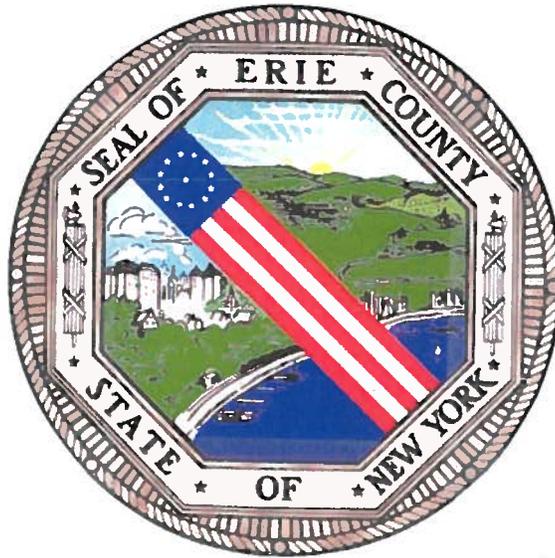


**Erie County Youth Bureau
Funded Applicant
2016 Policy & Procedure Manual**



COUNTY OF ERIE
MARK POLONCARZ
COUNTY EXECUTIVE

*Proudly Serving Erie County's
Youth & Families*

A Note from the Director

The Erie County Youth Bureau (ECYB) has developed this policy and procedure manual to be used by our partnering agencies and local youth bureaus in 2016. All standards set forth in this manual are based on New York State Law, New York State Office of Children and Family Services (OCFS) rules and regulations, and/or procedure and requirements as established by Erie County Department of Social Services and the ECYB. All funded partners are expected to follow the policies and procedures set forth by this manual.

These policies and procedures serve to provide guidance and establish criteria for program and fiscal practices. We hope that these standards will strengthen the partnerships between the Erie County Youth Bureau and local youth-serving partners. In addition to reading and understanding this document, it is suggested that all contractual program directors and fiscal managers read their contract with Erie County each year regarding compliance.

The ECYB is accountable to the New York State Office of Children and Family Services, the Erie County Department of Social Services, Erie County Youth Services, and the taxpayers of Erie County. Developing this manual is another step in maintaining accountability to all parties mentioned. This manual will be reviewed and revised in order to comply with state and local policy changes annually.

On behalf of the Erie County Department of Social Services and the Erie County Youth Bureau, we hope you find this manual useful. Should you have any questions, please feel free to contact the Youth Bureau at any time.

Thank you for all you do to improve the lives and future outcomes of the more than 250,000 young people living in Erie County. We appreciate your steadfast dedication and look forward to our continued partnership.

Sincerely,

Ben Hilligas

Ben Hilligas
Director of Youth Bureau

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ERIE COUNTY YOUTH BUREAU: 2016 CALENDAR
(Subject to change)

JANUARY 2016

- Monday, January 4th 2016 YDP Site Visits commence
- Wednesday, January 20th Erie County Youth Bureau 2016 YDP Orientation @ Erie 1
BOCES, 10:30am – 12:00pm
- Friday, January 29th Revised Program Description and Revised Budget (OCFS 5005)
forms due for 2016 YDP programs
- New York State OCFS Program Annual Assessment (OCFS 5007)
forms due for all 2015 YDP programs
- 4th Quarter Payment Request due for 2015 YDP programs
(Program Expenditure Reports)
- 4th Quarter Youth Services Reporting Dashboard reports due for
2015 YDP

FEBRUARY 2016

- Tuesday, February 16th 2016 Primetime Request for Proposals released
- Friday, February 26th QYDS forms due for all 2016 YDP programs (OCFS 5001, 5002,
& 5003)

MARCH 2016

- Tuesday, March 1st 2016 Primetime Request for Proposals Informational Meeting @
Erie 1 BOCES, 10:30am – 12:00pm
- Tuesday, March 15th 2016 Primetime Request for Proposals due by 5:00pm @ 810 East
Ferry Street, Buffalo, NY 14211
- Tuesday, March 29th Erie County Youth Board Interviews for 2016 Primetime @ Erie 1
BOCES, 1:30pm – 7:30pm

APRIL 2016

Friday, April 15th

1st Quarter Payment Request due for 2016 YDP programs
(Program Expenditure Reports)

1st Quarter Youth Services Reporting Dashboard reports due for
2016 YDP

MAY 2016

Tuesday, May 3rd

2017 YDP Request for Proposals released

Tuesday, May 17th

2017 YDP Request for Proposals Informational Meeting @ Erie 1
BOCES, 10:30am – 12:00pm

Tuesday, May 31st

2017 YDP Request for Proposals due by 5:00pm @ 810 East Ferry
Street, Buffalo, NY 14211

JUNE 2016

Wednesday, June 1st -
Thursday, June 2nd

2016 Primetime contract signing @ 810 East Ferry Street,
Buffalo, NY 14211, 1:00pm – 3:00pm

Tuesday, June 14th

Erie County Youth Board Interviews for 2017 YDP funding
@ Erie 1 BOCES, 1:30pm – 7:30pm

Monday, June 27th

2016 Primetime programs commence

JULY 2016

Tuesday, July 5th

2016 Primetime site visits commence

Friday, July 15th

2nd Quarter Payment Request due for 2016 YDP programs
(Program Expenditure Reports)

2nd Quarter Youth Services Reporting Dashboard reports due for
2016 YDP

SEPTEMBER 2016

Friday, September 2 nd	2016 Primetime programs/site visits conclude
Friday, September 16 th	Primetime COPS reports due for 2016 Primetime
Friday, September 30 th	2016 Primetime Program Expenditure Reports due

OCTOBER 2016

Friday, October 14 th	3 rd Quarter Payment Request due for 2016 YDP programs (Program Expenditure Reports)
	3 rd Quarter Youth Services Reporting Dashboard reports due for 2016 YDP

Allocation of Funds

Funding Categories

- Youth Development Program Funding
- Runaway and Homeless Youth Act (RHYA)
- Primetime Summer Program (if funding is available)

Applicant Responsibilities

Applicant Board of Directors Governance

Each applicant receiving funds for their program must have an active Board of Directors. A complete list of the Board Members is required to be on file with the ECYB. Changes to the Board Members List must be updated in writing to the ECYB within 30 days of such changes. Funded applicants are required to retain proper documentation of its Board of Directors members and Board of Directors' meetings for six (6) years from the contract date.

Neither employees of the ECYB, nor members of their immediate families, may serve as members of the Board of Directors of any applicant receiving funds through the ECYB. Whenever possible, youth should be included as voting or advisory members of the applicant's Board.

Background Checks

All applicants are responsible for completing a background check on all employees, volunteers and any individual who will be in contact with any and all youth in regards to the County funded program. This includes any new background checks through the Justice Center (<http://www.justicecenter.ny.gov/investigations-prosecution/sel/management>). For additional information, please refer to your contract.

Personnel Conflict of Interest Policy

Funded applicants may not hire members of their own Board of Directors to fill any paid staff position or perform any paid consultant service for the program. Nor may a contracted applicant or funded program hire or employ relatives of a member of its own Board of Directors. For purposes of this standard, the definition of a relative is a parent, grand-parent, spouse, sibling, child, in-law, aunt, uncle, niece, nephew or cousin.

Personnel Equal Employment Opportunity

Funded applicants will have on file procedures to assure that equal employment opportunities will be provided to all qualified job applicants. Applicants shall not discriminate against any applicant on the basis of race, color, national origin, religion, sex, sexual orientation, or disability and will abide by all state, federal, and local laws and regulations concerning discrimination and equal opportunity.

All applications that are used by funded applicants for employment must be in compliance with Federal Employment regulations and NYS Equal Employment Opportunities practices. All solicitations or advertisements for recruitment must state that the applicant is an Equal Opportunity Employer.

Non-Discriminatory Program Access

Funded applicants must have on file a policy regarding non-discriminatory access to services and maintain a copy of it on file. No youth shall be denied access to the services or facilities of any funded applicant because of race, creed, color, national origin, sex, sexual orientation, or disability.

Equal Pay Certification

All potential contract-holders with Erie County shall agree to comply with Executive Order 13 (2014), and the Agency shall make such records available, upon request, to the County's Division of Equal Employment Opportunity for review. All contract holders will be required to sign the Erie County Equal Pay Certification (attached). The County shall have the right, upon reasonable notice and at reasonable times, to inspect the books and records of the Agency, its offices and facilities, for the purpose of verifying information supplied in the Erie County Equal Pay Certification and for any other purpose reasonably related to confirming the Agency's compliance with Erie County Executive Order No. 13 (2014). Violation of the provisions of Executive Order 13 (2014), which is attached hereto and made a part hereto and made a part hereof, can constitute grounds for the immediate termination of a contract, and may constitute grounds for determining that a bidder is not qualified to participate in future county contracts.

Program Administration

Charging of Fees

A funded agency/local youth bureau may not charge a fee for programs or activities supported by state aid administered through the New York State Office of Children and Family Services and the Erie County Youth Bureau without sufficient proof that a scholarship or tiered-cost system is firmly in place. In other words, no youth may be turned away on account of an inability of that youth's family to pay.

