



COUNTY OF SULLIVAN
YOUTH BUREAU
SULLIVAN COUNTY
GOVERNMENT CENTER
100 NORTH STREET
PO BOX 5012
MONTICELLO, NY 12701



Thank you for your interest in applying for funding through the Sullivan County Youth Bureau. This funding is made possible by the NYS Office of Children and Family Services (OCFS).

We received three different allocations for 2024/2025 funding cycle:

- Youth Development Program (YDP) \$60,925
- Youth Sports and Education Opportunity Program (YSEP) \$17,788
- Youth Team Sports program (YTS) \$35,540

Our approach is to provide some funding to more programs as opposed to more funding to some programs. Therefore, we will provide additional financial support to programs, not necessarily the full cost of your program. Please be aware that priority is given to programs that focus on serving/including youth from underserved communities.

Attached you will find basic information about each funding stream. Please note that the Youth Team Sports program is only for providers of organized competitive sports. There are not many providers in the county that meet this requirement so we will entertain funding only one or two programs. Therefore, an applicant can apply for most or all of the total available allocation. **Applications are due by 5:00 PM on August 22, 2024.** No applications can be accepted after this date/time.

Every organization applying for funding must complete the *Individual Program Application*, comprised of forms OCFS 5001, 5002 and 5003. **Those applying for the Youth Team Sports must also complete and submit the *Universal Application for Youth Sports Funding (OCFS 5011)*.**

To help ensure that you have everything together and complete we are including an application checklist. We hope that you find it useful.

While we must follow the guidelines set by the State, we are always looking for ways to help the application process be clearer and more efficient. If you have questions, thoughts or ideas please do not hesitate to share them with us.

Thank you for your commitment to our children.

Sincerely,


Laura Quigley, Commissioner
Division of Community Resources

Funding Opportunity #1

Youth Development Program (YDP)

Program Year: October 1, 2024 – September 30, 2025

Available Funding: \$60,925

Target Population: Underserved Youth under 21 years of age

Purpose: It is expected that proposed programs will promote positive youth development by advancing the well-being of youth. A wide variety of programs will be funded including, but not limited, to the following:

- Citizenship and Civic Engagement (youth leadership, cultural competency, race equity, etc.)
- Community (youth activism, mentoring, community service, etc.)
- Economic security (career development, life skills, etc.)
- Physical and Emotional health (seasonal activities like summer camp, opportunities for creative expression, etc.)
- Education (“out-of-school time” programming to support educational engagement like drop-out prevention services, etc.)
- Family (conflict resolution supports like restorative practices, etc.)

Eligible Organizations: Eligible applicants are municipalities, community-based organizations and non-profits.

All funded programs must embed the principles of positive youth development, and promote the well-being of youth by fostering the following:

- Physical and psychological safety.
- Appropriate structure.
- Supportive relationships.
- Opportunities to belong.
- Positive social norms.
- Support for efficacy.
- Opportunities for skill-building.
- Integration of family, school, and community efforts.

Programs eligible for funding must meet the criteria listed below:

- Serve youth under 21 years of age in New York State.
- Provide community-level services, opportunities, and supports designed to promote positive youth development.
- Have a non-discrimination policy and not deny youth services based on ethnic/race, political affiliation, religion, sexual orientation, gender, gender

identity, physical or other disability, national origin, or any protected characteristic under local, state and/or federal law.

- Collect registration data, including participant demographic information, as required by OCFS in a manner that allows for accurate reporting of anonymized aggregate data.
- Demonstrate competency in the areas of governance, monitoring and evaluation, partnership, and financial stewardship.

Line-item budgets should focus on programming costs, including, but not limited to, the following:

- Instructors/direct service staff/coaches/mentors (including training/professional development).
- Purchase of equipment or uniforms.
- Educational programming costs.
- Space cost.

Organizations, expenditures, and activities not eligible for funding are the following:

- For-profit organizations or businesses.
- Private foundations, as defined in section 509(a) of the U.S. Internal Revenue Code.
- Organizations that discriminate based on age; ethnicity/race; political affiliation; religion; sexual orientation; gender; gender identity; physical or other disability; national origin; or any protected characteristic under local, state, and/or federal law.
- Research or project-planning activities.
- Elite or private sports camps, programs, or teams.
- Endowments, memorials, budget deficits, or fundraising activities.
- Religious organizations whose sports programs do not have a secular and community focus.
- Lobbying, political, or fraternal activities.

