

Application No. _____
(office use only)

WESTPORT CULTURAL COUNCIL

Reimbursement Form for 2014-2015 Helen E. Ellis Charitable Trust

Applicant _____
(name of organization, group or individual that submitted grant)

Amount Awarded _____ Amount of this Request _____

This request is:

1. _____ progress payment or _____ final payment
2. _____ for the applicant or for _____ third party vendor

Name _____
(individual or organization to receive payment)

Address _____

City/State/Zip _____

Original receipts must be included. Send completed reimbursement form and receipts by April 1, 2014.
Reimbursement of funds takes three to four weeks.
The Helen Ellis grant does not reimburse for consumable food items.

As applicant for the project described above, I certify that the statements made herein are true and that the funds requested for disbursement fulfill the purpose indicated in the approved Helen Ellis grant application.

Signed under the pains and penalties of perjury:

_____ Date _____

In order to be reimbursed, your project must include:

- a) Coversheet listing what is included. Please let us know if you have digital images that we can use on the WCC website or Facebook page. We will follow up after we hear from you.
- b) One paragraph summary of your project.
- c) Copies of any announcements, news clippings and photographs for inclusion in the Council's year-end report, website and future exhibits.
- d) Feedback from participants in the project. (This can be brief; we want a sense of what the event meant to those who took part in it).

Please return this form to: Westport Cultural Council, PO Box 4089, Westport, MA 02790

info@westportculturalcouncil.org