

FY27 YouthReach Application

The following is a text-based representation of the application for the FY27 YouthReach program, which can be accessed through the [Grants Portal](#).

All required questions are marked with a red asterisk (*). All questions include a description of what type of response is asked for in the Grants Portal (numeric value only, text response with/without character limit, dropdown menu, etc.).

Please note that the application must be completed and submitted through the Grants Portal by the deadline of April 2, 2026, at 11:59PM.

Eligibility

Please [review the Youthreach Program Guidelines](#) before completing this eligibility quiz.

The following organization types are eligible to apply:

- 1. Non-Profit Organization:** registered to do business in the Commonwealth, in good standing with the [Massachusetts Secretary of the Commonwealth](#) at time of application (not dissolved or revoked) and listed in the Corporate Division's Business Entity database, OR is a Massachusetts organization registered with the Office of the Massachusetts Attorney General's Non-Profit Organizations/Public Charities Division.
- 2. Applicant Using a Fiscal Agent:** For this program, the only applicant that can apply with a fiscal agent is an:
 - Unincorporated Organization: with a Massachusetts address, conducting 50% or more of its programming in Massachusetts, operating with an eligible fiscal agent. *(Refer to Frequently Asked Questions for more guidance.)*
- 3. Pre-K to 12 School:** Any Massachusetts public, charter, or private school serving grades Pre-K to 12. The school must be recognized by the [Massachusetts Department of Elementary and Secondary Education \(DESE\)](#) with a 2025-2026 ESE School ID.

4. **Government Entity:** a federally recognized Tribal, State, or Municipal government entity in Massachusetts.

- *** Legal Status** (dropdown menu)
 - Please select the legal status that best describes your organization.
 1. Applicant using a Fiscal Agent
 2. Non-Profit Organization
 3. Tribal, Municipal or State Government Entity
 4. For-Profit Organization
 5. Pre-K – 12 School (with DESE School ID)
 6. Other

Applicant using a Fiscal Agent

The following questions only apply to organizations who select “Applicant using a Fiscal Agent” on the “Legal Status” question.

- *** Does the majority of your organization’s programming take place in Massachusetts?** (dropdown menu)
 1. Yes
 2. No
- *** Does your group/collective/organization have a Massachusetts address?** (dropdown menu)
 1. Yes
 2. No
- *** Does your organization have a fiscal agent who will act as your legal and contractual representative for the purpose of receiving this grant?** (dropdown menu)
 - A fiscal agent is an organization that agrees to act as the legal and contractual representative of the unincorporated group. They can provide a variety of services as part of the agreement, but the most important is that they maintain supervision over the funds, making sure that they are used for the purpose of the agreement. Non-profit fiscal agents must have active 501c3 status with the IRS and be recognized by the State to do business in the Commonwealth. For the purpose of this program, Massachusetts municipalities are also able to serve as an applicant’s fiscal agent.

- If your group is an Unincorporated Association or other Charitable Entity registered with the MA Attorney General's Public Charities Division, please select "Non-Profit Organization" as your legal status. If your organization is a program of, department of, or a branch of a larger organization which coordinates, supervises, or exercises control over policy, fund-raising, and expenditures at your organization they may be your "parent organization" rather than your fiscal agent. (Ex, Museum at a university, Parks department of a city or town, Massachusetts branch of a national organization) If this is the case, please contact staff so we can be sure your organization is set up correctly.
 1. Yes
 2. No

End of questions specific to organizations who select "Applicant using a Fiscal Agent" on the "Legal Status" question.

Non-Profit Organization/For-Profit Organization

The following questions only apply to organizations who select "Non-Profit Organization" or "For-Profit Organization" on the "Legal Status" question.

Legal Status Verification

Before you continue, please look up your organization on the [Secretary of the Commonwealth \(SOC\)](#) website and confirm that your organization is listed, and your status has not been dissolved or revoked.

If you cannot find your organization or if you have any questions about your organization's legal status, [contact program staff](#). Please note, if your organization's status is listed as revoked or dissolved on the SOC website, we will be unable to award you a grant. Your organization may be at risk for liability and other issues, and you should work with the SOC to address it as soon as possible.

If your organization is not listed in the SOC database, but has registered with the [MA Attorney General's Non-Profit Organizations/Public Charities Division](#) then you will be asked to provide that information instead.