Funding Opportunity #2

Youth Sports and Education Opportunity Program (YSEP)

Program Year: October 1, 2024 – September 30, 2025

Available Funding: \$17,788

Target Population: Underserved youth ages 6 -17.

Purpose: It is expected that proposed programs provide a variety of sports for a broad range of youth in under-resourced communities. For this funding the definition of sports is flexible and may encompass any organized activities with movement, including physical fitness activities such as yoga, hiking, dance, and active outdoor pursuits.

Eligible Organizations: Eligible applicants are municipalities, community-based organizations and non-profits.

All funded programs must aim to foster the following:

1. Educational connection and achievement – More youth attending and completing school with increased attainment, including collegiate placement success.
2. Physical health and well-being – Increasing physical activity and positive relationships to one’s body.
3. Mental health and well-being – Improving outcomes related to youth’s mental health, and social and emotional skills development and connectedness.
4. Employment – Increasing qualifications and skills, such as collective problem-solving, teamwork, and dispute resolution, which help prepare youth for suitable employment.
5. Community cohesion – Breaking down barriers to reduce discrimination, crime, and violence in communities and help young leaders emerge.

Programs eligible for funding must meet the criteria listed below:

- Provide physical recreation and/or sports activities for youth ages 6-17.
- Serve youth in New York State.
- Demonstrate basic competency in the areas of governance, monitoring and evaluation, partnership, and financial stewardship.
- Have a child protection policy in place that includes adherence to local city, agency, school district, and state child protection guidelines.
- Collect registration data, including participant demographic information, as required by OCFS in a manner that allows for accurate reporting of anonymized aggregate data.

Line-item budgets should focus on programming costs, including, but not limited to, the following:

- Coaches/instructors/direct service staff/mentors (including training/professional development)
- Purchase of equipment or uniforms.
- Educational programming costs
- Facility/field space cost

Organizations, expenditures, and activities not eligible for funding are the following:

- For-profit organizations or businesses.
- Private foundations, as defined in section 509(a) of the U.S. Internal Revenue Code.
- Organizations that discriminate based on age; ethnicity/race; political affiliation; religion; sexual orientation; gender; gender identity; physical or other disability; national origin; or any protected characteristic under local, state, and/or federal law.
- Research or project-planning activities.
- Elite or private sports camps, programs, or teams.
- Endowments, memorials, budget deficits, or fundraising activities.
- Religious organizations whose sports programs do not have a secular and community focus.
- Lobbying, political, or fraternal activities.

Funding Opportunity #3

Youth Team Sports Program (YTS)

Program Year: October 1, 2024 – September 30, 2025

Available Funding: \$35,540

Please Note: This funding requires the additional application

Target Population: Underserved youth under the age of 18

Purpose: This program is grounded in the principles of positive youth development. The sole focus of Youth Team Sports is on team sports. The Youth Team Sports program defines “team sports” as an organized physical activity in which groups of two or more individuals compete with two or more opposing individuals. Sporting activities, where individuals engage in competition on behalf of an organized group, including, but not limited to, team tennis, team golf, or racing sports such as swimming or skiing are included in this definition.

Eligible Organizations: Eligible applicants are community-based organizations and non-profits.

All funded programs must aim to foster the following:

1. Physical health and well-being – Increasing physical activity and positive relationships to one’s body.
2. Mental health and well-being – Improving outcomes related to youth mental health, and social and emotional skills development and connectedness.
3. Employment – Increasing qualifications and skills, such as collective problem-solving, teamwork, and dispute resolution, which help prepare youth for suitable employment.
4. Community cohesion – Breaking down barriers to reduce discrimination, crime, and violence in communities, and help young leaders emerge.

Programs eligible for funding must meet the criteria below:

- Provide team sports activities for youth under age 18 in under-resourced communities.
- Serve youth in New York State.
- Have a child protection policy in place that includes adherence to local city, agency, school district, and state child protection guidelines.
- Collect registration data, including participant demographic information, as required by OCFS in a manner that allows for accurate reporting of anonymized aggregate data.