NYS Touchstones

The New York State Touchstones Life Areas, Goals and Objectives, was developed by the New York State Council on Children and Families. The Touchstones framework helps identify indicators that measure progress in reaching the goal of ensuring that all children, youth and families will be healthy and have the knowledge, skills and resources to succeed in a dynamic society.

New York State Office of Children and Family Services (OCFS) have determined that programs funded through the ECYB will follow the NYS Touchstones framework. This will

allow OCFS and ECYB the opportunity to collect and analyze measurable outcomes data in six (6) specific areas of youth's lives.

Administrators will choose from the following list the Life Area that best correlates with the primary objectives of their program:

- 1ES Economic Security
- 2PEH Physical and Emotional Health
- 3ED Education
- 4CVC Citizenship/Civic Engagement
- 5FAM Family
- 6COM Community

Each Life Area is associated with a Goal, several Objectives, Services Opportunities and Supports (SOS) and associated performance measures. Please follow the steps listed below when making your selections. You may also refer to the instruction and coding guide included at the end of this packet.

- ✓ Choose the Life Area which best reflects the primary focus of your program (1 selection)
- ✓ Identify the Goal associated with that Life Area (1 Goal per Life Area)
- ✓ Choose the objective which best describes the objective of your program (1-2 selections)
- ✓ Choose the Service Opportunity Support and associated performance measure which is most appropriate for your program. ***When making this selection keep in mind the performance measure associated with the SOS and consider how you will collect the specified data.***
- ✓ Your program is required to report on only 1 item for ***How Well*** and ***Better Off***.

Each applicant will complete the following forms at the beginning of the contract period to identify the following: Touchstones Life Area; Goal; Objective(s); Services, Opportunities, & Support(s); and Performance Measure(s) will be selected for the funded program:

- OCFS 5001 – Individual Program Application, Program Information
- OCFS 5002 – Applicant Program Profile
- OCFS 5003 – Individual Program Application (Program Summary-Program Components)

Instructions for completing these forms can be found in Appendix A of this document.

Program Marketing

All funded programs are asked to state on their marketing materials that the funded program is funded and supported by NYS Office of Children and Family Services and the Erie County Youth Bureau.

Program Changes

Funded applicants must submit a written request to the Director of the ECYB to amend an approved program prior to initiating any program changes. This is to include changes to the anticipated number of youth participants, program locations, days and/or hours of operation, outcomes, activities, etc.

A response will be sent to the applicant granting or denying the changes. Programs will be held accountable for all information contained in the formal application including the following; target population, number of participants, stated outcomes, measurement tools used, program design and schedule, self monitoring, and program evaluation.

MONITORING

On-Site Program Monitoring

Each funded program is required to be monitored at least once during the contract period by staff of the ECYB, members of the Erie County Youth Board, and/or NYS OCFS representatives. While most applicants are monitored unannounced, there are a few applicants that have their onsite monitoring visits scheduled due to the confidentiality of the services provided by the program.

During the onsite visit, the ECYB representative will be observing the program by reviewing the activities and schedule submitted with the contract, speaking with youth participants, reviewing monitoring documents and gaining other information pertinent to the compliance of the contract.

Applicants not meeting the program requirements are asked to complete a Corrective Action Plan. This document is sent to the applicant identifying the area(s) of concern. The applicant's program staff reviews the area(s) of concern and identifies remedies to bring the program into compliance. The Corrective Action Plan is then returned to the ECYB within 30 days. Once the ECYB staff receives the completed Corrective Action Plan, they will revisit the applicant unannounced to observe the stated changes.

Self-Monitoring

Applicants are expected to perform self monitoring of their funded programs to ensure contract compliance, meeting of outcome goals and compliance with proper program documentation.

NYS OCFS Audit

NYS OCFS reserves the right to perform an unannounced or announced onsite visits to any funded Applicant during the contract period.

REPORTING REQUIREMENTS

Youth Services Reporting Dashboard (YSRD)

The Erie County Youth Bureau has developed the Youth Services Reporting Dashboard for data collection and outcome measurement of programs receiving Youth Development Program funds. The eight types of reports are as follows:

- Day School Program
- After School Program
- Local Youth Bureau Program
- Mentoring Program
- Runaway Resource Center
- Transitional Living Youth Program
- Runaway Homeless Shelter Program
- Juvenile Diversion Program (STSJP)

Programs are only required to fill out the report which best describes the type of program being offered. Training on this system can be provided to agencies by Youth Bureau staff upon request or at various times throughout the year. A report must be generated for each month of the program year but are submitted to the ECYB quarterly on the following dates:

- 1st Quarter due April 15th, 2016
- 2nd Quarter due July 15th, 2016
- 3rd Quarter due October 14th, 2016
- 4th Quarter due January 31st, 2017

Updated Program Proposal & Budget Forms – January 29th, 2016

All applicants are required to submit this form with updated contact information for applicant's staff. In addition, an updated program budget, on the OCFS 5005 form, is to be completed and submitted with the correct contracted award amount.

Any applicant making changes to the program is required to also submit a description of the program changes from the original proposal submitted during the RFP process, if applicable. These changes must be approved by ECYB prior to implementation. Please see the "Program Changes" section.

Quality Youth Development System (QYDS) – February 26th, 2016

Applicants must submit the OCFS 5001, 5002, and 5003 forms to the ECYB for entry into the QYDS database at the commencement of their annual contracts.

Program Annual Assessment – January 29th, 2016

The Program Annual Assessment (OCFS 5007) is a one page summary of the program's data. It is submitted to the ECYB for each program funded through the ECYB and OCFS.

FISCAL RESPONSIBILITIES

Program Budget

Each applicant must submit a full program budget on the OCFS 5005 for each program funded by ECYB. The budget should reflect ALL costs associated with the program, whether or not reimbursement is being requested. In addition, the program budget should include a breakdown of all other funding sources for the program that total the amount of the program costs.

Budget Amendments

Any contracted applicant wishing to adjust the approved budget included with the executed contract must submit a written request to amend an approved program budget to the Youth Bureau for approval *prior to* effecting the requested change. A letter of intent on official applicant letterhead to amend the approved budget, including justification, must be submitted with a Request for Amendment (OCFS 3131) to the Youth Bureau Director *prior to* effecting any changes in an approved budget. The budget amendment request will be reviewed by the Youth Bureau Director. A budget amendment will become effective upon receiving formal approval by ECYB.

The request to amend an approved budget becomes effective upon approval of the Youth Bureau. The Youth Bureau will only approve one budget amendment during the contract period. All unused, unclaimed funding at the end of each fiscal year may result in an allocation deduction on a future application. This will be at the discretion of the Youth Bureau and/or the Youth Services Board.

Award Payment Procedures (How to Request Your Award Payment)

Contracted applicants may request payments for line items on the approved program budget only. Payment requests are required to be submitted to the ECYB on a **quarterly basis**. Proper documentation to back up the expenditures must be included with the payment request. Examples of documentation may include copies of employees' timesheets, payroll journals, reoccurring bills, receipts, invoices, cancelled checks, bank statements, credit card statements, etc. The type of documentation required to be submitted depends on the line items for which you are requesting payment for.

The requests must be submitted on the following OCFS forms that are applicable to the line items requesting payments for:

- OCFS 3125 – Program Expenditure Report - Summary
- OCFS 3126 – Program Expenditure Report - Salaries
- OCFS 3127 – Program Expenditure Report - Fringe Benefits
- OCFS 3128 – Program Expenditure Report - Contracted Services & Stipends
- OCFS 3129 – Program Expenditure Report - M & O and Facility Repairs

All payment requests must be submitted on the proper forms, with the proper documentation by the following due dates:

- 1st Quarter due April 15th, 2016
- 2nd Quarter due July 15th, 2016
- 3rd Quarter due October 14th, 2016
- 4th Quarter due January 31st, 2017

Youth Development Program Funds:

Applicants must submit the abovementioned OCFS forms and proper documentation quarterly to the ECYB. The reimbursement request must reflect 100% of the program expenditures.

RHYA—Advanced Applicant:

Applicant must submit their 1st quarter’s invoice in order to receive the 1st quarter’s payment. The above mentioned forms and proper documentation must be submitted at the end of each quarter, along with the next quarter’s invoice before further payments will be made.

RHYA—Reimbursement Applicant:

Applicant must submit the above mentioned forms and proper documentation quarterly to the ECYB. The reimbursement request must reflect 100% of the program expenditures. The required 40% match must be taken into consideration when listing the reimbursable expenses, as only 60% of the total expenditure will be paid out as stated in your Applicant’s contract.

All payment requests will be reviewed and audited for accuracy before any funds are released. Requests are required to be submitted quarterly, or an applicant risks funds being deducted from their contract, see Unclaimed Balances (located below).

Applicant must submit payment requests directly to the following address:

Erie County Youth Bureau
 Attn: Donna Mertel
 810 East Ferry Street
 Buffalo, NY 14211

Questions on the payment process may be made directly to Donna Mertel, Senior Account Clerk, by calling (716) 923-4008 or via e-mail at donna.mertel@erie.gov.

