

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

Sponsoring Municipality: _____ County: _____

Implementing Agency: _____

Total Program Budget	\$		(100%)
OCFS Funds Requested	\$	(% of Total)
*Youth Bureau Allocated	\$		
*Funding Category			
*Youth Bureau Only			

Program Title: _____

Agency Street Address: _____

City: _____ State: _____ Zip Code: _____

Federal ID#: _____

Charities Reg.#: _____

Period of Actual Program Operation	
FROM _____	TO _____
Hours of Operation	
FROM _____	TO _____
<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

Executive Director Board Chairperson () ()
 Other _____ TELEPHONE NUMBER FAX NUMBER

PRINT NAME SIGNATURE

EMAIL ADDRESS WEBSITE (IF APPLICABLE)

CONTACT PERSON TITLE TELEPHONE NUMBER

EMAIL ADDRESS FAX NUMBER

FISCAL OFFICER TITLE TELEPHONE NUMBER

EMAIL ADDRESS FAX NUMBER

The Agency Is: Private, Not for Profit Public Religious Corporation

PROGRAM SITES Most Significant (3 Maximum)		Assembly Dist. No.	NYS Senate Dist. No.	Local Plan'g Bd	City Council District
Type	Address (Street, City, State, Zip)				

MUNICIPAL AGENCIES ONLY

Check if: <input type="checkbox"/> Joint Program <input type="checkbox"/> Purchase of Service
1. Name of Other Participating Municipalities: _____
2. Is the attached Program Total Budget (Form OCFS-3107) a combined budget for all participating municipalities? <input type="checkbox"/> Yes <input type="checkbox"/> No