



# LOCAL CULTURAL COUNCIL PROGRAM GRANT AGREEMENT

Grantee \_\_\_\_\_ Application # \_\_\_\_\_

Project Title \_\_\_\_\_

Total award amount \$ \_\_\_\_\_ Amount requested (if less) \$ \_\_\_\_\_

\*Please attach any supporting documentation as required by the Local Cultural Council for payment.

This request is for payment to:  the grantee or  a third-party vendor

MAKE CHECK PAYABLE TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

To receive payment, please complete the attached W-9 Form and submit it with this agreement.

**By signing the Grant Agreement, I agree to:**

- Ensure the funded program is accessible to people with disabilities and does not discriminate on any basis
- Comply with any published local guidelines or conditions, if applicable
- Notify the Local Cultural Council of any material changes to the funded program
- Properly credit the Local Cultural Council and Mass Cultural Council for their financial support
- Submit a Final Report upon completion of the project
- Return the grant funds, in full, if the project is not completed as approved

\_\_\_\_\_  
Signature and title of grantee or officer of grantee organization with  
legal authority to bind and execute this agreement

\_\_\_\_\_  
Date

*Optional: If you would like to share news, photos, or video of your funded program with the Mass Cultural Council please send to: [lcc@art.state.ma.us](mailto:lcc@art.state.ma.us)*

FOR LOCAL CULTURAL COUNCIL USE ONLY: Requires two members' signatures to approve payment.

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

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date