Unclaimed Balances

ECYB reserves the right to review all reimbursement requests as of the 3rd quarter of the contract. Any unclaimed funds in excess of one-fourth the total contract amount (the full annual amount) or funds that are projected to be remaining at the end of the contract, may be reviewed, deducted and reallocated at the discretion of the Youth Bureau Director and the Youth Board.

Equipment Purchases

Any contracted applicant purchasing equipment with a cost of \$200 or more and/or with a useful life of more than two years with ECYB funds is required to maintain an inventory list on site and forward an updated list to the Youth Bureau with the quarterly reimbursement request, if applicable. Any equipment purchased must be listed on the approved budget and must be inventoried and tagged with Erie County Department identification tags. Equipment remains the property of the ECYB. It must be reported to the Youth Bureau upon purchase. At the conclusion of the contract, Erie County reserves the right to request the equipment be returned to the ECYB.

Employee Timesheets/Payroll Registers

Funded applicants must maintain employee timesheets and payroll registers as the source documents upon which reimbursement for staff expenditures are based. Payroll registers must accurately reflect actual wage and deduction information. Timesheets must be signed by the employee and the employee's supervisor. Executive Director's timesheets must be signed by the Board President or their designee. Timesheets may be signed on a daily, weekly, or payroll-period basis. Payroll registers and employee time cards must be retained for six years.

Travel Expenses

Funded applicants may claim reimbursement for travel related expenses when the travel directly relates to the specific program and when the travel expenses are included in the approved budget.

A travel expense reimbursement form must be submitted with the fiscal claim and accompanied by copies of receipts and travel logs. The following preapprovals are required for travel expense reimbursement:

- Out-of-state and out-of-county travel plans must be submitted to the Youth Bureau in the form of a written request at least eight weeks prior to the date of planned travel and requires prior approval of both the Youth Bureau Director and OCFS.

ADDITIONAL INFORMATION

Insurance Requirement

All funded applicants must carry Workers' Compensation Insurance for their paid employees and General Liability Insurance for the entity. In addition, an applicant must carry Automobile and Excess Liability Insurance when required for the program.

Copies of all Certificates of Insurance must be submitted to the Erie County Department of Social Services Legal Department prior to the beginning of the contract year. If the insurance is set to expire during the contract year, it is the applicant's responsibility to submit the new Certificates of Insurance to the same department.

Trainings

Various trainings are held by the ECYB throughout the contract period. All applicants funded in 2016 are required to attend an Orientation, and reporting system training. All applicants are highly encouraged to also send newly hired staff to be informed of program requirements. Other mandatory trainings may be held throughout the year if necessary. Notification of such training topics, dates, times and locations are sent in advance to the applicant's Executive Director and Program Representative.

Independent Contractors

Each applicant who hires an independent contractor to provide services to program participants must have the contract preapproved before the expense will be considered reimbursable. The contract should include a description of the services to be rendered, the professional qualifications of the independent consultant position, rate of pay, and the duration of contract.

Record Keeping

Applicants must retain all fiscal and administrative program documents, data and reports for six years following the termination of the contract. The following are examples of the type of documentation that should remain within the applicant: job descriptions and qualifications for funded positions, individual resumes of staff who fill the positions, completed timesheets, hiring applications, cash disbursements journal, youth sign-in sheets, registration forms, fire and safety inspections, Program Annual Report, Results Based Accountability/Scorecard forms and the contract.

Facility Safety

All funded applicants must operate programs in a safe, well supervised manner. Program sites, equipment, and facilities must be regularly maintained, inspected, and in compliance with all applicable State and local fire, health, and safety codes and other related rules and regulations.

Technical Assistance

Any applicant and/or program staff that is in need of technical assistance may contact the ECYB directly to schedule an appointment.

Erie County Youth Services Contact Information

Erie County Youth Bureau
Erie County Youth Services/Detention Center
810 East Ferry Street
Buffalo, NY 14211

Benjamin Hilligas, MSW
Youth Bureau Director
716-923-4051
benjamin.hilligas@erie.gov

John Ryan, MSW
JDAI Coordinator
716-923-4033
john.ryan@erie.gov

Ruby Jain
Supervisor of Claims Administration
716-923-4047
raveela.jain@erie.gov

Diane Saxe
Administrative Clerk
716-923-4041
diane.saxe@erie.gov

John Kordrupel
Youth Services Planning Coordinator
716-923-4009
john.kordrupel@erie.gov

Florence Tatti
Clerk Stenographer
716-923-4000
florence.tatti@erie.gov

Donna Mertel
Senior Account Clerk
716-923-4008
donna.mertel@erie.gov



REPORTING FORMS

The following pages are the forms used by the Erie County Youth Bureau. Electronic versions of any of the forms may be downloaded from the following websites:

ECYB website: <http://www2.erie.gov/youthservices/index.php?q=youth-bureau#forms>

OCFS website: <http://www.ocfs.state.ny.us/main/Forms/youth>

APPENDIX A

**REVISED PROGRAM DESCRIPTION &
PROGRAM CONTACT UPDATE**

Please complete the following information for your 2016 ECYB funded program:

Agency Name: _____

Program Address: _____
(Address where the program actually takes place)

Executive Name: _____ **Title:** _____
(The senior-most person in the organization, ED/Board Chairman etc.)

Executive Email: _____ **Phone:** _____

Program Contact Name: _____ **Title:** _____

Program Contact Email: _____ **Phone:** _____

Fiscal Contact Name: _____ **Title:** _____
(The person who will complete the budgets and payment request forms)

Fiscal Contact Email: _____ **Phone:** _____

If you are making any adjustments to your program description submitted with your proposal please list those changes below with an explanation (i.e. less number of participants, change in hours of operation, change in days of operation, change in staffing pattern, etc.)

Please note that any changes made to a program description MUST be approved by ECYB in writing prior to implementing such change.

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 DIRECTOR/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.

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, 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.

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)

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

GENDER OF PROGRAM PARTICIPANTS: (Enter number participants per gender)		MALE _____	FEMALE _____
ETHNICITY: (Enter number of participants per ethnic group)	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	0-4 _____	5-9 _____	10-14 _____
	15-17 _____	18-20 _____	21 + _____
IS TARGET POPULATION SERVING DISCONNECTED YOUTH: (Enter number of participants per population described)			
		<input type="checkbox"/> No	<input type="checkbox"/> Yes
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.
<p>Physical & Psychological Safety Safe and health-promoting facilities; practices that increase safe peer group interaction and decrease unsafe or confrontational peer interactions.</p>	

IMPLEMENTING AGENCY:
PROGRAM TITLE:

<p>Appropriate Structure Limit setting; clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries, and age appropriate monitoring.</p>	
<p>Supportive Relationship Warmth; closeness; connectedness; good communication; caring; support; guidance; secure attachment, and responsiveness.</p>	
<p>Opportunities to Belong 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 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 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 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 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. There is now an age category – 21+ that should be used for programs, like parenting programs or professional development, where it can be documented that the end result has a positive impact on the youth of your community. **Please use whole numbers, not percentages.**

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.

8 Features of Youth Development OCFS Form 5002

This list is for use in helping to provide a description of the “Features of Youth Development Settings”. You may choose any of these or write your own. Any that you choose must be accurate for your program.

Physical and Psychological Safety

Building is located in safe neighborhood

Building is well lit

Entrance/exit doors are monitored

Emergency Plan has been developed

Staff is trained in what to do in case of an emergency

There is a protocol for dealing with intimidation, fighting, conflict and violence and staff has been trained in this

Staff has parental contact information

Building is equipped with necessary fire and smoke detectors

Child to staff ratio is adequately age appropriate

Policies and procedures concerning physical and psychological safety are periodically reviewed by sponsoring agency

A physical safety assessment is conducted periodically

Youth and parental feedback is requested periodically to determine their levels of satisfaction with physical and psychological safety

Appropriate Structure

Clear and consistent rules of conduct have been developed

Rules are shared with participants upon program entry

Rules are periodically reviewed with participants

Staff has been trained in how to maintain control and develop clear boundaries

Staff is aware of, and provides, age appropriate monitoring

Public spaces are free from inappropriate or degrading materials

Staff intervenes when one child insults or unduly criticizes another

Children and youth positively assess the program approach to criticism and insults from peers and staff

Supportive Relationships

We regularly gather information from the participants about their relationships with staff and volunteers

Staff is trained in the expectation of interacting in positive respectful manners with participants and other staff

Staff members make efforts to give each child some attention each day

The sponsoring agency regularly evaluates staff interactions with participants and other staff

We promote friendships among participants by _____.

