

**MASSACHUSETTS CULTURAL COUNCIL  
LOCAL CULTURAL COUNCIL REIMBURSEMENT FORM FOR LCC AND PASS GRANTS**

Applicant \_\_\_\_\_

Federal Employee ID #/Tax Identification # \_\_\_\_\_ (Organizations)

**or** Social Security # \_\_\_\_\_ (Individuals)

Total award amount \$ \_\_\_\_\_ Amount to be paid now \$ \_\_\_\_\_

Please check here if you have attached any invoices, cancelled checks, receipts, etc.

**This request is:**

1.  a progress payment  
**or**  
 final payment

2.  for the applicant  
**or**  
 third-party vendor

MAKE CHECK PAYABLE TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

"As applicant for the project as detailed above, I certify that the statements made herein are true and that the funds requested to be disbursed fulfill the purpose indicated in the approved application, and that I will fulfill the credit policy requirements outlined in the packet sent to all applicants by the MCC and on the MCC's Web site at [www.massculturalcouncil.org](http://www.massculturalcouncil.org)."

[If your grant was approved with a CONDITION]: "I further testify that the condition imposed on the project has or is being met."

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Signature of applicant or officer of applicant organization with  
legal authority to bind and execute this certification

\_\_\_\_\_  
Date

---

**FOR LOCAL CULTURAL COUNCIL USE ONLY**

*Please check:*

The LCC has notified the applicant of the credit policy outlined in the *LCC Program Regulations and Guidelines* ([http://www.massculturalcouncil.org/contracts/lccred\\_recip.html](http://www.massculturalcouncil.org/contracts/lccred_recip.html)).

The applicant has completed all or part of the project described in the original proposal approved, and has submitted appropriate supporting documentation regarding how funds were used.

\_\_\_\_\_  
LCC Treasurer (or designee) Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
LCC Member Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**Once processed, please remember to obscure the recipient's Social Security #**