EMS Support Grants 2027

Massachusetts Foundation for the Humanities

1) Project Information

Grant Title*

Your grant title is the name of your organization + Support 2027. For example: "City Museum Support 2027".

Character Limit: 250

Amount Requested*

Use whole dollar amounts only. You may request up to $15,000. Mass Humanities may make partial awards.

Character Limit: 20

Grant Period Start Date*

This date must be 3/17/2027.

Character Limit: 10

Grant Period End Date*

This date must be 3/16/2028. The grant period for the EMS Support Grants is 1 year.

Character Limit: 10

Non-profit Status*

Choose the description that best matches the organization applying for this grant.
If your organization is fiscally sponsored, make sure you provide your fiscal sponsor details below.

Choices

My organization is a currently tax-exempt 501(c)(3).
My organization is not a 501(c)(3) but it is fiscally sponsored by a currently tax-exempt org.
My organization is a state or federally recognized tribe.
My organization is a 501(c)(3) "friends of" group (municipal libraries and museums only).
My organization does not match any of the above (it may not be eligible).

Organization Eligibility Check*

Check all that apply.
My organization is...

Choices

Based in and serves Massachusetts residents
Is a 501(c)(3), state or federal tribal organization, or community-led fiscally sponsored project
NOT at K-12 school, municipal entity, Institute of Higher Education (IHE) or nonprofit publication
Has a track record of community centered storytelling programs

Storytelling programs will be active in the grant period
Operating budget is at or under $1 million

Organization Type*

Check all that apply.

Choices

History center, museum, or historical society/home
Community organization or center
Cultural heritage organization
Archive
Arts organization (including art museums, art producing and presenting organizations)
Social service organization
Youth-serving organization
Indigenous Tribal organization
Public library
Other

Request Statement*

Complete the following: [Organization] requests [amount] for [general description of expenses], in support of our [community centered programming].

Example: "'City Museum requests $15,000 for staffing costs in support of our ongoing community-led oral history project."

Character Limit: 500

Organization Mission and Work*

Answer each of the following questions with a brief paragraph.

1. Enter the organization's mission statement and tell us how storytelling is core to this mission.
2. Are there any constraints (in access, funding, or resources) that you face in carrying out your mission?

Character Limit: 5000

Community-Centered Storytelling*

Answer each of the following questions with a brief paragraph.

1. Describe the organization's ongoing community-centered storytelling work or programs.
2. In what specific ways is community involved and centered in this work?

Community-centered storytelling is an approach that engages communities whose stories are being shared, whether those communities are in the present or are connected to the stories through descent or shared history. Community centered storytelling invites involvement from community members in collection, interpretation or program design; invests time in relationship and trust-building; practices shared authority; and values both lived experience and learned expertise in humanities topics or methods. It aims to engage people in

collaborative meaning-making, not to extract stories or knowledge for other ends.

Character Limit: 5000

Years Active*

Select all years that the storytelling programs described above have been active.

Choices

2024
2025
2026
None of the above

Expand Massachusetts Stories*

Answer each of the following questions with a brief paragraph.
This grant prioritizes programs that surface, interpret, or share stories of Massachusetts, particularly communities that have been historically unrecognized or undervalued.

1. Explain how the organization and its community-centered storytelling programs align with this priority.
2. How do you make sure these stories reach your audiences and/or communities?

Character Limit: 5000

Grant Period Activities*

Answer each of the following questions with a brief paragraph.
1. Provide a brief timeline of the storytelling work that will take place during the grant period (3/16/27 to 3/16/28), including when/if the public engages with it.
2. Tell us about your capacity to do this work over this timeline, with some details on who (staff/volunteers/contractors/partners) will undertake this work.

Character Limit: 5000

Impact of Funds*

Answer each of the following questions with a brief paragraph.
1. Describe the impact that receiving these funds will have on your *organization's* ability to carry out its mission and community-centered storytelling programs.
2. Describe the impact these funds will have on the *community or communities* being centered.

