

City of Haverhill
American Rescue Plan Act (ARPA)
State and Local Fiscal Recovery Funds (SLFRF)



Notice of Funding Availability
Youth Activities and Mental Health Grant Program - BENEFICIARY

Please read the [City of Haverhill's](#) Notice of Funding Availability guideline document for the "Youth Activities and Mental Health Grant Program Recovery Grant, Fiscal Year (FY) 2023" prior to completing this application. Please submit completed applications and required documents by Friday, April 14th. If you are electing to submit a written application, please hand deliver your application to Shawn Regan in the Mayor's office located at 4 Summer St., Room 100, Haverhill, MA 01830 between the hours of 8AM and 4PM EST.

SUMMARY

Application Type: **Direct Beneficiary Grant Application (Individual)**

Enter Total Amount of Grant Request:

***Note:** The city reserves the right to award less funds than requested. Applicants should be prepared to discuss what a reduction would look like for their application.*

BENEFICIARY INFORMATION

Name of Applicant:	<input style="width: 500px; height: 25px;" type="text"/>
Telephone Number:	<input style="width: 500px; height: 25px;" type="text"/>
Email Address:	<input style="width: 500px; height: 25px;" type="text"/>
Home Address:	<input style="width: 500px; height: 25px;" type="text"/>

BENEFICIARY APPLICATION QUESTIONS

1. Direct Beneficiary Grant Application Type (See table below for income limits by household size)

- Family or parent/guardian of youth located in Haverhill (Not low- nor moderate-income)
- Low-Income family or parent/guardian of youth located within Haverhill
- Moderate-Income family or parent/guardian of youth located within Haverhill

<i>Household Size</i>	<i>(Low Income)</i>	<i>(Moderate Income)</i>
1	\$0 - \$28,840	\$0 – \$46,865
2	\$28,841 – \$32,960	\$46,866 - \$53,560
3	\$32,961 - \$40,626	\$53,561 - \$65,880
4	\$40,627 - \$49,025	\$65,881 - \$79,500
5	\$49,026 - \$57,424	\$79,501 - \$93,120
6	\$57,425 - \$65,823	\$93,121 - \$106,740
7	\$65,824 - \$74,222	\$106,741 - \$120,360
8	\$74,222 - \$82,621	\$120,361 - \$133,980

(Calendar Year 2022 Family Income)

2. Describe the negative impacts the COVID-19 public health emergency has had on you, or the youth you are submitting the application on behalf of (What are the social, emotional, mental, behavioral, and/or financial challenges that have been created by the pandemic):

3. Please classify the type of activity(s) the grant funds would be used for, if awarded. You may make multiple selections. (Please note, to be eligible to receive funding for education, social, or well-being activities/programs, the applicant youth must come from a low- or moderate-income family located within the city):

- Youth-based educational services/programs (i.e., after school programs, tutoring, etc.)
- Youth-based social and well-being services/programs (i.e., exercise programs, meditation programs, etc.)
- Youth-based mental and behavioral health services/programs (i.e., prevention, outpatient treatment, crisis care, peer support groups, etc.)
- Youth-based substance abuse prevention and treatment services/programs (i.e., prevention, outpatient treatment, crisis care, peer support groups, etc.)
- Youth-based violence prevention services/programs (i.e., trauma recovery services, deterrence programs, etc.)

4. Provide a detailed description of what activity(s) the grant funds will be used for according to the boxes checked above (Please identify events, programs, or activities the applicant's youth will engage in)

5. Enter the number of youths that will be served by the proposed activity(s):

Total Number of Youth that will participate:

6. Describe how the activity(s) proposed will positively impact the needs of the youth that have been created or exacerbated by the pandemic. Include anticipated short-term and long-term benefits:

7. Provide a schedule of the proposed activity(s) (When are they schedule to occur, where are they located, and how frequently will the applicant participate.):

DISCLOSURES OF ALTERNATE FUNDING

8. Have you received other COVID-19 funding assistance for these same impacts, activity/program costs, or expenditures such as, but not limited to, Federal Coronavirus Aid, Relief, and Economic Security (CARES) Act funding; Paycheck Protection Program (PPP) Loans; Economic Injury Disaster Loans (EIDL); or Community Development Block Grant Coronavirus (CDBG-CV) funds? (All applicants must complete and send back a duplication of benefit worksheet with their application. See the application checklist and forms provided in both the document library and as a hyperlink in the application document section.)

- Yes, explain below:
- No

9. Are there other grants you have currently applied for, or intend to apply for but have not yet received, to cover these same impacts, program costs, or expenditures?

Yes

No

10. If you answered yes to the question above, please list each application filed or intent to file below including grant name, agency, date application was submitted, amount requested, and intended use of the funds.

REQUIRED DOCUMENTS

Please review the Haverhill Youth Activities and Mental Health Grant Guideline document for information regarding required documents to submit. Additional documents may be required during the application review process, at the city’s discretion. Applicants will be notified in such cases. Awardees will be required to submit an Exit Report at the end of the grant agreement.

SIGNATURE

I hereby certify that the statements and documents submitted herein are true and the funds requested adhere to the Haverhill grant guidelines.

Grant Preparer

Print Name

Title

Signature

Date