Participants are assigned to specific staff and/or volunteers and they know who those people are

The sponsoring agency has a plan in case of staff turnover

We have a roster of volunteers for young people with specific interests

Opportunities to Belong

At least one staff and/or volunteer speaks “other than English” languages of children and youth in our program

Staff is culturally competent in the various ethnic/cultural groups represented in our program

The space expresses cultural symbols of participants’ cultural heritages

Examples of children’s creations and expressions decorate our space

The space has expressions of participants’ cultural heritages

Staff is trained in methods to ensure all participants are involved and not excluded due to ethnicity, gender, sexual orientation, or disability

Space and activities are handicap assessable

We encourage participants to engage in social interaction beyond their normal daily activities by _____

Program includes activities from diverse cultures

Participants are given opportunities to share stories and experience from their families or cultural/ethnic groups

We regularly seek input from the participants to determine their level of feeling “at home” in our space

Positive Social Norms

Clear and consistent rules of conduct have been developed

Public spaces are free from inappropriate or degrading materials

Children and youth report that the program has a positive youth development approach rather than a focus on problems

Staff and volunteers have been trained to act as role models

Staff and volunteers have been trained in using a positive youth development approach

Participants are regularly recognized for their accomplishments and contributions

Support for Efficacy and Mattering

Young people are involved in making decisions about the program by:

Young people are involved in making decision about the sponsoring agency by:

Young people are trained to take on leadership roles by:

Young people contribute back to the program by:

Young people contribute back to the neighborhood or community by:

Opportunities for Skill Building

Young people learn or improve the following physical skills:

Young people learn or improve the following social skills:

Young people learn or improve the following pre-employment or job skills:

Young people learn or improve the following creative skills:

Academics are improved by:

Integration of Family, School and Community Efforts

Families of young people are regularly consulted about the program

Families are regularly asked to volunteer in the program

Families are invited to special events

Families are consulted about problems with their children

Families are regularly informed of accomplishments

Program staff participates in opportunities to learn more about the community

The program participates in family-focused involvement in interagency consultations when necessary

There is regular communication with funders and media to increase understanding of the program

Community members are recruited and used as volunteers

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL PROGRAM APPLICATION
Program Summary-Program Components

IMPLEMENTING AGENCY:
PROGRAM TITLE:

LIFE AREA: (Enter Code)		GOAL: (Enter Code)	
OBJECTIVE: (Enter Code)		SOS: (Enter Code)	
		Performance Measures: (Enter Code)	
		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: (Enter number participants per gender)		MALE _____	FEMALE _____
ETHNICITY: (Enter number of participants per ethnic group)	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	0-4 _____	5-9 _____	10-14 _____
		15-17 _____	18-20 _____
			21+ _____
IS TARGET POPULATION SERVING DISCONNECTED YOUTH: (Enter number of participants per population described) <input type="checkbox"/> No <input type="checkbox"/> Yes			
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 _____			

IF APPLICABLE

OBJECTIVE: (Enter Code)		SOS: (Enter Code)		Performance Measures: (Enter Code)	
				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: (Enter number participants per gender)		MALE _____	FEMALE _____
ETHNICITY: (Enter number of participants per ethnic group)	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	0-4 _____	5-9 _____	10-14 _____
		15-17 _____	18-20 _____
			21+ _____
IS TARGET POPULATION SERVING DISCONNECTED YOUTH: (Enter number of participants per population described) <input type="checkbox"/> No <input type="checkbox"/> Yes			
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 _____			

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.

New York State
Office of Children and Family Services
QUALITY YOUTH DEVELOPMENT SYSTEM (QYDS)

**Program Summary-Program Components (OCFS 5003)
CODING DOCUMENT**

LIFE AREA - 1ES: ECONOMIC SECURITY

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

Services, Opportunities, and Supports

0119. Employment Opportunities —A program which provides **paid** on-the-job training with opportunities that enable youth to master practical and/or technical skills required to maintain meaningful and gainful employment in the current job market. Programs may be short term, long term, internship or an apprenticeship which seek to address strategies for addressing youth employment and training needs.

Performance Measures

How Much

- 0119A.1 # of youth in the program (unduplicated)

How Well

- 0119B.1 % of employers retained from the previous year
- 0119B.2 % of staff with training and/or certification in employment services
- 0119B.3 % of teens that report being supported by staff

Better Off

- 0119C.1 #/% of youth remaining in the job after completing the work program
- 0119C.2 #/% of youth receiving a positive evaluation in the following areas: promptness, quality of work, attitude, attire
- 0119C.3 #/% of youth with improved work skills (based on commencement from NYS Education Dept).

LIFE AREA - 1ES: Economic Security

Services, Opportunities, and Supports

0120. Work Readiness Supports: A program which develops a youth's capacity to move toward employment. Includes but is not limited to assisting youth with creating resumes, job seeking, interviewing, understanding employer and workplace expectations, positive work habits, job shadowing/unpaid internships, and understanding behaviors, attitudes, and skills necessary to compete in the labor market.

Performance Measures

How Much

- **0120A.1** # of youth enrolled in the program (unduplicated)

How Well

- **0120B.1** #/% of staff with training and/or certification in teaching work readiness skills

Better Off

- **0120C.1** #/% of youth obtaining a job
- **0120C.2** #/% of youth with improved workplace readiness skills

Services, Opportunities, and Supports

0121. Career Development Supports: A program to assist youth in making occupational or career decisions which includes, but is not limited to, evaluation of youth's abilities and interests, provision of information career/occupational materials or career fairs, establishment of career goals, and planning practical development activities geared towards attaining youth's career and occupational goals.

Performance Measures

How Much

- **0121A.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

LIFE AREA - 1ES: Economic Security

Services, Opportunities, and Supports

0122. College Exploration Opportunities: Program with activities and strategies for assisting youth in making informed decisions when selecting a college and/or technical school that connects youth to academic preparation and future aspirations. Activities and strategies include, but are not limited to, college/technical school identification, test strategy development, application assistance, essay support, and interview preparation.

Performance Measures

How Much

- **0122A.1** # of youth enrolled in the program (unduplicated)

How Well

- **0122B.1** #/% of youth reporting satisfaction with the program

Better Off

- **0122C.1** #/% of youth that have selected a college, technical school or career path
- **0122C.2** #/% of youth with increased skills in college interviewing and test taking

Services, Opportunities, and Supports

0123. Life Skills Supports: Programs which seek to enhance the skills of youth in areas of self-care, daily living, personal finance and budgeting, managing interpersonal relationships, information technology, and any other topics that develops the skill set of youth to reach independence.

Performance Measures

How Much

- **0123A.1** # of youth enrolled in the program (unduplicated)

How Well

- **0123B.1** #/% of youth utilizing a life skills assessment tool
- **0123B.2** #/% of youth attending all sessions of the program

Better Off

- **0123C.1** #/% of youth demonstrating an increase in life skills

LIFE AREA - 2PEH: PHYSICAL AND EMOTIONAL HEALTH

- 21 Goal:** Children and youth will have optimal physical and emotional health.
- 211 Objective:** Children and youth will be physically fit.
- 212 Objective:** Children and youth will be emotionally healthy.
- 213 Objective:** Children and youth will be free from health risk behaviors (e.g., smoking, drinking, substance abuse, unsafe sexual activity).
- 214 Objective:** Children and youth with service needs due to mental illness, developmental disabilities and/or substance abuse problems will have access to timely and appropriate services.

Services, Opportunities, and Supports

0231. Alcohol and Substance Abuse Prevention Services: School or community based programs that include events and strategies for aiding youth in making educated decisions concerning health risks. Programs might include alcohol/substance abuse prevention activities, smoking prevention/cessation workshops, or alcohol/substance abuse treatment.

Performance Measures

How Much

- **0231A.1** # of youth participating (unduplicated)

How Well

- **0231B.1** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
- **0231B.2** % of youth completing the program

Better Off

- **0231C.1** #/% of youth free of alcohol or substance abuse for 6 months (for programs having a duration of longer than 1 session)
- **0231C.2** #/% of youth without repeated Juvenile Justice contact for 6 months after the program (for youth with current involvement with the Juvenile Justice system (PINS, Etc.)
- **0231C.3** #/% of youth with reduced numbers of school disciplinary incidents for substance use (for youth with school disciplinary incidents for substance abuse)

LIFE AREA - 2PEH: Physical and Emotional Health

Services, Opportunities, and Supports

0232. Year Round/Seasonal Activities: Programs that enable youth to be active and encourage physical fitness or activities which promote creative and pro-social group participation. They may be operated year round or during the summer months. Programs of this type might include yoga, Zumba, summer swim programs, or basketball, soccer, baseball camps, or organized group games as well as cultural, science, or pro-social enrichment activities for youth and their families (e.g., field trips).

Performance Measures

How Much

- **0232A.1** # of youth participating (unduplicated)

How Well

- **0232B.1** % Staff, volunteer or adult to youth ratio
- **0232B.2** % of programs with a code of conduct and/or have behavioral contracts signed for all youth
- **0232B.3** % of programs assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA).

Better Off

- **0232C.1** #/% reporting they have improved their ability to socialize/interact with peers/family/other members of the community
- **0232C.2** #/% of youth who attain/or improve on a skill and/or report an increase in knowledge/awareness
- **0232C.3** #/% of youth who engage in 30 minutes of physical activity per program and youth report they feel better physically.

LIFE AREA - 2PEH: Physical and Emotional Health

Services, Opportunities, and Supports

0233. Healthy Lifestyles: Programs that promote a healthy lifestyle leading to fitness, energy, and a reduced risk for disease. Programs may include those relating to nutrition and obesity prevention such as a community gardens, or programs regarding health education, sex education, and STD transmission prevention.

