

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: <input type="checkbox"/> Youth Development Funding <input type="checkbox"/> Youth Team Sports Allocation <input type="checkbox"/> Youth Sports Education and Opportunity Funding <input type="checkbox"/> Youth Sports Education Funding Infrastructure Allocation <input type="checkbox"/> RHYA-Part I <input type="checkbox"/> RHYA-Part II <input type="checkbox"/> Other _____		COUNTY:	
FUND AMOUNTS			
TOTAL PROGRAM AMOUNT:			
OCFS FUNDS ALLOCATED:		OCFS FUNDS REQUESTED:	
PERIOD OF ACTUAL PROGRAM OPERATION:			
FROM:		TO:	
AGENCY INFORMATION:			
THIS AGENCY IS: <input type="checkbox"/> Private, Not-for-Profit <input type="checkbox"/> Public <input type="checkbox"/> Religious Corporations		FEDERAL ID #:	CHARITIES REG.#:
AGENCY WEBSITE:		IMPLEMENTING AGENCY:	
MAILING ADDRESS:			
ADDRESS LINE 2:			
CITY:		STATE:	ZIP CODE:
CONTACT PERSON FOR AGENCY:			
LAST NAME:		FIRST NAME:	
TITLE:		PHONE NUMBER:	EXTENSION:
FAX NUMBER:		EMAIL:	
EXECUTIVE DIRECTOR FOR AGENCY:			
LAST NAME:		FIRST NAME:	
TITLE:		PHONE NUMBER:	EXTENSION:
FAX NUMBER:		EMAIL:	

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**, *Individual Program Application-Program Information*; **OCFS-5002**, *Agency Program Profile*; and/or **OCFS-5003**, *Individual Program Application - Program Summary-Program Components*.

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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, Youth Team Sports Allocation, Youth Sports Education and Opportunity Funding, Youth Sports Education Funding Infrastructure Allocation, RHYA Part I, RHYA Part II, **OR** Other.

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

FUNDING AMOUNTS

Total Program Amount: Enter the total Program Budget.

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

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

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

YSEF PROGRAMS ONLY: The YSEF allocation is to serve children and youth ages 6-17.

RHYA PROGRAMS ONLY

RHYA I: Provides 60/40 state-local matching funds for coordination of RHY services, as well as short-term (30-60 days) **OR** (60/120 days) **OR** 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 sixteen-twenty-one, for up to twenty-four 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.

Contact Person for Agency: Enter name, title, phone number, extension (if applicable) fax number and email of the person who can sign on behalf of the applying agency.

Executive Director for Agency: Enter information for the person to contact for this program. The email should be a business or official email address.

Disclaimer: Check the box only if there have been changes to the **OCFS-5001**, *Individual Program Application-Program Information*; **OCFS-5002**, *Agency Program Profile*; and/or **OCFS-5003**, *Individual Program Application - Program Summary-Program Components*. If there are no changes a hard copy of the **OCFS-5001** **must** still be sent to the County Youth Bureau with an original signature.