

Mass Humanities CARES Act

Massachusetts Foundation for the Humanities

Application Information

Project Name*

Mass Humanities will conduct public outreach using your title. If you are applying for a CARES Act grant, title your project "Mass Humanities CARES".

Character Limit: 100

Primary Contact Name*

Please note: The applicant email address (see above) will be the Primary Contact for any award notification from Mass Humanities. Please enter the name of the person associated with that email address.

Character Limit: 150

Region*

Please enter the region where your organization is located. If you are unsure, refer to this document.

Choices

Berkshire
Greater Boston and Metrowest Boston
Central
CT Valley
Northeast
Southeast – Cape and Islands

Congressional District*

Enter the U.S. Congressional District number for the address of the organization applying. If you do not know the district of your representative, find it here.

Choices

District 1
District 2
District 3
District 4
District 5
District 6
District 7
District 8
District 9

Massachusetts House District*

Enter the Massachusetts House district for the address of the organization applying. If you do not know the organization's Massachusetts House district, find it here.

Choices

10th Bristol
10th Essex
10th Hampden
10th Middlesex
10th Norfolk
10th Plymouth
10th Suffolk
10th Worcester
11th Bristol
11th Essex
11th Hampden
11th Middlesex
11th Norfolk
11th Plymouth
11th Suffolk
11th Worcester
12th Bristol
12th Essex
12th Hampden
12th Middlesex
12th Norfolk
12th Plymouth
12th Suffolk
12th Worcester
13th Bristol
13th Essex
13th Middlesex
13th Norfolk
13th Suffolk
13th Worcester
14th Bristol
14th Essex
14th Middlesex
14th Norfolk
14th Suffolk
14th Worcester
15th Essex
15th Middlesex
15th Norfolk
15th Suffolk
15th Worcester
16th Essex
16th Middlesex
16th Suffolk

16th Worcester
17th Essex
17th Middlesex
17th Suffolk
17th Worcester
18th Essex
18th Middlesex
18th Suffolk
18th Worcester
19th Middlesex
19th Suffolk
1st Barnstable
1st Berkshire
1st Bristol
1st Essex
1st Franklin
1st Hampden
1st Hampshire
1st Middlesex
1st Norfolk
1st Plymouth
1st Suffolk
1st Worcester
20th Middlesex
21st Middlesex
22nd Middlesex
23rd Middlesex
24th Middlesex
25th Middlesex
26th Middlesex
27th Middlesex
28th Middlesex
29th Middlesex
2nd Barnstable
2nd Berkshire
2nd Bristol
2nd Essex
2nd Franklin
2nd Hampden
2nd Hampshire
2nd Middlesex
2nd Norfolk
2nd Plymouth
2nd Suffolk
2nd Worcester
30th Middlesex
31st Middlesex
32nd Middlesex
33rd Middlesex

34th Middlesex
35th Middlesex
36th Middlesex
3rd Barnstable
3rd Berkshire
3rd Essex
3rd Hampden
3rd Hampshire
3rd Middlesex
3rd Norfolk
3rd Plymouth
3rd Suffolk
3rd Worcester
4th Barnstable
4th Berkshire
4th Bristol
4th Essex
4th Hampden
4th Hampshire
4th Middlesex
4th Norfolk
4th Plymouth
4th Suffolk
4th Worcester
5th Barnstable
5th Bristol
5th Essex
5th Hampden
5th Middlesex
5th Norfolk
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7th Worcester
8th Bristol

8th Essex
8th Hampden
8th Middlesex
8th Norfolk
8th Plymouth
8th Suffolk
8th Worcester
9th Bristol
9th Essex
9th Hampden
9th Middlesex
9th Norfolk
9th Plymouth
9th Suffolk
9th Worcester
Barnstable, Dukes and Nantucket

Massachusetts Senate District*

Enter the Massachusetts Senate district for the address of the organization applying. If you do not know the organization's Massachusetts Senate district, find it here.

Choices

Berkshire, Hampshire, Franklin & Hampden
Bristol & Norfolk
Cape & Islands
Fifth Middlesex
First Bristol & Plymouth
First Essex
First Essex & Middlesex
First Hampden & Hampshire
First Middlesex
First Middlesex & Norfolk
First Plymouth & Bristol
First Suffolk
First Suffolk & Middlesex
First Worcester
Fourth Middlesex
Hampden
Hampshire, Franklin & Worcester
Middlesex & Suffolk
Middlesex & Worcester
Norfolk & Plymouth
Norfolk & Suffolk
Norfolk, Bristol & Middlesex
Norfolk, Bristol & Plymouth
Plymouth & Barnstable
Plymouth & Norfolk
Second Bristol & Plymouth

Second Essex
 Second Essex & Middlesex
 Second Hampden & Hampshire
 Second Middlesex
 Second Middlesex & Norfolk
 Second Plymouth & Bristol
 Second Suffolk
 Second Suffolk & Middlesex
 Second Worcester
 Third Essex
 Third Middlesex
 Worcester & Middlesex
 Worcester & Norfolk
 Worcester, Hampden, Hampshire & Middlesex

Amount Requested*

\$2,500 - for an organization whose annual budgeted expenses as of 12/31/2019 were less than \$300,000

\$5,000 – for an organization whose annual budgeted expenses as of 12/31/2019 were between \$300,000 and \$999,999

\$10,000 – for an organization whose annual budgeted expenses as of 12/31/2019 were \$1,000,000 or more

Choices

\$2,500
 \$5,000
 \$10,000

Organization Information

Organization's DUNS Number*

A DUNS number identifies your organization and is required to receive federal dollars. If your organization does not know its DUNS number or needs to register for one, please click [here](#).