Performance Measures

How Much

- **0233A.1** # of youth participating (unduplicated)

How Well

- **0233B.1** Staff turnover rate
- **0233B.2** % of youth participating in program 3 times per week or more
- **0233B.3** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0233C.1** #/% of youth who increased physical fitness and activity
- **0233C.2** #/% of youth who increased knowledge of reproductive health
- **0233C.3** #/% of youth with increased knowledge of nutrition and exercise

Services, Opportunities, and Supports

0234. Mental Health Supports: Programs that provide individual counseling and group drop-in sessions and scheduled opportunities to support and reinforce emotional and mental health. Programs typically range from 1 on 1 counseling to treatment and support groups which assist the youth and the family, such as: resiliency building, crisis intervention, and self-esteem workshops, or case management

Performance Measures

How Much

- **0234A.1** # of youth participating (unduplicated)

How Well

- **0234B.1** % of staff trained in Trauma Informed Care
- **0234B.2** % of youth and families satisfied with the program

Better Off

- **0234C.1** #/% of youth who successfully attain one or more treatment goals
- **0234C.2** #/% of youth who report an improvement in emotional and mental health

LIFE AREA - 2PEH: Physical and Emotional Health

Services, Opportunities, and Supports

0235. Disability Supports: Programs which assist parents and children to meaningfully access services which promote independent or supported living in the community. Programs in this category may provide direct advocacy and/or information and support to allow children and parents to navigate available services including direct services and support groups.

Performance Measures

How Much

- **0235A.1** # of youth participating (unduplicated)

How Well

- **0235B.1** % of parents highly satisfied
- **0235B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
- **0235B.3** % of staff trained in Youth Development and Developmental Disabilities

Better Off

- **0235C.1** #/% of youth with improved physical health
- **0235C.2** #/% of youth with increased social skills
- **0235C.3** #/% of youth experiencing full inclusion in community programs

LIFE AREA - 3ED: EDUCATION

31 Goal: Children will leave school prepared to live, learn and work in a community as contributing members of society.

311 Objective: Students will meet or exceed high standards for academic performance and demonstrate knowledge and skills required for lifelong learning and self-sufficiency in a dynamic world.

312 Objective: Students will stay in school until successful completion.

Services, Opportunities, and Supports

0311. Academic Support Services: Programs or services which provide resources to support a youth's optimal academic performance. These may include but are not limited to assisting youth with subject areas, science, technology, engineering, and Mathematics (STEM), homework help, basic literacy, and other academic supports.

Performance Measures

How Much

- **0311A.1** # of youth participating (unduplicated)

How Well

- **0311B.1** # of resources/supports available for each subject area
- **0311B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0311C.1** #/% of youth with improved academic performance
- **0311C.2** #/% of youth with improved skills or knowledge in the subject area listed

LIFE AREA - 3ED: Education

Services, Opportunities, and Supports

0312. Dropout Prevention Services: A program or service designed to support the retention of all students, and the prevention of dropouts from the most at-risk youth. These may include but are not limited to learning disabilities, bilingual education, alternative education, and other programs or services geared toward retention.

Performance Measures

How Much

- **0312A.1** # of youth participating (unduplicated)

How Well

- **0312B.1** % of staff with positive youth development training and/or with a higher education
- **0312B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0312C.1** #/% of youth remaining in school
- **0312C.2** #/% of youth with formal graduation plans that reflect projected completion of academic requirements
- **0312C.3** #/% of youth with improved academic performance
- **0312.C.4** #/% of youth with improved school attendance

LIFE AREA - 3ED: Education

Services, Opportunities, and Supports

0313. TASC (formerly GED) Services: A program or service that provides preparation for the Test Assessing Secondary Completion (TASC) that measures proficiency in core content areas such as science, mathematics, history, reading, and writing.

Performance Measures

How Much

- **0313A.1** # of youth participating (unduplicated)

How Well

- **0313B.1** % of youth completing the program
- **0313B.2** % of youth satisfied with the program
- **0313B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0313C.1** #/% of youth who pass the TASC or return to school
- **0313C.2** #/% of youth passing the TASC predictor test

LIFE AREA 4CVC: CITIZENSHIP/CIVIC ENGAGEMENT

41 Goal: Children and youth will demonstrate good citizenship as law-abiding, contributing members of their families, schools and communities.

411 Objective: Children and youth will assume personal responsibility for their behavior.

412 Objective: Youth will demonstrate ethical behavior and civic values.

413 Objective: Children and youth will understand and respect people who are different from themselves.

414 Objective: Children and youth will participate in family and community activities.

415 Objective: Children and youth will have positive peer interactions.

416 Objective: Children and youth will make constructive use of leisure time.

417 Objective: Youth will delay becoming parents until adulthood.

418 Objective: Children and youth will refrain from violence and other illegal behaviors.

Services, Opportunities, and Supports

0420. Youth Leadership/Empowerment Opportunities: Programs that provide character education, leadership skills development and/or community/civic activities.

Performance Measures

How Much

- **0420A.1** # of youth participating (unduplicated)
- **0420A.2** # of community projects completed

How Well

- **0420B.1** % of participants returning to program the following year (if applicable)
- **0420B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0420C.1** #/% of youth who continue on to an additional community engagement project beyond the program
- **0420C.2** #/% of youth with increased leadership skills (as measured on a pre/post test of leadership skills) or skills empowering them in community engagement.

LIFE AREA 4CVC: Citizenship/ Civic Engagement

Services, Opportunities, and Supports

0421. Juvenile Delinquency Prevention Services: Such programs provide youth court, juvenile justice diversion services, juvenile aid bureau/officer, gang & violence prevention/intervention.

Performance Measures

How Much

- **0421A.1** # of youth participating (unduplicated)

How Well

- **0421B.1** % of youth completing mandated requirements
- **0421B.2** % of youth participating in non-mandated requirements
- **0421B.3** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0421C.1** #/% of youth who do not return to the Juvenile Justice System within 1 year
- **0421C.2** #/% of youth with reduced high risk behaviors
- **0421C.3** #/% of youth reporting increased knowledge of better choices (pertaining to laws).

Services, Opportunities, and Supports

0422. Teen Pregnancy Prevention Supports: Such programs provide information regarding supportive relationships, adolescent sexuality education, and pregnancy prevention.

Performance Measures

How Much

- **0422A.1** # of youth participating (unduplicated)

How Well

- **0422B.1** % of staff trained in positive youth development and reproductive health
- **0422B.2** % of youth completing the program

LIFE AREA 4CVC: Citizenship/ Civic Engagement

Better Off

- **0422C.1** #/% of program participants who avoid unplanned pregnancies
- **0422C.2** #/% of program participants with increased knowledge of reproductive health and/or implementing safe practices
- **0422C.3** #/% of program participants with reduced high risk behaviors

Services, Opportunities, and Supports

0423. Cultural Competency/Race Equity Supports: Such programs provide cultural enrichment/awareness including but not limited to workshops on classism, sexism, racism and sexual orientation.

Performance Measures

How Much

- **0423A.1** # of youth participating (unduplicated)

How Well

- **0423B.1** % of youth completing programs
- **0423B.2** % of staff trained in and who have credentials in providing cultural competency and race equity training topics

Better Off

- **0423C.1** #/% of program participants with increased knowledge of cultural enrichment and awareness

Services, Opportunities, and Supports

0424. Safe Place Out of School Time Services: Such programs or services that promote constructive use of leisure time, access to a variety of enrichment activities and foster success in school and life. These programs can broaden a child's or youth's competencies in various life areas such as dance, cooking, literacy, technology or any program that may address deficits and/or build various skill sets.

Performance Measures

How Much

- **0424A.1** # of youth participating (unduplicated)

How Well

- **0424B.1** % of staff with positive youth development training

- **0424B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
- **0424B.3** % of youth attending the OST program at least 50% of scheduled days

Better Off

- **0424C.1** #/% of youth with improved positive youth development outcomes (i.e. academic, health, social/emotional skills and/or community engagement)

LIFE AREA 5FAM: FAMILY

51 Goal: Families will provide children with safe, stable and nurturing environments

511 Objective: Parent/caregivers will provide children with a stable family relationship.

512 Objective: Parent/caregivers will possess and practice adequate child rearing skills.

513 Objective: Parent/caregivers will be positively involved in their children's learning.

514 Objective: Parent/caregivers will receive/gain the knowledge and ability to access support services for their children.

515 Objective: Parent/caregivers will provide their children with households free from physical and emotional abuse.

516 Objective: Parent/caregivers will provide their children with households free from alcohol and other substance abuse.

Services, Opportunities, and Supports

0520. Parenting Skills: Programs which help parents develop skills and knowledge necessary for their children's well-being. Programs may include parenting skills classes, stress management, and child and adolescent development.

Performance Measures

How Much

- **0520A.1** # of parents served

How Well

- **0520B.1** % of staff with relevant training/credentials
- **0520B.2** % of families completing the program

Better Off

- **0520C.1** #/% of parents who report improved parenting skills
- **0520C.2** #/% of families who safely transition from supervised to unsupervised visits

LIFE AREA 5FAM: Family

Services, Opportunities, and Supports

0521. Family Supports: Programs which focus on an approach to strengthening families and communities so they can foster the optimal development of children, youth, and adult family members. Programs might address family communication, resiliency, and family or domestic violence.

