



LOCAL CULTURAL COUNCIL PROGRAM REIMBURSEMENT FORM

For Council Use: Application #

Grantee
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 Local Cultural Council for payment.

This request is: 1. [] a progress payment 2. [] for the applicant
[] final payment [] 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 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 have fulfilled the credit policy requirements outlined on the Mass Cultural Council 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: Must be completed and signed by at least two Cultural Council members.

Please check:

The LCC has notified the grantee of the credit policy outlined in the LCC Program Regulations and 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 Signature Print Name Date

Once processed, please obscure the recipient's Social Security or Tax ID number.