



## Spring 2022 NH Empower Youth Program Funding Application

### ***NH Empower Youth Program Funding Application***

The New Hampshire Department of Health and Human Services (DHHS) is administering \$3.5 million in federal American Rescue Plan Act funds to support the second round of the NH Empower Youth Program, which will provide programming for at-risk middle and high school students.

The New Hampshire Empowering Youth Program (NHEY) funding is available to fund those youth summer and fall programs serving middle and high school students. The summer programs may be transformed into afterschool or weekend programs when the school year resumes. This permits programs that extend beyond the traditional summer break to create opportunities that will serve as a bridge for students as they transition back to school in the fall. This format also allows providers to proactively explore alternative community-based programs, which could prove beneficial whether they are serving youth attending traditional or alternative educational schooling.

The Empower Youth Program is designed to benefit middle and high-school-aged youth. The program's incentives target providers that will either expand current programs to middle and high-school students or initiate new program opportunities for these age groups. Similarly, providers may access program resources to fund adolescent youth counselor positions within existing programs that are aimed at younger children. This will provide teenagers the opportunity to learn leadership and mentoring skills.

Funding is available to New Hampshire non-profit and for-profit summer and school-year youth programs that serve middle and high-school youths, with an emphasis, but not exclusively, on serving vulnerable youth and children involved with the Division of Children, Youth and Families or in need of or receiving other intervention/support services. Programs specifically offering activities involving gang-violence prevention, substance-misuse prevention, youth empowerment, dropout prevention, and safe havens are encouraged to apply.

Programs that serve early-childhood or elementary school ages may apply only if they are also offering a program that includes the targeted age group or allows youths within the targeted age group to serve as a counselor-in-training, program aide, specialty program presenter, academic tutor, playground coach, etc. in a formal program.

To apply for funding, programs must:

- Be eligible to receive a State of New Hampshire vendor number and a federal SAMS number;
- Have equitable enrollment policies as to race, income, gender, religion, and sexual orientation;
- A minimum of 65% of the youths served must meet the DCYF definition of vulnerable children\*;
- Serve middle and high school youths, with at least 75% being New Hampshire

residents.

**\*Vulnerable children are those children who are at-risk for abuse or neglect due to physical, psychological and/or environmental factors. They do not need to have an open DCYF case to be considered vulnerable and may qualify due to their geographic location or household circumstances.**

**Additional Resources are available at <https://www.nh-connections.org/covid-19/financial-resources/> including an application template and instructions. FAQs will be posted on an ongoing basis after the first webinar.**

**The application deadline ends on Wednesday, May 18, 2022, at 11:59 PM. All funds must be expended by December 31, 2023. All financial information must be submitted by the deadline as well.**

**For questions, please email Dianne Chase at [teccp@dhhs.nh.gov](mailto:teccp@dhhs.nh.gov) or call 603-271-7190**

**1. County where program is located**

**2. Program Contact Information**

<b>Program Name/DBA</b>	<input type="text"/>
<b>Program City/Town</b>	<input type="text"/>
<b>Program Zip Code</b>	<input type="text"/>
<b>Application Contact Person</b>	<input type="text"/>
<b>Contact Person E-mail (required)</b>	<input type="text"/>
<b>Contact Person E-mail confirmation</b>	<input type="text"/>
<b>Contact Person Phone Number (required)</b>	<input type="text"/>
<b>Program Director</b>	<input type="text"/>
<b>Parent Organization</b>	<input type="text"/>
<b>Parent organization contact person and email address (if applicable)</b>	<input type="text"/>

**3. Check all that apply**

- We were previously NHEYF funded during the first round (2020).
- We were previously NHEYF funded but, had to stop operating the program after the last round of funding ran out
- We were previously NHEYF funded and continued to operate with reduced capacity or services after our last round of funding ran out
- We were previously NHYP funded and have been operating uninterrupted
- Whether you were funded before or not, without this funding we will not be able to sustain our program
- Whether you were funded before or not, without this funding we will not be able to launch our program

