

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"/> RHYA-Part I <input type="checkbox"/> RHYA-Part II		County: Sullivan	
<input type="checkbox"/> Safe Harbour <input type="checkbox"/> Other _____			
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:		E-Mail:	
EXECUTIVE DIRECTOR FOR AGENCY:			
Last Name:		First Name:	
Title:		Phone Number:	Extension:
Fax Number:		E-Mail:	

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.

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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, RHYA Part II, Safe Harbor **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).

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 16-21 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 e-mail address.

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.