- *** Do you attest that you were able to confirm your Massachusetts incorporation by looking it up in the SOC website?** (dropdown menu)
 - Couldn't find it? Your organization may still be eligible to apply if you are registered with the MA Attorney General's Public Charities Division, or you may apply as an unincorporated organization using a fiscal sponsor. See the [FAQs](#) for more guidance, and [contact program staff](#) with questions.
 1. Yes

2. No

The following questions only apply to organizations who select “Yes” to the attestation that they were able to confirm their Massachusetts incorporation by looking it up in the SOC website.

- **Secretary of the Commonwealth (SOC) Listing on File** (pre-populated view-only field)
 - If Mass Cultural Council has the listing to your organization’s Business Entity Summary in our system from a past application, it will display below: Otherwise, it will be blank. If it is blank, you will be asked to provide it. If it is incorrect, you will be able to update it.
- *** Is Secretary of the Commonwealth (SOC) listing displaying/correct?** (dropdown menu)
 - **Is the Business Entity Summary listed above for your organization correct?** (Copy and paste the link/URL into your browser to view). If you can see your link and it is correct select YES. **If you do not see a link/URL or the one shown is incorrect, please select NO and provide us with the link/URL in the next question.**
 1. Yes
 2. No

The following question only applies to organizations who select “No” to the question asking if Secretary of the Commonwealth (SOC) listing displaying/correct.

- **Secretary of the Commonwealth (SOC) Listing** (text response, no character limit)
 - Please paste the direct link to your organization's Business Entity Summary on the [Secretary of the Commonwealth Corporations Division website](#).
 - **Be sure this link is specific to your organization, not your search results.** For example, a correct link will look similar to this: `https://corp.sec.state.ma.us/CorpWeb/CorpSearch/CorpSummary.aspx?sysvalue=aB12cDEf.g3HIjk...etc.`
 - The system will flag if you have entered a link that does not look long enough.

End of question specific to organizations who select “No” to the question asking if Secretary of the Commonwealth (SOC) listing displaying/correct.

End of questions specific to organizations who select “Yes” to the attestation that they were able to confirm their Massachusetts incorporation by looking it up in the SOC website.

The following questions only apply to organizations who select “No” to the attestation that they were able to confirm their Massachusetts incorporation by looking it up in the SOC website.

- *** Is your organization listed with the Attorney General’s Public Charities Filing website?** (dropdown menu)
 1. Yes
 2. No

The following question only applies to organizations who select “Yes” to the question asking if they are listed with the Attorney General’s Public Charities Filing website.

- *** AGO Public Charities Listing** (text response, no character limit)
 - Please paste the direct link to your organization’s Charity Registration Details listing on the [Attorney General’s Public Charities Filing website](#).
 - **Be sure this link is specific to your organization, not your search results.** For example, a correct link will look similar to this:
https://masscharities.my.site.com/FilingSearch/s/detail/a012b000003cDe..
.etc.

End of question specific to organizations who select “Yes” to the question asking if they are listed with the Attorney General’s Public Charities Filing website.

End of questions specific to organizations who select “No” to the attestation that they were able to confirm their Massachusetts incorporation by looking it up in the SOC website.

End of questions specific to organizations who select “Non-Profit Organization” or “For-Profit Organization” on the “Legal Status” question.

Pre-K – 12 School (with DESE School ID)

The following questions only apply to organizations who select “Pre-K – 12 School (with DESE School ID)” on the “Legal Status” question.

- *** Found Department of Secondary Education (DESE) Identification Number** (dropdown menu)
 - Mass Cultural Council has located DESE ID numbers for every Massachusetts School and District.
 - Is this your school’s DESE ID number?
 - If blank or incorrect, we do not have your school’s DESE ID in our system. Please select No.

1. Yes
2. No

The following question only applies to organizations who select “No” to the “Found Department of Secondary Education (DESE) Identification Number” question.

- *** DESE Identification Number** (text response, no character limit)
 - Please enter the 8 digit DESE ID provided in your [DESE school profile](#).
 - If your school or organization does not have DESE ID, or you are applying on behalf of a DESE Adult Education (AE) Provider in the first question about legal status do not select K-12 School, select the legal status that aligns with your school or organization instead (i.e. non-profit, for-profit, etc.).
 - ####-####, example: 3233-0092

End of question specific to organizations who select “No” to the “Found Department of Secondary Education (DESE) Identification Number” question.

End of questions specific to organizations who select “Pre-K – 12 School (with DESE School ID)” on the “Legal Status” question.

