

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:	
<input type="checkbox"/> Safe Harbour <input type="checkbox"/> Other <u>YSEF</u>			
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, 5005

NEW YORK STATE
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, 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.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

AGENCY- PROGRAM PROFILE

IMPLEMENTING AGENCY:
PROGRAM TITLE:

SITE INFORMATION Most Significant (3 Maximum)	
Type	Address (street, city, state, zip)

Projected total program enrollment	Projected daily attendance

PROGRAM SUMMARY: (maximum of 100 words)

Please use whole numbers not percentages. Please note, residential programs may only serve young adults 21-24 if certified to do so and such services have been documented.

GENDER OF PROGRAM PARTICIPANTS, ETHNICITY AND AGES: (Enter basic demographic information for Gender, Ages and Target population)	Male	Female
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ETHNICITY: <i>(Enter number of participants per ethnic group)</i>	WHITE _____	BLACK OR AFRICAN AMERICAN _____	HISPANIC OR LATINO _____			
	AMERICAN INDIAN OR ALASKAN NATIVE _____		ASIAN _____			
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____	TWO OR MORE RACES _____				
AGES	0- _____	5-9 _____	10-14 _____	15-17 _____	18-20 _____	21+ _____

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: <i>(Enter number of participants per population described)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
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IF "YES",	Youth aging out of foster care _____	Children of incarcerated parents _____
	Youth in the juvenile justice system who re-enter the community _____	Runaway and Homeless Youth _____

Please describe (in 100 words maximum per feature) how the program for which you are requesting funding addresses each of the Features of positive youth development settings below.

Features of youth development settings (school, home and community)	Please describe how the program for which you are requesting funding addresses each of the Features of Positive Youth Development settings.
Physical & Psychological Safety Safe and health-promoting facilities; practices that increase safe peer group interaction and decrease unsafe or confrontational peer interactions.	

IMPLEMENTING AGENCY:
PROGRAM TITLE:

<p>Appropriate structure</p> <p>Limit setting; clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries, and age appropriate monitoring.</p>	
<p>Supportive relationship</p> <p>Warmth; closeness; connectedness; good communication; caring; support; guidance; secure attachment, and responsiveness.</p>	
<p>Opportunities to belong</p> <p>Opportunities for meaningful inclusion, regardless of one’s gender, ethnicity, sexual orientation, or disabilities; social inclusion, social engagement, and integration; opportunities for socio-cultural identity formation; and support for cultural and bicultural competence.</p>	
<p>Positive Social Norms</p> <p>Rules of behavior, expectations, injunctions, ways of doing things, values and morals, and obligations for service.</p>	

IMPLEMENTING AGENCY:
PROGRAM TITLE:

<p>Support for Efficacy & Mattering</p> <p>Youth-based; empowerment practices that support autonomy; making a real difference in one’s community, and being taken seriously. Practices that include enabling, responsibility granting, and meaningful challenge. Practices that focus on improvement rather than on relative current performance levels.</p>	
<p>Opportunities for Skill Building</p> <p>Opportunities to learn physical, intellectual, psychological, emotional, and social skills; exposure to intentional learning experiences, opportunities to learn cultural literacy, media literacy, communication skills and good habits of mind; preparation for adult employment, and opportunities to develop social and cultural capital.</p>	
<p>Integration of Family, School & Community Efforts</p> <p>Concordance; coordination and synergy among family, school and community.</p>	

Monitoring & Evaluation Methods	(Please describe in 100 words or less)
<p>Monitoring is defined as a systematic review of a funded program based upon the requirements of a contract, rules, regulations, policies and/or State and Local laws. It identifies the degree to which a program or operation accomplishes the activities specified in a contract/application and how it complies with requirements. Describe your process to be used to monitor on a regular basis. Include who will be responsible, frequency, and documentation of monitoring activities.</p>	
<p>Evaluation Methods is the process to determine the value or amount of success in achieving a pre-determined program or operational goal. Evaluations can identify program strengths and weaknesses to improve the program. Evaluations can verify if the program is really running as originally planned. Describe the process to be used to evaluate the attainment of the objectives. Include what will be measured, who will conduct the evaluation, when it will be conducted, and how results will be used.</p>	

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

INDIVIDUAL PROGRAM APPLICATION***Agency-Program Profile Instructions***

Implementing Agency: Enter name of incorporated agency responsible for program.