Character Limit: 5000

Audience*

Enter the estimated total audience for the organization's community-centered storytelling work.

Character Limit: 10

2) Required Uploads

Tips for Uploading Documents

- You will be able to see that your document has been successfully uploaded only after you save the application.
- Each field accepts only **one** document. You can replace a document previously uploaded simply by uploading another file (there is no delete button).
- You may need to combine multiple documents prior to uploading. If they are all of the same type, such as Word, you can combine them in Word before uploading. If they are mixed formats, you may need to turn them into PDF files and then combine them into one file before uploading.
- Creating PDF files: If you need one, you can download a recommended free PDF creator.
- Combining PDF files: Instructions can be found here if you need to combine multiple PDF files into one file for uploading.

Note: If you do not have these documents in digital form, you may use the Fax-to-File service available in the Tools menu to get your documents in pdf format.

Financials*

Upload your organization's most recent financial statements for the past two years, showing revenue and expenses. This could include IRS Form 990 or Income Statements in a format that gives visibility into the organization's operating expenses and incoming revenue.

File Size Limit: 6 MB

Program Uploads*

Upload up to three program assets, documents, or artifacts that demonstrate your programs' activities or impact. Uploads can be past event fliers, news and stories, annual reports, etc. Please combine your assets into a single PDF.

File Size Limit: 6 MB

3) Personnel

Authorizing Official's First and Last Name*

The Authorizing Official is the person empowered to sign contracts on behalf of the applicant organization. The Authorizing Official must be from the applicant organization or its fiscal sponsor. The Authorizing Official cannot be the same person as the Secondary Organization Contact.

Character Limit: 100

Authorizing Official's Position/Title*
Enter the title of the authorizing official.

Character Limit: 125

Authorizing Official's Email Address*
Character Limit: 254

Authorizing Official's Address*
Provide a mailing address that includes the city, state, and ZIP code.

Character Limit: 250

Authorizing Official's Daytime Phone Number(s)*
Character Limit: 100

Secondary Organization Contact's First and Last Name*
The Secondary Organization Contact can be either the person primarily responsible for programmatic activities or the person who is responsible for financial documentation. This person must be unrelated to the Authorizing Official.

Character Limit: 100

Secondary Organization Contact's Position/Title*
Character Limit: 100

Secondary Organization Contact's Address*
Provide a mailing address that includes the city, state, and zip code.

Character Limit: 250

Secondary Organization Contact's Email*
Character Limit: 254

Secondary Organization Contact's Daytime Phone Number(s)*
Character Limit: 100

MH Equity Analysis

Mass Humanities Equity Analysis

These questions are for internal Mass Humanities use and will not be used to evaluate your application.

Has the organization had a grant from us before?*
Choices

Yes

No
I don't know

Annual Operating Expenses*

Enter the annual operating expenses most recently reported on your IRS 990 or in your most recently completed fiscal year. If you file a 990N, enter your cash expenses for your most recent fiscal year. If your organization is fiscally sponsored, enter the expense of your program only, not including expenses of your fiscal sponsor's other operations. If your organization is a government or other eligible entity, put the expenses for the department or office applying, if available.

Character Limit: 20

Use of Funds*

How do you plan to use the funds from this Support Grant? Check all that apply. *This question will not be used to evaluate your application.*

Choices

Staff salaries
Operating costs (rent, utilities, and other services required to keep the lights on)
External contractors and consultants
Non-salary program expenses (materials, travel, stipends, event costs)
Other (explain below)

Other (explain)

Character Limit: 150

Current Staffing Level*

How many Full Time Equivalent (FTE) employees does your organization currently have?

To calculate the FTE, take the total number of paid hours worked weekly by your staff and divide it by 40 (40 hours is considered full-time for this application). For example, if your organization has a director who works 40 hours a week and a part-time program manager who works 25 hours a week, your FTE would be 1.625. Please round to the nearest whole numbers. In the case of the example, you would enter "2".

