

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 <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: | 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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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, 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 services, as well as short-term (30-60 days) 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 eighteen 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 e-mail 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 e-mail 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.