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| **OCFS-5001** (Rev. 11/2013) Page 1 of 2NEW YORK STATEOFFICE OF CHILDREN AND FAMILY SERVICESINDIVIDUAL 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.  |   |

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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.