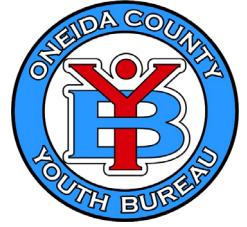




ONEIDA COUNTY YOUTH BUREAU

Oneida County Office Building 1st floor
800 Park Avenue • Utica, New York 13501
Phone: (315) 798-5027 • Fax: (315) 798-6438



ANTHONY J. PICENTE, JR.
County Executive

KEVIN M. GREEN
Director

November 29th, 2021

The Oneida County Youth Bureau will be accepting Requests For Proposals (RFP) from non-profit organizations **for calendar year 2022**. The Youth Bureau encourages all organizations to be innovative in addressing the needs specific to the youth they serve.

Two categories of funding are available:

- The **Youth Development Program** funding is for non-profits operating a youth development program that provides direct services to youth. **State reimbursement for qualified expenditures, subject to available appropriations and exclusive for federal funding.**
- The **Runaway and Homeless Youth Act (RHYA)** funding is for crisis and transitional living services. A **40% agency match is required.**

Our RFP process offers your non-profit organization every opportunity to present innovative proposals. The guidelines and forms necessary to prepare and submit your proposals in accordance with the requirements of the New York State Office of Children and Family Services and Oneida County can be accessed on-line at www.ocgov.net/youth

Please keep in mind that this RFP process is competitive and there is no promise of initial funding or continued funding from year to year. The Youth Bureau Advisory Board Allocations Committee will recommend proposals that have a direct impact on the target population. **Proposals that do not follow the guidelines will not be considered.** As always, our office is available for technical assistance.

Lastly, all proposals must be submitted **VIA EMAIL** no later than close of business on **Thursday, December 30th 2021 at 4:30 PM** to kpensero-shanley@ocgov.net. If there are any questions please contact Karen Pensero-Shanley at 798-5027 or by email.

Very truly yours,

Kevin M. Green
Director, Oneida County Youth Bureau

REQUEST FOR PROPOSAL CHECKLIST

Please provide the following information

- Narrative conforming to the requirements of the attached guidelines
- Current Board of Directors
- Current Certificate of Insurance (Must Include Coverage for Sexual Abuse/Sexual Molestation)
- A copy of your Workers Compensation Certificate
- A copy of your Certificate of Incorporation
- A copy of your IRS Tax Exemption Notification

Please complete the attached forms

- Program Application (OCFS 5001)
- Program Profile (OCFS 5002)
- Individual Program Application (OCFS 5003) (Use coding document)
- Program Budget (OCFS 5005)

Please email the packet to
kpensero-shanley@ocgov.net

APPLICATION DEADLINE:
Thursday, December 30th, 2021
@
4:30 PM

Narrative Guidelines

- Name of Proposing Organization
- Title of Activity or Service
- Proposed Dates of Operation
- Client Population/Number to be served

1) Narrative description of Proposed Services: Briefly describe the benefits(s) or need(s) which the proposed program is intended to address. Include information about the youth characteristics and demographics and the boundaries or geographic area where the program will operate.

2) Program Services Objectives and Outcomes:

A. Outcomes – State what you hope to accomplish or change through this program.

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 and how the results will be used.

3) Program Design and Staffing: Discuss the Services, Opportunities and Supports (SOS...*Life Area*) to be used as they relate to the objectives cited above. Be specific about activities, number of youth to be served, days/hours of operation, average attendance, and facilities to be used. Include information about recruitment, intake, referrals, termination, and follow-up procedures as applicable. List the duties and required qualifications of all staff to be involved with the program. If volunteers will be used indicate how many, their responsibilities and qualifications, how they will be recruited, selected, trained, and supervised. If none used, so indicate.

4) Total Program Budget: Please use the attached form and be sure to note other proposed funding sources.

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: <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 _____			
FUND AMOUNTS			
TOTAL PROGRAM AMOUNT:			
OCFS FUNDS ALLOCATED:		OCFS FUNDS REQUESTED:	
PERIOD OF ACTUAL PROGRAM OPERATION:			
FROM:		TO:	
AGENCY INFORMATION:			
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:
CONTACT PERSON FOR AGENCY:			
Last Name:		First Name:	
Title:	Phone Number:		Extension:
Fax Number:	E-Mail:		
EXECUTIVE DIRECTOR FOR AGENCY:			
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.

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, 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.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
AGENCY- PROGRAM PROFILE

IMPLEMENTING AGENCY:
PROGRAM TITLE:

SITE INFORMATION Most Significant (3 Maximum)	
Type	Address (street, city, state, zip)

Projected total program enrollment	Projected daily attendance

PROGRAM SUMMARY: (maximum of 100 words)

Please use whole numbers not percentages. Please note, residential programs may only serve young adults 21-24 if certified to do so and such services have been documented.

GENDER OF PROGRAM PARTICIPANTS, ETHNICITY AND AGES: (Enter basic demographic information for Gender, Ages and Target population)		Male	Female
ETHNICITY: (Enter number of participants per ethnic group)	WHITE _____ BLACK OR AFRICAN AMERICAN _____ HISPANIC OR LATINO _____		
	AMERICAN INDIAN OR ALASKAN NATIVE _____ ASIAN _____		
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____ TWO OR MORE RACES _____		
AGES	0 _____ 5-9 _____ 10-14 _____ 15-17 _____ 18-20 _____ 21 + _____		

IS TARGET POPULATION SERVING DISCONNECTED YOUTH: (Enter number of participants per population described)	<input type="checkbox"/> No <input type="checkbox"/> Yes
---	--

IF "YES", Youth aging out of foster care _____ Children of incarcerated parents _____

Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____

Please describe (in 100 words maximum per feature) how the program for which you are requesting funding addresses each of the Features of positive youth development settings below.

