

**Advisory Neighborhood Commission Security Fund
AGREEMENT FOR CALENDAR YEAR 2012**

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, 2012 to December 31, 2012.

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 2011 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.

Chairperson Date

Treasurer Date

-

ACCEPTED:
_____, 2012

ADVISORY NEIGHBORHOOD COMMISSION SECURITY FUND
By _____
Yolanda Branche
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, 2012 through December 31, 2012. 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: _____

Treasurer

Chairperson

Secretary

MEMORANDUM
Statement of Information - Chairperson
Calendar Year 2012

TO: Yolanda Branche
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: Yolanda Branche
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 2012

TO: Yolanda Branche
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: Yolanda Branche
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 2012

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 Account Number:

A. Checking Account Number:

B. Savings Account Number:

ANC's D.C. Tax I.D. #:

ANC's Mailing Address:

City/State/Zip Code

ANC's 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 2012 **and provide a copy of the bank signature card.**

Calendar Year 2012 Bank Signatories
