



Local Cultural Council Program REIMBURSEMENT FORM

Grantee _____ Application # _____

Contact Phone _____ Contact Email _____

Project Title _____

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

**Please attach supporting documentation such as copies of programs, press, invoices, cancelled checks, and receipts, as required by the LCC for payment.*

This request is for: 1. ☐ a program payment **or** ☐ final payment; **AND**
2. ☐ for the applicant **or** ☐ third-party vendor

MAKE CHECK PAYABLE TO:

NAME _____

ADDRESS _____

CITY/TOWN _____ STATE/ZIP _____

Tax ID/FED EMPLOYEE ID/SOCIAL SECURITY # _____

"As grantee for the project 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 have fulfilled the credit policy requirements outlined on Mass Cultural Council's website.

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

Signed under the pains and penalties of perjury:

Signature of grantee or officer of grantee organization with
legal authority to bind and execute this certification

Date

FOR LOCAL CULTURAL COUNCIL USE ONLY: *If the LCC is satisfied that the project has been completed as promised, a subcommittee of a minimum of two LCC members must approve this payment. One member can sign the form and write the name of the Reviewer to indicate approval or both can sign.*

Please check:

☐ The LCC has notified the grantee of the credit policy outlined in the LCC Program Guidelines.

☐ The grantee 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 Member Signature

Print Name

Date

LCC Member Reviewer Name

Date

Once processed, please obscure the recipients Social Security or Tax ID number.

Revised July 2025