**4. Payment Contact Information**

**Organization Name (if different)**

**Address**

**City/Town**

**State**

**Zip Code**

**Contact Name**

**Contact E-mail**

**E-mail Confirmation**

**Contact Phone Number**

**5. Payment Information**

**Employer Identification Number**

**SAMS Number (not required at application, but required for invoicing)**

**Child Care or Camp License #(if applicable)**

**NH Vendor Id # (not req. to apply, but required for invoicing)**

**6. Program Type**

**7. How long has your program been operating?**

**8. Program description (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> For profit                     | <input type="checkbox"/> Owner/operator   |
| <input type="checkbox"/> Non-profit                     | <input type="checkbox"/> Part of an affiliate/franchise of a state/regional/national chain          |
| <input type="checkbox"/> State/municipal program        | <input type="checkbox"/> Own program building/location (home or commercial building)                |
| <input type="checkbox"/> Faith-based                    | <input type="checkbox"/> Rent program building/location (home or commercial building)               |
| <input type="checkbox"/> Employer-sponsored             | <input type="checkbox"/> Free use of program building/location                                      |
| <input type="checkbox"/> University/college-based       | <input type="checkbox"/> Program located in employer's building                                     |
| <input type="checkbox"/> Community service center-based | <input type="checkbox"/> Program located in building owned by state/regional/national organization  |
| <input type="checkbox"/> Self-employed individual       | <input type="checkbox"/> Program located in building rented by state/regional/national organization |

9. Please let us know which documents you will submitting to give the Review Committee a better understanding of your financial needs and organization's stability. For existing programs, please submit one of the the following: your 2021 tax return, 990, or financials along with the proposed full program operating budget (including both the NHEYF proposed portion as well as other expenses). If you are a new program, you may provide 2022 documentation indicating your ability to open and operate the program along with the full operating budget. These documents must be submitted one of the following methods - by email to [eccp@dhhs.nh.gov](mailto:eccp@dhhs.nh.gov); delivered or sent by mail. All documents must be received by 4:00 PM on Wed, April 18. For delivery or mail use the DHHS Brown Administration Building, 129 Pleasant Street, Concord 03301 address . Please clearly mark the envelope NH Empower Youth Program, Attention Dianne R Chase, DHHS/Bureau of Child Development and Head Start. Once we receive both your application and financial information, we will begin reviewing your application. Please indicate which documents you are submitting and via what method.

	Federal Tax Return	990	Monthly/Quarterly Financials or P & P	Full Operating Budget for Proposed Program
For Existing Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For New Programs 2022 only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other documentation to support your financial need and the organization's stability

10. We will be delivering our financials documents via the following method

11. Program status, as of application date

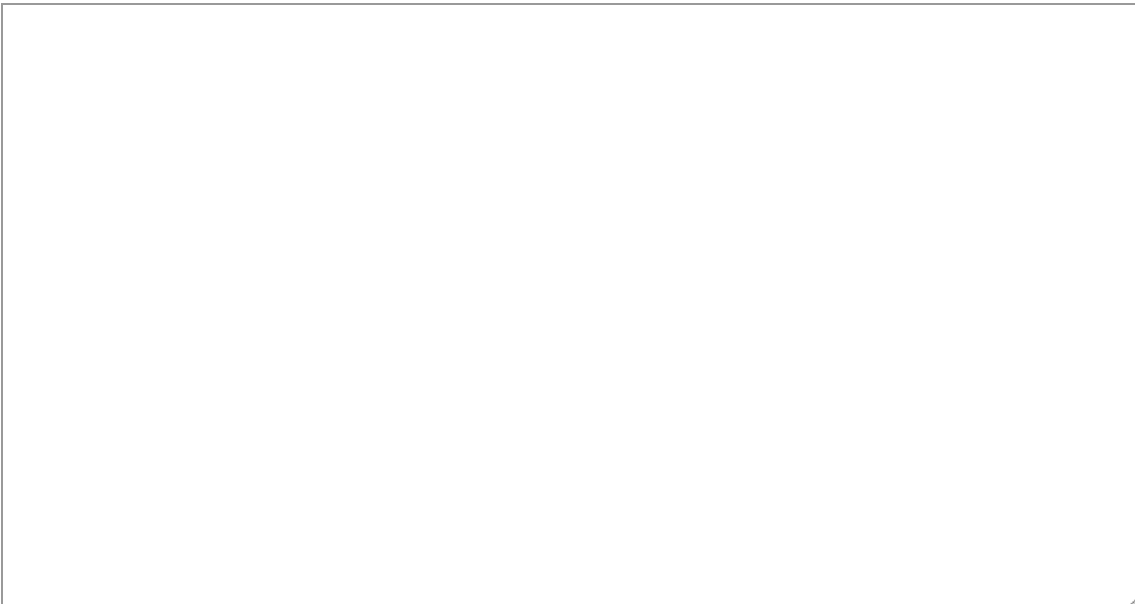
**12. Please briefly describe your program. Include the setting, target audience, activities and intended outcomes.**

A large, empty rectangular box with a thin black border, intended for the user to describe their program. It occupies the majority of the page width and height.

