NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL PROGRAM APPLICATION

Program Information

Program Title:	QYDS ID# *(For County Use Only)*:	Program Year:

FUNDING INFORMATION

Funding Category: ☐ Youth Development Funding ☐ RHYA-Part I ☐ RHYA-Part II	County:

FUND AMOUNTS

Total Program Amount:	OCFS Funds Requested:	
Amount Allocated:	60% State Aid [RHYA Programs ONLY]	% Tax Match
	% Agency Cash:	% In Kind

AGENCY INFORMATION:

This Agency is: ☐ Private, Not for Profit ☐ Public ☐ Religious Corporations	Federal ID #:	Charities Reg.#:
Agency Website:	Implementing Agency:	
Mailing Address:		
Address Line 2:		
City:	State:	Zip Code:

EXECUTIVE DIRECTOR FOR AGENCY

Last Name:	First Name:	
Title:	Phone Number:	Extension:
Fax Number:	E-Mail:	

CONTACT PERSON FOR AGENCY:

Last Name:	First Name:	
Title:	Phone Number:	Extension:
Fax Number:	E-Mail:	

PERIOD OF ACTUAL PROGRAM OPERATION:		**HOURS OF OPERATION:**	
FROM:	TO:	FROM:	TO:

☐ Daily ☐ Other (Explain)

EXECUTIVE DIRECTORY/BOARD CHAIRPERSON SIGNATURE

Disclaimer: Please note that submission of these forms to the County Youth Bureau does NOT guarantee funding will be allocated to your program.

☐ Changes have been submitted on the electronic OCFS-5001, 5002, 5003.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL PROGRAM APPLICATION

Agency Summary Instructions

Implementing Agency: Enter name of incorporated agency responsible for program.

Program Title: Enter the title of the program.

QYDS ID#: County Use Only. This number will be provided to you after the application has been entered into QYDS. Contract Agencies will get this number from their County Youth Bureau. **All programs will have new QYDS ID#'s annually**.

Program Year: Enter the year the program will operate.

FUNDING INFORMATION

Funding Category: To be completed by the County. Categories include: Youth Development Funding, RHYA Part I, and RHYA Part II.

County: Enter County where program applying for funding is located.

FUNDING AMOUNTS

Total Program Budget: Enter the total Program Budget.

OCFS Funds Requested: Enter the state aid being requested from the County.

Amount Allocated: To be completed by the County. This figure should be what the Youth Bureau is actually allocating to the program applying for funds.

RHYA PROGRAMS ONLY:

RHYA I: Provides 60/40 state-local matching funds for coordination of services, as well as short-term (30-60 days) residential and non-residential services to runaway and homeless youth under age 21, i.e. Interim Family Programs (Host Home).

RHYA II: Provides 60/40 state-local matching funds for residential and non-residential services to youths ages 16-21 for up to eighteen months, i.e. Transitional Independent Living Support Programs.

Agency Information: Enter the type of agency; Federal ID #; Charities Registration #; and Agency Website (if Applicable). Enter the name, address, city, state, and zip code of the incorporated agency responsible for operation of the program.

Executive Director for Agency: Enter name, title, phone number, extension (if applicable) fax number and e-mail of the person who can sign on behalf of the applying agency.

Contact Person for Agency: Enter information for the person to contact for this program. The e-mail should be a business or official e-mail address.

Period of Actual Operation: Enter the month and year that the program begins (FROM) and the month and year that the program ends (TO).

Hours of Operation: Enter the hours that the program begins (FROM) and ends (TO). Then check if the program is offered Daily or other and indicate (i.e. weekly, twice a week, monthly).

Disclaimer: Check the box only if there have been changes to the 5001, 5002 and/or 5003. If there are no changes a hard copy of the 5001 **must** still be sent to the County Youth Bureau with an original signature.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

AGENCY- PROGRAM PROFILE

IMPLEMENTING AGENCY:
PROGRAM TITLE:

SITE INFORMATION Most Significant *(3 Maximum)* (*using the following types only*): Agency, Athletic Fields, Campsite, Church, Community/Youth Center, Gym, Housing Project, Library, Office, Playground, Pool, Program, School/Classroom, or Shelter.

