**New Hampshire Department of Health and Human Services**

**New Hampshire Empower Youth Program**

***NHEYP Round Two Final Report or Interim Update***

* All programs must complete either a Final Report or Interim Report by ***February 10, 2023.***
* If you are not ready to complete a final report, either because you have not spent all your funds or you need the full 60 day period from December 31 to complete your report, you must complete the Interim Update. You can then submit your Final Report until January 19, 2024. Ideally it should be completed within 60 days of when your funds have been fully expended**.**
* Save your Final Report or Interim Update using the following naming convention:

For Final Reports - *Program Name NHEYP R2 Final Rep*

For Interim Update - *Program Name NHEYP R2 Int Update*

* All narrative responses should be typed in Calibri or similar 12 point font, with 1.5 line spacing. While length limitations do not apply, be clear and to the point. Bulleted responses are permitted and brevity is encouraged.
* When you have completed your NHEYP Round Two Final Report or Interim Update, please email it to [Dianne.r.chase@dhhs.nh.gov](mailto:Dianne.r.chase@dhhs.nh.gov) with the report attached and a read, not just sent, receipt for confirmation.
* If you are mailing in your NHEYP Round Two Final Report or Interim Update, not our preferred method, use the address listed at the end of this document.
* For more information, see the NHEYP Round Two Final Report webinar, instructions, FAQs for more tips at <https://www.nh-connections.org/new-hampshire-covid-related-provider-grant-funds/>
* For questions, issues, meeting requests, application and signed agreement copies etc. please DO NOT EMAIL, but submit a grant help desk request at <https://www.surveymonkey.com/r/3GRQY8J>

**Program Name(s) and Location(s)**

**Lead Organization**

**(if applicable)**

**Primary Mailing**

**Address**

**(street, city, zip code)**

**Report Contact Person**

**(Program)**

**Telephone Email**

**Number Address**

**State Vendor Unique**

**Number Id Number**

**Report Type** Choose an item.

**Program Status** Choose an item.

**Dates when funding was used**

**Start** Click or tap to enter a date. **End** Click or tap to enter a date.

**Grant Amount $ Grant Amount Spent to Date $**

**Program Name for DCYF Staff Resource Guide**

1. **Is your program currently accepting and/or recruiting youth?** Choose an item.
2. **What program contact information should be listed in DCYF Staff Resource Guide (include name, phone/email/website as available).**
3. **When does your program operate? (year-round, summer only, school year only, weekends, weekdays, hours, on-demand, etc.)**
4. **Describe the target audience you are serving (age, circumstances, ethnicity, gender, challenges, limitations, include all that apply).**
5. **Describe the mission of your program/organization, briefly. This does not need to be a formal mission statement instead it can encompass what your program wants to accomplish.**
6. **Please describe your program in a short paragraph or two for the DCYF Staff Resource Guide.**
7. **How many youths are you serving or have served in your program during the NHEYP funding to date?**

**High schoolers Middle schoolers Elementary**

1. **What percentage of the youths to date meet the DCYF definition of vulnerable?**

**High schoolers Middle schoolers Elementary**

1. **Please check any of the services/opportunities listed below that your program provides.**

**Substance misuse treatment Psychological therapy**

**Suicide prevention supports Academic skill building**

**Athletic activities Technology skill building**

**Behavioral therapy Family therapy**

**Life skills training Learning disabilities support**

**Transition skills/counseling Physical/cognitive disabilities support**

**Homeless services Street Outreach**

**After and before school programming Drop-out prevention**

**Teen parenting College skill building**

**Youth empowerment LBGTQ support**

**Gender (self-identified) empowerment Male/Female specific programming**

**Career support Peer support**

**Train youth to be a mentor Internship or apprenticeship**

**Provide mentor Bullying, sexual violence, etc. counseling/supports**

**Accessing health services Gang involvement prevention**

**Self-esteem building ESL skill building**

**Others that we may missed? List here then here.**

1. **Please indicate in the chart below how the NHEYP funds were expended.**

|  |  |  |
| --- | --- | --- |
| **Budget Line Item** | **Amount** | **Brief Description, put ; in between each descriptive statement** |
| **Staffing**  **Wages, benefits, contract and per diem staff** |  |  |
| **Health, Safety, Janitorial Services and Supplies** |  |  |
| **Supplies, Equipment and Materials Costs** |  |  |
| **Operations and Business Expenses** |  |  |
| **Goods and Services** |  |  |
| **Marketing and Outreach** |  |  |
| **Transportation** |  |  |
| **Overhead** |  |  |
| **Other Areas, not listed - add rows as needed** | | |
|  |  |  |
|  |  |  |

**EXPENDED AMOUNT TOTAL $**

1. **How did your spending differ from your initial proposed REVISED budget? How did the program changes require different spending categories?**
2. **Please discuss how the NHEYP funding impacted your program? Please be specific about what your program was able to accomplish during the time you were spending the funds and how that impact will carry forward in the future (as applicable) include data when possible.**
3. **Please describe how funding in the future would help further the mission of your organization/program.**

**As available, please consider submitting**

**brochures, videos, hand-outs, etc. that further tell us about your NHEYP funded program via email or mail to:**

[**Dianne.r.chase@dhhs.nh.gov**](mailto:Dianne.r.chase@dhhs.nh.gov)

**Dianne Chase**

**BCDHSC – Main Bldg.**

**NH DHHS**

**129 Pleasant Street**

**Concord, NH 03301**

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