Performance Measures

How Much

- **0521A.1** # of families being supported (unduplicated)

How Well

- **0521B.1** % of participants reporting satisfaction with the support provided
- **0521B.2** % of families participating on a regular basis

Better Off

- **0521C.1** #/% of families developing informal supports/community networks
- **0521C.2** #/% of families practicing positive child-rearing skills
- **0521C.3** #/% of families providing children households free from physical and emotional abuse

Services, Opportunities, and Supports

0522. Abuse and Neglect Prevention Supports: Abuse and Neglect Prevention programs educate families on the different types of abuse and provide support services to prevent the abuse and/or neglect. Programs of this type would include intervention and/or treatment services or those programs that support a family in preventing abuse and/or neglect of a child.

Performance Measures

How Much

- **0522A.1** # of families served (unduplicated)

How Well

- **0522B.1** % of staff with relevant training
- **0522B.2** % of families highly satisfied with support services provided
- **0522B.3** % of families with monthly face-to-face visits in home

Better Off

- **0522C.1** #/% of households free from abuse and neglect
- **0522C.2** #/% of children without repeat maltreatment (recidivism; where applicable)

LIFE AREA 5FAM: Family

Services, Opportunities, and Supports

0523. Permanency Services: Programs which seek to expedite the permanency of a child through reunification with family, adoption, or an alternate planned living arrangement.

Performance Measures

How Much

- **0523A.1** # of youth served (unduplicated)

How Well

- **0523B.1** % of staff with relevant training
- **0523B.2** % of youth with 2 or less placements within one year
- **0523B.3** % of youth reporting satisfaction with the placement

Better Off

- **0523C.1** #/% of children achieving permanent placements (re-unification, adoption, legal guardianship, independence)
- **0523C.2** #/% of youth successfully completing goals within their permanency plan
- **0523C.3** #/% of youth without repeat maltreatment

Services, Opportunities, and Supports

0524. Anger Management/Conflict Resolution Supports: Programs which teach youth to identify anger and potential conflicts and give them the skills needed to develop appropriate coping mechanisms. This type of program often includes problem solving strategies and anger management skills, as well as resolution techniques.

Performance Measures

How Much

- **0524A.1** # of youth served (unduplicated)

How Well

- **0524B.1** % of staff/volunteers trained and who have credentials in anger management group facilitation/conflict resolution
- **0524B.2** % of youth participating on a regular basis
- **0524B.3** % of youth completing the program

Better Off

- **0524C.1** #/% of youth demonstrating an increased knowledge of the relevant topic (anger management or conflict resolution)
- **0524C.2** #/% practicing the skills and techniques taught
- **0524C.3** #/% of youth with decreased behavioral incidents

LIFE AREA 6COM: COMMUNITY

61 Goal: New York State communities will provide children, youth and families with healthy, safe and thriving environments.

611 Objective: Adequate housing will be available.

612 Objective: Adequate transportation will be available.

62 Goal: New York State communities will provide children, youth and their families with opportunities to help them meet their needs for physical, social, moral and emotional growth.

621 Objective: Communities will make available and accessible formal and informal services (e.g., child care, parent training, recreation, youth services, libraries, museums, parks).

622 Objective: Adults in the community will provide youth with good role models and opportunities for positive adult interactions.

623 Objective: Communities will provide opportunities for youth to make positive contributions to community life and to practice skill development.

Services, Opportunities, and Supports

0627 Youth Bureau Administration: Includes providing funding for services/support, developing or coordinating program/models, planning and program development, RAP submission and fiscal monitoring, program monitoring and evaluations

Performance Measures

How Much

- **0627A.1** # of funded programs
- **0627A.2** # of on-site funded program monitoring visits

How Well

- **0627B.1** RAP submitted within 90 days of final allocations released
- **0627B.2** % of total allocation remaining at the end of the year
- **0627B.3** % of funded programs assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA)

Better Off

- **0627C.1** #/% of funded programs that have shown improvement in at least one "how well" and/or "better off" measure over the past year. (Not able to report the first year)

- **LIFE AREA 6COM: Community**

Services, Opportunities, and Supports

0628 Mentoring Supports: Programs which link youth to positive role models that are sustained over a period of time (generally more than 6 months). Mentoring can occur through traditional mentoring (one adult to one young person); group mentoring (one adult to as many as four young people), and team mentoring (several adults working with small groups of young people, in which the adult to youth ratio is not greater than 1:4).

Performance Measures

How Much

- **0628A.1** # of youth participating in the mentoring program (unduplicated)
- **0628A.2** # of mentors

How Well

- **0628B.1** % of mentors trained in positive youth development
- **0628B.2** % of mentor/mentee matches lasting longer than 6 months
- **0628B.3** % of youth expressing satisfaction with the program
- **0628B.4** average length of time youth wait to be matched with a mentor (in months)

Better Off

- **0628C.1** #/% of youth showing improved confidence and caring

Services, Opportunities, and Supports

0629 Runaway and Homeless Youth Shelter (NYS Certified Programs only): A residential facility operated for a maximum of 20 youth, all of whom are either under the age of 18 years or between the ages of 16-21 years.

Performance Measures

How Much

- **0629A.1** # of youth served (unduplicated)

How Well

- **0629B.1** % of staff who met training requirements set by RHY regulations
- **0629B.2** % of youth expressing satisfaction with the program

Better Off

- **0629C.1** #/% of youth discharged to stable housing
- **0629C.2** #/% of youth reunited with family
- **0629C.3** #/% of youth obtaining other suitable/safe housing

LIFE AREA 6COM: Community

Services, Opportunities, and Supports

0630 Runaway and Homeless Interim Family (NYS Certified Programs only): Private dwelling providing temporary shelter to a maximum of 2 runaway and homeless youth under the age of 21.

Performance Measures

How Much

- **0630A.1** # of youth who entered the program
- **0630A.2** # of certified interim family homes
- **0630A.3** #of host home trainings offered in reporting period
- **0630A.4** # of youth assisted by placement, case management, life skills training provided by the program

How Well

- **0630B.1** % of interim families completing mandated trainings
- **0630B.2** % of youth expressing satisfaction with the program

Better Off

- **0630C.1** #/% of youth discharged to stable housing
- **0630C.2** #/% of youth reunited with family
- **0630C.3** #/% of youth obtaining other suitable/safe housing

Services, Opportunities, and Supports

0631 Transitional Independent Living Support Services (NYS Certified Programs only): Either a Group Residence (facility for up to 20 youth that encourages the development and practice of Independent Living Skills) or a Supported Residence (facility for up to 5 youth of same gender which provides an environment that approximates actual independent living).

Performance Measures

How Much

- **0631A.1** # of youth enrolled in TILP (unduplicated)
- **0631A.2** # of youth receiving training/instructions to improve their self-sufficiency

How Well

- **0631B.1** % of staff trained in positive youth development
- **0631B.2** % of youth completing an approved life skills assessment

LIFE AREA 6COM: Community

Better Off

- **0631C.1** #/% of youth with improved life skills
- **0631C.2** #/% of youth successfully completing program and discharged to live independently
- **0631C.3** #/% of youth connected with employment and/or further education

Services, Opportunities, and Supports

0632 Runaway and Homeless Youth Coordination: Overall RHYA coordination including answering inquiries at any time concerning transportation, shelter and other services to runaway and homeless youth

Performance Measures

How Much

- **0632A.1** # of inquiries received by coordinators
- **0632A.2** # of applications for operating certificates

How Well

- **0632B.1** % programs monitored

Better Off

- **0632C.1** #/% of youth who were able to access services after making inquiries
- **0632C.2** Is a 24 hour hotline in place

Services, Opportunities, and Supports

0633 Runaway and Homeless Youth Prevention and Support Services: These services include case management, information dissemination, referral services, counseling, street outreach (such as flyer distribution, events etc.), hotlines, and mediation.

Performance Measures

How Much

- **0633A.1** # of youth receiving services (unduplicated)
- **0633A.2** # of street outreach activities
- **0633A.3** # of hotline calls received

How Well

- **0633B.1** % of staff trained in RHY regulations
- **0633B.2** % of staff trained in positive youth development
- **0633B.3** % of youth expressing satisfaction with services

LIFE AREA 6COM: Community

Better Off

- **0633C.1** #/% of youth who access RHY services after contacting the hotline
- **0633C.2** #/% of youth successfully completing case plan without being housed in RHY facility
- **0633C.3** #/% of youth that were connected with school, vocational school, college or the military

Services, Opportunities, and Supports

0634 Community Service/Youth Activism Opportunities: Programs which link youth to volunteer projects and with opportunities to be civically engaged.

