



## DIRECT GRANT AGREEMENT

Grantee \_\_\_\_\_ Application # \_\_\_\_\_

Project Title \_\_\_\_\_

Total award amount \$ \_\_\_\_\_ Amount requested (if less) \$ \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact Email \_\_\_\_\_

MAKE CHECK PAYABLE TO (must match IRS W9 already filed with the City of Worcester):

This request is for payment to:  the grantee or  a third-party vendor

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE/ZIP \_\_\_\_\_

**By signing the Grant Agreement, I agree to:**

- Ensure the funded program does not discriminate on any basis and is accessible to people with disabilities - refer to the NEA’s Accessibility Checklist for reference: <https://www.arts.gov/sites/default/files/BriefChecklist-February2020.pdf>
- Comply with any published local guidelines or conditions, as applicable
- Notify the Worcester Arts Council of any material changes to the funded program
- Properly credit the Worcester Arts Council and Mass Cultural Council for their financial support
- Submit a Project Evaluation upon project completion or within 1 year of the date of award letter
- Return any unused grant funds if the project is not completed as approved

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature and title of grantee or officer of grantee organization with legal authority to bind and execute this agreement Date

FOR WORCESTER ARTS COUNCIL USE: Requires two members’ signatures to approve payment.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 WAC Member Signature Print Name Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 WAC Member Signature Print Name Date