

Revised 8/06

PASS GRANT APPLICATION

APPLICATION MUST BE TYPED.

- Please type into the form, print, sign, and mail it to the appropriate Local Cultural Coucil. E-mailed applications will not be accepted.
- Before completing this form be sure to check the guidelines of the LCC to which you are applying at www.mass-culture.org/lcc_public.asp.
- If this event takes place in a school during normal school hours you may not use this form. Use the standard LCC application form instead.

This application is being submitted to the ______ LCC.

APPLICANT INFORMATION

Federal Employee ID #			
Applicant's Name	Contact Perso	on	
Mailing Address	Contact Maili	Contact Mailing Address	
City/State/Zip	Contact City/S	Contact City/State/Zip	
Applicant Phone/TTY	Contact Phon	Contact Phone Day/Evening	
licant E-mail Address Contact E-		il Address	
Applicant Web Site			
Audience Profile (Give the number of children from e	each category who will benefit from this n	roject)	
Pre-School Elementary			
PROJECT INFORMATION			
Cultural Organization/Artist:			
Date/Time/Place of event:			
Total # of tickets P	rice per ticket* \$	Total Ticket Request \$	
* If the ticket price is over \$12.00, you must use the stand	dard LCC application form.	Request for Transportation^ \$	
Check with your local cultural council—some LCCs do not provide funding for transportation.		TOTAL AMOUNT REQUESTED \$	
If you are applying to more than one LCC for this	event, please attach a separate sheet with	h the names of those LCCs and the amont requested from each.	
e e	· · · · · · · · · · · · · · · · · · ·	curacy of this application and the person who agrees that anting local cultural council, if this application is approved.	

Signed	Title	Date
FOR CULTURAL COUNCIL USE ONLY		DATE RECEIVED
Amount Approved for Students' Tickets\$Amount Approved for Transportation\$	TOTAL AMOUNT APPROVED \$	
Signature of LCC Chair or Authorized LCC Member	Title	Date