Performance Measures

How Much

- **0634A.1** # of youth participating (unduplicated)

How Well

- **0634B.1** # of community projects/opportunities available to youth
- **0634.B.2** % of staff trained in positive youth development

Better Off

- **0634C.1** #/% of volunteer hours completed in the community
- **0634C.2** #/% of projects that met community project expectations

APPENDIX B

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM BUDGET
APPENDIX B

QYDS ID:

--	--	--	--	--	--

FISCAL YEAR:

--	--	--	--	--

AGENCY/MUNICIPALITY: _____

PROGRAM TITLE: _____

FUND TYPE: _____

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 REQUESTED

\$	\$
----	----

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

1. QYDS ID – NUMBER ASSIGNED BY SYSTEM
2. FISCAL YEAR-INDICATE YEAR FOR WHICH FUNDS ARE BEING REQUESTED
3. AGENCY/MUNICIPALITY-COUNTY, CITY, VILLAGE, AN INDIAN RESERVATION OR SCHOOL DISTRICT (IF APPROVED) THAT IS APPLYING FOR STATE AID
4. PROGRAM TITLE-NAME OF PROGRAM RECEIVING FUNDING
5. 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*
1	2	3	4

TOTAL FUNDS REQUESTED FOR THIS PROGRAM

6. LIST THE TITLE OF THE POSITION AS IT WILL BE CLAIMED
7. ENTER THE RATE OF PAYMENT AS IT IS ON THE PAYROLL, E.G. \$100, \$500, \$5. (enter the highest rate for each title)
8. INDICATE THE SALARY BASIS AS IT IS ACTUALLY PAID, e.g. Hourly (H), Weekly (W), Biweekly (BW), Semimonthly(SM)
9. ENTER THE GROSS AMOUNT OF THIS PAYROLL LINE. Use an asterisk if OCFS reimbursement is not being requested.
10. ENTER THE TOTAL OF THIS COLUMN.
11. 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

12. ENTER THE TOTAL OF FRINGE BENEFITS BUDGETED FOR THIS PROGRAM. YDDP – CONTRACT AGENCIES ONLY
13. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED.
14. 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

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

TOTAL CONTRACTED SERVICES (2)

13	14
----	----

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

TOTAL MAINTENANCE & OPERATION (3)

15	16
----	----

21. ENTER THE AMOUNT BUDGETED IN TOTAL FOR THIS PROGRAM.
22. 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	

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

TOTAL FACILITY REPAIRS (4)

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

TOTAL OCFS PROGRAM AMOUNT
TOTAL OCFS FUNDS REQUESTED

	21
--	----

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

27. THIS AMOUNT SHOULD AGREE TO THE AMOUNT BEING REQUESTED FOR THIS PROGRAM.
28. THIS IS THE TOTAL OF BOX 21 LESS ASTERISKED ITEMS
29. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY MUNICIPALITY
30. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY OTHER SOURCES

NON-REIMBURSABLE COSTS CHART

NON-REIMBURSABLE COSTS ARE IDENTIFIED WITH AN "X"

TYPE OF COST	YDDP	SDPP	SAFE PLACES	RHYA
PERSONAL SERVICE:				
• UNQUALIFIED STAFF	X	X	X	X
• PREPAYMENTS	X	X	X	X
• BOARD MEMBERS	X	X	X	X
• FAMILY OF BOARD W/O OCFS APPROVAL	X	X	X	X
• VACATION LUMP SUM PYMTS IN EXCESS OF 2 WEEKS	X	X	X	X
• RETROACTIVE RAISES EXCEPT UNION AGREEMENTS	X	X	X	X
• BONUSSES	X	X	X	X
• OVERTIME (OVER 40-HOUR WEEK)		X		
• LAW ENFORCEMENT STAFF except Juvenile Aid and DARE Officers	X		X	X
FRINGE BENEFITS:				
• EXCESS OF 25% OF SALARIES	X	X	X	X
• FEDERAL UNEMPLOYMENT	X	X	X	X
• DIRECT MEDICAL PAYMENTS	X	X	X	X
• NYS UNEMPLOYMENT - SELF INSURED NFP'S	X	X	X	X
• PERSONAL RETIREMENT PLANS	X	X	X	X
• MUNICIPAL EMP'EES EXCEPT RHYA COORDINATOR	X		X	X
CONSULTANTS/CONTRACTED SERVICES:				
• FUND RAISING CONSULTANT	X	X	X	X
• ANNUAL CPA AUDIT IF OCFS CONTRACTS FOR AUDIT		X		
• YOUTH STIPEND	X		X	X
• YOUTH ALLOWANCES	X		X	
MAINTENANCE & OPERATION:				
• CASH PAYMENTS (Except Petty Cash)	X	X	X	X
• YOUTH CLOTHING EXCEPT INEXPENSIVE T-SHIRTS/CAPS	X		X	
• EXPENSIVE PRIZES/TROPHIES	X		X	
• RENTAL PAYMENTS FOR AGENCY-OWNED BLDG	X	X	X	X
• LONG TERM VEHICLE LEASE	X	X		
• VEHICLE PURCHASE	X		X	X
• TRAVEL- HOTEL ROOMS FOR YOUTH (Unless Related To Conference Attendance)	X			X
• PROFESSIONAL MALPRACTICE INSURANCE	X	X	X	
• BOARD LIABILITY INSURANCE	X		X	X
• BONDING INSURANCE	X		X	
• AUTO INSURANCE	X		X	
• FIRE, THEFT & PROPERTY INSURANCE	X		X	
• UTILITIES IF INCLUDED IN RENT	X	X	X	X
• CONTRIBUTIONS/DONATIONS	X	X	X	X
• FINES/ PENALTIES	X	X	X	X
• SALES TAX	X	X	X	X
• SECURITY DEPOSITS	X	X	X	
• STAFF PHYSICALS	X	X	X	
• INDIRECT COSTS	X	X	X	X
• LOANS/INTEREST ON LOANS	X	X	X	X
• PREPAID EXPENDITURES (EXCEPT WHEN REQUIRED)	X	X	X	X
• MUNICIPAL TAXES	X	X	X	X
• PERSONAL MEMBERSHIP FEES	X	X	X	X
• LANDSCAPING	X	X	X	X
• OUT OF STATE AND AIR TRAVEL WITHOUT AUTHORIZATION	X			
• NON-PROGRAM RELATED COSTS	X	X	X	X
• FUND RAISING	X	X	X	X
• HONORARIUM		X		
• PRE/POST CONTRACT COSTS		X		
• LEAGUE FRANCHISE FEES	X		X	X
• PER GAME REIMBURSEMENT FOR BOWLING, SKIING ETC.	X		X	
• UNIFORMS AND STAFF CLOTHING	X		X	X
• YOUTH PHYSICALS AND PARAMEDICS UNLESS REQUIRED FOR PARTICIPATION	X		X	
• ACTIVITIES FOR WHICH FEES ARE CHARGED	X	X	X	X
FACILITY REPAIR/ PURCHASE				
• REPAIRS GREATER THAN \$1,000	X		X	
• CAPITAL CONSTRUCTION	X	X	X	X
• CAPITAL PURCHASE	X	X	X	X
• BUILDING REHABILITATION	X	X	X	

Cell Phones - A copy of the cell phone bill must be submitted with the claim. Reimbursement will not be made on personal cell phone costs; please make sure business calls are clearly identified. OCFS reserves the right to request justification for cell phones costs. Cell phones must be necessary for the operation of the program.

Credit Card Payment - A copy of the credit card bill must be submitted with the claim with the account number obliterated. In addition, receipts for the items for which reimbursement is being requested must also be submitted.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM ANNUAL ASSESSMENT

QYDS ID: _____

Sponsoring Municipality: _____

Implementing Agency: _____

Program Title: _____

Mailing Address: _____

Contact Person for Agency/Municipality: _____

Title: _____ Phone Number: _____

PROGRAM PROFILE – Unduplicated Number of Youth	
TOTAL PROGRAM ENROLLMENT	
Projected:	
Actual:	

STATISTICAL REPORT Use only Whole Numbers. Do NOT use Percentages.

No direct services provided to youth:

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 NATIVE			ASIAN		
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			TWO OR MORE RACES		

AGES	0-4		5-9		10-14		15-17		18-20		21 +	
-------------	-----	--	-----	--	-------	--	-------	--	-------	--	------	--

DID TARGET POPULATION SERVE DISCONNECTED YOUTH? <i>(Enter number of participants per population described)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
--	-----------------------------	------------------------------

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	

Prepared By: _____ Title: _____ Date: _____
SIGNATURE OF PROGRAM DIRECTOR OR DESIGNEE

Certified By: _____ Title: _____ Date: _____
SIGNATURE OF CHIEF EXECUTIVE OFFICER OR DESIGNEE, OR AGENCY EXECUTIVE DIRECTOR IF DIRECT CONTACT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
COUNTY RESOURCE ALLOCATION PLAN
PROGRAM ANNUAL ASSESSMENT
INSTRUCTIONS

