

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>			
Funding Category: <input type="checkbox"/> Youth Development Funding <input type="checkbox"/> RHYA-Part I <input type="checkbox"/> RHYA-Part II		County:	
<input type="checkbox"/> Safe Harbour <input type="checkbox"/> Other _____			
<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:	E-Mail:		
<b>EXECUTIVE DIRECTOR FOR AGENCY:</b>			
Last Name:		First Name:	
Title:	Phone Number:		Extension:
Fax Number:	E-Mail:		

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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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, RHYA Part II, Safe Harbor **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).

## 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 16-21 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 e-mail address.

**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.