Program Title: Enter the title of the program.

Site Information: Please enter up to three (3) of the most significant sites for this program. Must use the following types only: Agency, Athletic Fields, Campsite, Church, Community/Youth Center, Gym, Housing Project, Library, Office, Playground, Pool, Program, School/Classroom, or Shelter.

Projected Total Enrollment: With knowledge of the community to be served and/or history providing programming in the community, please use your best projections on the data required. **Please use whole numbers, not percentages.**

Projected Daily Attendance: Use your best projections on this data. If you checked other on the 5001 please provide the projected attendance on the day that the program operates (i.e. once a week, two days a week, once a month). **Please use whole numbers, not percentages.**

Program Summary (Maximum 100 words): Include in your summary; TARGET POPULATION-the characteristics of the youth to be served; GEOGRAPHIC AREA-physical boundaries (i.e. school district, village, town, city, county, etc.) in which the program will operate; and SERVICE METHODS-key services and activities to be used.

Gender of Program Participants, Ethnicity, and Ages: Enter basic demographic information on the programs target population. Please use whole numbers, not percentages. Please note residential programs may only serve young adults aged 21-24 if certified to do so and such services have been documented.

Disconnected Youth: This should be checked yes only if you can document that you are serving that particular population. Please refer to the website resources section on this document for further explanation on Disconnected Youth. **Please use whole numbers, not percentages.**

Features of Youth Development Settings: Please describe in 100 words (maximum) per feature how the program for which you are requesting funding addresses each of the Features of Positive Development Settings below.

The Features of Positive Development Settings are processes or “active ingredients” that community programs should use in designing programs to facilitate positive youth development. We stress that the implementation of these features need to vary across programs precisely because they have diverse clientele and different constraints, resources, and goals (source: Community Programs to Promote Youth Development, National Research Council, Institute of Medicine).

MONITORING AND EVALUATION

Monitoring: Describe the process to be used to monitor **the program** on a regular basis. Include who will be responsible, frequency, and how you document monitoring activities. (See Monitoring Manual for Youth Bureaus for more information on monitoring)

Evaluation Methods: Describe the process to be used to evaluate the attainment of the **program** objectives. Include what will be measured, who will conduct the evaluation, when it will be conducted, and how results will be used. Please refer to the website resources section on this document for further explanation on Program Evaluation.

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IMPLEMENTING AGENCY: _____

PROGRAM TITLE: _____

LIFE AREA:		GOAL:	
OBJECTIVE: <i>(Enter Code)</i>	SOS: <i>(Enter Code)</i>	Performance Measures: <i>(Enter Code)</i> How much: How well: Better off:	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: <i>(Enter number participants per gender)</i>		MALE _____	FEMALE _____
ETHNICITY: <i>(Enter number of participants per ethnic group)</i>	WHITE _____	BLACK OR AFRICAN AMERICAN _____	HISPANIC OR LATINO _____
	AMERICAN INDIAN OR ALASKAN _____	ASIAN _____	TWO OR MORE RACES _____
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____		
AGES	0-4 _____	5-9 _____	10-14 _____
			15-17 _____
			18-20 _____
			21+ _____
IS TARGET POPULATION SERVING DISCONNECTED YOUTH: <input type="checkbox"/> No <input type="checkbox"/> Yes			
IF "YES", Youth aging out of foster _____ Children of incarcerated _____			
Youth in the juvenile justice system who re-enter the _____ Runaway and Homeless _____			

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL PROGRAM APPLICATION
Program Summary-Program Components (OCFS 5003) Instructions

Implementing Agency: Enter name of incorporated agency responsible for program.

Program Title: Enter the title of the program.

Each program will select:

Life areas
Goals per Life Area
Objectives per Goal
Services, Opportunities and Supports (SOS)

Step 1: For the Program Component, identify the **Life Area** to be addressed and the appropriate code.

1 ES: ECONOMIC SECURITY

You would enter code **1ES**.

Step 2: Select the **GOAL** to be targeted and its code.

