

Application Number (for LCC use only)

LCC PROGRAM: FIELD TRIP GRANT APPLICATION

(Formerly known as a "PASS Grant Application")

This application is being submitted to the	LCC.
Please type into the form, print, sign and mail it to the appropriate Local Cultural Council. E-	mailed applications will not be accepted.
Click on the underlined blue words to access the Glossary. Important: Use the 'TAB' key	to move through the application.
APPLICANT INFORMATION	
Name:	
Address:	
City, State, Zip:	
Phone: Email:	
Website:	
Contact Person (if different than applicant):	
Address:	
City, State, Zip:	
Phone: Email:	
School/Organization children are affiliated with (if different than applicant):	
Soliosiron gainization orintaron are arrinated with in amoreta than approach.	
APPLICANT REQUIREMENTS	
To apply for a field trip grant you must meet ALL of the following eligibility and criteria re statement is true by checking the box next to the statement:	equirements. Please attest that each
☐ I have read and understood any local guidelines and criteria that the Local C	
posted at https://www.mass-culture.org/lcc_public.aspx.	ultural Council I am applying to has
posted at https://www.mass-culture.org/lcc_public.aspx . The applicant is (select one): an individual an incorporated nonprofit an unincorporated association or group of people with a nonprofit objective a public school, library, or other municipal agency a religious organization or school requesting funds for cultural programming that religion	
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IF YOU CANNOT AFFIRM ALL OF THE ABOVE, YOU ARE NOT ELIGIBILE FOR A FIELD TRIP GRANT AND CANNOT SUBMIT AN APPLICATION. APPLICANTS SHOULD ALSO MEET ALL OTHER ELIGIBILITY AND CRITERIA FOR LOCAL CULTURAL COUNCIL GRANTS AS DEFINED BY LCC PROGRAM REGULATIONS AND GUIDELINES.

Charitia arada laval(a) participatina	When will the field trip take place?	
opeome grade iover(e) participating.		
BUDGET		
Total # Student Tickets:		
Total Student Ticket Request:		
Total # Chaperone:		
Total Chaperone Cost:		
Tour/Guide Fees:		
Transportation Request: Total Amount Requested:		
Total Amount Requested:		
Authorized Signature: The signature below is that	of the person authorized to testify as to the accuracy of this application and the person who agrees that the required	
acknowledgment will be given to the Massachusel reasonable accommodations will be made to insulthe MCC's LCC Program Regulations and Guideli	tts Cultural Council and the granting local cultural council, if this application is approved. This person also agrees that re that people with disabilities have equal physical and communications access, as defined by federal law and as outlined ines.	
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