- *** Is the proposed youth programming primarily arts, humanities, or interpretive sciences?** (dropdown menu)
 1. Yes
 2. No
- *** Has your organization operated a Creative Youth Development (CYD) program for a minimum of six months between 2024 and 2026?** (dropdown menu)
 - Programs that answer "Yes" should see themselves in this definition: Creative Youth Development (CYD) is a commitment to supporting young people’s stories, ideas, and dreams through creative expression and honoring their lived experiences. In order to create environments that promote Creative Youth Development, these three concepts should be present: racial equity and social justice, youth voices, and collective action. [Review key characteristics of CYD.](#)
 - 1. Yes
 - 2. No
- *** Does your program provide a specific and consistent group of young people hands-on, sequential, cumulative learning through creation?**
 3. Yes

- 4. No
- *** Does your program serve Massachusetts young people who are ages 4-24?** (dropdown menu)
 - 1. Yes
 - 2. No
- *** Is your program committed to best practices in Creative Youth Development?** (dropdown menu)
 - Programs that answer "Yes" should see themselves in this definition: Creative Youth Development (CYD) is a commitment to supporting young people's stories, ideas, and dreams through creative expression and honoring their lived experiences. In order to create environments that promote Creative Youth Development, these three concepts should be present: racial equity and social justice, youth voices, and collective action.
 - 1. Yes
 - 2. No

Applicant Information

Review the information we have on file for your organization below.

If any of the below information is missing or incorrect, use the **Notes** feature on the left to contact a Mass Cultural Council staff person for help prior to the deadline.

Applicant Organization Information

- **Legal Name** (pre-populated view-only field)
- **Doing Business As** (pre-populated view only field)
- *** Is your organization's name correct?** (checkbox)
 - 1. Yes OR I have contacted Mass Cultural Council staff prior to the deadline to help me update it.

Your Parent Organization (if applicable)

- **Parent Organization Legal Name** (pre-populated view-only field)
 - Note about Parent Organizations: If you see "**Grant Seeking Organizations**" or "**General External Organizations**" listed here, this means

that you did not register under a Parent Organization in our system. These are our default categories. If you need to apply under a Parent Organization, use the **Notes** feature on the left to contact a Mass Cultural Council staff person for help. **(Unincorporated Organizations do not list a Parent Organization here and instead complete the Fiscal Agent section of the Application.)**

- *** Is your Parent Organization correct?** (checkbox)
 - Yes, if applicable, the Parent Organization that is authorized to receive funding and sign contracts on behalf of my organization is listed. If not, I have contacted Mass Cultural Council staff prior to the deadline to help me update it. If a Parent Organization is not applicable, by checking this box, I am attesting that my organization can receive funding directly and sign contracts independently.

Organization Addresses

- **Physical Address** (pre-populated view-only field)
- **Address 1** (pre-populated view-only field)
- **Address 2** (pre-populated view-only field)
- **City** (pre-populated view-only field)
- **State** (pre-populated view-only field)
- **ZIP** (pre-populated view-only field)

- **Mailing Address (if different)** (pre-populated view-only field)
- **Mailing Address 1** (pre-populated view-only field)
- **Mailing Address 2** (pre-populated view-only field)
- **City** (pre-populated view-only field)
- **State** (pre-populated view-only field)
- **ZIP** (pre-populated view-only field)
 - Note about Addresses: Organizations are required to provide a Massachusetts physical address. You can provide a PO Box for the mailing address, but not the physical address. Organizations that do not have a facility or office typically provide the address of the primary person leading the organization or group, such as the board chair, staff person, or lead volunteer for the group. Organizations registered as a foreign corporation should enter their MA office or MA registered agent's address.

- *** Is your organization's physical address correct?** (checkbox)
 1. Yes OR I have contacted Mass Cultural Council staff for help prior to the deadline to help me update it.

Grants Management System Legal Status

The following legal status represents how your organization registered in our grants management system or Mass Cultural Council's determination of your legal status based on state and federal databases.

- **Legal Status** (pre-populated view-only field)
- *** Is the legal status correct?** (checkbox)
 1. Yes OR I have contacted Mass Cultural Council staff for help prior to the deadline to help me update it.

Website and Social Media

We want to learn more about the work you do. In your "Organizational Profile," you provided the following website and/or socials:

- **Website** (pre-populated view-only field)
- **Facebook** (pre-populated view-only field)
- **X/Twitter** (pre-populated view-only field)
- **Instagram** (pre-populated view-only field)

Need to make corrections?

If any of the above information is incorrect, use the **Notes** feature on the left to contact Mass Cultural Council for help prior to the deadline.

If you would like to update your organization's mailing address, website, or social media, please update it in your Organization Profile. Here's how:

1. Click Save Draft before navigating away from this page
2. Then click on Home in the upper right corner.
3. Click on Organization Profile to update the fields, and then click on Save.
4. This application will be in your "In Progress" section of your Home page so you can continue working.

