



## CITY OF HAVERHILL

### Youth Activity and Mental Health FY 26

### APPLICATION

#### Application Questions

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**1. Date Organization Founded:**

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

**3. Subrecipient classification under IRS Code 501(c)(3):**

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

**4. Services your organization will provide using this grant award:**

- 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.*

- All families/residents located in Haverhill
- Low-Income families/residents located within Haverhill
- Moderate-Income families/residents located within Haverhill

**6. If awarded, please describe what the grant funds will be used for.**

*Example: Program scope, target beneficiaries the program will serve, program objectives, etc.*

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

- Yes
- No, explain:

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

- Yes
- No, explain:

**9. Has your organization been involved in litigation or received fines/penalties related to its provision of services in the last 5 years?**

- No
- Yes, please explain:

**10. Has your organization ever declared for bankruptcy in the last 5 years?**

- No
- Yes, please explain:

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

*Indicate the numbers in the spaces below.*

Full Time Employees

Part Time Employees

**TOTAL**

**12. How many estimated residents or households does your organization serve on an annual basis?**

*Indicate the numbers in the spaces below.*

Total estimated residents

Total estimated households

**TOTAL**

**13. 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:

**14. 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:**

**15. 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:**

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

**17. 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:**

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

**19. Describe how community and residents will be made aware of the program, specifically those who are low- and moderate-income families and individuals:**

*Select all that apply*

- Social Media Posts
- Website Update
- Press Release
- Newspaper Ads
- Direct Mailers
- Open Houses
- Other:

**20. 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+

**21. Identify the estimated number of youths the activities/program will serve in the following demographics:**

*Enter estimated number for each demographic below. A total will be provided.*

<input type="text"/>	Youth from low-income families
<input type="text"/>	Youth from moderate -income families
<input type="text"/>	Youth from the LGBTQ+ Community
<input type="text"/>	Youth with disabilities
<input type="text"/>	Other under-served youth group(s)
<input type="text"/>	<b>TOTAL</b>

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

- Start Up: 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.

**23. Has your organization previously managed or utilized federal, state and/or city grant money or support in the past 5 years?**

*If yes, please identify funds by federal program name, year received, and amount received in the box below (Example: CDBG Funds, Fiscal Year 2021, \$100,000)*

- Yes, explain:
- No

**24. Please complete the types of insurance the organization carries and note the maximum amount per occurrence.**

*Do not enter commas, numbers only.*

<input type="text"/>	General Liability
<input type="text"/>	Automobile Liability
<input type="text"/>	Workers Compensation
<input type="text"/>	Professional Liability
<input type="text"/>	Umbrella Coverage
<input type="text"/>	<b>TOTAL</b>

**25. If awarded, will your program services be offered to community residents free of charge, or will your organization collect a fee for services provided?**

*Please note, if collecting a fee, you may be subject the requirements of tracking, reporting and uses of program income during the period of performance for your grant.*

- Services will be offered free of charge
- A full fee will be charged
- A fee will be charged, but these funds will be used as a subsidy to reduce cost of service for eligible residents

**26. Please identify your proposed program implementation period of performance that corresponds with your grant funding request.**

*Durations are subject to negotiation with the city.*

- 6 months or less
- 6-12 months
- 12-18 months
- 18 -24 months
- Other:

**27. Dates covered by your Fiscal Year (FY)**

*The undersigned applicant hereby declares that all information contained in this application is true and correct and can be used as admissible evidence in any legal proceeding against the applicant organization if the City is required to pursue legal process to recoup any grant funds provided under false pretenses.*

\_\_\_\_\_  
Name of Applicant Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email

## Required Documentation

Applicants must submit the documents listed below, as well as a full and complete application describing the program that the applicant will implement on behalf of the City, and how the applicant will track its performance and ensure all grant funds are spent prior to **June 30, 2027**.

- Completed conflict of interest disclosure form.
- Current copy of a signed IRS W-9 tax form.

The City reserves the right to request additional information from the applicant as needed.

## CONFLICT OF INTEREST DISCLOSURE FORM

Federal, state and local law prohibits employees and public officials of the City from participating on behalf of the City in any transaction in which they have a financial interest absent a Conflict of Interest Disclosure. The questionnaire must be completed and submitted by each applicant for funding. The purpose of this questionnaire is to determine if the applicant, its staff, or any of the applicant's owners would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any owner(s) of the applicant's organization who currently is or has/have been within one year of the date of this application, a City employee or consultant, or a member of the City Council?

Yes  No

If yes, please list the name(s):

2. Will the funds requested by the applicant be used to award a subcontract to any individual(s) or organization affiliate(s) who currently is or has/have been within one year of the date of application, a City employee, consultant or a member of the City Council?  Yes  No

If yes, please list the name(s):

3. Is there any member(s) of the applicant's staff or owner(s) of the applicant's organization who are business partners or family members of a City employee, consultant or a member of the City Council?  Yes  No

If yes, please list the name(s):

If you answered "yes" to any of the above, the City will review to determine whether a real or apparent conflict of interest exists.

Name of Organization \_\_\_\_\_

Name of Authorized Official \_\_\_\_\_

Authorized Official's Title \_\_\_\_\_

Signature of Authorized Official \_\_\_\_\_

Date \_\_\_\_\_