SOMERVILLE ARTS COUNCIL LCC GRANT RECIPIENT AWARD FORM

TO: Somerville Arts Council, 50 Evergreen Avenue, Somerville, MA 02145

FROM: (INDIVIDUAL OR ORGANIZATION WHO RECEIVED THE GRANT)

Name _____

Address _____

City/State/Zip Code _____

Daytime phone _____

RE: Somerville Arts Council Grant #_____

(This is the # on your award letter NOT the MCC application number from the portal. SAC Grant# example: 34002-LCC022)

This payment is for:

A. ☐ a progress payment or

☐ final payment for the grant award recipient above or

☐ for a third-party vendor

(Complete name, address, service, and amount must be on next page or on invoice from vendor)

Are you a City of Somerville/School employee? ☐ no

☐ yes (Which department or school) _____

Name of grant awardee/organizational contact (please type) **Date**

SOMERVILLE ARTS COUNCIL LCC GRANT INVOICE FORM

DATE: TO: Somerville Arts Council, 50 Evergreen Avenue, Somerville, MA 02145
FROM: (INDIVIDUAL OR ORGANIZATION WHO WILL RECEIVE PAYMENT)
Name Address City/State/Zip Code Daytime phone

Name _____

Address _____

City/State/Zip Code _____

Daytime phone _____

Grant #_____

Description of Services: (Please include the following information: a 2-3 sentence description of your project, where it took place, and when it happened)

Total due: _____

_____

Payee Name (Please type) **Date**

Updated 1/16/2025