Character Limit: 9

Form 990 Upload or Financial Statement*

Please upload your most recently filed Form 990, 990EZ, or 990N. We will use this form for additional information about your mission, core programs, and budget.

File Size Limit: 2 MB

Proof of 501(c)3 Status*

Only 501(c)3 nonprofit organizations incorporated in Massachusetts are eligible for Mass Humanities CARES grants. Please upload your organization's IRS determination letter.

File Size Limit: 2 MB

Organization Mission and Programs*

Describe the mission of your organization and its core humanities projects or programs.

Character Limit: 2000

Organization Type*

Select the description that best fits your organization.

Choices

- Historical Museum or Society
- Education non-profit
- Library
- Community Cultural Organization
- Youth Services Organization
- Community Services Organization
- Media
- Other

If other organization type, please explain.

Character Limit: 250

Total Audience Served in the Previous Fiscal Year*

Estimate the total number of people served by your organization in your previous fiscal year.

Character Limit: 20

Special Community Served*

Does your organization primarily serve any of the following communities? If you answer yes, make sure those communities are described in the statement of your organization's mission and programs (see question above).

- Seniors
- Youth (K-12)
- Rural Communities
- LGBTQIA Communities
- Communities of Color
- Members of Low-Income Communities and Families
- Veterans
- Immigrants and/or Refugees
- People who are or have been incarcerated

Choices

- Yes
- No

Special Community Programs*

Does your organization frequently design programs for any of the following communities? If you answer yes, make sure those programs are described in the statement of your organization's mission and programs (see question above).

- Seniors
- Youth (K-12)
- Rural Communities
- LGBTQIA Communities
- Communities of Color
- Members of Low-Income Communities and Families
- Veterans
- Immigrants and/or Refugees
- People who are or have been incarcerated

Choices

Yes

No

Has your organization received a Mass Humanities grant in the past?*

Note, the answer to this question will not affect your eligibility.

Choices

Yes

No or Not Sure

Past Grantee

Most Recent Year of Funding*

Please indicate the most recent year you received a grant from Mass Humanities.

Character Limit: 4

New Grantee

Past Humanities Programs*

Please provide a brief description of your humanities programs in the past 12 months.

Character Limit: 1500

Emergency Funding

Annual Operating Budget*

What was your organization's annual operating budgeted expenses as of December 31, 2019?

Character Limit: 20

Annual Operating Budget Upload*

Please upload your organization's annual operating budget as of December 31, 2019.

File Size Limit: 2 MB

Actual Financial Loss to Date*

What is your current estimate of actual loss of revenue due to COVID-19? Please quantify your losses from the date first affected by the virus through May 4.

Character Limit: 20

Estimated Financial Loss through August 1*

What is your total estimated loss of revenue due to COVID-19 through August 1, 2020? We recognize this is a tentative approximation. Please quantify your losses from the date first affected by the virus through August 1, 2020, if people remain unable to gather in large groups.

Character Limit: 20

Organizational Impact

Total Full-Time Employees as of December 31, 2019*

Your answers will not be used to evaluate your application. We may use them to tell the story of the impact COVID-19 on humanities organizations.

Character Limit: 5

Total Part-Time Employees as of December 31, 2019*

Your answers will not be used to evaluate your application. We may use them to tell the story of the impact COVID-19 on humanities organizations.

Character Limit: 5

Total Regular Volunteer Staff as of December 31, 2019*

Your answers will not be used to evaluate your application. We may use them to tell the story of the impact COVID-19 on humanities organizations.

Character Limit: 6

Organizational Impacts of COVID-19

Your answers will not be used to evaluate your application. We may use them to tell the story of the impact COVID-19 on humanities organizations.

In what ways has your organization been affected economically by COVID-19? Select all that apply

Choices

We cannot make rent, mortgage, or utility payments right now.

We have already had to lay-off or furlough staff.

We anticipate being unable to make rent, mortgage, or utility payments before Aug. 1, 2020.

We anticipate being unable to make payroll before Aug. 1, 2020.

Other Organizational Impacts

Your answers will not be used to evaluate your application. We may use them to tell the story of the impact COVID-19 on humanities organizations.

Please let us know any other ways COVID-19 has had an impact on your organization.

Character Limit: 1500

Funding Agreement

Funding Agreement*

By selecting "I agree" below, I certify the following:

1. The statements contained herein are true, complete, and accurate to the best of my knowledge, and I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
2. The applicant organization assumes all responsibilities as grantee and may not operate simply as the fiscal agent for the project.
3. The applicant organization's Authorizing Official, who is empowered to accept the terms of an award agreement if a grant is made, certifies that:
 - the applicant organization agrees to spend the grant funds during the grant period, ending September 1, 2020.
 - if funds cannot be spent during the grant period, the applicant organization will return all remaining funds.
 - the applicant organization agrees to submit a final grant report, including a listing the ways grants funds were expended and the impact of these funds.

Choices

I Agree.