Features of youth development settings (school, home and community)	Please describe how the program for which you are requesting funding addresses each of the Features of Positive Youth Development settings.
<p>Physical & Psychological Safety</p> <p>Safe and health-promoting facilities; practices that increase safe peer group interaction and decrease unsafe or confrontational peer interactions.</p>	

IMPLEMENTING AGENCY:
PROGRAM TITLE:

<p>Appropriate structure Limit setting; clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries, and age appropriate monitoring.</p>	
<p>Supportive relationship Warmth; closeness; connectedness; good communication; caring; support; guidance; secure attachment, and responsiveness.</p>	
<p>Opportunities to belong Opportunities for meaningful inclusion, regardless of one's gender, ethnicity, sexual orientation, or disabilities; social inclusion, social engagement, and integration; opportunities for socio-cultural identity formation; and support for cultural and bicultural competence.</p>	
<p>Positive Social Norms Rules of behavior, expectations, injunctions, ways of doing things, values and morals, and obligations for service.</p>	

IMPLEMENTING AGENCY:
PROGRAM TITLE:

Support for Efficacy & Mattering
 Youth-based; empowerment practices that support autonomy; making a real difference in one's community, and being taken seriously. Practices that include enabling, responsibility granting, and meaningful challenge. Practices that focus on improvement rather than on relative current performance levels.

Opportunities for Skill Building
 Opportunities to learn physical, intellectual, psychological, emotional, and social skills; exposure to intentional learning experiences, opportunities to learn cultural literacy, media literacy, communication skills and good habits of mind; preparation for adult employment, and opportunities to develop social and cultural capital.

Integration of Family, School & Community Efforts
 Concordance; coordination and synergy among family, school and community.

Monitoring & Evaluation Methods	(Please describe in 100 words or less)
<p>Monitoring is defined as a systematic review of a funded program based upon the requirements of a contract, rules, regulations, policies and/or State and Local laws. It identifies the degree to which a program or operation accomplishes the activities specified in a contract/application and how it complies with requirements. Describe your process to be used to monitor on a regular basis. Include who will be responsible, frequency, and documentation of monitoring activities.</p>	
<p>Evaluation Methods is the process to determine the value or amount of success in achieving a pre-determined program or operational goal. Evaluations can identify program strengths and weaknesses to improve the program. Evaluations can verify if the program is really running as originally planned. 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 results will be used.</p>	

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL PROGRAM APPLICATION
Agency-Program Profile Instructions

Implementing Agency: Enter name of incorporated agency responsible for program.

Program Title: Enter the title of the program.

Site Information: Please enter up to three (3) of the most significant sites for this program. Must use the following types only: Agency, Athletic Fields, Campsite, Church, Community/Youth Center, Gym, Housing Project, Library, Office, Playground, Pool, Program, School/Classroom, or Shelter.

Projected Total Enrollment: With knowledge of the community to be served and/or history providing programming in the community, please use your best projections on the data required. **Please use whole numbers, not percentages.**

Projected Daily Attendance: Use your best projections on this data. If you checked other on the 5001 please provide the projected attendance on the day that the program operates (i.e. once a week, two days a week, once a month). **Please use whole numbers, not percentages.**

Program Summary (Maximum 100 words): Include in your summary; TARGET POPULATION-the characteristics of the youth to be served; GEOGRAPHIC AREA-physical boundaries (i.e. school district, village, town, city, county, etc.) in which the program will operate; and SERVICE METHODS-key services and activities to be used.

Gender of Program Participants, Ethnicity, and Ages: Enter basic demographic information on the programs target population. Please use whole numbers, not percentages. Please note residential programs may only serve young adults aged 21-24 if certified to do so and such services have been documented.

Disconnected Youth: This should be checked yes only if you can document that you are serving that particular population. Please refer to the website resources section on this document for further explanation on Disconnected Youth. **Please use whole numbers, not percentages.**

Features of Youth Development Settings: Please describe in 100 words (maximum) per feature how the program for which you are requesting funding addresses each of the Features of Positive Development Settings below.

The Features of Positive Development Settings are processes or “active ingredients” that community programs should use in designing programs to facilitate positive youth development. We stress that the implementation of these features need to vary across programs precisely because they have diverse clientele and different constraints, resources, and goals (source: Community Programs to Promote Youth Development, National Research Council, Institute of Medicine).

MONITORING AND EVALUATION

Monitoring: Describe the process to be used to monitor **the program** on a regular basis. Include who will be responsible, frequency, and how you document monitoring activities. (See Monitoring Manual for Youth Bureaus for more information on monitoring)

Evaluation Methods: Describe the process to be used to evaluate the attainment of the **program** objectives. Include what will be measured, who will conduct the evaluation, when it will be conducted, and how results will be used. Please refer to the website resources section on this document for further explanation on Program Evaluation.

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

Program Summary-Program Components

IMPLEMENTING AGENCY: _____

PROGRAM TITLE: _____

LIFE AREA: <i>(Enter Code)</i>			GOAL: <i>(Enter Code)</i>		
OBJECTIVE: <i>(Enter Code)</i>		SOS: <i>(Enter Code)</i>		Performance Measures: <i>(Enter Code)</i>	
				How much:	
				How well:	
				Better off:	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: <i>(Enter number participants per gender)</i>		MALE _____	FEMALE _____
ETHNICITY: <i>(Enter number of participants per ethnic group)</i>	WHITE _____	BLACK OR AFRICAN AMERICAN _____	HISPANIC OR LATINO _____
	AMERICAN INDIAN OR ALASKAN NATIVE _____	ASIAN _____	
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____	TWO OR MORE RACES _____	
AGES	0-4 _____	5-9 _____	10-14 _____ 15-17 _____ 18-20 _____ 21+ _____
IS TARGET POPULATION SERVING DISCONNECTED YOUTH: <i>(Enter number of participants per population described)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes			
IF "YES", Youth aging out of foster care _____ Children of incarcerated parents _____			
Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____			

IF APPLICABLE

OBJECTIVE: <i>(Enter Code)</i>			SOS: <i>(Enter Code)</i>		
				Performance Measures: <i>(Enter Code)</i>	
				How much:	
				How well:	
				Better off:	

Use whole numbers when entering information for Gender, Ethnicity, Ages, and Target Population areas, NOT percentages.