- * Every Program that receives funds from the Office of Children and Family Services must submit a Program Annual Assessment for Youth Bureau annual assessments. Youth bureaus must review and make necessary changes only to the address, contact person, and telephone number. Youth bureaus are not required to provide any additional information on this form.
- * Reports must be submitted to the Office of Youth Development no later than six weeks after the end of the program year.
- * Programs funded through Youth Bureaus must submit their assessment to the Youth Bureau. Municipal Youth Bureaus submit assessments to the County Youth Bureau, which will forward them to the Office of Youth Development.
- * Programs which have a direct contact with OCFS must submit their assessment directly to the Office of Youth Development.
- * In the case of joint programs and programs receiving funds from more than one category (ex. YDDP and SDPP funds), only one assessment report is submitted. However, all QYDS IDs **must** be referenced on the report submitted.
- * Statistical Report –All information should be based on an unduplicated count of youth served during the period covered by this assessment. **Use whole numbers; do not use percentages.**
- * Prepared By/Certified By – Signatures and titles of individuals preparing and certifying the Program Annual Assessment must be provided. **The assessment cannot be prepared and certified by the same individual.** Municipal programs and programs contracting with Youth bureaus must be certified by the municipal or county chief executive officer or their designee. Programs which have a direct contract with OCFS must be certified by the agency's executive director.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM EXPENDITURE SUMMARY

PROGRAM CODE

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CONTRACT NUMBER:

--

AGENCY/MUNICIPALITY _____

PROGRAM NAME: _____

FUND TYPE _____

NOTE: PLEASE REFER TO THE FISCAL POLICIES & PROCEDURES MANUAL FOR FORM INSTRUCTIONS

For the period From: _____ To _____

BUDGET CATEGORY	BUDGETED AMOUNT	EXPENDED THIS PERIOD	CUMULATIVE EXPENSES TO DATE	BALANCE REMAINING
SALARIES & WAGES	\$	\$	\$	\$
FRINGE BENEFITS	\$	\$	\$	\$
TOTAL PERSONAL SERVICES (1)	\$	\$	\$	\$
TOTAL CONTRACT SERVICES (2)	\$	\$	\$	\$
TOTAL MAINTENANCE & OPERATION (3)	\$	\$	\$	\$
TOTAL FACILITY REPAIRS (4)	\$	\$	\$	\$
GRAND TOTALS	\$	\$	\$	\$

STATE AID REQUESTED (FOR MATCHING FUND PROGRAMS ONLY)

\$

PREPARED BY _____

PRINT NAME TELEPHONE NUMBER

PRINT TITLE DATE

CERTIFICATION

I certify that the above information is just, true, and correct; that the expenses for the period have been incurred and paid for and have not been previously claimed; and that such expenditures are proper and necessary for the program.

Signature: _____

Program Director/Fiscal Officer Title Date

SUBMIT ORIGINAL AND TWO COPIES

**PROGRAM EXPENDITURE REPORT – SALARIES
INSTRUCTIONS/EXAMPLES**

OCFS will accept a computer generated form if it replicates this form. OCFS will also accept computer generated payroll reports that include all of the information noted below.

CHECK NUMBER	CHECK DATE NOTE 1	PAYEE NAME	POSITION TITLE	PAYROLL PERIOD		HOURS WORKED (IF PAID HOURLY) NOTE 3	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS NOTE 4
				FROM	TO			
2000	01/10/01	John Brown	Director	12/28/00	01/10/01		\$2,000.00	\$150.00
2001	01/10/01	Tim Grant	Recreation Leader	12/28/00	01/10/01	15	\$75.00	\$75.00
IK	01/10/01	Muhammed Raja (IK)	Volunteer Recreation Leader	12/28/00	01/10/01	5	\$25.00	\$25.00
2010	01/24/01	John Brown	Director	01/11/01	01/24/01		\$2,000.00	\$150.00
2011	01/24/01	Tim Grant	Recreation Leader	01/11/01	01/24/01	15	\$75.00	\$75.00
OR						TOTALS	\$4175.00	\$4175.00
2000-2009	01/10/01	PAYROLL #1	SEE ATTACHED	12/28/00	01/10/01		\$2,075.00	\$225.00
2010-2020	01/24/01	PAYROLL #2	PAYROLL LISTING	01/11/01	01/24/01		\$2,075.00	\$225.00
						TOTALS	\$4,150.00	\$450.00

NOTES:

- (1) Checks must be dated at the end of the payroll period -- prepayments are not reimbursable.
- (2) For RHYA and Safe Places programs claiming donated services as in -- kind match, indicate (IK) next to the worker's name
- (3) On attached payroll registers, list any required information not already provided on register.
- (4) The Amount Chargeable to OCFS could be less than 100% of the cost, if the employee(s) divide time between OCFS and non-OCFS funded programs.
Also, note that when the approved budget or state aid balance is sufficient to cover the amount in the column, reimbursement will be computed on the following basis; SDPP, Safe Places, Integrated County Planning and Careers in Law Enforcement: 100%; RHYA: 60% and YDDP: 50%.
- (5) When using a payroll checking account or general checking account to write individual checks, please note the number of the separate bank account check reimbursing the payroll or general account.

INSTRUCTIONS:

- Vacation time should be noted.
- Employee separation dates should be given (termination, resignation, retirement).
- Adjustments must be fully explained.

PROGRAM EXPENDITURE REPORT – CONTRACTED SERVICES AND STIPENDS INSTRUCTIONS/EXAMPLES

CHECK NUMBER	CHECK DATE NOTE 1	PAYEE NAME	POSITION TITLE	PAYROLL PERIOD		HOURS WORKED (IF PAID HOURLY)	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS	
				FROM	TO				
CONSULTANT									
3000	01/10/01	John Davis	Arts Consultant	01/01/01	01/04/01	3 sessions	\$150.00	\$150.00	
NOTE 2	01/31/01	Paul White (IK)	Bookkeeper	01/01/01	01/31/01	month	\$500.00	\$500.00	
CONTRACTED SERVICES									
3500	01/31/01	Johns Janitorial Service	Cleaning Services	01/01/01	01/31/01	4 weeks	\$200.00	\$200.00	
STIPENDS									
3005	01/11/01	Len Smith	Camp Counselor in Training	01/08/01	01/11/01	5 Days	\$50.00	\$50.00	
FOR CONTRACT AGENCIES ONLY:									
REIMBURSEMENT CHECK NUMBER								TOTALS	\$900.00

NOTES: (1) Checks must be dated at the end of the service period – prepayments are not reimbursable.
 (2) For RHYA and Safe Places programs claiming donated services as in – kind match, indicate (IK) next to the worker's name

PROGRAM EXPENDITURE REPORT – M & O AND FACILITY REPAIRS INSTRUCTIONS/EXAMPLES

CHECK NUMBER	CHECK DATE (NOTE 1)	PAYEE NAME	DESCRIPTION	INVOICE DATE PERIOD COVERED FOR SERVICES OR TRAVEL (NOTE 7)	GROSS AMOUNT OF CHECK	AMOUNT CHARGEABLE TO OCFS
1003	04/06/01	GRUMBACHER AND CO.	ART SUPPLIES	04/06/01	376.80	376.80
1004	04/06/01	E.Z.CLEANING CO.	JANITORIAL SERVICES	3/1/01-3/31/01	200.00	200.00
1005	04/06/01	LOW RENTAL CO. (NOTE 2)	MOVIE PROJECTOR RENTAL	04/05/01	50.00	50.00
1006	04/06/01	BRUNSWICK CORP. (NOTE 2)	POOL TABLE	04/02/01	700.00	700.00
IK		DONATED TO RHYA PROGRAM	PHOTOCOPY MACHINE	3/1/01-3/31/01	82.00	82.00
1007	04/16/01	HARTFORD INSURANCE CO (NOTE 6)	LIABILITY INSURANCE (NOTE 4)	5/1/01-4/30/02	\$600.00	400.00
1008	04/16/01	NIAGARA MOHAWK POWER CO	HEAT AND ELECTRICITY (NOTE 5)	3/1/01-3/31/01	178.29	125.95
1009	04/18/01	US POSTMASTER	POSTAGE	04/18/01	8.00	8.00
1010	04/25/01	MALL ASSOCIATES	RENT FOR 99 COURT ST	5/1/01-5/30/01	500.00	500.00
1011	05/01/01	JOHN BROWN	TRANSPORT YOUTH 100m@.28¢	4/1/01-4/31/01	28.00	28.00
1012	05/02/01	NYC TRANSIT AUTHORITY	TOKENS	05/02/01	125.00	125.00
FACILITY REPAIRS						
1013	05/07/01	AMERICAN GLASS CO.	REPAIR WINDOWS	05/04/01	228.00	228.00
				TOTAL M&O	2848.09	2595.75
				TOTALS	3,076.09	2,823.75

INSTRUCTIONS

- Notes:
- 1 Dates paid must be after completion of services or receipt of product
 - 2 Equipment purchased or rented must be listed on the approved budget
 - 3 For RHYA only All In-Kind donations must be charged at the fair market value
 - 4 Amount must be pro-rated for period within contract or program period.
 - 5 Amount must be pro-rated based on amount of space used by program
 - 6 The company that carries the risk not the agent (eg; Hartford, Nationwide, Prudential)
 - 7 Service Periods must be shown for Utilities, Rent, Insurance and Travel

Trophies & Awards – Include # of units, price per unit, and type of trophy (team or individual).

Inexpensive T - shirts or hats - Include # of units and price per unit

Gas & Fuel Oil - Number of gallons and price per gallon

Mileage - Number of Miles and Price per mile

Admission - Number of tickets and price per ticket

Cell phones – Attach copy of bill