Type	**Address *(street, city, state, zip)***

Projected total program enrollment:	**Projected daily attendance**:

PROGRAM SUMMARY: (maximum of 100 words)

Please use whole numbers, when entering information for Sex, Race/Ethnicity, Ages, and Target Population areas, not percentages. Please note, residential programs may only serve young adults ages 21-24 if certified to do so and such services have been documented.

SEX: (Enter number of participants per sex)	Male	Transgender Boy/Man	Other		
	Female	Transgender Girl/Woman			
	X	GNC/Non-binary			
RACE/ETHNICITY OF PROGRAM PARTICIPANTS: *(Enter number of participants per race or ethnic group)*	Alaskan Native	American Indian	Asian/Not Specified	Asian/Bangladeshi	Asian/Burmese
	Asian/Chinese	Asian/Filipino	Asian/Indian	Asian Korean	Asian/Japanese
	Asian/Nepalese	Asian/Pakistani	Asian/Thai	Asian/Vietnamese	Asian/Not Listed
	Black or African American/Not Specified	Black or African American/Caribbean	Black or African American/Haitian	Black or African American/Native African	Black or African American/Not Listed
	Middle Eastern/ Not Specified	Middle Eastern/ Armenian	Middle Eastern/ Iranian	Middle Eastern/ Iraqi	Middle Eastern/ Israeli
	Middle Eastern/ Lebanese	Middle Eastern/ Jordanian	Middle Eastern/ Palestinian	Middle Eastern/ Saudi	Middle Eastern/ Syrian
	Middle Eastern/ Yemeni	Middle Eastern/ Not Listed	North African/Not Specified	North African/ Algerian	North African/ Egyptian
	North African/ Libyan	North African/ Moroccan	North African/ Sudanese	North African/ Tunisian	North African/ Not Listed
	Pacific Islander/ Not Specified	Pacific Islander/ Guamanian and Chamorro	Pacific Islander/ Native Hawaiian	Pacific Islander/ Samoan	Pacific Islander/ Not Listed
	White	Hispanic or Latino	Two or more Races	Not Reported	Unknown
	Declined	Other (specify):			
PRIMARY LANGUAGES SPOKEN AT HOME	Arabic	Bengali	Chinese	English	French
	Haitian Creole	Italian	Korean	Polish	Russian
	Spanish	Urdu	Yiddish	Other	
AGES	0	5-9	10-14	15-17	18-20	21 +

HOW MANY YOUTH WILL THE PROGRAM SERVE IN EACH OF THE FOLLOWING CATEGORIES?

Youth aging out of foster care _____ Children of incarcerated parents _____
Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

Please describe (in 100 words maximum per feature) how the program for which you are requesting funding addresses each of the Features of positive youth development settings below:

Features of positive youth development settings (school, home and community)	Please describe how the program for which you are requesting funding addresses each of the Features of Positive Youth Development settings.
Physical and Psychological Safety Safe and health-promoting facilities; practices that increase safe peer group interaction and decrease unsafe or confrontational peer interactions.	
Appropriate Structure Limit setting; clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries; and age appropriate monitoring.	
Supportive Relationship Warmth; closeness; connectedness; good communication; caring; support; guidance; secure attachment; and responsiveness.	
Opportunities to Belong Opportunities for meaningful inclusion, regardless of one's sex, ethnicity, sexual orientation, or disabilities; social inclusion, social engagement and integration; opportunities for socio-cultural identity formation; and support for cultural and bicultural competence.	

IMPLEMENTING AGENCY:
PROGRAM TITLE:

Positive Social Norms Rules of behavior; expectations; injunctions; ways of doing things; values and morals; and obligations for service.	
Support for Efficacy & Mattering Youth-based; empowerment practices that support autonomy; making a real difference in one's community; and being taken seriously. Practices that include enabling, responsibility granting, and meaningful challenge. Practices that focus on improvement rather than on relative current performance levels.	
Opportunities for Skill Building Opportunities to learn physical, intellectual, psychological, emotional, and social skills; exposure to intentional learning experiences, opportunities to learn cultural literacy, media literacy, communication skills and good habits of mind; preparation for adult employment; and opportunities to develop social and cultural capital.	

