

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
ADVISORY NEIGHBORHOOD COMMISSION 5C**

POST OFFICE BOX 77761  
WASHINGTON, D.C. 20013

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TELEPHONE: 832-1965/1966 - FAX: 832-1969

[www.anc5c.org](http://www.anc5c.org)

**GRANT REQUEST APPLICATION**

*Date of Application:* \_\_\_\_\_

*Name of Organization:* \_\_\_\_\_

*Address of Organization:* \_\_\_\_\_

*Contact Person:* \_\_\_\_\_

*Telephone Numbers: Day* \_\_\_\_\_ *Evening* \_\_\_\_\_

*Amount Requested from ANC 5C: \$* \_\_\_\_\_ *SMD* \_\_\_\_\_

*Organization's Description/Background:*

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*Purpose of grant and area to be served:*

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*Goals and objectives of the project for which the grant is requested:*

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*Work plan and schedule for the completion of the project:*

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*Budget for the project, including estimated funding from sources other than ANC 5C. Give an itemized list of items to be purchased. (Please submit a purchase order):*

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*Has our organization previously applied for a grant from ANC 5C? If "Yes," please give date, amount, purpose of grant and state if grant was approved:*

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*If awarded a grant by ANC 5C, I certify that within 60 days after the grant award is disbursed that I shall forward to the Commission a statement as to the use of the funds received. This statement should be consistent with the information in the original grant application. The appropriate documentation, including invoices, sales receipts, etc., must also be submitted to the Commission along with the report. Failure to meet these requirements shall hold the organization that I represent liable for the repayment of grant funds received to ANC 5C.*

*Name (Please Print):* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of Authorized Representative:* \_\_\_\_\_

*If you wish, you may attach letters, clippings, or other materials you feel may aid in the consideration of your grant application.*

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*(For ANC 5C Office Use Only)*

*Grant Approved:* \_\_\_\_\_ *Not Approved:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Signature of Chairperson:* \_\_\_\_\_

*Signature of Treasurer:* \_\_\_\_\_