All volunteer organizations may enter 0.

Character Limit: 10

Program Data*

What types of program evaluation data does your organization collects for its storytelling programs?
Select all that apply.

Choices

Attendance numbers
Qualitative response cards or surveys

Quantitative response cards or surveys
Pre-post questions
Other

Program Outcomes*

What program outcomes do you evaluate?
Select all that apply.

Choices

Civic engagement activities
Personal empowerment or agency
Sense of belonging
Learning new stories or different perspectives
Other

Project/Program Leadership – Historically excluded communities A*

Does the project or program for which you are seeking funds currently have leadership from people who identify as Black, Indigenous, or as a person of color (including but not limited to, of Latinx, Asian, Pacific Islander, or South Asian descent or origin) in any of the following roles. Check all that apply.

Choices

Project Director
Program Director
Humanities Advisor
Lead Curator
Lead Designer
Community Engagement
Other leadership role (please describe below)
N/A - No one on our project team has identified themselves as BIPOC and/or we have not asked

Project/Program Leadership – Historically excluded communities B*

Does your project or program for which you are seeking currently have leadership from people who identify as being of other historically excluded community, including but not limited to LGBTQIA+ or disabled. The same individual may be counted in both answers. Check all that apply.

Choices

Project Director
Program Director
Humanities Advisor
Lead Curator
Lead Designer
Community Engagement
Other leadership role (please describe below)
N/A - No one or our team has identified this way and/or we have not asked.

Other Leadership Role*

Character Limit: 100

Community Served*

Is your project or program primarily designed to serve any of the following communities? To primarily serve is to chiefly or mainly serve this community before others. Note: We recognize that many communities identify across these categories or do not fit neatly into them. Please check no more than four categories.

Choices

Seniors with limited access or mobility
Rural Communities with limited access to humanities institutions and programming
LGBTQIA Communities
Indigenous Communities
Black or African American Communities
Latinx Communities
Asian, Asian American, Pacific Islander, or South East Asian Communities
Immigrants and/or Refugees
Members of Low-Income Communities and Families
Veterans
People who are or have been incarcerated
People without housing
People with disabilities
People living with addiction or mental illness.
Other communities vulnerable to persistent inequality (please note in your answers below)
No, it does not primarily serve any of the communities listed.

Communities Served - Other

Character Limit: 100

4) Fiscal Sponsor Information

Fiscal Sponsor questions below are only required for non-501c3 applicants using fiscal sponsors.

Fiscal Sponsor

Enter the legal name of your fiscal sponsor.

Character Limit: 250

Fiscal Sponsor Tax Identification Number

Enter your fiscal sponsor's 9-digit Tax ID number in this format XXXXXXXXX
Find 501c3 Tax ID numbers via: https://apps.irs.gov/app/eos/allSearch

Character Limit: 9

Fiscal Sponsor Mailing Address

Enter the mailing address of your fiscal sponsor (Street Address or P.O. Box, City, Zip Code).

Note: if you are awarded a grant and choose to have a check mailed instead of using direct deposit, it will be sent to this fiscal sponsor address.

Character Limit: 500

Fiscal Sponsor Agreement

Upload your agreement with your fiscal sponsor.

If you need a Fiscal Sponsor, here and here are sample Fiscal Sponsor Agreements and here is a list of Fiscal Sponsors in Massachusetts.

Note that finding a fiscal sponsor can take time and you need to have a Fiscal Sponsor Agreement signed by the application deadline. If you are new to Fiscal Sponsorship, here is a brief description and here are some questions to ask potential Fiscal Sponsors.

File Size Limit: 1 MB

Pre-Award Agreement

Pre-Award 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 a fiscal agent (though the applicant may itself have a fiscal sponsor).

3. Any funds granted as a result of this application will be used in accordance with the plans described in this request.

4. 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 submit a final grant report, including information about the impact of these funds.

Choices

Yes, I agree.