GENDER OF PROGRAM PARTICIPANTS: <i>(Enter number participants per gender)</i>		MALE _____	FEMALE _____
ETHNICITY: <i>(Enter number of participants per ethnic group)</i>	WHITE _____	BLACK OR AFRICAN AMERICAN _____	HISPANIC OR LATINO _____
	AMERICAN INDIAN OR ALASKAN NATIVE _____	ASIAN _____	
	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____	TWO OR MORE RACES _____	
AGES	0-4 _____	5-9 _____	10-14 _____ 15-17 _____ 18-20 _____ 21+ _____
IS TARGET POPULATION SERVING DISCONNECTED YOUTH: <i>(Enter number of participants per population described)</i> <input type="checkbox"/> No <input type="checkbox"/> Yes			
IF "YES", Youth aging out of foster care _____ Children of incarcerated parents _____			
Youth in the juvenile justice system who re-enter the community _____ Runaway and Homeless Youth _____			

NEW YORK STATE
 OFFICE OF CHILDREN AND FAMILY SERVICES
INDIVIDUAL PROGRAM APPLICATION
 Program Summary-Program Components (OCFS 5003) Instructions

Implementing Agency: Enter name of incorporated agency responsible for program.

Program Title: Enter the title of the program.

Each program will select:

- Life areas
- Goals per Life Area
- Objectives per Goal
- Services, Opportunities and Supports (SOS)

Step 1: For the Program Component, identify the **Life Area** to be addressed and the appropriate code.

1 ES: ECONOMIC SECURITY

You would enter code **1ES**.

Step 2: Select the **GOAL** to be targeted and its code.

11 Goal: Youth will be prepared for their eventual economic self sufficiency.

You would enter code **11**.

Step 3: Select the objective to be achieved. Choices under this goal include:

111 Objective: Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities.

112 Objective: Young adults who can work will have opportunities for employment.

113 Objective: Youth seeking summer jobs will have employment opportunities.

If you selected Objective **111** - Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities

You would enter code **111**.

Step 4: Select from the following choices the Services Opportunities and Supports that your program offers.

Services, Opportunities, and Supports

0119	Employment Opportunities
0120	Work Readiness Skills
0121	Career Development Supports
0122	College Exploration Opportunities
0123	Life Skills Supports

If you selected Services, Opportunities and Supports 0121 Career Development Supports

You would enter code **0121**.

Step 5: Enter the Performance Measures to be achieved. Choices under this SOS, include:

Performance Measures

How Much

- **021B.1** # of youth enrolled in the program (unduplicated)

How Well

- **0121B.1** % of youth who completed the program
- **0121B.2** % of youth reporting satisfaction with the program

Better Off

- **0121C.1** #% of youth with increased understanding of career interests
- **0121C.2** #% of youth with defined career occupational objectives
- **0121C.3** #% of youth who can name one skill they learned in the program

Note: a selection from each question must be indicated.

Step 6: Enter the following data on your projected target population (in whole numbers not percentages) for those youth participating in –Career Development Supports):

Please use whole numbers, not percentages.

- Gender
- Ethnicity
- Ages
- And if serving Disconnected Youth identify the number (not percentages) in group (i.e. Youth aging out of foster care, Children of incarcerated parents, Youth in juvenile justice system who re-enter community, Runaway and Homeless Youth)

Step 7: (*IF APPLICABLE*): If your Program chooses to address more selections, you would follow the steps again.

Note: that no more than 2 SOS can be selected per program.

Special Notes:

If the program checked the box on the OCFS-5002, Direct Services will not be provided by this program, follow steps 1-4 for each life area selected.

Each Life area has its own set of Goal(s), Objectives and Services, Opportunities and Supports. Once you identify the Life Area your program is addressing you must use the Goal(s), Objectives and Services, Opportunities and Supports listed under it.

New York State
Office of Children and Family Services
QUALITY YOUTH DEVELOPMENT SYSTEM (QYDS)

**Program Summary-Program Components (OCFS 5003)
CODING DOCUMENT**

LIFE AREA - 1ES: ECONOMIC SECURITY

- 11 Goal:** Youth will be prepared for their eventual economic self-sufficiency.
- 111 Objective:** Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities.
- 112 Objective:** Young adults who can work will have opportunities for employment.
- 113 Objective:** Youth seeking summer jobs will have employment opportunities.

Services, Opportunities, and Supports

0119. Employment Opportunities —A program which provides **paid** on-the-job training with opportunities that enable youth to master practical and/or technical skills required to maintain meaningful and gainful employment in the current job market. Programs may be short term, long term, internship or an apprenticeship which seek to address strategies for addressing youth employment and training needs.

Performance Measures

How Much

- **0119A.1** # of youth in the program (unduplicated)

How Well

- **0119B.1** % of employers retained from the previous year
- **0119B.2** % of staff with training and/or certification in employment services
- **0119B.3** % of teens that report being supported by staff

Better Off

- **0119C.1** #/% of youth remaining in the job after completing the work program
- **0119C.2** #/% of youth receiving a positive evaluation in the following areas: promptness, quality of work, attitude, attire
- **0119C.3** #/% of youth with improved work skills

LIFE AREA - 1ES: Economic Security

Services, Opportunities, and Supports

0120. Work Readiness Supports: A program which develops a youth's capacity to move toward employment. Includes but is not limited to assisting youth with creating resumes, job seeking, interviewing, understanding employer and workplace expectations, positive work habits, job shadowing/unpaid internships, and understanding behaviors, attitudes, and skills necessary to compete in the labor market.

Performance Measures

How Much

- **0120A.1** # of youth enrolled in the program (unduplicated)

How Well

- **0120B.1** #/% of staff with training and/or certification in teaching work readiness skills
- **0120B.2** % of teens that report being supported by staff

Better Off

- **0120C.1** #/% of youth obtaining a job
- **0120C.2** #/% of youth with improved workplace readiness skills

Services, Opportunities, and Supports

0121. Career Development Supports: A program to assist youth in making occupational or career decisions which includes, but is not limited to, evaluation of youth's abilities and interests, provision of information career/occupational materials or career fairs, establishment of career goals, and planning practical development activities geared towards attaining youth's career and occupational goals.

