MASSACHUSETTS CULTURAL COUNCIL
LOCAL CULTURAL COUNCIL PROGRAM REIMBURSEMENT FORM

Grantee_____

Project Title_____

For Council Use:
Application Number _____

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. ☐ a progress payment
or
☐ a final payment

2. ☐ for the grantee
or
☐ for third-party vendor

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

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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**