



**MASSACHUSETTS CULTURAL COUNCIL
LOCAL CULTURAL COUNCIL PROGRAM REIMBURSEMENT FORM**

Grantee _____

For Council Use: Application Number _____

Project Title _____

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

*Please attach supporting documentation such as copies of programs, fliers, press, invoices, cancelled checks, receipts, etc. as required by the local cultural council for payment.

This request is:

1. <input type="checkbox"/> a progress payment or <input type="checkbox"/> a final payment	2. <input type="checkbox"/> for the grantee or <input type="checkbox"/> for third-party vendor
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MAKE CHECK PAYABLE TO:

NAME _____

ADDRESS _____

CITY/TOWN _____ STATE/ZIP _____

TAX ID #/FED EMPLOYEE # OR 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 MCC's website at www.massculturalcouncil.org."

[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 approved application, 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 remember to obscure the recipient's Social Security Number

Revised July 2011