Performance Measures

How Much

- **0121A.1** # of youth enrolled in the program (unduplicated)

How Well

- **0121B.1** % of youth who completed the program
- **0121B.2** % of youth reporting satisfaction with the program

Better Off

- **0121C.1** #/% of youth with increased understanding of career interests
- **0121C.2** #/% of youth with defined career occupational objectives
- **0121C.3** #/% of youth who can name one skill they learned in the program

LIFE AREA - 1ES: Economic Security

Services, Opportunities, and Supports

0122. College Exploration Opportunities: Program with activities and strategies for assisting youth in making informed decisions when selecting a college and/or technical school that connects youth to academic preparation and future aspirations. Activities and strategies include, but are not limited to, college/technical school identification, test strategy development, application assistance, essay support, and interview preparation.

Performance Measures

How Much

- **0122A.1** # of youth enrolled in the program (unduplicated)

How Well

- **0122B.1** #/% of youth reporting satisfaction with the program

Better Off

- **0122C.1** #/% of youth that have selected a college, technical school or career path
- **0122C.2** #/% of youth with increased skills in college interviewing and test taking

Services, Opportunities, and Supports

0123. Life Skills Supports: Programs which seek to enhance the skills of youth in areas of self-care, daily living, personal finance and budgeting, managing interpersonal relationships, information technology, and any other topics that develops the skill set of youth to reach independence.

Performance Measures

How Much

- **0123A.1** # of youth enrolled in the program (unduplicated)

How Well

- **0123B.1** #/% of youth utilizing a life skills assessment tool
- **0123B.2** #/% of youth attending all sessions of the program

Better Off

- **0123C.1** #/% of youth demonstrating an increase in life skills

LIFE AREA - 2PEH: PHYSICAL AND EMOTIONAL HEALTH

- 21 Goal:** Children and youth will have optimal physical and emotional health.
- 211 Objective:** Children and youth will be physically fit.
- 212 Objective:** Children and youth will be emotionally healthy.
- 213 Objective:** Children and youth will be free from health risk behaviors (e.g., smoking, drinking, substance abuse, unsafe sexual activity).
- 214 Objective:** Children and youth with service needs due to mental illness, developmental disabilities and/or substance abuse problems will have access to timely and appropriate services.

Services, Opportunities, and Supports

0231. Alcohol and Substance Abuse Prevention Services: School or community based programs that include events and strategies for aiding youth in making educated decisions concerning health risks. Programs might include alcohol/substance abuse prevention activities, smoking prevention/cessation workshops, or alcohol/substance abuse treatment.

Performance Measures

How Much

- **0231A.1** # of youth participating (unduplicated)

How Well

- **0231B.1** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
- **0231B.2** % of youth completing the program

Better Off

- **0231C.1** #/% of youth free of alcohol or substance abuse for 6 months (for programs having a duration of longer than one sessions).
- **0231C.2** #/% of youth without repeated Juvenile Justice contact for 6 months after the program (for youth with current involvement with the Juvenile Justice system (PINS, Etc.)
- **0231C.3** #/% of youth with reduced numbers of school disciplinary incidents for substance use (for youth with school disciplinary incidents for substance abuse)

LIFE AREA - 2PEH: Physical and Emotional Health

Services, Opportunities, and Supports

0232. Year Round/Seasonal Activities: Programs that enable youth to be active and encourage physical fitness or activities which promote creative and pro-social group participation. They may be operated year-round or during the summer months. Programs of this type might include yoga, Zumba, summer swim programs, or basketball, soccer, baseball camps, or organized group games as well as cultural, science, or pro-social enrichment activities for youth and their families (e.g., field trips).

Performance Measures

How Much

- **0232A.1** # of youth participating (unduplicated)

How Well

- **0232B.1** Staff, volunteer or adult to youth ratio. (*e.g. if there are 10 youth served and 1 staff member, percentage should be 10%*)
- **0232B.2** % of programs with a code of conduct and/or have behavioral contracts signed for all youth
- **0232B.3** % of programs assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA).
- **0232B.4** % of youth completing the program

Better Off

- **0232C.1** #/% reporting they have improved their ability to socialize/interact with peers/family/other members of the community
- **0232C.2** #/% of youth who attain/or improve on a skill and/or report an increase in knowledge/awareness
- **0232C.3** #/% of youth who regularly engage in 30 minutes of physical activity during program and report they feel better physically.

LIFE AREA - 2PEH: Physical and Emotional Health

Services, Opportunities, and Supports

0233. Healthy Lifestyles: Programs that promote a healthy lifestyle leading to fitness, energy, and a reduced risk for disease. Programs may include those relating to nutrition and obesity prevention such as a community gardens, or programs regarding health education, sex education, and STD transmission prevention.

Performance Measures

How Much

- **0233A.1** # of youth participating (unduplicated)

How Well

- **0233B.1** Staff turnover rate
- **0233B.2** % of youth participating in program 3 times per week or more
- **0233B.3** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0233C.1** #/% of youth who increased physical fitness and activity
- **0233C.2** #/% of youth who increased knowledge of reproductive health
- **0233C.3** #/% of youth with increased knowledge of nutrition and exercise

Services, Opportunities, and Supports

0234. Mental Health Supports: Programs that provide individual counseling and group drop-in sessions and scheduled opportunities to support and reinforce emotional and mental health. Programs typically range from 1 on 1 counseling to treatment and support groups which assist the youth and the family, such as: resiliency building, crisis intervention, and self-esteem workshops, or case management

Performance Measures

How Much

- **0234A.1** # of youth participating (unduplicated)

How Well

- **0234B.1** % of staff trained in Trauma Informed Care
- **0234B.2** % of youth and families satisfied with the program

Better Off

- **0234C.1** #/% of youth who successfully attain one or more treatment goals

Rev. 3/2018

- **0234C.2** #/% of youth who report an improvement in emotional and mental health

LIFE AREA - 2PEH: Physical and Emotional Health

Services, Opportunities, and Supports

0235. Disability Supports: Programs which assist parents and children to meaningfully access services which promote independent or supported living in the community. Programs in this category may provide direct advocacy and/or information and support to allow children and parents to navigate available services including direct services and support groups.