Line-item budgets should focus on programming costs, including, but not limited to, the following:

- Coaches/instructors/direct service staff/mentors (including training/professional development) necessary to support youth's ability to participate in team sports.
- Referee fees.
- Purchase of equipment or uniforms.
- Capital investment (e.g., swimming facilities, fields, fences, storage, lighting).
- Facility/field space cost.
- Purchase of Automated External Defibrillators (AEDs) by local nonprofit or community-based organizations to support the requirements of Chapter 681 of the Laws of 2023, as amended by Chapter 9 of the Laws of 2024.

Organizations, expenditures, and activities not eligible for funding are the following:

- For-profit organizations or businesses.
- Private foundations, as defined in section 509(a) of the U.S. Internal Revenue Code.
- Organizations that discriminate based on age; ethnicity/race; political affiliation; religion; sexual orientation; gender; gender identity; physical or other disability; national origin; or any protected characteristic under local, state, and/or federal law.
- Research or project-planning activities.
- Elite or private sports camps, programs, or teams.
- Endowments, memorials, budget deficits, or fundraising activities.
- Religious organizations whose sports programs do not have a secular and community focus.
- Lobbying, political, or fraternal activities.

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 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> | |

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|----------------------|
| IMPLEMENTING AGENCY: |
| PROGRAM TITLE: |

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <p>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.</p> | |
| <p>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.</p> | |
| <p>Integration of Family, School & Community Efforts Concordance; coordination and synergy among family, school and community.</p> | |

| 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.



Sullivan County Youth Bureau
INDIVIDUAL PROGRAM APPLICATION
 Program Summary-Program Components

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|----------------------|
| IMPLEMENTING AGENCY: |
| PROGRAM TITLE: |

| | | | |
|-----------------------------------|--|------------------------------|---------------------------------------------------------------------------------------|
| LIFE AREA: (Enter Code) | | GOAL: (Enter Code) | |
| OBJECTIVE: (Enter Code) | | SOS: (Enter Code) | Performance Measures: (Enter Code) How much: How well: Better off: |

Use whole numbers when entering information for Sex, Race/Ethnicity, Ages, and Target Population areas; NOT percentages. Please note, residential programs may only serve young adults ages 21-24 if certified to do so and such services have been documented.

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------|-----------------------------------|----------------------------------|------|
| SEX : (Enter number of participants per sex) | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X | | | | | |
| RACE/ETHNICITY OF PROGRAM PARTICIPANTS: (Enter number of participants per race or ethnic group) | Asian/Bangladeshi | Asian/Burmese | Asian/Chinese | Asian/Filipino | Asian/Indian | |
| | Asian Korean | Asian/Japanese | Asian/Nepalese | Asian/Pakistani | Asian/Vietnamese | |
| | Asian/Other | Pacific Islander/Guamanian and Chamorro | Pacific Islander/Native Hawaiian | Pacific Islander/Samoan | Pacific Islander/Other | |
| | White | Black or African American | Hispanic or Latino | American Indian or Alaskan Native | Two or more Races | |
| | Other (specify): | | | | | |
| PRIMARY LANGUAES SPOKEN AT HOME | <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> French | |
| | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Italian | <input type="checkbox"/> Korean | <input type="checkbox"/> Polish | <input type="checkbox"/> Russian | |
| | <input type="checkbox"/> Spanish | <input type="checkbox"/> Urdu | <input type="checkbox"/> Yiddish | <input type="checkbox"/> Other | | |
| AGES | 0 | 5-9 | 10-14 | 15-17 | 18-20 | 21 + |
| IS TARGET POPULATION SERVING DISCONNECTED YOUTH? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | (Enter number of participants per population described) | | | |

IF APPLICABLE

| | | | | | |
|-----------------------------------|--|-----------------------------|--|---------------------------------------------------------------------------------------|--|
| OBJECTIVE: (Enter Code) | | SOS: (Enter Code) | | Performance Measures: (Enter Code) How much: How well: Better off: | |
|-----------------------------------|--|-----------------------------|--|---------------------------------------------------------------------------------------|--|

Use whole numbers when entering information for Sex, Race/Ethnicity, Ages, and Target Population areas; NOT percentages. Please note, residential programs may only serve young adults ages 21-24 if certified to do so and such services have been documented.

