

**DIVISION OF YOUTH SERVICES October 1, 2024—September 30, 2025**

**Attachment I - Logic Model**

Agency \_\_\_\_\_ Program \_\_\_\_\_

Program Year (Start of program—end of program, i.e., 10/01/2024—09/30/2025) \_\_\_\_\_ -- \_\_\_\_\_

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

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**Attachment II – Outcome Form**

Agency \_\_\_\_\_ Program \_\_\_\_\_

Total number of clients served during the year (unduplicated) \_\_\_\_\_

<p><b>Life area, Goal, Objective, and SOS statement</b>                      Information should be the same as on Logic Model.   <b>Please type out objective and SOS below.</b></p>	<p><b>Target # and % of <u>unduplicated</u> customers</b>                      that should achieve the outcome during a year of programming.</p>	<p>List Evaluation <b>instruments/tools</b> 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 October 1, 2024—September 30, 2025**  
**Attachment III—Board List**

Nonprofit \_\_\_\_\_

Municipality \_\_\_\_\_

Agency \_\_\_\_\_ Program \_\_\_\_\_

Board meeting day and time: (example: 3<sup>rd</sup> 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