IMPLEMENTING AGENCY:
PROGRAM TITLE:

Integration of Family, School & Community Efforts Concordance; coordination and synergy among family, school and community.	
Monitoring & Evaluation Methods	(Please describe in 100 words or less)
Monitoring is defined as a systematic review of a funded program based upon the requirements of a contract, rules, regulations, policies and/or state and local laws. It identifies the degree to which a program or operation accomplishes the activities specified in a contract/application and how it complies with requirements. Describe the process used to monitor your funded programs based on the above definition. Please include the person(s) responsible for monitoring, frequency of monitoring and documentation of monitoring activities.	
Evaluation Methods is the process to determine the value or amount of success in achieving a pre-determined program or operational goal. Evaluations can identify program strengths and weaknesses to improve the program. Evaluations can verify if the program is actually running as originally planned. Describe the process to be used to evaluate the attainment of the objectives. Please include the person(s) who conduct the evaluation, the objectives measured, when the evaluation will be conducted and how the results will be used.	

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL PROGRAM APPLICATION

Agency-Program Profile Instructions

Implementing Agency: Enter name of incorporated agency responsible for program.

Program Title: Enter the title of the program.

Site Information: Please enter up to three (3) of the most significant sites for this program (using the following types only): Agency, Athletic Fields, Campsite, Church, Community/Youth Center, Gym, Housing Project, Library, Office, Playground, Pool, Program, School/Classroom, or Shelter.

Projected Total Enrollment: With knowledge of the community to be served and/or history of providing programming in the community, please use your best projections on the data required. **Please use whole numbers, not percentages;**

Projected Daily Attendance: Use your best projections on this data. If you checked "Other" on the **OCFS-5001**, please provide the projected attendance on the day that the program operates (i.e. once a week, two days a week, once a month). **Please use whole numbers, not percentages;**

Program Summary: (maximum 100 words): Include in your summary; TARGET POPULATION - include the characteristics of the youth to be served; under Geographic Area, include the physical boundaries (i.e., school district village, town, city, county, etc.) in which the program will operate; and SERVICE METHODS-key services and activities to be used.

Sex, Race/Ethnicity and Ages of Program Participants: Enter basic demographic information on the programs target population. Please use whole numbers, not percentages;. Please note that RHY residential Program may only serve young adults aged 21-24 if certified to do so and such services have been documented.

Disconnected Youth: This should be checked yes only if documentation can be provided that this particular population is being served by your program. Please refer to the website resources section of this document for further explanation of Disconnected Youth. **Please use whole numbers, not percentages;**

Features of Youth Development Settings: Please describe how the program for which you are requesting funding addresses each of the Features of Positive Developmental Settings below:

The Features of Positive Development Settings are processes or "active ingredients" that community programs should use in designing programs to facilitate positive youth development. We stress that the implementation of these features need to vary across programs precisely because they have diverse clientele and different constraints, resources, and goals (source: Community Programs to Promote Youth Development, National Research Council, Institute of Medicine).

MONITORING AND EVALUATION

Monitoring: Describe the process to be used to monitor **the program** on a regular basis. Include who will be responsible, frequency, and how you document monitoring activities. (See Monitoring Manual for Youth Bureaus for more information on monitoring)

Evaluation Methods: Describe the process to be used to evaluate the attainment of the **program** objectives. Include what will be measured, who will conduct the evaluation, when it will be conducted, and how results will be used. Please refer to the website resources section on this document for further explanation on Program Evaluation.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL PROGRAM APPLICATION

Program Summary-Program Components

IMPLEMENTING AGENCY:
PROGRAM TITLE:

LIFE AREA 1: *(Enter Code)*		**GOAL 1:** *(Enter Code)*	
OBJECTIVE 1: *(Enter Code)*		**SOS 1:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IF APPLICABLE

OBJECTIVE 1: *(Enter Code)*		**SOS 2:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IMPLEMENTING AGENCY:
PROGRAM TITLE:

IF APPLICABLE

OBJECTIVE 2: *(Enter Code)*		**SOS 1:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IF APPLICABLE

OBJECTIVE 2: *(Enter Code)*		**SOS 2:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IMPLEMENTING AGENCY:
PROGRAM TITLE:

If Applicable

OBJECTIVE 3: *(Enter Code)*		**SOS 1:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

If Applicable

OBJECTIVE 3: *(Enter Code)*		**SOS 2:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IMPLEMENTING AGENCY:
PROGRAM TITLE:

LIFE AREA 2: *(Enter Code)*		**GOAL 1:** *(Enter Code)*	
OBJECTIVE 1: *(Enter Code)*		**SOS 1:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IF APPLICABLE

