

MUNICIPALITY OF ANCHORAGE
2012 MAYOR'S COMMUNITY GRANT APPLICATION

P.O. 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: _____

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 have 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.

Please note: By February 15, 2013, the organization must provide an accounting of how the funds were utilized.

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, 2011.**