

Additional Information

Program Description & Details:

Program location/address:

Exact days and hours of operation of the program (In addition to including days and hours of operation in the space provided below, all applicants must attach a calendar or daily plan with times, locations, and specific activities):

Describe what extended hours, evening and/or weekend programming you will provide with this program, if any? (Encouraged, but not required):

Exact length of time (weeks) youth will participate:

Will the program include enriching and/or educational field trips?

If so, please list planned locations:

Is this a pilot program?

If not, how long has the program been operating?

What is the direct staff to participant ratio?

Please provide detailed information on program staffing including job titles, responsibilities, qualifications, and specific staffing levels. (You may use separate page(s) as needed)

Organizational Mission: Please provide the mission statement of your organization

Target Population:

Geographic location (community, neighborhood, etc.):

Zip codes served:

Please describe what experience your organization has in serving this population, what strategies will be used to attract and retain the expected number of participants, and how attendance will be tracked.

Please provide a list of your board members:

Service Categories: Due to the limited amount of funding available ONLY programs providing the below listed services as defined by the OCFS Life Areas Coding Document will be considered for funding. The service areas pertaining to economic security and workforce development are prioritized for this funding cycle. Applications willing to develop and provide programs in these service categories will receive additional points in the scoring of their proposal.

- * Work Readiness Supports (1ES)
- * Healthy Lifestyles (2PEH)
- * Career Development Supports (1ES)
- * Academic Support Services (3ED)
- * Life Skills Supports (1ES)
- * Youth Leadership/Empowerment Opportunities (4CVC)
- * Alcohol & Substance Abuse Prevention Services (2PEH)
- * Juvenile Delinquency Prevention Services (4CVC)
- * Year/Round Seasonal Activities (2PEH) Mentoring Supports (6COM)

Touchstone Life Areas: The eligible service categories listed above are Services, Opportunities, and Supports (SOS) as established by the NYS Office of Children and Family Services Touchstones “**Life Areas**”. These service categories can be found within the NYS OCFS Program Summary-Program Components (OCFS-5003) CODING DOCUMENT. When selecting a service category please refer to the specific program components listed in the coding document and most importantly the associated performance measures as all funded program will be required to report the identified outcome measurements at the end of the award year. A clear plan on how this data will be captured will help ensure later success.

Performance Measures (enter codes): Common Performance Measures:

How Much (enter code): _____

What tools will you use to capture the data?

How Well (enter code): _____

What tools will you use to capture the data?

Better Off (enter code): _____

What tools will you use to capture the data?

Program Narrative

Please provide a detailed description of your proposed program. In addition to program elements specific to your application, please include information on the following components:

How will the program serve youth in high-need and underserved neighborhoods and what specific elements of the program will target the needs of this population?

Describe any and all partnerships and/or collaborations with other agencies/service providers/institutions that serve to create comprehensive positive youth development opportunities.

How will the program seek to engage and partner with the surrounding community and in what ways will this engagement serve to mutually benefit and strengthen both the agency and community?

Due to limited opportunities for Rensselaer County Youth to engage in positive Youth Development Programs outside of the hours of traditional day programs the Erie County Youth Bureau and Youth Board are encouraging, where appropriate, agencies to offer after-hours programming including weekends. Please describe if and how your program will provide after-hours services.

What is the program’s ability to provide the service to individuals with special needs; i.e. disabilities, language and cultural barriers, etc.?

What is the program’s ability to provide culturally appropriate services as well as language translation services?

Are interpreter services provided as needed? Costs may be included in budgeted direct operating costs.

Performance Measures:

Please describe how the program has been measured in the past. Please demonstrate how data indicates young people benefit from program involvement and how data has been used to improve the program.

Additionally, please describe a plan for capturing data required for reporting on the performance measures associated with the service category selected.

Agency Experience and Qualifications:

The successful Applicant will:

- * Have the ability to manage funds from a government funding source, maintain billing systems, and achieve any reporting requirements,
- * Maintain a skilled and appropriately educated workforce, and maintain regular communication with RCDFY in a timely manner.

Budget:

Please complete the following budget-related questions as well as the included OCFS 5005 budget form. Only include budget information pertaining to the program for which you are requesting funding. Please note: the Rensselaer County Youth Bureau will not support major equipment purchases for the Youth Development Programming program such as televisions, video game systems, etc.

Please list other confirmed funding sources for this program. This should include foundation grants, public/government applicants, corporations, individuals, earned income, and/or your organization’s contributions.

Please include the program’s cost per student.

Are there ANY fees charged to program participants? If so, please provide a description of the cost, its purpose and include the total anticipated income under other revenue sources.

Please also include and explain the process to accept youth whose family cannot afford to pay the program fee(s). (Documentation of a tiered payment or scholarship system for families experiencing economic hardship or who qualify for public assistance is a requirement to be considered for any award)

Please list the percentage of your grant request that will go toward direct programming.

Please list your fiscal officer, including contact information.
