CIP Project Grant Program
Fiscal Agent Information

_____
Project Title

_____
Fiscal Agent Employer Identification Number (EIN)

_____
Fiscal Agent Street Address

_____
Fiscal Agent Mailing Address (if different)

_____
City/State/Zip

_____
Telephone Fax Number

_____
Fiscal Agent Executive Director

_____
Fiscal Agent Contact Name/Title (if different from Executive Director)

_____
Fiscal Agent Contact Telephone/E-mail

_____
Fiscal Agent website

Authorized Signature: The signature below is that of the authorized fiscal agent representative. It certifies that the organization is committed to the completion of all activities assigned to it in its capacity of fiscal agent in compliance with legal requirements and grant procedures and will file the required reports(s) with the Massachusetts Cultural Council.

_____
Name of Authorizing Official for Fiscal Agent/Title

_____
Signature of Authorizing Official for Fiscal Agent/Date

_____
Name of Authorizing Official for Project Applicant/Title

_____
Signature of Authorizing Official for Project Applicant/Date