



## Youth Residential Facility Improvement Program Application

### Contact Information

*Please provide some basic business information below. Please note, all fields, besides the mailing address information, are required to be filled out.*

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_

State: *New Hampshire*

Zip Code: \_\_\_\_\_

NH Secretary of  
State Business ID  
(if none enter N/A): \_\_\_\_\_

EIN/SSN: \_\_\_\_\_

NH Vendor ID: \_\_\_\_\_

Business Website: \_\_\_\_\_

*Please provide the below mailing address information only if different than the previously provided address.*

Mailing Address: \_\_\_\_\_

Mailing City: \_\_\_\_\_

Mailing State: \_\_\_\_\_

Mailing Zip: \_\_\_\_\_

Are you the owner of the business or filing on behalf of one? \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone \_\_\_\_\_

**NOTE:** Provide both the facility name and the entity name if the entity owns or operates more than one facility in the State of New Hampshire. Identify each facility at which improvements will be made. Only one award will be issued for eligible expenses in this program, whether an entity has more than one facility in the state or not.

Provide both the facility taxpayer identification and the entity taxpayer identification, if the entity owns or operates more than one facility in the State of New Hampshire.

If you have any questions about completing this application, please email [info@GOFERR.nh.gov](mailto:info@GOFERR.nh.gov).

Please read each question carefully, as incomplete or incorrect responses may result in disqualification from this grant program.

## Entity Information

**NOTE:** Please complete **questions 1-19** as appropriate for each facility at which improvements are being made if the entity owns or operates multiple facilities in the State and improvements are being made at more than one facility. Do not combine costs, expenses, or information concerning projects or improvements at different facilities. You only need to complete questions 20 and 21 and the “Agreement and Certification” once.

**For example,** if you are completing an application for two facilities owned by the same entity, you would complete all application pages one time, and then complete **pages 3-8** of this application separately for the second facility (and for each additional facility for applications involving more than two facilities).

1. Please select the type of your facility (choose one):

*Child Care Residential Based Program*

*Transitional Living Program for Young Adults Under Age 22*

2. Please provide NH DHHS Child Care Residential Based Program or Transitional Living Program license number. If none, enter N/A: \_\_\_\_\_

3. Please select the type of program (choose one):

*Group Home*

*Child Care Institution*

*Homeless Youth Program*

*Independent Living Program*

4. Please provide the primary address for the entity that owns or operates the facility:

\_\_\_\_\_

5. Please provide the address for the facility location if that differs from the address in the previous question (Question #4). If the same, enter “N/A:”

\_\_\_\_\_

6. Please provide the established program capacity for the facility. If licensed, this number should be the same as is provided for under the NH DHHS Child Care Residential Based Program license:

\_\_\_\_\_

7. Is the entity registered with NH Charitable Trust Unit?

Yes

No

8. Has the entity received any other grants or funding from any other state, federal, county, or municipal program designed to reimburse for the same or similar expenses?

Yes       No

9. If the answer to the previous question (Question #8) is “Yes,” please indicate which state, federal, county, or municipal programs provided funding and the amount received under each program. If the answer is “No,” please enter “N/A:”

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### **Program Information**

**REMINDER:** Please complete **questions 1-19** as appropriate for each facility at which improvements are being made if the entity owns or operates multiple facilities in the State and improvements are being made at more than one facility. Do not combine costs, expenses, or information concerning projects or improvements at different facilities. You only need to complete questions 20 and 21 and the “Agreement and Certification” once.

**For example,** if you are completing an application for two facilities owned by the same entity, you would complete all application pages one time, and then complete **pages 3-8** of this application separately for the second facility (and for each additional facility for applications involving more than two facilities).

10. Please provide an explanation of the project that is planned to improve the entity’s facility, and please indicate whether this project will involve construction of a new congregate facility.

**NOTE:** Funding for the construction of a new facility requires additional documentation of justification. Please see program FAQ #10 for additional information.

11. Please indicate whether this application is for a project that is already completed, ongoing, or new (indicate all that apply):

*Already Complete*

*Ongoing*

*New*

12. Please indicate whether the facility improvement(s) is to allow the entity to (indicate all that apply):

*Meet indoor air quality standards*

*Allow the entity to meet its program delivery needs under social distancing guidelines or standards while maintaining the approved program capacity*

*Intended to help improve treatment, address staffing challenges, or ensure the health and safety of program participants while maintaining the approved program capacity.*

13. Please explain how the proposed facility improvement(s) will achieve the standards, guidelines, or challenges identified in Question #12.