OBJECTIVE 1: *(Enter Code)*		**SOS 2:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IMPLEMENTING AGENCY:
PROGRAM TITLE:

IF APPLICABLE

OBJECTIVE 2: *(Enter Code)*		**SOS 1:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

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AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IF APPLICABLE

OBJECTIVE 2: *(Enter Code)*		**SOS 2:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IMPLEMENTING AGENCY:
PROGRAM TITLE:

IF APPLICABLE

OBJECTIVE 3: *(Enter Code)*		**SOS 1:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

IF APPLICABLE

OBJECTIVE 3: *(Enter Code)*		**SOS 2:** *(Enter Code)*	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: *(Enter number participants per gender)* **MALE** _____ **FEMALE** _____

ETHNICITY: (Enter number of participants per ethnic group)

WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____

AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____

AGES 0-4 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: ☐ No ☐ Yes
(Enter number of participants per population described)

IF *"YES",* Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL PROGRAM APPLICATION

Program Summary-Program Components (OCFS 5003) Instructions

The only change to the 5003 is the addition of the age category 21+
There is now an age category – 21+ that should be used for programs, like parenting programs or professional development, where it can be documented that the end result has a positive impact on the youth of your community. **Please use whole numbers, not percentages.**

Implementing Agency: Enter name of incorporated agency responsible for program.

Program Title: Enter the title of the program.

Each program can have a maximum of:

Two Life areas
Two Goals per Life Area
Three Objectives per Goal
Two Services, Opportunities and Supports per Objective

Step 1: For the Primary Program Component, identify the **Life Area** to be addressed and the appropriate code.

1 ES: ECONOMIC SECURITY

You would enter code **1ES**.

Step 2: Select the **GOAL** to be targeted and its code.
11 Goal: Youth will be prepared for their eventual economic self sufficiency.

You would enter code **11.**

Step 3: Select the objective to be achieved. Choices under this goal include:

111 Objective: Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities.

112 Objective: Young adults who can work will have opportunities for employment.

113 Objective: Youth seeking summer jobs will have employment opportunities.
If you selected Objective **111** - Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities

You would enter code **111.**

Step 4: Select from the following choices the Services Opportunities and Supports that your program offers.

Services, Opportunities, and Supports

011.	Career Counseling	**0110.**	Interest & Skills Assessment
012.	Career Days/Fairs	**0111.**	Job Shadowing
013.	Career Research & Planning	**0112.**	Job Training/Employment Skills Development
014.	College Exploration & Readiness	**0113.**	Matching with Employers for Internships/Work
015.	College Research & Planning	**0114.**	Resume & Job Assistance
016.	Computer/Internet Skills	**0115.**	Self-sufficiency Skills Development
017.	Employment	**0116.**	Summer Employment
018.	GED Preparation	**0117.**	Vocational Training
019.	Independent Living Skills	**0118.**	Work Readiness Skills

If you selected Services, Opportunities and Supports 011 Career Counseling

You would enter code **011.**

Step 5: Enter the following data on your projected target population (in whole numbers not percentages) for those youth participating in - Career Counseling**:**

○ Gender ○Ethnicity ○Ages

○ And ***if*** serving Disconnected Youth identify the number (not percentages) in each group (i.e. Youth aging out of foster care, Children of incarcerated parents, Youth in juvenile justice system who re-enter community, Runaway and Homeless Youth)

Step 6: (*IF APPLICABLE*): If your program offers a *Secondary* Services, Opportunities and Supports for Objective 1 you would:

Re-enter code for Objective 1, **111** (from example above).

At this point you would repeat step 4 as outlined above, entering the code for the Secondary Services, Opportunities and Supports that your program offers.

Objective 1: **111 SOS** 2: **019** (Independent Living Skills)

Next you would repeat step 5 as outlined above entering that data for those youth participating in- Independent Living Skills

Step 7: (*IF APPLICABLE*): If your Program chooses to address a 2nd Objective for GOAL 1, you would follow steps 3-5. Step 6 would be applicable as well; if there were a secondary Services, Opportunities and Supports that your program offers for the 2nd objective.

Step 8: (*IF APPLICABLE*): If your Program chooses to address a 3rd Objective for GOAL 1, you would follow steps 3-5. Step 6 would be applicable as well; if there were a secondary Services, Opportunities and Supports that your program offers for the 3rd objective.