Primary Contact

The Primary Contact is responsible for all communications regarding the application, including questions and contracts. If you need to update the Primary Contact information you can do so in your Profile. Click the Home button in the upper right corner to get to the My Profile button.

- **Full Name** (pre-populated view-only field)
- **Email** (pre-populated view-only field)
- **Phone Number** (pre-populated view-only field)
- **Address** (pre-populated view-only field)
- **City, State, ZIP** (pre-populated view-only field)
- **Web Page** (pre-populated view-only field)

Contract Information

The following instructions only apply to organizations who were recipients of a Mass Cultural Council grant in the past 24 months and for whom we have a Contract Authorized Signatory (CASL) Form on file.

According to our records, your organization was a recipient of a Mass Cultural Council grant in the past 24 months and we have your organization's Contract Authorized Signatory (CASL) Form on File.

If what you provide below matches the CASL Form on file, we will not send you a CASL form. If you would like to see who is on the CASL form on file:

- Click Save Draft Below
- Click Home in the upper right corner
- Click on Organization Profile
- Click on the About tab
- Scroll down to Tax and Contracting Info section

End of instructions specific to organizations who were recipients of a Mass Cultural Council grant in the past 24 months and for whom we have a Contract Authorized Signatory (CASL) Form on file.

If awarded a grant, Mass Cultural Council will send contracts documents to the below contacts.

Note: If you are a department or program of a larger organization or municipality and are **not** authorized to enter into contracts on behalf of your Parent Organization, we need the names and contact information for representatives at your Parent Organization in this section. You can view the Parent Organization we have on file for you within the Applicant Information tab.

To avoid delays in the contracting process, you must provide two different contacts below. The same person cannot serve as both the Authorized Signatory and Authorized Officer.

See our [grant contract process](#) and [FAQs](#) for more information.

Contract Authorized Signatory Information

If awarded a grant, the **“Contract Authorized Signatory”** is the person who has the legal authority to sign contracts and submit the necessary contract documents (W-9, Electronic Funds Transfer form, etc.). The contract will be emailed directly to the person below. Please be sure to enter the name and email correctly.

- *** Contract Signatory** (text response, no character limit)
 - First and last name of person who will sign the contract
- **Contract Signatory Title** (text response, no character limit)
- *** Contract Signatory Phone** (ten-digit numeric value only)
 - ###-###-####
- *** Contract Signatory Email** (text response in email format only, no character limit)
 - This is the email that will receive 3 DocuSign documents: the Commonwealth's Contract Authorized Signatory Listing (CASL) form, the Commonwealth's W-9 & Electronic Funds Transfer (EFT) document, and the Mass Cultural Council's Standard Contract Document.

Contract Authorized Officer Information

If awarded a grant, the **“Contract Authorized Officer”** is the person who has the authority to attest that the above person can sign contracts. For example, a board member, president, chief executive officer, chief fiscal officer, corporate clerk or legal counsel, etc.

This must be a different person than the Authorized Signatory.

- *** Contract Authorized Officer** (text response, no character limit)

- **First and last name** of person who will attest the Contract Signatory can sign contracts. Please do not enter a title or any other information, just their name.
- * **Contract Authorized Officer Email** (text response in email format only, no character limit)
 - This is the email that the Commonwealth's Contract Authorized Signatory Listing (CASL) form will go to as a DocuSign document.

EFT Form and Form W-9

The following questions only apply to organizations who were recipients of a Mass Cultural Council grant in the past 24 months and for whom we have an Electronic Funds Transfer (EFT) and Form W-9 Form on file.

According to our records, your organization was a recipient of a Mass Cultural Council grant in the past 24 months and we have your organization's Electronic Funds Transfer (EFT) and Form W-9 Form on file. Please answer the following questions to help us determine if we should use the forms on file or send you new forms to complete.

