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

_____________________________________________________

Signature of Chairperson   Date

_____________________________________________________

Signature of Treasurer   Date

--------------------------------------------------------------------------------------------------------------------------------------------

ACCEPTED:  ADVISORY NEIGHBORHOOD COMMISSION SECURITY FUND

___________, 2020

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

Resolution approved at public meeting held on: ________________

<table>
<thead>
<tr>
<th>Signature of Treasurer</th>
<th>Signature of Chairperson</th>
<th>Signature of Secretary</th>
</tr>
</thead>
</table>

1 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 14th 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 BOOKS2
______________________________________________

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 14th Street, N.W., Suite 900
        Washington, D.C. 20005

2 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’s 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:\n\[\begin{array}{ll}
\text{Yes} & \text{No} \\
\hline
\end{array}\]

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

<table>
<thead>
<tr>
<th>Print</th>
<th>Signature</th>
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<tbody>
<tr>
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</tbody>
</table>

BANK VERIFICATION

<table>
<thead>
<tr>
<th>Bank Official Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

\(^3\) 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.
<table>
<thead>
<tr>
<th>ANC _____</th>
<th>Calendar Year 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ANC’s Mailing Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City/State/Zip Code</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ANC’s Office Phone # :</strong></td>
<td></td>
</tr>
<tr>
<td><strong>ANC’s Email address:</strong></td>
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<tr>
<td><strong>ANC Chairperson:</strong></td>
<td></td>
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<tr>
<td><strong>ANC Vice-Chairperson:</strong></td>
<td></td>
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<tr>
<td><strong>ANC Treasurer:</strong></td>
<td></td>
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<tr>
<td><strong>ANC Secretary:</strong></td>
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</table>