

December 22, 2016

Dear ANC Commissioner:

Congratulations on your recent election as an Advisory Neighborhood Commissioner. The team at the Office of the District of Columbia Auditor (ODCA) and I look forward to working with you during your tenure representing your Advisory Neighborhood Commission (ANC).

ANC law requires that ANCs elect new officers each year during the month of January, and provide bonding or ANC Security Fund (Fund) participation documents. ANC law requires that each calendar year the ANC's Chairperson and Treasurer obtain a cash or surety bond OR the ANC participates in the ANC Security Fund.<sup>1</sup>

Although you may not be elected to serve as an officer for your ANC, as an ANC Commissioner, it is your fiduciary duty to ensure that your ANC submits the necessary bonding or ANC Security Fund documentation. This letter outlines the bonding and Fund participation requirements.

To participate in the Fund, ANCs must pay a participation fee of \$25 and file information required by the Advisory Neighborhood Commissions Act of 1975, as amended,<sup>2</sup> with ODCA. This information must be completed and returned to ODCA, along with the \$25 participation fee, by **Tuesday, January 31, 2017**. Checks written after January 31, 2017, that are not covered by a cash or surety bond or participation in the Fund, will result in the deduction of said expenditures from the ANC's future quarterly allotments.

All forms pertaining to the Fund can be found on ODCA's website at [dcauditor.org](http://dcauditor.org).<sup>3</sup> Please make checks for the \$25 fee payable to the ANC Security Fund. It is important that all forms are accurately completed. Examples of completed forms are included as attachments with this letter.

Please note that the ANC Act provides that:

Checks for expenditures must be signed by two officers, one of whom must be the Treasurer or Chairperson who has met the bonding requirements. Since January is a period of transition for ANCs, January is the only time disbursements for ongoing operating expenses that have been approved by the ANC can be written on the ANC's account prior to the ANC obtaining a cash or surety bond or participating in the Fund.

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<sup>1</sup> See D.C. Code § 1-309.13

<sup>2</sup> See D.C. Code § 1-309.14

<sup>3</sup> Specifically at, <http://www.dcauditor.org/~dcaudi5/important-anc-financial-forms>

Following the short transition period after an election in which newly elected officers, who have begun their terms, satisfy the bonding requirements for signing checks, the **outgoing officers do not retain any authority to sign checks as they no longer hold office and cannot satisfy the requirements under the ANC Act.**<sup>4</sup>

Should you have questions regarding this or any other ANC matter, please do not hesitate to contact me or Deputy Auditor Lawrence Perry at 202-727-3600 or [lawrence.perry@dc.gov](mailto:lawrence.perry@dc.gov).

Sincerely,

A handwritten signature in blue ink that reads "Kathleen Patterson". The signature is written in a cursive style with a large, flowing "K" and "P".

Kathleen Patterson  
District of Columbia Auditor

cc: Gottlieb Simon, Executive Director  
Office of Advisory Neighborhood Commissions

17:069:LP:fs

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<sup>4</sup> See OAG Advice Letter, RE: May an outgoing officer continue to sign checks following the annual election of officers? dated March 15, 2010.

**Advisory Neighborhood Commission Security Fund  
AGREEMENT FOR CALENDAR YEAR 2017**

In order to comply with the requirements of the D.C. Code, Section 1-309.13 of the Advisory Neighborhood Commissions Act of 1975, as amended, the undersigned Advisory Neighborhood Commission agrees to participate in the Advisory Neighborhood Commission Security Fund.

Advisory Neighborhood Commission (ANC) \_\_\_\_\_ agrees to contribute the sum of twenty five dollars (**\$25**), to participate in the Fund for the period January 1, 2017, to December 31, 2017. **Please make checks payable to "The ANC Security Fund."**

The Fund shall secure the ANC against misappropriation and negligent losses of funds by the Chairperson and Treasurer of the ANC for unpaid operating expenses that do not exceed the amount of the loss or do not exceed 50 percent of the ANC's Fiscal Year 2016 annual allocation, whichever is less. The Fund, however, shall not be liable for any loss resulting from an expenditure, whether or not legal, that was authorized by vote of the ANC.

Monies from the Fund shall be payable to the ANC only upon written application to the Fund signed by a majority of the members of the ANC and approved by the ANC Security Fund Board of Trustees.

This agreement shall be subject to the guidelines established by the Fund's Board of Trustees.

ADVISORY NEIGHBORHOOD COMMISSION \_\_\_\_\_

By \_\_\_\_\_  
Chairperson Date

\_\_\_\_\_  
Secretary Date

\_\_\_\_\_, Chairperson and \_\_\_\_\_, Treasurer, of the above ANC consent to participation in the Advisory Neighborhood Commission Security Fund and agree to be personally liable to the Fund for any sums paid out by the Fund as a result of my wrongful misappropriation or negligent loss of ANC monies.