If this Program addresses a 2nd Life Area and 2nd Goal you would repeat Steps 1-5 entering your new codes. Steps 6-8 would be followed as outlined above, if applicable.

Special Notes:

If the program checked the box on the OCFS-5002, Direct Services will not be provided by this program, follow steps 1-4 for each life area selected.

Each Life area has its own set of Goal(s), Objectives and Services, Opportunities and Supports. Once you identify the Life Area your program is addressing you must use the Goal(s), Objectives and Services, Opportunities and Supports listed under it.

NEW YORK STATE OFFICE
OF CHILDREN AND FAMILY SERVICES

UNIVERSAL APPLICATION FOR YOUTH SPORTS FUNDING

Instructions for applicants: Complete this form and submit it, along with all required attachments, to the applicable municipal youth bureau by the local deadline. Programs may receive one or more awards dependent on the information provided in this application. Each award may be for no more than $50,000. Please contact your municipal youth bureau for more information. Municipal youth bureau contact information can be found at https://ocfs.ny.gov/programs/youth/ya-services/youth-bureaus.php.

Program name

Agency that operates program, if applicable: _____

Phone number for program: ( ) -

Email for program: _____

Program/agency website: _____

Contact person for application

Name: _____

Phone number: ( ) -

Email: _____

Title/role/relation to program: _____

What sport, physical recreation, or athletic instruction does this program offer youth?

Describe the population of youth the program is designed to serve:

- Number of youth to be served:
- Ages of youth to be served (Select one.):
  - ☐ Youth under age 18
  - ☐ Youth between the ages of and
- Gender(s), check all that apply:
  - ☐ Girls (including transgender girls)
  - ☐ Boys (including transgender boys)
  - ☐ Non-binary
- Youth with the following disabling condition(s):
- Geographic area(s) served by program (town/city, county, etc.):
- Other, please define:

Describe the traditionally underserved or disadvantaged youth population(s) to be supported by this program and how the program will outreach to these population(s). Consider youth of all genders, youth with disabilities, youth in "opportunity deserts," youth living in traditionally under-resourced communities, etc.

How will these funds be used? Complete each field as applicable. Each selection will be considered, and potentially awarded, separately.

Purpose of request	Amount Requested
Permits/fees, including access to fields, courts, etc.	$
Infrastructure improvement (repave courts/reseed fields, new nets, storage for equipment, etc.)	$
Purchase of gear, uniforms, or equipment for youth	$
Scholarships/offset cost of youth registration	$
Personnel costs (coaching, education/instruction of youth, overhead/admin, etc.)	$
Consumable supplies for youth participants (first-aid supplies, snacks, etc.)	$
Costs associated with adaptability/making the activity accessible for youth with disabilities	$
Other, please describe:	$
Total amount:	**$**

Please describe how one or more of the following will be incorporated into the program:*

1. Educational connection and achievement – More youth attending and completing school with increased attainment, including programs that have collegiate placement success.
2. Physical health and well-being – Increasing physical activity and positive relationship to one's body.
3. Mental health and well-being – Improving outcomes related to youth mental health and social and emotional skills development and connectedness.
4. Employment – Increasing qualifications and skills, such as collective problem solving, teamwork, and dispute resolution, which help prepare youth for suitable employment.
5. Community cohesion – Breaking down barriers to reduce discrimination, crime, and violence in communities, and help young leaders emerge.

Please describe the efforts to be taken by the program to ensure the physical and psychological safety of youth participants. Consider policies, procedures, trainings, and activities conducted by the program that will prevent child abuse and enhance interpersonal safety of youth participants. *

**Please refer to* https://ocfs.ny.gov/programs/youth/ya-services/ *for a list of suggested resources.*

Please check each box below to indicate that the required documents are included in this application:

- ☐ A copy of your program's child protection policy/procedure.
- ☐ A copy of your program's budget.
- ☐ A proposed line-item budget for these funds, should this award be granted.
- ☐ Proof of non-profit status, as applicable.

I attest that the information included in this application is accurate to the best of my knowledge. I agree to provide the municipal youth bureau additional information upon request should award(s) be granted from this application.

SIGNATURE _____ PRINTED NAME _____ DATE ___/___/___