

DIVISION OF YOUTH SERVICES 2022 Attachment I - Logic Model

Agency _____ Program _____

Program Year (Start of program—end of program, i.e., 01/01/2022 –12/31/2022) _____ -- _____

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

DIVISION OF YOUTH SERVICES 2022 Attachment II – Outcome Form

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.</p> <p>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: _____</p> <p>Objective:</p> <p>SOS:</p>	<p>Performance Measures:</p> <p>How much:</p> <p>How Well:</p> <p>Better Off:</p>	

Nonprofit _____

DIVISION OF YOUTH SERVICES 2022 Attachment III—Board List

Municipality _____

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