

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**INDIVIDUAL PROGRAM APPLICATION**  
*Program Information*

PROGRAM TITLE:		QYDS ID# (For County Use Only):		PROGRAM YEAR:	
<b>FUNDING INFORMATION</b>					
<b>Funding Category:</b> <input type="checkbox"/> Youth Development Funding <input type="checkbox"/> Youth Team Sports Allocation <input type="checkbox"/> Youth Sports Education and Opportunity Funding <input type="checkbox"/> Youth Sports Education Funding Infrastructure Allocation <input type="checkbox"/> RHYA-Part I <input type="checkbox"/> RHYA-Part II <input type="checkbox"/> Other _____			COUNTY:		
<b>FUND AMOUNTS</b>					
TOTAL PROGRAM AMOUNT:					
OCFS FUNDS ALLOCATED:		OCFS FUNDS REQUESTED:			
<b>PERIOD OF ACTUAL PROGRAM OPERATION:</b>					
FROM:			TO:		
<b>AGENCY INFORMATION:</b>					
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:
<b>CONTACT PERSON FOR AGENCY:</b>					
LAST NAME:			FIRST NAME:		
TITLE:			PHONE NUMBER:		EXTENSION:
FAX NUMBER:			EMAIL:		
<b>EXECUTIVE DIRECTOR FOR AGENCY:</b>					
LAST NAME:			FIRST NAME:		
TITLE:			PHONE NUMBER:		EXTENSION:
FAX NUMBER:			EMAIL:		

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EXECUTIVE DIRECTORY/BOARD CHAIRPERSON SIGNATURE

**Disclaimer:** Please note that submission of these forms to the County Youth Bureau does NOT guarantee funding will be allocated to your program.

☐ Changes have been submitted on the electronic **OCFS-5001**, *Individual Program Application-Program Information*; **OCFS-5002**, *Agency Program Profile*; and/or **OCFS-5003**, *Individual Program Application - Program Summary-Program Components*.

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**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.