

ANC5E Grant Application

Please print this form, fill in all of the information below and submit the completed document to your Single Member District (SMD) Advisory Neighborhood Commissioner (ANC).

Please also include/attach the following required documents for consideration:

[501c3 status documentation]

[Itemized budget for the entire project and how the funds will be used] [Itemized budget for how the requested funds will be used]

GRANT APPLICATION:

Date of application _____

Date of project of activity _____

Applicant organization name and address (501c3)

Contact name _____

Contact person's title _____

Contact person's address

Contact person's telephone # _____

Contact person's fax # (if applicable) _____

Contact person's email address _____

Name of SMD ANC Commissioner _____

Brief description of proposed project/activity

Grant category (check one)

Beautification Recreation Technology Literacy Programs
 Cultural Education Field Trips Community Outreach Musical Instruction
 Other

Projected total cost of the project: \$ _____

Total amount requested: \$ _____

Purpose of the activity/project:

Statement of public benefit:

Proposed dates of availability to present at a public ANC5E meeting

Submit this completed document to your Single Member District ANC 5E Commissioner.