11 Goal: Youth will be prepared for their eventual economic self sufficiency.

You would enter code **11**.

Step 3: Select the objective to be achieved. Choices under this goal include:

111 Objective: Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities.

112 Objective: Young adults who can work will have opportunities for employment.

113 Objective: Youth seeking summer jobs will have employment opportunities.

If you selected Objective **111** - Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities

You would enter code **111**.

Step 4: Select from the following choices the Services Opportunities and Supports that your program offers.

Services, Opportunities, and Supports

0119	Employment Opportunities
0120	Work Readiness Skills
0121	Career Development Supports
0122	College Exploration Opportunities
0123	Life Skills Supports

If you selected Services, Opportunities and Supports 0121 Career Development Supports

You would enter code **0121**.

Step 5: Enter the Performance Measures to be achieved. Choices under this SOS, include:

Performance Measures

How Much

- **021B.1** # of youth enrolled in the program (unduplicated)

How Well

- **0121B.1** % of youth who completed the program
- **0121B.2** % of youth reporting satisfaction with the program

Better Off

- **0121C.1** #% of youth with increased understanding of career interests
- **0121C.2** #% of youth with defined career occupational objectives
- **0121C.3** #% of youth who can name one skill they learned in the program

Note: a selection from each question must be indicated.

Step 6: Enter the following data on your projected target population (in whole numbers not percentages) for those youth participating in –Career Development Supports):

Please use whole numbers, not percentages.

- Gender
- Ethnicity
- Ages
- And if serving Disconnected Youth identify the number (not percentages) in group (i.e. Youth aging out of foster care, Children of incarcerated parents, Youth in juvenile justice system who re-enter community, Runaway and Homeless Youth)

Step 7: (*IF APPLICABLE*): If your Program chooses to address more selections, you would follow the steps again.

Note: that no more than 2 SOS can be selected per program.

Special Notes:

If the program checked the box on the OCFS-5002, Direct Services will not be provided by this program, follow steps 1-4 for each life area selected.

Each Life area has its own set of Goal(s), Objectives and Services, Opportunities and Supports. Once you identify the Life Area your program is addressing you must use the Goal(s), Objectives and Services, Opportunities and Supports listed under it.

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OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM BUDGET

	QYDS #					
		Fiscal Year				

AGENCY/MUNICIPALITY:

PROGRAM TITLE:

FUND TYPE: Youth Development

FISCAL CONTACT INFORMATION:

Include Name, Phone Number, E-mail address:

PERSONAL SERVICES:

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL SALARIES AND WAGES			\$	\$
TOTAL FRINGE BENEFITS			\$	\$
TOTAL PERSONAL SERVICES (1)			\$	\$

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE OF PAY	BASE (S,M,HR)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL CONTRACTED SERVICES (2)			\$	\$
TOTAL MAINTENANCE & OPERATION (3)			\$	\$

LIST EQUIPMENT TO BE PURCHASED OR RENTED:

(UNIT COST OVER \$500 AND LIFE EXPECTANCY OF OVER TWO YEARS)

FACILITY REPAIRS

PROGRAM SITE ADDRESS				
	\$		\$	
	\$		\$	
TOTAL FACILITY REPAIRS (4)			\$	\$

TOTAL OCFS PROGRAM AMOUNT

+

TOTAL OCFS FUNDS

LIST OF OTHER FUNDING SOURCES	\$	REIMBURSABLE TOTAL
	\$	MUNICIPAL FUNDING
	\$	OTHER SOURCES

* USE AN ASTERISK NEXT TO THE FIGURES LISTED TO IDENTIFY THOSE ITEMS FOR WHICH OCFS REIMBURSEMENT IS NOT BEING REQUESTED.

USE (IK) TO IDENTIFY ONLY IN KIND SERVICES, EQUIPMENT, ETC DONATED TO PROGRAM, WHERE ALLOWED.

