

DIVISION OF YOUTH SERVICES January 1, 2024 —September 30, 2024
Attachment I - Logic Model

Agency _____ Program _____

Program Year (Start of program—end of program, i.e., 1/1/24—09/30/2024) _____ -- _____

<p align="center">Inputs/Resources</p> <p>The resources dedicated to or consumed by the program.</p>	<p align="center">Activities/Strategies</p> <p>What the program does with the inputs to fulfill its objective.</p> <p align="center">Provide detailed information about program hours, days, and location.</p> <p align="center"><u>MUST WRITE OUT</u> Service Opportunity Support (SOS) – ONLY ONE SOS IS PERMITTED</p>	<p align="center">Outputs/Units of service</p> <p>The direct products of program activities.</p>	<p>Refers to Life area, Goals, and Objectives on OCFS-5003</p> <p align="center"><u>Objective statement</u></p> <p>The benefits for participants during and after the program.</p> <p align="center">Objectives must be written out below:</p>
	<p>SOS:</p>		<p>Life Area _____</p> <p>Goal _____</p> <p>Objective:</p>

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Attachment II –v

Agency _____ Program _____

Total number of clients served during the year (unduplicated) _____

<p>Life area, Goal, Objective, and SOS statement Information should be the same as on Logic Model. Please type out objective and SOS below.</p>	<p>Target # and % of <u>unduplicated</u> customers that should achieve the outcome during a year of programming.</p>	<p>List Evaluation instruments/tools used to collect data and the individual responsible for the data collection and reporting.</p>
<p>Life Area: _____ Goal: _____ Objective: SOS:</p>	<p>Performance Measures: How much: How Well: Better Off:</p>	

DIVISION OF YOUTH SERVICES January 1, 2024 —September 30, 2024
Attachment III— Non-Profit Board List

Agency _____ Program _____

Board meeting day and time: (example: 3rd Thursday of the month at 5:00 PM) _____

How often does the entire Board meet each calendar year? _____

Board Position	Name	Employer	Preferred Mailing Address and Email	Phone Number	Term Period