- * **Electronic Funds Transfer (EFT) Form** (dropdown menu)
 - Should we use the EFT form we have on file? If you are not sure, please select "New EFT or not able to confirm".
 - **No change to EFT:** Your authorized signatory **will not receive** an EFT form. Payment will be sent to same account provided in the EFT as last year.
 - **New EFT or Not able to confirm** Your authorized signatory **will receive** a new EFT form via DocuSign to complete.
 1. No change to EFT
 2. New EFT or Not able to confirm
- * **Form W-9** (dropdown menu)
 - Has your organization's legal name or address changed? If you are not sure, please select "New legal name/address or Not able to confirm":
 - **No change:** Your authorized signatory **will not receive** a W9. We will use the one on file.
 - **New legal name/address or Not able to confirm:** Your authorized signatory **will receive** a new W9 form via DocuSign to complete.
 1. No change
 2. New legal name/address or Not able to confirm

Organization and Program Overview

- *** Primary Mission or Purpose** (text response, 1000 character limit)
 - Please enter your organization's mission statement or statement of purpose below.
- *** Program Title** (text response, no character limit)
 - Enter the name of your proposed YouthReach program.
- *** Program History** (text response, 1000 character limit)
 - How long has your organization run the proposed YouthReach program? When and why was it created? If this is a new program, please describe another Creative Youth Development program your organization has run for a minimum of six months between 2024 and 2026.
- *** Program Description & Purpose** (text response, 1000 character limit)
 - Please identify the age range of participants, the partners (including schools) involved, and how this YouthReach program fits in with your overall programming.
- *** Total number of youth participants in your organization?** (numeric value only)
- *** Total number of youth programs run by your organization?** (numeric value only)
- *** Number of young people engaged in your current or most recent program?** (dropdown menu)
 1. 1-10
 2. 11-20
 3. 21-40
 4. 41-60
 5. 61-100
 6. Over 100

Program Design and Fiscal Management

Provides evidence that:

1. The design of your program is centered in understanding the needs of young people – such as fueling their interests, connections, and opportunities.

2. Strength of leadership.
 3. The organization prioritizes resources to meet the diverse needs of the young people the program serves.
- *** Program Design and Fiscal Narrative** (text response, 2000 character limit)
 - How does your program's design, staff chosen, and budget address the values and needs of the young people you work with? How do they show your priorities in meeting young people's needs?

Program Design

In this section, please provide more specific information about your proposed program between July 1, 2026 and June 30, 2027.

- *** How many young people do you anticipate being involved in your proposed YouthReach program in FY27 (July 1, 2026 to June 30, 2027)?** (numeric value only)
- *** Number of hours per week of proposed program** (dropdown menu)
 1. 1 hour
 2. 1-3 hours
 3. 3-6 hours
 4. 6-8 hours
 5. More than 8 hours
- **Optional Comment Program Hours:** (text response, 100 character limit)
- *** How long, on average, is a young person typically involved with your organization?** (select many checkboxes)
 1. A few session
 2. A few months or a semester
 3. School vacation weeks (4 weeks)
 4. School year (36 weeks)
 5. Summer (8 weeks)
 6. One or more years
 7. We have paths for multiple years
- *** Are you applying for two or four years of YouthReach funding?** (dropdown menu)

1. 2 years
2. 4 years

Leadership

- **Teaching Staff** (file upload field)
 - Please upload a summary of key teaching staff involved in this project including brief bios of and key trainings that each has received to address needs of young people. For each individual include: Name, Title, Bio, and Relevant Trainings.
 - Maximum file size: 2 GB | Allowed file types: TXT, RTF, DOC, DOCX, PDF
- **Curriculum** (file upload field)
 - Please upload in three pages or less an example of a curriculum or plan for FY27. Show how your goals connect to your program's designed activities and may progress through the year. The panel will not review curriculum material exceeding three pages.
 - Maximum file size: 2 GB

Organizational Budget Summary

- This budget summary should reflect the overall organization's budget, including the proposed YouthReach program's budget.

Organizational Budget

- **\$ Enter Organization Budget** (budget table)

	Actual FY25	Current FY26	Projected FY27
Earned Income	Numeric value	Numeric value	Numeric value
Contributed	Numeric value	Numeric value	Numeric value
Cash	Numeric value	Numeric value	Numeric value
Total	Numeric value	Numeric value	Numeric value

Program Budget

This program budget should reflect the anticipated budget the proposed YouthReach program's budget in FY27 (July 1, 2026 - June 30, 2027)

- * **Total Program Budget (FY27)** (numeric value only)
- * **Detailed Program Budget** (file upload field)
 - Upload a detailed program budget for **FY27 (July 1, 2026 – June 30, 2027)**, the first year of the funding cycle
 - Include a breakdown of all expected earned and contributed income, and in-kind contributions.
 - Program expenses generally include, but are not limited to, program and administrative personnel, youth stipends, space rental or maintenance, program and office supplies, food, and transportation for the youth.
 - If you anticipate significant variations in your program from one year to the next, include a detailed project budget for FY27 and FY28. For example, if in the second year of the funding cycle you project a significant increase in the number of students or plan to add another component, detailed budgets for both years will be important. For most projects, however, the FY27 budget will be sufficient for the panel's review.
 - Organizations seeking the larger award should be sure to highlight and/or clearly label Health & Wellness and Workforce Development spending.
 - Maximum file size: 1,000 MB | Maximum number of files: 1 | Allowed file types: DOC, DOCX, PDF, TXT, RTF, XLS, XLSX
- **If you included more than one fiscal year in your detailed program budget because you anticipate significant variations in the program, please describe the variations and explain them.** (text response, 1500 character limit)