PROGRAM BUDGET INSTRUCTIONS

REFER TO FISCAL POLICIES AND PROCEDURES MANUAL FOR RESTRICTIONS

QYDS ID – NUMBER ASSIGNED BY SYSTEM

FISCAL YEAR-INDICATE YEAR FOR WHICH FUNDS ARE BEING REQUESTED

AGENCY/MUNICIPALITY-COUNTY, CITY, VILLAGE, AN INDIAN RESERVATION OR SCHOOL DISTRICT (IF APPROVED) THAT IS APPLYING FOR STATE AID

PROGRAM TITLE-NAME OF PROGRAM RECEIVING FUNDING

FISCAL CONTACT INFORMATION-PERSONS TO CONTACT FOR QUESTIONS ON BUDGETING-CLAIMING AND VOUCHERING FOR THIS PROGRAM

PERSONAL SERVICES

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT*	TOTAL FUNDS REQUESTED FOR THIS PROGRAM
1	2	3	4	

- LIST THE TITLE OF THE POSITION AS IT WILL BE CLAIMED
- ENTER THE RATE OF PAYMENT AS IT IS ON THE PAYROLL, E.G. \$100, \$500, \$5. (enter the highest rate for each title)
- INDICATE THE SALARY BASIS AS IT IS ACTUALLY PAID, e.g. Hourly (H), Weekly (W), Biweekly (BW), Semimonthly(SM)
- ENTER THE GROSS AMOUNT OF THIS PAYROLL LINE. Use an asterisk if OCFS reimbursement is not being requested.
- ENTER THE TOTAL OF THIS COLUMN.
- ENTER THE TOTAL AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL SALARIES AND WAGES

5	6
7	8

TOTAL FRINGE BENEFITS

- ENTER THE TOTAL OF FRINGE BENEFITS BUDGETED FOR THIS PROGRAM. YDDP – CONTRACT AGENCIES ONLY
- ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. MOST PROGRAMS ARE LIMITED TO 25%. YDDP/RHYA – DO NOT USE

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE	PAYMENT BASIS	TOTAL PROGRAM AMOUNT*
9	10	11	12

- ENTER TYPE OR TITLE OF SERVICES, e.g. Accounting Firm, Speaker.
- INDICATE RATE OF PAY
- INDICATE PAYMENT BASIS e.g. Session (S), Monthly (M)
- ENTER THE TOTAL COST FOR EACH LINE

TOTAL CONTRACTED SERVICES (2)

13	14
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- ENTER THE TOTAL OF THIS COLUMN
- ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL MAINTENANCE & OPERATION (3)

15	16
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- ENTER THE AMOUNT BUDGETED IN TOTAL FOR THIS PROGRAM.
- ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

LIST IN THE SPACE PROVIDED, EQUIPMENT PURCHASES AND RENTALS PLANNED FOR PROGRAM YEAR

FACILITY REPAIRS

PROGRAM SITE		
	17	18

- LIST EACH PROGRAM ADDRESS FOR WHICH FACILITY REPAIRS ARE BEING PLANNED
- ENTER AMOUNT FOR EACH PROGRAM SITE. YDDP LIMIT - \$500 PER SITE

TOTAL FACILITY REPAIRS (4)

19	20
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- ENTER THE TOTAL OF THIS COLUMN
- ENTER THE AMOUNT FOR WHICH REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL OCFS PROGRAM AMOUNT

TOTAL OCFS FUNDS REQUESTED

	21
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LIST OTHER FUNDING SOURCES		
	22	REIMBURSEABLE
	23	MUNICIPAL FUNDING
	24	OTHER SOURCES

- 21. THIS AMOUNT SHOULD AGREE TO THE AMOUNT BEING REQUESTED FOR THIS PROGRAM.
- 22. THIS IS THE TOTAL OF BOX 21 LESS ASTERISKED ITEMS
- 23. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY MUNICIPALITY
- 24. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY OTHER SOURCES

Additional Information

Program Description & Details:

Program location/address:

Exact days and hours of operation of the program (In addition to including days and hours of operation in the space provided below, all applicants must attach a calendar or daily plan with times, locations, and specific activities):

Describe what extended hours, evening and/or weekend programming you will provide with this program, if any? (Encouraged, but not required):

Exact length of time (weeks) youth will participate:

Will the program include enriching and/or educational field trips?

If so, please list planned locations:

Is this a pilot program?

If not, how long has the program been operating?

What is the direct staff to participant ratio?

