

Complete this form on line at www.west-springfield.ma.us/committees/artsCouncil

WESPAC

Revised 07/11



West Springfield Arts Council
26 Central Street, Suite 29
West Springfield, MA 01089-2784



MASSACHUSETTS CULTURAL COUNCIL AND WESPAC REIMBURSEMENT REQUEST FORM

Dance • Fine Arts • Humanities • Interpretive Sciences • Music • Theatre

Name of grantee or organization above.

Council application number above.

\$

\$

Project Title date(s) and place.

Amount awarded above.

Amount requested above.

Please attach supporting documentation such as copies of programs, fliers, press, invoices, both sides of cancelled check(s), receipts, etc., as required by WESPAC for payment.

This request is: () a progress payment or () final payment () for the grantee or () for third-party vendor

"As grantee for the project as detailed above, I certify that the statements made herein are true and that the funds requested to be distributed fulfill the purpose indicated in the approved application, and that I have fulfilled the credit policy requirements outlined on WESPAC's website at: www.west-springfield.ma.us/committees/artsCouncil." [If your grant was approved with a CONDITION]: "I further testify that the condition imposed on the project has been met"

Payment to: _____

Check made out to above name.

Send check to above address.

City/Town

State/Zip Code

Signed under the pains and penalties of perjury:

X

Date: _____

Signature of grantee or officer of grantee organization with legal authority to bind and execute this certification.

The West Springfield Arts Council in a meeting held on _____ reviewed the above request and supporting documentation for reimbursement. The following members voted in the affirmative:

FOR WESPAC USE ONLY: Must be completed and signed by at least three WESPAC members.

() WESPAC has notified the grantee of the credit policy outlined in WESPAC's Regulations and Guidelines that "This program is supported in part by a grant from the West Springfield Arts Council, (WESPAC) a local agency which is supported by the Massachusetts Cultural Council, a state agency."

() 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. Once processed, please remember to obscure the recipient's Social Security Number.

Name of WESPAC Chairperson: _____ Date: _____

RETURN THIS FORM TO: West Springfield Arts Council, 26 Central Street, Suite 29, West Springfield, MA 01089-2784
Tel: 413-732-8495 Monday-Friday before 8:00 PM