

MUNICIPALITY OF ANCHORAGE

COMMUNITY GRANT APPLICATION

PO Box 196650, Anchorage, AK 99519-6650

Telephone: 343-7110 Fax: 343-7180

Organization Name: _____

Street Address: _____

_____ Zipcode: _____

Mailing Address: _____

_____ Zipcode: _____

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____

Other Telephone: _____ Email: _____

Incorporation Date: _____ Tax ID No.: _____

Criteria for Eligibility: Completed applications 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;
 - The total amount of funds needed for this program;
 - The amount of funds requested from the MOA or in kind support for this program;
 - Are you requesting any other funds from Municipal agencies?
 - By February 15 of the year following receipt of the grant, 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.

_____ Date: _____

By: _____

Title: _____