



Sullivan County Youth Bureau
INDIVIDUAL PROGRAM APPLICATION

Program Information

PROGRAM TITLE:		QYDS ID# (For County Use Only): XXXXXXX	PROGRAM YEAR:
FUNDING INFORMATION			
Funding Category: <input type="checkbox"/> Youth Program Funding <input type="checkbox"/>		COUNTY: SULLIVAN	
FUND AMOUNTS			
TOTAL PROGRAM AMOUNT:			
SC FUNDS ALLOCATED:		SC 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.



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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.** Please do not complete.

Program Year: Enter the year the program will operate.

FUNDING INFORMATION

Funding Category: *To be completed by the County.*

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

FUNDING AMOUNTS

Total Program Amount: Enter the total Program Budget.

SC 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.

SC Funds Requested: Enter the figure 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).

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.