Key Program Expenses

- To assist in application review and data collection process, please provide the following information. **Enter a 0 if your program does not include that specific expense. Please do not leave any values blank.**

The totals you provide should connect back to items in your uploaded program budget (for example if in your project budget you have several expenses related to mental health spending such as counselors for participants and trauma informed trainings for staff, you should put the combined total here).

Organizations seeking the larger award amount must include a minimum of \$2,500 in Total spent on Mental Health and/or Workforce Development for FY26 and FY27 and must complete the Optional Narrative questions in the application.

- **\$ Enter Key Program Budget** (budget table)

Health and Workforce Expenses	FY26 (7/1/25 to date)	FY27 (7/1/26 – 6/30/27)
Total amount mental health services trainings or other spending	Numeric value	Numeric value
Total spending youth wages or stipends	Numeric value	Numeric value
Number of youth paid	Numeric value	Numeric value
Total spending on Mental Health/Workforce Development	Numeric value	Numeric value

Other Key Expenses	FY26	FY27
Total spending teaching artists/humanists/scientists wages or salaries	Numeric value	Numeric value
Number of teaching artists/humanists/scientists paid	Numeric value	Numeric value
Total spending transportation for participating youth	Numeric value	Numeric value
Total spending food for participating youth	Numeric value	Numeric value

- **Optional Explanation Key Expenses** (text response, 500 character limit)

Optional Section

Completing this section or not has no impact on your overall application score or chances of being funded. The information this section will only be taken into account when setting award amounts for applicants recommended for funding. Organizations with a history of support of the areas below may be eligible for a higher award amount if their application meets certain criteria.

This section open for organizations with a proven track record of providing youth stipends or paid employment in the program for participants and/or organizations that have provided for mental health supports or inclusion of significant training opportunities in mental health for staff. Please review the program guidelines for more information.

You must answer at least one of sections below to be considered for the larger award amount. Either #1 Mental Health and Wellness Narrative or #2 Workforce Development Narrative. If your spending above incorporates both areas, please answer both questions.

Spending Documentation:

- Applicants show they have spent a minimum of \$2,500 (actual cash expenses) on either area of focus in FY26 (July 1, 2025-present). Included in Key Program Expenses table and FY26 budget upload below.
- Applicants show they plan to spend at least \$2,500 on those areas in their FY27 budget. Included in Key Program Expenses table and FY27 budget uploaded in prior section.

- *** Current spending on Health and Wellness and/or Workforce Development** (dropdown menu)
 - In your current/most recent program (July 1, 2025-present) do you have \$2,500 or more of demonstrated investments in mental health & wellness and/or workforce development for youth participants?

This investment can be made through:

- inclusion of access to mental health supports or inclusion of significant training opportunities in mental health for staff
- inclusion of youth stipends or paid employment in the program for participants

1. Yes
2. No

The following question only applies to organizations who select "Yes" to the previous question.

FY26 Spending Documentation

- Upload a detailed program budget for FY26 (July 1, 2025 - June 30, 2026).
- Include a breakdown of all expected earned and contributed income, and in-kind contributions.
- Program expenses generally include, but are not limited to, program and administrative personnel, youth stipends, space rental or maintenance, program and office supplies, food, and transportation for the youth.
- Be sure to highlight and/or clearly label Health & Wellness and Workforce Development spending.
- **Upload FY26 Program Budget** (file upload field)

Maximum file size: 2 GB | Allowed file types: TXT, RTF, DOC, DOCX, PDF, XLS, XLSX

Review Criteria for Mental Health and Workforce Narrative

Review criteria score is based on evidence that:

1. Funds are used to employ youth (with a competitive wage) and/or funds are used to track and address mental health needs.
2. Young people are listened to and cross-sector partnerships have been thoughtfully established (with behavioral health and/or workforce development)

3. Credentials/bios of staff and design of program demonstrate their ability to hear and address needs – including with cultural competency.

Workforce: Staff provide growth opportunities, constructive feedback, learning, connections, and opportunities.