Performance Measures

How Much

- **0235A.1** # of youth participating (unduplicated)

How Well

- **0235B.1** % of parents highly satisfied
- **0235B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
- **0235B.3** % of staff trained in Youth Development and Developmental Disabilities

Better Off

- **0235C.1** #/% of youth with improved physical health
- **0235C.2** #/% of youth with increased social skills
- **0235C.3** #/% of youth experiencing full inclusion in community programs

LIFE AREA - 3ED: EDUCATION

31 Goal: Children will leave school prepared to live, learn and work in a community as contributing member of society.

311 Objective: Students will meet or exceed high standards for academic performance and demonstrate knowledge and skills required for lifelong learning and self-sufficiency in a dynamic world.

312 Objective: Students will stay in school until successful completion.

Services, Opportunities, and Supports

0311. Academic Support Services: Programs or services which provide resources to support a youth's optimal academic performance. These may include but are not limited to assisting youth with subject areas, science, technology, engineering, and Mathematics (STEM), homework help, basic literacy, and other academic supports.

Performance Measures

How Much

- **0311A.1** # of youth participating (unduplicated)

How Well

- **0311B.1** # Staff, volunteer or adult to youth ratio. (*e.g. if there are 10 youth served and 1 staff member, percentage should be 10%*)
- **0311B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0311C.1** #/% of youth with improved academic performance
- **0311C.2** #/% of youth with improved skills or knowledge in the subject area listed
- **0311C.3** #/% of youth that were actively engaged and showed interest in the subject area being presented

LIFE AREA - 3ED: Education

Services, Opportunities, and Supports

0312. Dropout Prevention Services: A program or service designed to support the retention of all students, and the prevention of dropouts from the most at-risk youth. These may include but are not limited to learning disabilities, bilingual education, alternative education, and other programs or services geared toward retention.

Performance Measures

How Much

- **0312A.1** # of youth participating (unduplicated)

How Well

- **0312B.1** % of staff with positive youth development training and/or with a higher education
- **0312B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0312C.1** #/% of youth remaining in school
- **0312C.2** #/% of youth with formal graduation plans that reflect projected completion of academic requirements
- **0312C.3** #/% of youth with improved academic performance
- **0312C.4** #/% of youth with improved school attendance

LIFE AREA - 3ED: Education

Services, Opportunities, and Supports

0313. TASC (formerly GED) Services: A program or service that provides preparation for the Test Assessing Secondary Completion (TASC) that measures proficiency in core content areas such as science, mathematics, history, reading, and writing.

Performance Measures

How Much

- **0313A.1** # of youth participating (unduplicated)

How Well

- **0313B.1** % of youth completing the program
- **0313B.2** % of youth satisfied with the program
- **0313B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0313C.1** #/% of youth who pass the TASC or return to school
- **0313C.2** #/% of youth passing the TASC predictor test

LIFE AREA 4CVC: CITIZENSHIP/CIVIC ENGAGEMENT

41 Goal: Children and youth will demonstrate good citizenship as law-abiding, contributing members of their families, schools and communities.

411 Objective: Children and youth will assume personal responsibility for their behavior.

412 Objective: Youth will demonstrate ethical behavior and civic values.

413 Objective: Children and youth will understand and respect people who are different from themselves.

414 Objective: Children and youth will participate in family and community activities.

415 Objective: Children and youth will have positive peer interactions.

416 Objective: Children and youth will make constructive use of leisure time.

417 Objective: Youth will delay becoming parents until adulthood.

418 Objective: Children and youth will refrain from violence and other illegal behaviors.

Services, Opportunities, and Supports

0420. Youth Leadership/Empowerment Opportunities: Programs that provide character education, leadership skills development and/or community/civic activities.

Performance Measures

How Much

- **0420A.1** # of youth participating (unduplicated)
- **0420A.2** # of community projects completed

How Well

- **0420B.1** % of participants returning to program the following year (if applicable)
- **0420B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0420C.1** #/% of youth who continue on to an additional community engagement project beyond the program
- **0420C.2** #/% of youth with increased leadership skills (as measured on a pre/post test of leadership skills) or skills empowering them in community engagement.

LIFE AREA 4CVC: Citizenship/ Civic Engagement

Services, Opportunities, and Supports

0421. Juvenile Delinquency Prevention Services: Such programs provide youth court, juvenile justice diversion services, juvenile aid bureau/officer, gang & violence prevention/intervention.

Performance Measures

How Much

- **0421A.1** # of youth participating (unduplicated)

How Well

- **0421B.1** % of youth completing mandated requirements
- **0421B.2** % of youth participating in non-mandated requirements
- **0421B.3** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

Better Off

- **0421C.1** #/% of youth who do not return to the Juvenile Justice System within 1 year
- **0421C.2** #/% of youth with reduced high risk behaviors
- **0421C.3** #/% of youth reporting increased
- knowledge of better choices (pertaining to laws).

Services, Opportunities, and Supports

0422. Teen Pregnancy Prevention Supports: Such programs provide information regarding supportive relationships, adolescent sexuality education, and pregnancy prevention.

Performance Measures

How Much

- **0422A.1** # of youth participating (unduplicated)

How Well

- **0422B.1** % of staff trained in positive youth development and reproductive health
- **0422B.2** % of youth completing the program

LIFE AREA 4CVC: Citizenship/ Civic Engagement

Better Off

- **0422C.1** #/% of program participants who avoid unplanned pregnancies
- **0422C.2** #/% of program participants with increased knowledge of reproductive health and/or implementing safe practices
- **0422C.3** #/% of program participants with reduced high-risk behaviors

Services, Opportunities, and Supports

0423. Cultural Competency/Race Equity Supports: Such programs provide cultural enrichment/awareness including but not limited to workshops on classism, sexism, racism and sexual orientation.

