grant application at the following link:

<http://bit.ly/ANC1C-grants-full-text>

This form will be reviewed by ANC 1C to determine:

- a. whether the grant funds would be used primarily to aid residents or organizations in the Adams Morgan ANC's geographic area;
- b. whether funding is available to the applicant from other sources or if the grant seeks to duplicate existing public or private services in the neighborhood or the District of Columbia;
- c. whether the applicant has sought funding from private sources;
- d. whether the persons served by the grant have limited income or opportunity to obtain the services or goods provided for in the grant as individuals;
- e. the number of persons and the diversity of groups to be served by the grant;
- f. whether the grant will serve the population as a whole or a limited number of persons;
- g. whether the grant funds will be used to purchase items that will have a greater frequency of use and/or longevity of use;
- h. whether the applicant will use Adams Morgan and/or District of Columbia vendors and or services to implement the purpose of the grant, unless those resources are unavailable in the neighborhood or District of Columbia;
- i. whether or not the grant funds will be used to purchase green products and services;
- j. whether the grant will serve to better human well-being.

Email address *

kbarden@adamsmorganonline.org

About the Organization

Organization Name *

Adams Morgan Partnership BID

Organization Address *

1640 Columbia Rd NW

Website *

admodc.org

Contact Name *

Kristen Barden

Contact Title *

Executive Director

Contact Phone *

2029970783

Grant Request

Amount Requested *

\$4,000

Name of project *

Community Hand Sanitizer Dispensing stations

Date funds will be used by: *

MM DD YYYY

07 / 01 / 2020

Does your organization currently receive funding from the DC government? *

Yes

No

DC Government Funding

How much funding does your organization receive annually from the DC government? *

\$138,000

From what agency or office? *

DSLBD

What is your organization's annual budget? *


\$803,000 for FY2020

Is the organization located in the Adams Morgan area as defined by the boundaries of ANC 1C? The map can be viewed here: <http://bit.ly/ANC1C-map> *

Yes

No

Please upload proof of non-profit status (e.g., attach a copy of the Internal Revenue Service (IRS) or DC Office of Tax & Revenue tax exemption letter or similar disclosure documentation to the application). *


 IRS letter - Kriste...

Grant Application

Please provide a detailed description of what the grant will be used for. *

Our intention is to install four hand sanitizer dispensing stations at various locations (in public space with public space permits) throughout the Adams Morgan Partnership Business Improvement District to help provide both the perception as well as the reality of a clean and safe environment for people to eat and shop.

Please upload relevant supporting documentation, which should include an itemized budget, written estimates, bids, or pre-invoices. *

 Hand sanitizer st...

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 their knowledge. On behalf of the Applicant (organization name), 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 (<http://bit.ly/ANC1C-grant-guidelines>) and specifically agrees to comply with the provisions concerning Grantee Compliance/Accountability.

Contact Name *

Kristen Barden

Contact Title *

Executive Director

Signature (please write your full name below to indicate compliance with the above statement)

*

Kristen L Barden

Date *

MM DD YYYY

05 / 26 / 2020

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