



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.

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): _____

APPLICANT REQUIREMENTS

To apply for a field trip grant you must **meet ALL of the following eligibility and criteria requirements**. Please attest that each statement is true by checking the box next to the statement:

- I have read and understood any local guidelines and criteria that the Local Cultural Council I am applying to has posted at https://www.mass-culture.org/lcc_public.asp.
- Funds will be used to subsidize a cultural [field trip](#) for a specific group of children grades Pre-Kindergarten – 12.
- Children involved are affiliated with one of the following:
 - [School](#) (public, non-profit, religious, or home school)
 - [Afterschool or out-of-school](#) program
 - Neighborhood/community center or civic organization

Select one primary discipline for the proposed project/program: [Arts](#) [Humanities](#) [Interpretive Sciences](#)

IF YOU CANNOT AFFIRM ALL OF THE ABOVE, YOU ARE NOT ELIGIBLE 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.

FIELD TRIP INFORMATION

Cultural Destination: _____

When will the field trip take place? _____

Specific grade level(s) participating: _____

BUDGET

Total # Student Tickets:	0
Total Student Ticket Request:	\$0.00
Total # Chaperone:	0
Total Chaperone Cost:	\$0.00
Tour/Guide Fees:	\$0.00
Transportation Request:	\$0.00
Total Amount Requested:	\$0.00

Average amount requested per child: \$0.00 (Total Amount Requested divided by Total # Student Tickets)

How will you adjust the field trip if the council cannot fund the total amount requested? For example, how will you raise additional funds or scale back the field trip? _____

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 Massachusetts Cultural Council and the granting local cultural council, if this application is approved. This person also agrees that reasonable accommodations will be made to insure that people with disabilities have equal physical and communications access, as defined by federal law and as outlined in the MCC's LCC Program Regulations and Guidelines.

Signature

Date

FOR CULTURAL COUNCIL USE ONLY

SUBMITTED BY DEADLINE ___yes ___no

\$ _____
Amount Approved

Signature of LCC Chair or Authorized LCC Member,

Title,

Date