**13. When will this program operate - between what dates? What days? Times?**

A smaller, empty rectangular box with a thin black border, intended for the user to specify the dates, days, and times of the program.

**14. Briefly describe the target population and associated demographics including socio-economic, geographic, etc.**

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**15. How many youths does or will your program reach and impact?**

	Middle schoolers	High Schoolers
Individual youth that are or you hope will be attending or participating in some capacity per month (full and part time)	<input type="text"/>	<input type="text"/>
What are the ideal number of youths the program seeks to impact on an annual basis?	<input type="text"/>	<input type="text"/>

**16. How many staff do you employ or will be employing directly for this program?**

	Part Time	Full Time
Front line staff	<input type="text"/>	<input type="text"/>
Management/support	<input type="text"/>	<input type="text"/>

**17. What is the percentage of youths that may be considered "vulnerable" in your program. Vulnerable is defined as youths with special needs (medical, behavioral, educational, etc.) and/or at-risk for physical, psychological and environmental abuse or neglect. A youth does not need to have an active DCYF case to be considered vulnerable. You may consider a child vulnerable due to socio-economics, caregiver capabilities or relationships, living situation, food insecurity, etc. This is based on your professional opinion.**

	Currently	Targeted Goal
Percentage of vulnerable youths	<input type="text"/>	<input type="text"/>

**18. What is the percentage of youths that you will be serving live in New Hampshire**

	Currently	Targeted Goal
Percentage of youths residing in New Hampshire	<input type="text"/>	<input type="text"/>

**19. How much total NHEYF funds are you applying for?**

20. Please indicate your total funding request (not by month - total amount) need by putting your requested amount of dollars through December 30, 2023 in all applicable budget areas. - see webinar ppt on the NH Connections website for more detail, especially regarding CARES Act funding limitations - you will have an opportunity to provide a short explanation below in questions 20 - 25 below.