Performance Measures

How Much

- **0423A.1** # of youth participating (unduplicated)

How Well

- **0423B.1** % of youth completing programs
- **0423B.2** % of staff trained in and who have credentials in providing cultural competency and race equity training topics

Better Off

- **0423C.1** #/% of program participants with increased knowledge of cultural enrichment and awareness

Services, Opportunities, and Supports

0424. Safe Place Out of School Time Services: Such programs or services that promote constructive use of leisure time, access to a variety of enrichment activities and foster success in school and life. These programs can broaden a child's or youth's competencies in various life areas such as dance, cooking, literacy, technology or any program that may address deficits and/or build various skill sets.

Performance Measures

How Much

- **0424A.1** # of youth participating (unduplicated)

How Well

- **0424B.1** % of staff with positive youth development training

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- **0424B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
- **0424B.3** % of youth attending the OST program at least 50% of scheduled days

Better Off

- **0424C.1** #/% of youth with improved positive youth development outcomes (i.e. academic, health, social/emotional skills and/or community engagement)

LIFE AREA 5FAM: FAMILY

51 Goal: Families will provide children with safe, stable and nurturing environments

511 Objective: Parent/caregivers will provide children with a stable family relationship.

512 Objective: Parent/caregivers will possess and practice adequate child rearing skills.

513 Objective: Parent/caregivers will be positively involved in their children's learning.

514 Objective: Parent/caregivers will receive/gain the knowledge and ability to access support services for their children.

515 Objective: Parent/caregivers will provide their children with households free from physical and emotional abuse.

516 Objective: Parent/caregivers will provide their children with households free from alcohol and other substance abuse.

Services, Opportunities, and Supports

0520. Parenting Skills: Programs which help parents develop skills and knowledge necessary for their children's well-being. Programs may include parenting skills classes, stress management, and child and adolescent development.

Performance Measures

How Much

- **0520A.1** # of parents served

How Well

- **0520B.1** % of staff with relevant training/credentials
- **0520B.2** % of families completing the program

Better Off

- **0520C.1** #/% of parents who report improved parenting skills
- **0520C.2** #/% of families who safely transition from supervised to unsupervised visits

LIFE AREA 5FAM: Family

Services, Opportunities, and Supports

0521. Family Supports: Programs which focus on an approach to strengthening families and communities so they can foster the optimal development of children, youth, and adult family members. Programs might address family communication, resiliency, and family or domestic violence.

Performance Measures

How Much

- **0521A.1** # of families being supported (unduplicated)

How Well

- **0521B.1** % of participants reporting satisfaction with the support provided
- **0521B.2** % of families participating on a regular basis

Better Off

- **0521C.1** #/% of families developing informal supports/community networks
- **0521C.2** #/% of families practicing positive child-rearing skills
- **0521C.3** #/% of families providing children households free from physical and emotional abuse

Services, Opportunities, and Supports

0522. Abuse and Neglect Prevention Supports: Abuse and Neglect Prevention programs educate families on the different types of abuse and provide support services to prevent the abuse and/or neglect. Programs of this type would include intervention and/or treatment services or those programs that support a family in preventing abuse and/or neglect of a child.

Performance Measures

How Much

- **0522A.1** # of families served (unduplicated)

How Well

- **0522B.1** % of staff with relevant training
- **0522B.2** % of families highly satisfied with support services provided
- **0522B.3** % of families with monthly face-to-face visits in home

Better Off

- **0522C.1** #/% of households free from abuse and neglect
- **0522C.2** #/% of children without repeat maltreatment (recidivism; where applicable)

LIFE AREA 5FAM: Family

Services, Opportunities, and Supports

0523. Permanency Services: Programs which seek to expedite the permanency of a child through reunification with family, adoption, or an alternate planned living arrangement.

Performance Measures

How Much

- **0523A.1** # of youth served (unduplicated)

How Well

- **0523B.1** % of staff with relevant training
- **0523B.2** % of youth with 2 or less placements within one year
- **0523B.3** % of youth reporting satisfaction with the placement

Better Off

- **0523C.1** #/% of children achieving permanent placements (re-unification, adoption, legal guardianship, independence)
- **0523C.2** #/% of youth successfully completing goals within their permanency plan
- **0523C.3** #/% of youth without repeat maltreatment

Services, Opportunities, and Supports

0524. Anger Management/Conflict Resolution Supports: Programs which teach youth to identify anger and potential conflicts and give them the skills needed to develop appropriate coping mechanisms. This type of program often includes problem solving strategies and anger management skills, as well as resolution techniques.

Performance Measures

How Much

- **0524A.1** # of youth served (unduplicated)

How Well

- **0524B.1** % of staff/volunteers trained and who have credentials in anger management group facilitation/conflict resolution
- **0524B.2** % of youth participating on a regular basis
- **0524B.3** % of youth completing the program

Better Off

- **0524C.1** #/% of youth demonstrating an increased knowledge of the relevant topic (anger management or conflict resolution)
- **0524C.2** #/% practicing the skills and techniques taught

- **0532C.3** #/% of youth with decreased behavioral incidents

LIFE AREA 6COM: COMMUNITY

61 Goal: New York State communities will provide children, youth and families with healthy, safe and thriving environments.

611 Objective: Adequate housing will be available.

612 Objective: Adequate transportation will be available.

62 Goal: New York State communities will provide children, youth and their families with opportunities to help them meet their needs for physical, social, moral and emotional growth.

621 Objective: Communities will make available and accessible formal and informal services (e.g., child care, parent training, recreation, youth services, libraries, museums, parks).

622 Objective: Adults in the community will provide youth with good role models and opportunities for positive adult interactions.

623 Objective: Communities will provide opportunities for youth to make positive contributions to community life and to practice skill development.

