OFFICE OF THE ADVISORY NEIGHBORHOOD COMMISSIONS

FORM 100 – GRANT APPLICATION AND CLOSEOUT FORM

This document contains the Initial Grant Application. Fill out these pages if you are applying for a new grant.

Prepare Your Application

- Work with the relevant Advisory Neighborhood Commission (ANC) to identify opportunities to positively impact residents and businesses of the Commission Area
- Review this list of **Prohibited Grantees.** Organizations on this list may not apply for ANC grants until their deficiencies are resolved.
- Research required permits, laws, and policies governing the grant purpose. ANC grant funds may not be used to pay for D.C. Government permits.
- Gather all required documentation *(e.g., planned outcomes, organizational structure, funding, financials, project plan & budget, performance Indicators.)*
    - *The absence of information will delay reviewing and processing of an application and may result in a rejection of the application.*
    - *Assemble and save all supporting documents as PDF.*
- Allow time for processing, applications can take up to 30 days to review.

Submit Your Application

- Fill out this application in its entirety and submit all required documentation to BOTH the ANC and to the Office of Advisory Neighborhood Commissions (OANC) at oancs@dc.gov
- There may be additional requests for information or supporting documentation.

For information about Grants, visit the OANC Grants Webpage

Terms and Conditions

Upon approval of a grant, the Grantee agrees to the following terms and conditions:

- *The OANC is required to maintain a list of **Prohibited Grantees** and may disallow grant expenditures by ANCs which provide grants to any past grant recipient on the list that used grant funds contrary to the associated grant agreement.*
- *The OANC may disallow grant expenditures by any ANC that issues grants to entities appearing on the list due to prior misuse of funds in violation of a grant agreement.*
- *Grantees who expend ANC funds for purposes not approved by the ANC, or who fail to return unexpended funds, are subject to inclusion on the Prohibited Grantees List.*
- *Grantees who fail to submit receipts, required documentation, or closeout forms, resulting in the loss of ANC funds, may be placed on the Prohibited Grantees List for a probationary period, the length of which shall be determined by the nature and impact of the noncompliance.*
- *If the Grant is approved, the Grantee is not authorized to change the purpose or use of funds.*
- *Grantees who fail to provide receipts, required documents, or grant close out forms resulting in loss of ANC funds may be added to the **Prohibited Grantees** list for a probationary period depending upon the specific nature and impact of the error.*

APPLICANT INFORMATION

Application Date		**ANC**	8E	**Grant Amount Requested**	
Person Authorized to submit this Application:					
Organization Name:					
Organization Address:					
Primary Contact Phone Number:					
Primary Email Address:					

EVENT DETAILS

Start Date		**End Date**		**Start Time**	fafdad	**End Time**	
Grant / Project Title							
Event Address							
Event Sponsor Name *(if different)*							
Are Event Permit(s) Required?	**YES**	☐	**NO**	☐			
Are the Required Permits In-Hand?	**YES**	☐	**NO**	☐			

DESCRIPTION OF GRANT

Statement of Community Benefit: *(Please describe how ANC funds will be used if the grant is awarded, including the specific benefits to residents and businesses in the ANC, and how the grant addresses the needs and priorities of the ANC.)*

Please explain how this project does not duplicate services provided by the DC Government?
How will success of this project/event be measured and documented *(i.e. number of participants and outcomes)?*

STRUCTURE

Is this Organization a 501(c)3?	**YES**	☐	**NO**	☐
Are you a For-Profit Entity?	**YES**	☐	**NO**	☐

If you answered yes, to either of the above questions, provide the EIN and Incorporation date below

EIN #		***Incorporation Date:***	

Will you be using a Fiscal Agent?	**YES**	☐	**NO**	☐

Agent Name		**Phone**		**Email**	

FUNDING

List all Sources of Current Funding:	
List Any Other Sources of Funding *(for this project):*	

	First & Last Name	**Board Role**
First and Last Names of all Board Members:		

MATERIAL SUBSTANCE

Have you previously requested a Grant from this ANC	**YES**	☐	**NO**	☐
Date of Last Request:				
Was the Grant Approved or Denied	**YES**	☐	**NO**	☐
Amount of Grant Approved:				

ASSOCIATED ANCS

Are Multiple ANCs involved with this Grant?	**YES**	☐	**NO**	☐
List All ANCs from Whom Funding has been requested?				

PROJECT BUDGET

Projected Total Event Cost:	
Of this amount, how much are Overhead Costs?	
Describe How Overhead Costs are Calculated:	

NOTE: Project Overhead – also called indirect costs. *These expenses cannot be directly attributed to one project, but instead are costs related to running the organization and therefore apply to all projects the organization completes*

Is the Detailed Project Budget Attached to this Application?	**YES**	☐	**NO**	☐
Does your budget clearly identify the expenses which you are seeking funding?	**YES**	☐	**NO**	☐
Does your budget clearly identify the expenses for which the Grant will be used for?	**YES**	☐	**NO**	☐

INITIAL GRANT APPLICATION CHECKLIST

Please review this list to ensure that your Grant Application is complete.

☐	Did you provide all information requested on the application form?
☐	Did you include a detailed description of your proposed project?
☐	Did you include a detailed and itemized budget showing all projected expenses indicating which expenses the ANC grant money will be used for?
☐	If a recurring event, have you provided supporting documents, including financial statements, newspaper clippings, brochures, etc., in support of the grant application?
☐	Have you clearly stated the public purpose of the grant? (e.g. how the use of ANC funds will significantly benefit the people who live and work in the ANC area?

Ready to Submit?

1. Sign, Date, and Submit this Application and ALL relevant attachments to BOTH the ANC and OANC (oancs@dc.gov)
2. Contact the ANC to schedule a presentation during their next monthly public meeting.

STATEMENT OF GOOD FAITH

By signing below, I certify that the information provided in this application is true and correct to the best of my knowledge and belief and understand and agree that I have a continuing obligation to advise the OANC and ANC if there is any change in circumstances. I also understand that use of funds for non-permissible uses may result in the loss of funds to the ANC and that grant funds unused at the end of the project or used contrary to the grant request must be returned to the ANC.

Printed Name		***Date***		***Signature***	