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| **OCFS-5001** (Rev. 10/2023) 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: 2025 |
| **Funding Information** |
| **Funding Category:** [ ]  Youth Development Funding [ ]  Youth Team Sports Allocation[ ]  Youth Sports Education and Opportunity Funding [ ]  Youth Sports Education Funding Infrastructure Allocation [ ]  RHYA-Part I [ ]  RHYA-Part II [ ]  Other       | County:Oneida |
| **Fund Amounts** |
| Total Program Amount:       |
| OCFS FUNDS ALLOCATED:       | OCFS FUNDS REQUESTED:      |
| **Period of Actual Program Operation:** |
| FROM:       | TO:       |
| **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:      |
| **Contact Person for Agency:** |
| Last Name:       | First Name:       |
| Title:       | Phone Number:      | Extension:       |
| Fax Number:       | EMail:       |
| **Executive Director for Agency:****Contact Person for Agency/Municipality:** |
| Last Name:       | First Name:       |
| Title:       | Phone Number:      | Extension:      |
| Fax Number:       | Email:       |
|  |  |  |
|  | 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, *Individual Program Application-Program Information*; OCFS-5002, *Agency Program Profile*; and/or OCFS-5003, *Individual Program Application - Program Summary-Program Components*.   |

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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, Youth Team Sports Allocation, Youth Sports Education and Opportunity Funding, Youth Sports Education Funding Infrastructure Allocation, RHYA Part I, RHYA Part II, 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).

**YSEF Programs Only:** The YSEF allocation is to serve children and youth ages 6-17.

**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 sixteen-twenty-one, 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 email address.

**Disclaimer:** Check the box only if there have been changes to the **OCFS-5001**, *Individual Program Application-Program Information*; **OCFS-5002**, *Agency Program Profile*; and/or **OCFS-5003**, *Individual Program Application - Program Summary-Program Components*. If there are no changes a hard copy of the **OCFS-5001** **must** still be sent to the County Youth Bureau with an original signature.