

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, Youth Team Sports Allocation, Youth Sports Education and Opportunity Funding, Youth Sports Education Funding Infrastructure Allocation, 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).

YSEF PROGRAMS ONLY: The YSEF allocation is to serve children and youth ages 6-17.

RHYA PROGRAMS ONLY

RHYA I: Provides 60/40 state-local matching funds for coordination of RHY services, as well as short-term (30-60 days) **OR** (60/120 days) **OR** residential and non-residential services to runaway and homeless youth under age 21, i. e. Interim Family Programs (Host Home).

RHYA II: Provides 60/40 state-local matching funds for residential and non-residential services to youths ages sixteen-twenty-one, for up to twenty-four months, i. e. Transitional Independent Living Support Programs.

Agency Information: Enter the type of agency; Federal ID #; Charities Registration #; and agency website (if Applicable). Enter the name, address, city, state, and zip code of the incorporated agency responsible for operation of the program.

Contact Person for Agency: Enter name, title, phone number, extension (if applicable) fax number and email of the person who can sign on behalf of the applying agency.

Executive Director for Agency: Enter information for the person to contact for this program. The email should be a business or official email address.

Disclaimer: Check the box only if there have been changes to the **OCFS-5001**, *Individual Program Application-Program Information*; **OCFS-5002**, *Agency Program Profile*; and/or **OCFS-5003**, *Individual Program Application - Program Summary-Program Components*. If there are no changes a hard copy of the **OCFS-5001** **must** still be sent to the County Youth Bureau with an original signature.