

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 - SUBRECIPIENT

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: **Subrecipient Grant Application (Organization)**

Application Nickname or Business dba:

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.*

SUBRECIPIENT INFORMATION:

Name of Applicant:

Telephone Number:

Email Address:

Organization Legal Name/Entity Name:

Address:

Telephone Number:

Website (Optional):

Federal Tax ID Number (EIN):

UEI Number (SAM.Gov ID):

Note: A UEI number is required for all subrecipients to receive funding from the city. Registering with SAM.Gov is free but can take as long as 6-8 weeks (<https://www.sam.gov>)

Additional Contact Person:

Additional Contact's Title:

Additional Contact Person Email Address:

SUBRECIPIENT APPLICATION QUESTIONS:

1. Date Organization Founded:

2. Organization Physical Address:

3. Subrecipient classification (you may select multiple if your organization fits multiple descriptions):

- For-Profit Business organization
- Community-based organization or Nonprofit
- Educational service provider
- Civic group
- Other:

4. Services your organization will provide using this grant award (you may select multiple):

- Youth-based educational services/programs
- Youth-based social and well-being services/programs
- Youth-based mental and behavioral health services/programs
- Youth-based substance abuse prevention and treatment services/programs
- Youth-based violence prevention services/programs
- Other:

5. Beneficiaries your organization will provide services to (Please note, in order to be eligible to receive funding for education, social, or well-being activities/programs, the subrecipient must design a program that specifically serves low- or moderate-income families/residents located within the city. See table below for income limits by household size).

- All families/residents located in Haverhill (Not low- nor moderate-income)
- Low-Income families/residents located within Haverhill
- Moderate-Income families/residents located within Haverhill

<i>Household Size</i>	(Low Income)	(Moderate Income)
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)

6. Organization Mission Statement and Overview – What is your organization’s primary purpose:

7. Is this organization currently in good standing with the city and current on local taxes and city utility bills?

- Yes
- If No or Not Applicable, please explain:

8. Is this organization currently in good standing and in compliance with all applicable Federal, State, and local laws?

Yes

If No, explain:

9. Are any of the organization's staff or board members immediate family members of city staff or an elected official? *If yes, please list family members by first and last name, and their relation.*

Yes, explain below:

No

10. In the space below, please provide the number of full-time and part-time employees of your organization.

Number of full-time employees:

Number of part-time employees:

11. How many estimated residents does your organization serve on an annual basis? *Indicate the estimated number in the space below. A range of values is acceptable (i.e., 200 – 500).*

Total Residents

12. Type of Grant Requested:

Funding to support or establish a NEW youth activity/program for the youth in Haverhill

Funding to CONTINUE AN EXISTING youth activity/program for the youth in Haverhill

Funding to EXPAND AN EXISTING youth activity/program for the youth in Haverhill

Other, explain below:

13. Describe your organizations qualifications and experience providing the proposed activities/program. Include your administrative capacity regarding contract administration, fund management, and program and financial reporting:

14. Describe how the activities/program proposed will positively impact the mental health or needs of the youth that have been created or exacerbated by the pandemic:

15. List any partners, individuals or organizations that will assist with the delivery of the proposed activities/program. Describe their roles:

16. Describe the goals and objectives of the activities/program. Identify at least three (3) performance metrics that will be used and explain how they will measure the program's effectiveness:

17. Describe how the activities/program proposed will continue to be viable on its own after city ARPA SLFRF funding is fully expended:

18. Describe how community and residents will be made aware of the program, specifically those who are low- and moderate-income families and individuals (Briefly describe the outline for a communications plan):

19. Identify the estimated number of youths the activities/program will serve if awarded funding.

- Estimated to be between 1 - 100
- Estimated to be between 100 - 500
- Estimated to be over 500+

20. Please indicate the readiness to implement your proposed program by indicating what stage it may currently be in:

- Startup: Your proposed activities/program would be a startup initiated by this funding, and still requires definitions for logistics, administration, and management of the program itself.
- Proof of Concept: Your organization has been implementing the activities/program for a small number of residents and already had plans to scale.
- Operating Scale: Your organization has evidence its proposed activities/program achieves real impact and is currently delivering the program at scale.
- Scaling: Your organization has evidence of impact and is expanding/adapting the activities/program to a greater number of residents but has yet to achieve large-scale implementation.

21. Has your organization previously managed or utilized federal grant money or support in the past? *If yes, please identify, by name, the federal funds your organization has managed in the past.*

- Yes, explain below:
- No

22. Please complete the types of insurance the organization carries and note the maximum amount per occurrence. *Do not enter commas, numbers only.*

General Liability

Automobile Liability

Workers Compensation

DISCLOSURES OF ALTERNATE FUNDING

23. 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 guideline documentation.)

- Yes, explain below:
- No

24. 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

25. 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

Organization CEO, Executive Director or Authorized Representative

_____	_____
Print Name	Title
_____	_____
Signature	Date