Services, Opportunities, and Supports

0627 Youth Bureau Administration: Includes providing funding for services/support, developing or coordinating program/models, planning and program development, RAP submission and fiscal monitoring, program monitoring and evaluations

Performance Measures

How Much

- **0627A.1** # of funded programs
- **0627A.2** # of on-site funded program monitoring visits

How Well

- **0627B.1** RAP submitted within 90 days of final allocations released (*Number of days elapsed from date of allocations released and date final RAP was approved by OCFS*)
-
- **0627B.2** % of total allocation remaining at the end of the year
- **0627B.3** % of funded programs assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA)

Better Off

- **0627C.1** #/% of funded programs that have maintained a high level or shown improvement in at least one “how well” and/or “better off” measure over the past year. (Not able to report the first year)

- **LIFE AREA 6COM: Community**

Services, Opportunities, and Supports

0628 Mentoring Supports: Programs which link youth to positive role models that are sustained over a period of time (generally more than 6 months). Mentoring can occur through traditional mentoring (one adult to one young person); group mentoring (one adult to as many as four young people), and team mentoring (several adults working with small groups of young people, in which the adult to youth ratio is not greater than 1:4).

Performance Measures

How Much

- **0628A.1** # of youth participating in the mentoring program (unduplicated)
- **0628A.2** # of mentors

How Well

- **0628B.1** % of mentors trained in positive youth development
- **0628B.2** % of mentor/mentee matches lasting longer than 6 months
- **0628B.3** % of youth expressing satisfaction with the program
- **0628B.4** average length of time youth wait to be matched with a mentor (in months)

Better Off

- **0628C.1** #/% of youth showing improved confidence and caring

Services, Opportunities, and Supports

0629 Runaway and Homeless Youth Shelter (NYS Certified Programs only): A residential facility operated for a maximum of 20 youth, all of whom are either under the age of 18 years or between the ages of 16-21 years.

Performance Measures

How Much

- **0629A.1** # of youth served (unduplicated)

How Well

- **0629B.1** % of staff who met training requirements set by RHY regulations
- **0629B.2** % of youth expressing satisfaction with the program

Better Off

- **0629C.1** #/% of youth discharged to suitable, safe and stable housing
- **0629C.2** #/% of youth reunited with family

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- **0629C.3** #/% of youth that attained their individualized service plan goals while in the program or upon exiting the program

LIFE AREA 6COM: Community

Services, Opportunities, and Supports

0630 Runaway and Homeless Interim Family (NYS Certified Programs only): Private dwelling providing temporary shelter to a maximum of 2 runaway and homeless youth under the age of 21.

Performance Measures

How Much

- **0630A.1** # of youth who entered the program
- **0630A.2** # of certified interim family homes
- **0630A.3** # of host home trainings offered in reporting period
- **0630A.4** # of comprehensive home studies conducted by Interim family program staff

How Well

- **0630B.1** % of interim families completing mandated trainings
- **0630B.2** % of youth expressing satisfaction with the program

Better Off

- **0630C.1** #/% of youth discharged to suitable, safe and stable housing
- **0630C.2** #/% of youth remaining with their family or reunited with family

Services, Opportunities, and Supports

0631 Transitional Independent Living Support Services (NYS Certified Programs only): Either a Group Residence (facility for up to 20 youth that encourages the development and practice of Independent Living Skills) or a Supported Residence (facility for up to 5 youth of same gender which provides an environment that approximates actual independent living).

Performance Measures

How Much

- **0631A.1** # of youth enrolled in TILP (unduplicated)
- **0631A.2** # of youth receiving training/instructions to improve their self-sufficiency

How Well

- **0631B.1** % of staff trained in positive youth development
- **0631B.2** % of youth completing an approved life skills assessment

LIFE AREA 6COM: Community

Better Off

- **0631C.1** #/% of youth with improved life skills
- **0631C.2** #/% of youth successfully completing program and discharged to live independently
- **0631C.3** #/% of youth connected with employment and/or further education

Services, Opportunities, and Supports

0632 Runaway and Homeless Youth Coordination: Overall RHYA coordination including answering inquiries at any time concerning transportation, shelter and other services to runaway and homeless youth

Performance Measures

How Much

- **0632A.1** # of inquiries concerning available shelter space, transportation, etc.
- **0632A.2** # of times RHYA coordinator assisted an agency/program with applying for an operating certificate, Certificate of Amendment, or Variance.

How Well

- **0632B.1** % of time spent assessing and monitoring all available county resources for runaway and homeless youth and their families.
- **0632B.2** % of time spent developing and implementing county plans to improve services for runaway and homeless youth.

Better Off

- **0632C.1** #/% of youth who were able to access services after making inquiries
- **0632C.2** % of days in a year the 24-hour hotline in place

Services, Opportunities, and Supports

0633 Runaway and Homeless Youth Prevention and Support Services: These services include case management, information dissemination, referral services, counseling, street outreach (such as flyer distribution, events etc.), hotlines, mediation, public awareness and trainings.

Performance Measures

How Much

- **0633A.1** # of youth receiving services (unduplicated)
- **0633A.2** # of street outreach activities
- **0633A.3** # of hotline calls received

How Well

- **0633B.1** % of staff trained in RHY regulations
- **0633.B.2** % of staff trained in positive youth development
- **0633B.3** % of youth expressing satisfaction with services

LIFE AREA 6COM: Community

Better Off

- **0633C.1** #/% of youth who access RHY services after contacting the hotline
- **0633C.2** #/% of youth successfully completing case plan without being housed in RHY facility
- **0633C.3** #/% of youth that were connected with school, vocational school, college or the military

Services, Opportunities, and Supports

0634 Community Service/Youth Activism Opportunities: Programs which link youth to volunteer projects and with opportunities to be civically engaged.