14. For improvements related to this facility, what is the specific harm or need that will be addressed?

Please provide a description of the specific harm or need to be addressed and if applicable, why the harm was exacerbated or caused by the COVID-19 pandemic.

To the extent possible, provide data on the extent and the type of harm, such as the number of individuals or entities affected.

15. For improvements related to this facility please explain why the expenditure(s) is/are appropriate.

For example, explain why existing facilities and associated equipment or systems are inadequate.

17. What is the total cost of the project relative to this facility, regardless of whether that entire cost is being requested for reimbursement as part of this application?

**NOTE:** If the capital project will cost \$1,000,000 or more, you must provide additional documentation in support of your application. Please see program FAQ #10 for additional information.

18. What is the actual cost incurred between March 3, 2021, and the date of this application related to the facility improvement that is being requested for reimbursement as part of this application, if applicable?

State the total dollar amount that the entity has expended on this facility improvement between March 3, 2021, and the date of this application.

19. What is the estimated future cost of this facility improvement that is being requested for reimbursement as part of this application, if applicable? State the total dollar amount that the entity estimates will be paid on this facility improvement expenditure between the date of this application and December 31, 2023.

20. If, due to the number of applicants and funding constraints in this program, your application can only be awarded at less than a 50 percent match (up to the cap), would the project(s)/improvement(s) identified in the application still be able to proceed with construction or development?

Yes

No

21. If your answer to Question #20 is "No," please explain.

## Documentation

**DOCUMENTATION REQUIRED:** You are required to submit documentation supporting claimed expenses/costs as part of this application, including any estimated costs, as well as documentation concerning any applicable ARPA SFRF justification analysis. Please see the program FAQs for additional information.

In addition to providing the above information, please also provide GOFERR with copies of the following documents via email, where applicable:

- *NH DHHS Child Care Residential Based Program License*
- *Documentation Supporting the Amount Claimed for Project Costs (Incurred and estimated)*
- *Justification Analysis Required for Projects over \$1 million*
- *Justification Analysis Required for Projects Involving New Facilities*

## **Agreement and Certification**

### **Record Retention:**

If an award is made as a result of this Application, the Applicant/Awardee is required to retain all records pertaining to matters covered by this Application and any resulting award, including, but not limited to, all project expense records for 5 years from the date of the grant award. Any award resulting from this Application may be subject to Governor's Office for Emergency Relief and Recovery (GOFERR) (hereinafter "State") or federal audit requirements. For the period from the date of the grant award, and for five (5) years thereafter, at any time during the normal business hours of the Applicant/Awardee, and as often as the State, or federal auditors, shall demand, the Applicant/Awardee shall make available to the State or federal auditors all records pertaining to matters covered by this Application and any resulting award. The Applicant/Awardee shall permit the State, or federal auditors, to audit, examine, and reproduce such records, and to make audits of all records, including, but not limited to, all income received, contracts, invoices, materials, payrolls, records of personnel, patient census and other information pertaining to all matters covered by this Application and any resulting award.

### **Binding Contract:**

The Applicant/Awardee understands, agrees and accepts that, while there is no legal obligation for the State to make an award to Applicant/Awardee based on this Application, this Application will be used to determine the eligibility of the Applicant/Awardee for an award. The Applicant/Awardee understands and agrees that an executed direct beneficiary award for already incurred expenses or a sub-award for projects that are not yet complete will be required if an award in any amount is made.

### **Public Disclosure Notification:**

The business names and addresses of all Applicants, and the amount of every award made to all Applicants/Awardees, will be public information, subject to disclosure, and may be posted on the GOFERR website. GOFERR will assert that any information obtained through this program other than business names and addresses, and award amounts, is confidential financial information that is exempt from disclosure under RSA 91-A:5, IV, unless ordered to disclose such information by a court of competent jurisdiction.

### **Certification:**

The Applicant/Awardee hereby certifies that all information provided in this Application is complete, accurate, and up-to-date as of the date specified below. The Applicant/Awardee further certifies that there are no misrepresentations of information provided. The Applicant/Awardee understands that it must immediately notify GOFERR in regards to any changes, corrections, or updates to the information provided.

### **Agreement to Electronic Signature:**

By submitting this Application and checking the box for acceptance, the Applicant/Awardee understands, agrees and accepts use of its electronic signature by email as binding and final in accordance with all terms of RSA 294-E, the Uniform Electronic Transactions Act.

The Applicant/Awardee understands, agrees and accepts that by submitting this Application, it is certifying that the person named in the signature block has authority to bind the business entity and that the State is entitled to rely on this certification as actual and apparent evidence of authority to bind the business entity.

Check this box for acceptance

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Applicant Name and Title*