|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OCFS-5001** (Rev. 11/2013) Page 1 of 2  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:  Youth Development Funding  RHYA-Part I  RHYA-Part II | | | County: | | | | | | | |
| **Fund Amounts** | | | | | | | | | | |
| Total Program Amount: | | | OCFS Funds Requested: | | | | | | | |
| Amount Allocated: | | | 60% State Aid [RHYA Programs ONLY] | | | | % Tax Match | | | |
| % Agency Cash: | | | | % In Kind | | | |
| **Agency Information:** | | | | | | | | | | |
| This Agency is:  Private, Not for Profit  Public  Religious Corporations | | | Federal ID #: | | | | Charities Reg.#: | | | |
| Agency Website: | | | Implementing Agency: | | | | | | | |
| Mailing Address: | | | | | | | | | | |
| Address Line 2: | | | | | | | | | | |
| City: | | | | | State: | | Zip Code: | | | |
| **Executive Director for Agency** | | | | | | | | | | |
| Last Name: | | | First Name: | | | | | | | |
| Title: | | | Phone Number: | | | | | Extension: | | |
| Fax Number: | | | E-Mail: | | | | | | | |
| **Contact Person for Agency:**  **Contact Person for Agency/Municipality:** | | | | | | | | | | |
| Last Name: | | | First Name: | | | | | | | |
| Title: | | | Phone Number: | | | | | Extension: | | |
| Fax Number: | | | E-Mail: | | | | | | | |
| **Period of Actual Program Operation:** | | | **Hours of Operation:** | | | | | | | |
| FROM: | | TO: | FROM: | | | TO: | | | | |
| Daily  Other (Explain) | | | | | | | | | | |
|  |  | | | | | | | |  | |
|  | Executive Directory/Board Chairperson Signature | | | | | | | |  | |
|  | Disclaimer: Please note that submission of these forms to the County Youth Bureau does NOT guarantee funding will be allocated to your program.  Changes have been submitted on the electronic OCFS-5001, 5002, 5003. | | | | | | | |  | |

**OCFS-5001** (Rev. 11/2013) Page 2 of 2

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, and RHYA Part II.

County: Enter County where program applying for funding is located.

**Funding Amounts**

**Total Program Budget:** Enter the total Program Budget.

**OCFS Funds Requested:** Enter the state aid being requested from the County.

**Amount Allocated:**  To be completed by the County. This figure should be what the Youth Bureau is actually allocating to the program applying for funds.

**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.

**Executive Director 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.

**Contact Person for Agency:** Enter information for the person to contact for this program. The e-mail should be a business or official e-mail address.

**Period of Actual Operation:** Enter the month and year that the program begins (FROM) and the month and year that the program ends (TO).

**Hours of Operation:** Enter the hours that the program begins (FROM) and ends (TO). Then check if the program is offered Daily or other and indicate (i.e. weekly, twice a week, monthly).

**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.