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------|-----------------------------------|----------------------------------|------|
| SEX: (Enter number of participants per sex) | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X | | | | | |
| RACE/ETHNICITY OF PROGRAM PARTICIPANTS: (Enter number of participants per race or ethnic group) | Asian/Bangladeshi | Asian/Burmese | Asian/Chinese | Asian/Filipino | Asian/Indian | |
| | Asian Korean | Asian/Japanese | Asian/Nepalese | Asian/Pakistani | Asian/Vietnamese | |
| | Asian/Other | Pacific Islander/Guamanian and Chamorro | Pacific Islander/Native Hawaiian | Pacific Islander/Samoan | Pacific Islander/Other | |
| | White | Black or African American | Hispanic or Latino | American Indian or Alaskan Native | Two or more Races | |
| | Other (specify): | | | | | |
| PRIMARY LANGUAES SPOKEN AT HOME | <input type="checkbox"/> Arabic | <input type="checkbox"/> Bengali | <input type="checkbox"/> Chinese | <input type="checkbox"/> English | <input type="checkbox"/> French | |
| | <input type="checkbox"/> Haitian Creole | <input type="checkbox"/> Italian | <input type="checkbox"/> Korean | <input type="checkbox"/> Polish | <input type="checkbox"/> Russian | |
| | <input type="checkbox"/> Spanish | <input type="checkbox"/> Urdu | <input type="checkbox"/> Yiddish | <input type="checkbox"/> Other | | |
| AGES | 0 | 5-9 | 10-14 | 15-17 | 18-20 | 21 + |
| IS TARGET POPULATION SERVING DISCONNECTED YOUTH? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | (Enter number of participants per population described) | | | |

Sullivan County Youth Bureau
INDIVIDUAL PROGRAM APPLICATION

Program Summary-Program Components 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 corresponding code. Example:

1 ES: ECONOMIC SECURITY

You would enter code **1 ES**.

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

Example:

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.

Example:

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

You would enter code **111**.

Step 4: Select the Services, Opportunities and Supports your program offers.

Example:

0120 Work Readiness Skills

You would enter code **0121**

Step 5: Enter the Performance Measures to be achieved.

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

Step 6: Enter the following data on your projected Target Population for the participants in the SOS you selected:

Please use whole numbers, not percentages;

- Sex
- Ethnicity
- Ages

And if serving Disconnected Youth, identify the number of participants in each corresponding group (i. e. Youth aging out of foster care; Children of incarcerated parents; Youth in the juvenile justice system who re-enter the community; and Runaway and Homeless Youth.

Step 7: IF APPLICABLE: If more than one SOS is selected for a program, Steps 1-4 must be completed for each SOS.

Note: No more than two SOSs can be selected per program.

Special Notes:

Whether a program is implemented by the youth bureau or implemented by a contracted agency, Steps 1-4 must be completed.

Each Life Area has its own set of Goal(s), Objectives, Services, Opportunities and Supports. Once the Life Area is identified, the Goal(s), Objectives, Services, Opportunities and Supports listed underneath it are the ones that must be completed.

IS MY YOUTH BUREAU FUNDING APPLICATION COMPLETE?

Form 5001

Have I

- included program title?
- included Program Amount and Funds Requested?
- included Agency information?
- included Contact person and Executive Director?
- included an **original ink signature**-no copies or scans?

Form 5002

Have I

- included site information?
- included Program enrollment and projected daily attendance?
- included a brief Program Summary?
- included Gender demographics? Ages?
- written brief descriptions of the features of youth development in your program?

Form 5003

Have I

- included Life Areas, Goal, Objective, SOS and performance Measures?
- included Demographic information: sex, race/ethnicity, primary languages and ages

IS MY UNIVERSAL APPLICATION FOR YOUTH SPORTS COMPLETE?

Form 5011

Have I

- filled out the program name and contact person information? (page 1)
- answered question regarding what sport, physical recreation or athletic instruction your program offers?
- filled in demographic information?
- described the population your program will be serving?
- filled in the purpose of your request (page 2)
- answered the 5 questions regarding education, physical health, mental health, employment, and community cohesion?
- described how you plan on ensuring physical and psychological safety of youth participants?
- checked all the necessary boxes to ensure your application is complete?
- signed my application?