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## COMMUNITY BENEFIT FUNDS APPLICATION

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### Contact Information

Name of Project Leader/Organization:

Full Name:

Organization Name:

Mailing Address:

City:

Zip Code:

Phone Number:

Email:

**Statement of the need: What issue are you addressing? Why have you chosen to respond to the issue in this way? How was the need identified?**

**Project activity: Provide an overview of the intended approach to address the outlined issue/need. Why is your approach deserving of the funding? Indicate if there will be any collaboration with other organizations.**

**Intended Outcomes: What specific outcomes are you hoping to achieve?**

**Amount Requested: Please list specific amount requested along with a breakdown of how funds will be spent. Commission will approve grant request between \$250-\$2,500. Amounts over \$2,500 are at the discretion of the Commission.**

**ANC 7F completes below this line only**

**Date Application Submitted:**

**Date Commission Voted on Application:**

**District of Proposed Application & Commissioner:**

**Commission Vote - Yays:    Nays:    Abstentions:**

**Amount Approved:**

**Please note all grantees approved for funding must provide ANC 7F with an end-of-project report and sign a grant agreement before funds are released. Failure to do so may disqualify grantee from future funding.**