\_\_\_\_\_  
Signature of Chairperson Date

\_\_\_\_\_  
Signature of Treasurer Date

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ACCEPTED: ADVISORY NEIGHBORHOOD COMMISSION SECURITY FUND, \_\_\_\_\_, 2017.

By \_\_\_\_\_  
Kathleen Patterson  
District of Columbia Auditor

**RESOLUTION**

**Advisory Neighborhood Commission \_\_\_\_\_**

Resolved that this Commission approves the ANC’s participation in the Advisory Neighborhood Commission Security Fund and authorizes the Treasurer to pay the \$25 fee for the period January 1, 2017, through December 31, 2017. The Chairperson and Secretary are authorized to execute the attached agreement.

It is understood that: (1) the check for participation in the ANC Security Fund should be made payable to “ANC Security Fund,” (2) the ANC is not considered a participant in the Fund until the ANC has received the acceptance section of the agreement which has been signed by the District of Columbia Auditor, and (3) the agreement will not be accepted by the Auditor until all required documents have been received by the Office of the Auditor. The required documents are:

- Resolution
- Agreement
- ANC Check
- Statement of Information - Chairperson
- Statement of Information - Treasurer
- Bank Survey
- Copy of Current Bank Signature Card

Resolution approved at public meeting held on: \_\_\_\_\_

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

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

\_\_\_\_\_  
**Signature of Secretary**

**MEMORANDUM**

To: Kathleen Patterson  
District of Columbia Auditor

From: Advisory Neighborhood Commission \_\_\_\_\_

Subject: Statement of Information – Chairperson, Calendar Year 2017

ANC address: \_\_\_\_\_

ANC telephone number: \_\_\_\_\_

The following information is submitted as of \_\_\_\_\_

NAME OF CHAIRPERSON \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

BUSINESS ADDRESS (if any) \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

BUSINESS TELEPHONE NUMBER (if any) \_\_\_\_\_

E:MAIL ADDRESS (if any) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chairperson

Mail to: Kathleen Patterson  
District of Columbia Auditor  
Office of the District of Columbia Auditor  
717 14<sup>th</sup> St., N.W., Suite 900  
Washington, DC 20005

**MEMORANDUM**

To: Kathleen Patterson  
District of Columbia Auditor

From: Advisory Neighborhood Commission \_\_\_\_\_

Subject: Statement of Information – Treasurer, Calendar Year 2017

ANC address: \_\_\_\_\_  
\_\_\_\_\_

ANC telephone number: \_\_\_\_\_

The following information is submitted as of \_\_\_\_\_

NAME OF TREASURER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BUSINESS ADDRESS (if any) \_\_\_\_\_  
\_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

BUSINESS TELEPHONE NUMBER (if any) \_\_\_\_\_

E:MAIL ADDRESS (if any) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Treasurer

Mail to: Kathleen Patterson  
District of Columbia Auditor  
Office of the District of Columbia Auditor  
717 14<sup>th</sup> Street, N.W., Suite 900  
Washington, D.C. 20005

**Office of the District of Columbia Auditor**  
Advisory Neighborhood Commission  
Bank Survey

ANC \_\_\_\_\_

Calendar Year **2017**

ANC's Bank Name: \_\_\_\_\_

ANC's Bank Contact Person: \_\_\_\_\_

ANC's Bank Contact Person's Phone # : \_\_\_\_\_

ANC's Bank Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

ANC's Bank Routing Number \_\_\_\_\_

ANC Bank Account Name:

A. Checking Account Name \_\_\_\_\_

B. Savings Account Name \_\_\_\_\_

ANC's Bank Account Number:

A. Checking Account Number: \_\_\_\_\_

B. Savings Account Number: \_\_\_\_\_

ANC's D.C. Tax I.D. # (should be DC TIN): \_\_\_\_\_

ANC's Mailing Address: \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

ANC's Office Phone # : \_\_\_\_\_

ANC's E:mail address: \_\_\_\_\_

ANC Chairperson: \_\_\_\_\_

ANC Vice-Chairperson: \_\_\_\_\_

ANC Treasurer: \_\_\_\_\_

ANC Secretary: \_\_\_\_\_

Please list all officers who are signatories on the ANC's bank signature card for calendar year 2017 **and attach a copy of the bank signature card and completed verification below.**

**Calendar Year 2017 Bank Signatories**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>BANK VERIFICATION</b>
Bank Official Signature
Date