

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

OCFS CENTRAL OFFICE USE ONLY
PROGRAM CODE: _____

FUNDING _____
Sponsoring Municipality: _____ County: _____

Implementing Agency: _____ Total Program \$ _____ (100%)
OCFS Funds \$ _____ (_____ % of Total)

Program Title: _____
Agency Street Address: _____
City: _____ State: _____ Zip Code: _____

Federal ID#: _____ Charities Reg#: _____
Period of Actual Program Operation
FROM _____ TO _____

Executive Director Board Chairperson
SIGNATURE _____ TELEPHONE NUMBER () _____

CONTACT PERSON _____ TITLE _____ TELEPHONE NUMBER () _____

FISCAL OFFICER _____ TITLE _____ TELEPHONE NUMBER () _____

The Agency Is: Private, Not for Profit Public Religious Corporation

PROGRAM SITES Most Significant (3 Maximum)

Type	Address (Street, City, State, Zip)	Assembly Dist. No.	NYS Senate Dist. No.	NYC ONLY	
				Local Plan'g Bd	City Council District

PROGRAM SUMMARY: (MAXIMUM OF 350 CHARACTERS – approximately 45 Words)

PROGRAM PROFILE

	Problem/Need	Target Population	Service Methods	Number of Youth To be Served	Unduplicated Count of Youth and Clients Served (All Activities)
Primary					
Secondary					

Direct Services **will NOT** be provided by this program

Sex of program participants Male: _____ % Female: _____ %
Ethnicity Caucasian: _____ % African American: _____ % Hispanic: _____ % Native American: _____ % Asian: _____ % Other: _____ %
Age 0-4: _____ % 5-9: _____ % 10-15: _____ % 16-20: _____ %

County Administered Funds Instructions

Note: RHYA Programs must use the Instructions for RHYA Programs, Form OCFS-3118

NEW PROGRAMS: Complete the form beginning with the Implementing Agency. Note the following:

IMPLEMENTING AGENCY: Name of INCORPORATED agency responsible for the program. Limit 32 characters.

TOTAL PROGRAM BUDGET: Item 23 from the Total Program Budget, Form OCFS-3107

ADDRESS: Address to which correspondence should be sent.

PROGRAM PROFILE: See the Program Description Coding Instructions, Form OCFS-3106 for completing this section.

RENEWAL PROGRAMS: Fill in Total Program Budget, OCFS Funds Requested/%, Board Chairperson/Executive Director, Contact Person and Program Sites. Please review pre-printed information and make any corrections in colored ink.

ALL PROGRAMS: Submit an original and three copies to the OCFS.

PROGRAM APPLICATION NARRATIVE

The outline below **MUST** be followed.

1. **STATEMENT OF NEED** (2 pages maximum)
 - A. **PROBLEM/NEED** – Description and/or Analysis: Describe the specific need(s) and/or problem(s) which the proposed program is intended to address. Use supporting evidence, e.g., statistical information and analysis, expert testimony, or anecdotal data which illustrates this need. Include the overall goal of the program as it addresses both holistic and specific needs.
 - B. **TARGET POPULATION:** Describe the characteristics of youth to be served by program. Include number to be served, ages, sex, ethnicity, etc. If appropriate, describe special targeted groups. Descriptions must be consistent with the data provided on the front of this form.
 - C. **GEOGRAPHIC AREA/EXISTING SERVICES:** Specify physical boundaries and geographic area, i.e., include the school district, planning board, hamlet, village, county, etc., in which the program will operate. Describe existing services, relevant demographic and socio-economic data, and how this program will coordinate its efforts with these existing services to avoid unnecessary duplication.
2. **PROGRAM OUTCOME/PROCESS OBJECTIVES:** (2 page maximum)
 - A. **OUTCOMES:** State what you hope to accomplish or change through this program. Results must be stated in measurable terms.
 - B. **MONITORING METHODS:** describe the process to be used to monitor on a regular basis. Include who will be responsible, frequency, and documentation of monitoring activities.
 - C. **EVALUATION METHODS:** 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 the results will be used.
3. **SERVICE METHODS:** (4 page maximum, excluding charts) – Describe all the service categories to be used, and how they relate to the specific objectives cited above. Provide a brief rationale for the service method(s) selected. List specific activities, including number of youth to be serviced, days and hours of operation per activity, length of time youth will participate, average attendance, and the facilities to be used. Include outreach, recruitment, intake, referral, termination, and follow-up procedures, as applicable.
4. **ORGANIZATION DESCRIPTION AND QUALIFICATIONS:** (3 page maximum, excluding charts)
 - A. **EXPERIENCE AND RESOURCES:** Explain how the applicant organization is qualified to deliver services described. List additional funding to be used to support this program, and indicate source. Describe the past experience of the organization with respect to this program, area to be served, and target population. Include current service linkages which will support this program.
 - B. **PERSONNEL** – 1. Paid Staff: List the duties and required qualifications of all staff to be involved with this program. Include an organization chart depicting reporting and supervisory lines. 2. Volunteers: Indicate how many will be used for this program; their responsibilities and qualifications; and how they will be recruited, selected, trained, and supervised. If volunteers are not used, so indicate.
 - C. **BOARD OF DIRECTORS:** (Not required for municipal programs) List the members of the Board. Include name, home or professional address, relevant professional or community affiliations, and name of employer. Describe the function of the Board with respect to this program.

ORGANIZATIONS RECEIVING FUNDS FROM THE NYS OCFS AGREE TO THE FOLLOWING:

1. **NYS OCFS** will be identified as a funding source in all publications and press releases. 2. All laws, rules, and regulations of the State and its political subdivisions will be complied with. 3. No youth may be denied services because of race, creed, color, sex or national origin. 4. Equal employment opportunity must be provided to all qualified applicants. 5. No fee may be charged for programs supported by State Aid.

MUNICIPAL PROJECTS ONLY

Check if: Joint Program Purchase of Service

1. Specify Program Code and name of other participating municipalities: _____
2. Is the attached Program Total Budget (Form OCFS-3107) a combined budget for all participating municipalities? Yes No
3. If a single disbursing agent is used, give name of disbursing municipality: _____

Check here if \$10,000 or under and OCFS Funds Requested includes expenses for Consultants, Contract Services