

**Advisory Neighborhood Commission Security Fund
AGREEMENT FOR CALENDAR YEAR 2018**

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, 2018 to December 31, 2018. **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 2017 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:
_____, 2018

ADVISORY NEIGHBORHOOD COMMISSION SECURITY FUND
By _____
Kathy 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, 2018 through December 31, 2018. 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
Statement of Information - Chairperson
Calendar Year 2018

TO: Kathy Patterson
District of Columbia Auditor

FROM: Advisory Neighborhood Commission _____

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: Kathy Patterson
District of Columbia Auditor
Office of the District of Columbia Auditor
717 14th Street, N.W., Suite 900
Washington, D.C. 20005

MEMORANDUM
Statement of Information - Treasurer
Calendar Year 2018

TO: Kathy Patterson
District of Columbia Auditor

FROM: Advisory Neighborhood Commission _____

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: Kathy Patterson
District of Columbia Auditor
Office of the District of Columbia Auditor
717 14th Street, N.W., Suite 900
Washington, D.C. 20005

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

ANC _____

Calendar Year **2018**

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 2018 **and attach a copy of the bank signature card and completed verification below.**

Calendar Year 2018 Bank Signatories

BANK VERIFICATION
Bank Official Signature
Date