

Springfield Cultural Council Reimbursement Form – FY 2006/2007

Type or print clearly. Use the same "applicant" name used on your original application.

Date: _____

Applicant Name: (As it appeared on original application) _____

Organization Name: _____

Contact Name for this reimbursement form: _____ **Phone:** _____

Application Number: ____/____

This request is.... 1. () for a progress payment of..... \$ _____

OR

2. () for a final payment of..... \$ _____

Make Check payable to:

Name _____

Social Security Number or Tax I.D. Number _____

and send check to:

Address _____

City/Town _____ Massachusetts ZIP _____

"As applicant 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."
(If your grant was approved with a CONDITION): "I further testify that the condition imposed on the project has or is being met."

Signed under the pains and penalties of perjury:

Applicant signature or officer of applicant organization with legal authority to bind and execute this certification.

Date

ATTACH THE FOLLOWING DOCUMENTATION: Sample of credit given to MCC and SCC which your audience saw, receipts, bills, invoices or cancelled checks. We do not reimburse food items. Keep a copy of all paperwork for your records. Also, include copies of project documentation generated such as flyers, brochures, programs and photos.

MAIL TO: P. O. Box 51152, Indian Orchard, MA 01151. Payments from City Hall take 6-8 weeks.

Acknowledgement of Funding

The Springfield Cultural Council has notified the applicant that the LCC program guidelines require ACKNOWLEDGMENT in all published materials and announcements that "This program is supported in part by a grant from the Springfield Cultural Council, a local agency supported by the Massachusetts Cultural Council." In addition to the credit statement, the funded applicants are expected to use the official MCC logo.

LCC Chairperson or designee

Date

LCC Member

Date

Springfield Cultural Council
Project Evaluation Form

Date:

Application#: _____ Project Title: _____

Organization: _____ Name: _____

Every project grant recipient must complete this evaluation questionnaire and return it with the reimbursement form, the financial receipts, and any project documentation generated such as flyers, brochures, programs and photos. Please note that these items will not be returned to you.

What was the purpose/objective of your project/event?

Approximately how many people attended your project/event?

What were the most positive aspects of your project/event?

What elements could have been modified to make the project/event more successful (e.g. choice of location, day(s) of the week, time of day, publicity, etc.?)

What "surprises" did the project/event encounter? How were these overcome?

What advice would you give to the Springfield Cultural Council to make our grants more accessible to the public?