Staffing

Health, Safety and  
Janitorial Services  
and Supplies

Supplies, Equipment  
and Materials Costs

Operations and  
Business Expenses

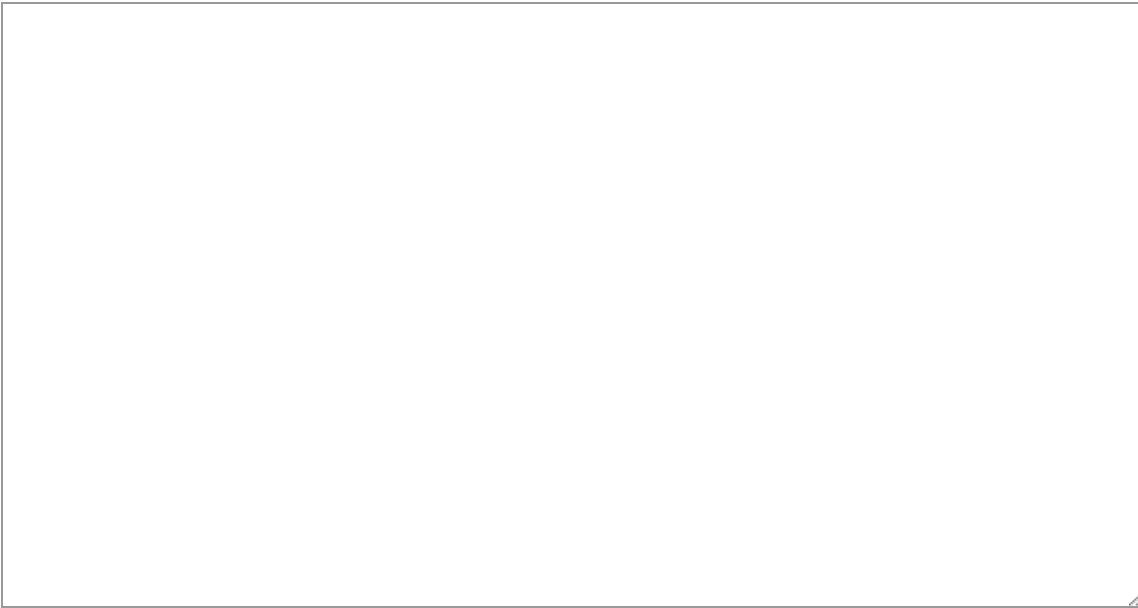
Services and  
Marketing

Other Areas, not  
listed

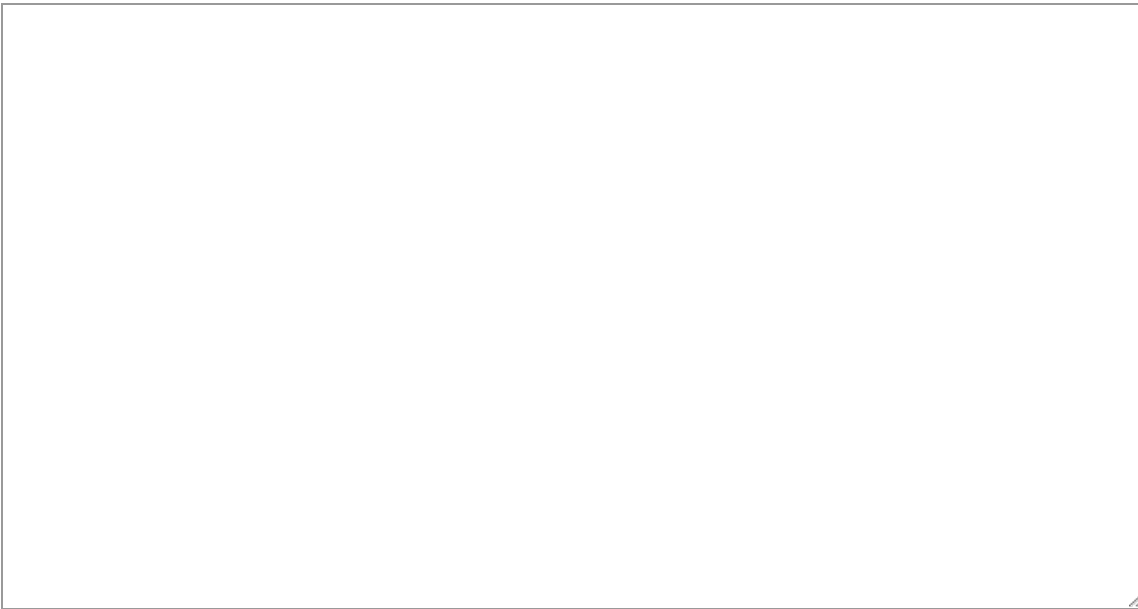
21. Please explain how these funds would be used for staffing expenses.



**22. Please explain how these funds would be used for health and safety costs.**



**23. Please explain how these funds would be used for supplies, equipment, and material costs.**



**24. Please explain how these funds would be used for operations and business expenses.**

**25. Please explain how these funds would be used for services and marketing.**

**26. Please explain how these funds would be used for other areas?**

**27. Are you currently a member of an local coalition, local/state/national organization or associations, accreditation or membership organization related to this program?**

Coalition/Association name(s)

**28. Please tell us how receiving or not receiving these funds will impact your ability to impact the outcomes for the youth that you identified in question #15. You may also add 2 8/12 x 11 pages of information and brochures, etc. via email at [eccp@dhhs.nh.gov](mailto:eccp@dhhs.nh.gov) (4 pages for multi-site programs). Please use 11 point in Times Roman or Calibri with 1.5 spacing. The extra pages are 100% optional and their inclusion or exclusion will not affect your application status.**

**29. OPTIONAL You may also add 2 8/12 x 11 pages (4 pages for multi-site programs) of information plus brochures, etc. via email at [eccp@dhhs.nh.gov](mailto:eccp@dhhs.nh.gov) or by delivery or mail as described in the instructions . Please use 11 point in Times Roman or Calibri with 1.5 spacing. The extra pages are 100% optional and their inclusion or exclusion will not affect your application status. Please indicate if you sent in other materials.**

- I am emailing other materials/information to [eccp@dhhs.nh.gov](mailto:eccp@dhhs.nh.gov)
- I am mailing other materials to the DHHS Brown Administration Building to the attention of Dianne Chase
- I am delivering other materials to the DHHS Brown Administration Building to the attention of Dianne Chase

**30. I confirm the information in this application and any other additional materials supplied as part of the application packet (financials, budgets, program information, etc.) are true and accurate to the best of my knowledge.**

- I agree to the afore mentioned statement
- I do not agree with the afore mentioned statement