Mental Health: Staff are equipped with degrees/certifications/and/or evidence of trainings and design programs to address needs.

- **Mental Health and Wellness Narrative** (text response, 2000 character limit)
 - How does your program currently assess and track the need for mental health and wellness support for your young people?
 - What support and partnerships have young people reported they need to navigate their mental health? How have you developed cross-sector partnerships to help address those needs?
 - How are staff prepared to intentionally provide ways to help youth with their mental health?
- **Workforce Narrative** (text response, 2000 character limit)
 - How does your program currently use funds to support young people in paid leadership/workforce roles?
 - What help are they needing to navigate connections, resources and opportunities? How have you developed cross-sector partnerships to help address those needs?
 - How are staff prepared to intentionally provide ways to help youth explore their next steps in leadership/employment?

Application Narrative

Community Engagement

Review criteria score is based on evidence that:

1. Community is defined.
 2. Community strengths and needs are understood.
 3. Programming is designed to address those needs with accountability.
- **Community Engagement Narrative** (text response, 1500 character limit)
 - What are your community's unique characteristics and needs, how do you know, and how does your program respond to these unique community strengths and needs?

Equitable Practices

Review criteria score is based on evidence that:

1. Outreach and recruitment are thoughtful.
 2. Barriers are identified and addressed.
 3. Culturally responsive programming is offered/implemented.
- **Equitable Practices Narrative** (text response, 1500 character limit)
 - What thoughtful recruitment/outreach practices are you engaging in, and how are you mitigating barriers and increasing accessibility, including collaborating to offer culturally responsive programming?

CREATE: Youth Voice (creativity, craft, storytelling)

Review criteria score is based on evidence that:

1. Young people are heard.
 2. Opportunities for self-expression and creative risks are prioritized.
 3. Interests and cultures are explored.
- **Create Narrative** (text response, 2000 character limit)
 - How does your programming center young people's creativity, and enable young people to express their voice, strengths, interests, and the cultures of their communities?

CONNECT: Relationships (self-discovery, healing, collaboration, mutual learning)

Provides evidence that:

1. Young people are supported in being seen and respected by others.
 2. Opportunities for connection with caring adults and peers are embedded.
 3. Collaborations are established with responsive partnerships with expertise.
- **Connect Narrative** (text response, 2000 character limit)
 - How do you help young people form meaningful relationships with adults and peers and support the expression of their identities? What range of supports do these partnerships offer?

CATALYZE: Youth Leadership (leadership and social justice)

Review criteria score is based on evidence that:

1. Young people are valued with their next steps supported.

2. Leadership opportunities and pathways for young people are offered.
 3. Youth involvement culminates into collective action or engagement.
- **Catalyze Narrative** (text response, 2000 character limit)
 - What does youth leadership and decision-making look like within your organizational structure and what are the ways your program offers opportunities for collective action/engagement?

OUTCOMES: Youth Leadership (leadership and social justice)

Review criteria score is based on evidence that:

1. Young people are listened to.
 2. Data that is valued is collected.
 3. Programs track for understanding impact and improvement.
- **Outcome Narrative** (text response, 2000 character limit)
 - Describe the indicators that will help you determine the success of your goals and how you aim to track these. How is feedback from Youth Participants collected and used to improve your program?
 - **How would you like to provide an example of numbers, statistics, quotes, photos, and/or video that speak to your impact?** (dropdown menu)
 1. Document
 2. Media (Audio/Video)
 - **Outcomes Upload Document** (file upload field)
 - Upload a one-page document that provides numbers, quotes, photos.
Maximum file size: 2 GB | Allowed file types: TXT, RTF, DOC, DOCX, PDF
 - **Outcomes Upload Media** (file upload field)
 - Upload a video or audio file (not longer than 5 min) that speaks to the impact of your program and contains the voice of your young people.
Maximum file size: 2 GB | Allowed file types: MP3, FLAC, WMA, WAV, RA, RM, MID, MIDI, MP4, MOV, FLV, WEBM, WMV, MKV, AVI, RM, ASF, RMVB, MPG, MPEG, MPG, MP2, M4V

Prioritization Factors

Mass Cultural Council envisions a diverse creative and cultural sector that is valued as essential in the Commonwealth. To that end, priorities have been established to support programmatic practices that advance equity, diversity,

and inclusion through our services to the sector. In addition to information you enter in your application, prioritization will include the following:

- Applicants that have not received funding from Mass Cultural Council in the last three fiscal years (FY26, FY25, FY24), or that are applying to the Mass Cultural Council for the first time.
- Applicants that are BIPOC Centered Organizations or BIPOC Majority Schools.
- Applicants that have completed the [Arts and Culture Accessibility Self-Assessment](#)

Arts and Culture Accessibility Assessment

The Assessment must be completed and the confirmation uploaded to the YouthReach application prior to the application deadline. Staff will review the confirmation after the application deadline.

