

**OFFICE OF THE DISTRICT OF COLUMBIA AUDITOR**  
**ANC GRANT REQUEST FORM**

**ANC**

**DATE**

**Commissioners Name**

**Email**

**Phone Number**

Brief Description/Purpose:

Public Benefit:

Proposed Items/Activities to be Paid for:

Send to ANC Operations (ancoperations@dc.gov) with attached Grant Application.

OFFICE USE ONLY

Date Completed Request Received

Comments