

# Program Application Niagara County Youth Bureau

Program Information	
Program Title:	
Program Director:	
Program Address:	
City:	Zip Code:
Phone:	Fax:
E-mail:	
Total Program Budget:	
OCFS Funds Requested:	
Funding Type: <input type="checkbox"/> General(YDP) <input type="checkbox"/> Runaway/Homeless Youth <input type="checkbox"/> Sports	

Agency Information	
This agency <input type="checkbox"/> Private, Not for Profit <input type="checkbox"/> Public <input type="checkbox"/> Religious Corporations is:	
Implementing Agency:	
Executive Director/Board Chair/Other:	
Address:	
City:	Zip Code:
Phone:	Fax:
E-Mail (For Contract to be sent):	
Website:	
Federal ID#: Charities Registration #:	

Contact Person For Agency	
Contact Name, Title:	
E-mail (For Contract to be sent):	
Phone & Ext:	Fax:

The individual submitting this proposal on behalf of his or her firm, certifies by signature below that:

- he or she has read and understood the full Request for Proposal cited above; and
- he or she is duly authorized to submit the proposal on behalf of the business entity noted above.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Disclaimer:** All pages must be complete.  
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Program Sites					
Site Type	Site Name	Street Address	City	State	Zip

Program Operation Dates (Accurately submit dates for YB visitation use.)	
2025-26 Dates of Program	From Click or tap to enter a date. To: Click or tap to enter a date.
Hours of Program	From:                      To:
Days of Program	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su

Estimated Program Attendance (Please use whole numbers NOT percentages) (Totals of Age of Participants and Race/Ethnicity <b>MUST</b> equal total Program Enrollment)			
Total Program Enrollment:		Projected Daily Attendance:	
Gender of Participants	Male:	Female:	X:

Age of Participants #	
0-4	
5-9	
10-14	
15-17	
18-20	
Over 21	

Race/Ethnicity #	
Asian	
Pacific Islander	
White	
Black or African American	
Hispanic or Latino	
American Indian	
Two or More Races	

Is target population serving disconnected youth?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please indicate the # of youth annually in each of the categories below.			
Estimated number of youth			
Youth aging out of foster care		Children of incarcerated parents	
Youth in juvenile justice system		Runaway and homeless youth	

Please continue to Page 3.

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## AGENCY PROGRAM PROFILE

<b>Program Summary:</b>

<b>Does your organization charge a fee/membership for the program being applied for?</b>	
<b>Fee:</b> <input type="checkbox"/> <b>Membership:</b> <input type="checkbox"/>	<b>Amount:</b>
<b>If yes, please describe your scholarship policy for youth and families unable to afford the program:</b>	

<b>Program Summary-Program Components</b> (Please refer to OCFS 5003- Program Components Coding Document) <b>(LEAVE BLANK IF SPORTS)</b>		
<b>SAME AS PRIOR YEAR:</b> <input type="checkbox"/>	<b>LIFE AREA:</b>	<b>GOAL:</b>
<b>OBJECTIVE:</b>	<b>SOS:</b>	<b>Performance Measures</b>  <b>How much (a):</b> <b>How well (b):</b> <b>Better off (c):</b>

\*Newly funded programs will have additional materials to complete if funding is allocated to them\*

Please continue to Page 4.

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Total Program Budget Summary – Must be submitted as accurately as possible.

Funding Year: October 1, 2026 –September 30, 2027

Agency/Municipality:

Program Name:

**Personnel Services**

Position Title	Rate of Pay	Basis (W, BW, SM)	Total OCFS Program Amount	Total OCFS Funds Requested for
Total Salaries & Wages Total Fringe Benefits Total Personal Services				

**Contracted Services & Stipends**

Type of Service or Consultant Title	Rate of Pay	Basis (S, M, HR)	Total OCFS Program Amount	Total OCFS Funds Requested for this Program
Total Contracted Services				

Maintenance & Operation (all other expenses except facility repairs)	Total OCFS Program Amount	Total OCFS Funds Requested for this Program
Consumable Supplies: to include food		
Maintenance/Equipment Repairs		
Equipment Rentals (list in space at right)		
Equipment Purchases (list in space at right)		
Space Rentals (indicate rate/basis/type at right)		
Travel (includes mileage rate @0.     per mile)		
Training Expenses		
Utilities and Telephones		
Other Costs (list in space at right)		
Total Maintenance & Operation		
Total OCFS Program Amount		
Total OCFS Requested Amount		

List other funding sources:	Actual 2026	Estimated 26-27
Grants		
Municipal funding		
UW		
Other sources		

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