Please provide detailed information on program staffing including job titles, responsibilities, qualifications, and specific staffing levels. (You may use separate page(s) as needed)

Organizational Mission: Please provide the mission statement of your organization

Service Categories: Due to the limited amount of funding available ONLY programs providing the below listed services as defined by the OCFS Life Areas Coding Document will be considered for funding. The service areas pertaining to economic security and workforce development are prioritized for this funding cycle. Applications willing to develop and provide programs in these service categories will receive additional points in the scoring of their proposal.

- * Work Readiness Supports (1ES)
- * Healthy Lifestyles (2PEH)
- * Career Development Supports (1ES)
- * Academic Support Services (3ED)
- * Life Skills Supports (1ES)
- * Youth Leadership/Empowerment Opportunities (4CVC)
- * Alcohol & Substance Abuse Prevention Services (2PEH)
- * Juvenile Delinquency Prevention Services (4CVC)
- * Year/Round Seasonal Activities (2PEH) Mentoring Supports (6COM)

Touchstone Life Areas: The eligible service categories listed above are Services, Opportunities, and Supports (SOS) as established by the NYS Office of Children and Family Services Touchstones “**Life Areas**”. These service categories can be found within the NYS OCFS Program Summary-Program Components (OCFS-5003) CODING DOCUMENT. When selecting a service category please refer to the specific program components listed in the coding document and most importantly the associated performance measures as all funded program will be required to report the identified outcome measurements at the end of the award year. A clear plan on how this data will be captured will help ensure later success.

Performance Measures (enter codes): Common Performance Measures:

How Much (enter code): _____

What tools will you use to capture the data?

How Well (enter code): _____

What tools will you use to capture the data?

Better Off (enter code): _____

What tools will you use to capture the data?

Program Narrative

Please provide a detailed description of your proposed program. In addition to program elements specific to your application, please include information on the following components:

How will the program serve youth in high-need and underserved neighborhoods and what specific elements of the program will target the needs of this population?

Describe any and all partnerships and/or collaborations with other agencies/service providers/institutions that serve to create comprehensive positive youth development opportunities.

How will the program seek to engage and partner with the surrounding community and in what ways will this engagement serve to mutually benefit and strengthen both the agency and community?

Due to limited opportunities for Rensselaer County Youth to engage in positive Youth Development Programs outside of the hours of traditional day programs the Erie County Youth Bureau and Youth Board are encouraging, where appropriate, agencies to offer after-hours programming including weekends. Please describe if and how your program will provide after-hours services.

What is the program’s ability to provide the service to individuals with special needs; i.e. disabilities, language and cultural barriers, etc.?

What is the program’s ability to provide culturally appropriate services as well as language translation services?

Are interpreter services provided as needed? Costs may be included in budgeted direct operating costs.

Performance Measures:

Please describe how the program has been measured in the past. Please demonstrate how data indicates young people benefit from program involvement and how data has been used to improve the program.

Additionally, please describe a plan for capturing data required for reporting on the performance measures associated with the service category selected.

Agency Experience and Qualifications:

The successful Applicant will:

- * Have the ability to manage funds from a government funding source, maintain billing systems, and achieve any reporting requirements,
- * Maintain a skilled and appropriately educated workforce, and maintain regular communication with RCDFY in a timely manner.

Budget:

Please complete the following budget-related questions as well as the included OCFS 5005 budget form. Only include budget information pertaining to the program for which you are requesting funding. Please note: the Rensselaer County Youth Bureau will not support major equipment purchases for the Youth Development Programming program such as televisions, video game systems, etc.

Please list other confirmed funding sources for this program. This should include foundation grants, public/government applicants, corporations, individuals, earned income, and/or your organization's contributions.

Please include the program's cost per student.

Are there ANY fees charged to program participants? If so, please provide a description of the cost, its purpose and include the total anticipated income under other revenue sources.

Please also include and explain the process to accept youth whose family cannot afford to pay the program fee(s). (Documentation of a tiered payment or scholarship system for families experiencing economic hardship or who qualify for public assistance is a requirement to be considered for any award)

Please list the percentage of your grant request that will go toward direct programming.

Please list your fiscal officer, including contact information.
