

**Advisory Neighborhood Commission Security Fund  
AGREEMENT FOR CALENDAR YEAR 2020**

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, 2020, to December 31, 2020. **Please make checks payable to "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 2019 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 \_\_\_\_\_  
Signature of Chairperson Date

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

ACCEPTED:

\_\_\_\_\_, 2020

ADVISORY NEIGHBORHOOD COMMISSION SECURITY FUND

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, 2020 through December 31, 2020. 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 District of Columbia 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<sup>1</sup>

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

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**Signature of Treasurer**

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**Signature of Chairperson**

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**Signature of Secretary**

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<sup>1</sup> All ANCs are funded by the District of Columbia government through quarterly financial allotments. Thus, ANC funds are District of Columbia government funds and all ANCs are required to identify themselves to financial institutions as entities of the District of Columbia government and include the District's Tax Identification Number (TIN) 53-6001131 on all ANC bank accounts. The District's TIN does not replace the Federal Tax Identification Number, or EIN, used by an ANC to report taxes withheld from an ANC employee's wages. However, the District's TIN is required by the Government of the District of Columbia to identify and establish that all monies in ANC checking and savings accounts are the property of the District of Columbia Government, and to provide certification to the bank that all information related to the bank account(s) should be reported to the Internal Revenue Service (IRS) under the above-mentioned TIN. Further, the TIN authorizes the District of Columbia Office of the Chief Financial Officer's Office of Finance and Treasury to obtain ANC account information, request any holds be placed on the account, and request the return of account balances to the District Government, if necessary.

**MEMORANDUM**  
**Statement of Information - Chairperson**  
**Calendar Year 2020**

TO: Kathy Patterson  
District of Columbia Auditor

FROM: Advisory Neighborhood Commission \_\_\_\_\_

DATE: \_\_\_\_\_

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

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

BUSINESS ADDRESS \_\_\_\_\_

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

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ANC ADDRESS: \_\_\_\_\_

ANC TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Date

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

Mail to: Kathy 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

**MEMORANDUM**  
**Statement of Information - Treasurer**  
**Calendar Year 2020**

TO: Kathy Patterson  
District of Columbia Auditor

FROM: Advisory Neighborhood Commission \_\_\_\_\_

DATE: \_\_\_\_\_

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

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

BUSINESS ADDRESS \_\_\_\_\_

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

BUSINESS TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

LOCATION OF ANC BOOKS<sup>2</sup> \_\_\_\_\_

ANC ADDRESS: \_\_\_\_\_

ANC TELEPHONE NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Date

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

Mail to: Kathy 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

\_\_\_\_\_  
<sup>2</sup> See 1.309-13 (c)

**Office of the District of Columbia Auditor**

Advisory Neighborhood Commission  
Bank Survey

ANC \_\_\_\_\_

**Calendar Year 2020**

**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 Checking Account Info:**

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

**B. Checking Account Number** \_\_\_\_\_

**ANC's Bank Savings Account Info:**

**A. Savings Account Name:** \_\_\_\_\_

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

**ANC Debit Card<sup>3</sup>**                     **Yes**                     **No**

**A. Name on Card and Card Number** \_\_\_\_\_

**B. Name on Card and Card Number** \_\_\_\_\_

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

**Please list all officers who are signatories on the ANC's bank signature card for calendar year 2020 and attach a copy of the bank signature card (both Checking and Savings) and complete verification below.**

**Calendar Year 2020 Bank Signatories**

Print	Signature
_____	_____
_____	_____
_____	_____
_____	_____

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

<sup>3</sup> 1-309.13 Debit cards are not to be obtained until policies have been issued by the OANC. Upon the ANC obtaining debit cards an updated bank survey and signature card and a new agreement will need to be submitted.

**Office of the District of Columbia Auditor**

Advisory Neighborhood Commission

ANC Information

ANC \_\_\_\_\_

**Calendar Year 2020**

**ANC's Mailing Address:**

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**City/State/Zip Code**

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**ANC's Office Phone # :**

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**ANC's Email address:**

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**ANC Chairperson:**

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**ANC Vice-Chairperson:**

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**ANC Treasurer:**

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**ANC Secretary:**

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