

**MUNICIPALITY OF ANCHORAGE**  
**2014 MAYOR'S COMMUNITY GRANT APPLICATION**

PO Box 196650, Anchorage, AK 99519-6650  
Telephone: (907) 343-7101 Fax: (907) 343-7180

Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Officer Name: \_\_\_\_\_ Title: \_\_\_\_\_

(Must be listed as Official, not Registered Agent) on SOA Business Licensing website; this person will sign the agreement)

Incorporation Date: \_\_\_\_\_ Tax ID No.: \_\_\_\_\_

Funds are being requested for what Program(s) \_\_\_\_\_

Amount of funds requested or amount of in-kind support for this program: \$ \_\_\_\_\_

Are you requesting any other funds from Municipal Agencies? \_\_\_\_\_

If so, from what Municipal Agencies \_\_\_\_\_

**Criteria for Eligibility: Completed application must meet the following criteria:**

1. The organization must be a nonprofit entity with 501(c)(3) federal tax exempt status and a physical office in the Municipality of Anchorage;
2. The organization must have articles of incorporation and by-laws filed with the State of Alaska or be a recognized local chapter of a national organization;
3. The organization must have a full time Anchorage based volunteer board of directors comprised of at least five (5) members;
4. The organization must have a nondiscrimination policy for personnel, clients, and volunteers;
5. The organization must receive at least 20% or \$50,000 (whichever is less) of its annual budget from charitable giving;
6. A completed application shall include the following:
  - A copy of the mission statement;
  - A copy of an Alaska Certificate of Incorporation, business license, or Certificate of Good Standing;
  - A list of board members with mailing addresses and percent of board members making monetary contributions to the organization;
  - A copy of the IRS tax exempt determination letter;
  - A description of the program and its beneficiaries;
  - A budget for the total amount of funds requested along with a description of where these funds will be expended.

**Note:** The organization must provide an accounting of how the funds were utilized by a date certain, which will be stated in the Agreement signed by Officer of Organization.

**Certification:** I hereby certify that the above named organization meets and agrees to the eligibility criteria as herein stated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name and Title \_\_\_\_\_

**DEADLINE: GRANT APPLICATIONS MUST BE RECEIVED IN THE MAYOR'S  
OFFICE NO LATER THAN 5:00PM ON DECEMBER 15, 2013**