Performance Measures

How Much

- **0634A.1** # of youth participating (unduplicated)

How Well

- **0634B.1** # of community projects/opportunities youth actually participated in
- **0634B.2** % of staff trained in positive youth development

Better Off

- **0634C.1** # of volunteer hours completed in the community
- **0634C.2** #/% of projects that met community expectations based on objectives

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

PROGRAM BUDGET

QYDS ID:

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FISCAL YEAR:

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AGENCY/MUNICIPALITY: _____

PROGRAM TITLE: _____

FUND TYPE: _____

FISCAL CONTACT INFORMATION:

Include Name, Phone Number, E-mail address:

PERSONAL SERVICES:

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL SALARIES AND WAGES			\$	\$
TOTAL FRINGE BENEFITS			\$	\$
TOTAL PERSONAL SERVICES (1)			\$	\$

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE OF PAY	BASE (S,M,HR)	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$		\$	
	\$		\$	
	\$		\$	
TOTAL CONTRACTED SERVICES (2)			\$	\$
TOTAL MAINTENANCE & OPERATION (3)			\$	\$

LIST EQUIPMENT TO BE PURCHASED OR RENTED:

(UNIT COST OVER \$500 AND LIFE EXPECTANCY OF OVER TWO YEARS)

FACILITY REPAIRS

PROGRAM SITE ADDRESS	TOTAL OCFS PROGRAM AMOUNT (1)	TOTAL OCFS FUNDS REQUESTED FOR THIS PROGRAM
	\$	
	\$	
	\$	
TOTAL FACILITY REPAIRS (4)	\$	\$

TOTAL OCFS PROGRAM AMOUNT

--

 \$

+ TOTAL OCFS FUNDS REQUESTED

--

 \$

LIST OF OTHER FUNDING SOURCES	TOTAL OCFS PROGRAM AMOUNT (1)	REIMBURSABLE TOTAL
	\$	
	\$	
	\$	
		MUNICIPAL FUNDING
		OTHER SOURCES

** USE AN ASTERISK NEXT TO THE FIGURES LISTED TO IDENTIFY THOSE ITEMS FOR WHICH OCFS REIMBURSEMENT IS NOT BEING REQUESTED.
USE (IK) TO IDENTIFY ONLY IN KIND SERVICES, EQUIPMENT, ETC DONATED TO PROGRAM, WHERE ALLOWED.*

PROGRAM BUDGET INSTRUCTIONS

REFER TO FISCAL POLICIES AND PROCEDURES MANUAL FOR RESTRICTIONS

QYDS ID – NUMBER ASSIGNED BY SYSTEM

FISCAL YEAR-INDICATE YEAR FOR WHICH FUNDS ARE BEING REQUESTED

AGENCY/MUNICIPALITY-COUNTY, CITY, VILLAGE, AN INDIAN RESERVATION OR SCHOOL DISTRICT (IF APPROVED) THAT IS APPLYING FOR STATE AID

PROGRAM TITLE-NAME OF PROGRAM RECEIVING FUNDING

FISCAL CONTACT INFORMATION-PERSONS TO CONTACT FOR QUESTIONS ON BUDGETING-CLAIMING AND VOUCHERING FOR THIS PROGRAM

PERSONAL SERVICES

POSITION TITLE	RATE OF PAY	BASIS (H, W, BW, SM)	TOTAL OCFS PROGRAM AMOUNT*
1	2	3	4

**TOTAL FUNDS REQUESTED
FOR THIS PROGRAM**

1. LIST THE TITLE OF THE POSITION AS IT WILL BE CLAIMED
2. ENTER THE RATE OF PAYMENT AS IT IS ON THE PAYROLL, E.G. \$100, \$500, \$5. (enter the highest rate for each title)
3. INDICATE THE SALARY BASIS AS IT IS ACTUALLY PAID, e.g. Hourly (H), Weekly (W), Biweekly (BW), Semimonthly(SM)
4. ENTER THE GROSS AMOUNT OF THIS PAYROLL LINE. Use an asterisk if OCFS reimbursement is not being requested.
5. ENTER THE TOTAL OF THIS COLUMN.
6. ENTER THE TOTAL AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL SALARIES AND WAGES

5	6
7	8

TOTAL FRINGE BENEFITS

7. ENTER THE TOTAL OF FRINGE BENEFITS BUDGETED FOR THIS PROGRAM. YDDP – CONTRACT AGENCIES ONLY
8. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED.
MOST PROGRAMS ARE LIMITED TO 25%. YDDP/RHYA – DO NOT USE

CONTRACTED SERVICES AND STIPENDS

TYPE OF SERVICE OR CONSULTANT TITLE	RATE	PAYMENT BASIS	TOTAL PROGRAM AMOUNT*
9	10	11	12

9. ENTER TYPE OR TITLE OF SERVICES, e.g. Accounting Firm, Speaker.
10. INDICATE RATE OF PAY
11. INDICATE PAYMENT BASIS e.g. Session (S), Monthly (M)
12. ENTER THE TOTAL COST FOR EACH LINE

TOTAL CONTRACTED SERVICES (2)

13	14
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13. ENTER THE TOTAL OF THIS COLUMN
14. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL MAINTENANCE & OPERATION (3)

15	16
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15. ENTER THE AMOUNT BUDGETED IN TOTAL FOR THIS PROGRAM.
16. ENTER THE AMOUNT FOR WHICH OCFS REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

LIST IN THE SPACE PROVIDED, EQUIPMENT PURCHASES AND RENTALS PLANNED FOR PROGRAM YEAR

FACILITY REPAIRS

PROGRAM SITE		
17	18	18

17. LIST EACH PROGRAM ADDRESS FOR WHICH FACILITY REPAIRS ARE BEING PLANNED
18. ENTER AMOUNT FOR EACH PROGRAM SITE. YDDP LIMIT - \$500 PER SITE

TOTAL FACILITY REPAIRS (4)

19	20
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19. ENTER THE TOTAL OF THIS COLUMN
20. ENTER THE AMOUNT FOR WHICH REIMBURSEMENT IS BEING REQUESTED. YDDP/RHYA – DO NOT USE

TOTAL OCFS PROGRAM AMOUNT

TOTAL OCFS FUNDS REQUESTED

	21
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LIST OTHER FUNDING SOURCES

22	23	24

REIMBURSEABLE TOTAL
MUNICIPAL FUNDING
OTHER SOURCES

21. THIS AMOUNT SHOULD AGREE TO THE AMOUNT BEING REQUESTED FOR THIS PROGRAM.
22. THIS IS THE TOTAL OF BOX 21 LESS ASTERISKED ITEMS
23. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY MUNICIPALITY
24. ENTER TOTAL AMOUNT BEING PROVIDED TOWARDS THIS PROGRAM BY OTHER SOURCES