Applicants that have already uploaded confirmation as part of the Operating Grants for Organizations application, and that were reviewed by staff at that time, will not be asked to complete the assessment or upload the confirmation again in this application.

- **Accessibility Assessment Status**

- If no Application ID appears below, you will be prompted to confirm assessment status with an opportunity to upload the assessment.
- If you see an Application ID displayed here, that means we have your assessment confirmation on file from a previous report and you do not need to take any further action.

Accessibility Assessment received from Application ID: (pre-populated view-only field)

- *** Has your organization completed the Arts and Culture Accessibility Self-Assessment?**

1. Yes, we have completed the Arts and Culture Accessibility Self-Assessment.
2. No, we have chosen not to complete the Arts and Culture Accessibility Self-Assessment at this time.

- **Self-Assessment Confirmation** (file upload field)

- Upload the email that you received, or a screenshot of the confirmation message confirming that you have completed the Arts and Culture Accessibility Self-Assessment here. **Do not upload the full report.**

Maximum file size: 2 GB | Maximum Files: 1

Funding History

Applicant organizations that have not received **grant funding directly from Mass Cultural Council** in the last three fiscal years (FY24, FY25, FY26), or that are applying for the first time. Below you will see the information we have on file for your organization, for FY24-FY26.

Applicants that have received only one \$2,500 Festivals & Projects grant in the last three fiscal years. Below you will see the information we have on file for your organization for FY24-FY26.

By submitting your application, you acknowledge understanding that Mass Cultural Council will verify this information with historical data in our grants management system. Mass Cultural Council will make every effort to ensure accuracy but cannot be held accountable for missing or incorrect information in the relevant sources. If you have questions about the information displayed below send staff a note using the Notes feature.

- *** Received at least one grant in the past three fiscal years** (pre-populated view-only field)
 - “No” means you are eligible for this funding history priority. “Yes” means you have received recent funding and are not eligible for the priority.

BIPOC-Centered Self-Identification

Applicants that self-identify as led by and serving people of the global majority – Black, Indigenous, People of Color (BIPOC), Latinx, Asian, Native American, Pacific Islander, and all other ethnicities of color. Organizations wishing to make this identifications will need to fill out a [BIPOC-Centered Organization Self-Identification](#) form in the grants management system. This form is in the Opportunities section of your portal.

BIPOC-centered organizations must be able to demonstrate that:

1. The organization's primary Mission, Programming and/or Practices explicitly and specifically reflect and serve one or more communities that self-identify as BIPOC.

AND

2. Must be BIPOC led and/or run.

For more information, full definitions, guidelines, and to see a sample form, [visit the BIPOC-Centered Self-Identification page](#).

Is your organization BIPOC-Centered? If so, complete the BIPOC-Centered Self-Identification form. The form is in the Opportunities section of your portal. We strongly recommend Applicants seeking designation submit their form. The

BIPOC-Centered Self-Identification form must be completed prior to the application deadline.

- *** Currently recognized as BIPOC-Centered Organization in the system?** (pre-populated view-only field)
 - If you have recently submitted a BIPOC-Centered Self-Identification form, and it has not yet been reviewed, you will see “No” below. Due to the volume of applications, most will not be reviewed until after the deadline to apply for this program.

Acknowledgement

Ready to Submit?

Once you click “Submit” below, you will no longer have access to make changes to your application. If your application is large, you will receive an email confirmation after you submit that includes a copy of your application without any uploaded files.

Please note: You have not successfully submitted your application until you see the following message: “Congratulations – You have successfully submitted your application.”

Authorized Signature: I certify that all the information contained in this application, including all supporting documents and materials, is true and correct to the best of my knowledge. I hereby release Mass Cultural Council, its members, and employees, from any liability and/or responsibility concerning the submission of materials to this program. In addition, I agree that the required public acknowledgment will be given to Mass Cultural Council if this application is approved. I understand that failure to respond to any of the items requested in this application may seriously hinder its consideration. I certify that we are committed to the completion of the proposed activities in compliance with legal requirements and granting procedures and will file the report required by the Mass Cultural Council.

Clicking “submit” below serves as an authorizing electronic signature.

- *** Attestation** (checkbox)
 - I agree