NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

AGENCY- PROGRAM PROFILE

IMPLEMENTING AGENCY:
PROGRAM TITLE:

SITE INFORMATION Most Significant *(3 Maximum)* (*using the following types only*): Agency, Athletic Fields, Campsite, Church, Community/Youth Center, Gym, Housing Project, Library, Office, Playground, Pool, Program, School/Classroom, or Shelter.

Type	**Address *(street, city, state, zip)***

Projected total program enrollment:	**Projected daily attendance**:

PROGRAM SUMMARY: (maximum of 100 words)

Please 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)					
	Male		Transgender Boy/Man		Other
	Female		Transgender Girl/Woman		
	X		GNC/Non-binary		

RACE/ETHNICITY OF PROGRAM PARTICIPANTS: *(Enter number of participants per race or ethnic group)*	Alaskan Native	American Indian	Asian/Not Specified	Asian/Bangladeshi	Asian/Burmese
	Asian/Chinese	Asian/Filipino	Asian/Indian	Asian Korean	Asian/Japanese
	Asian/Nepalese	Asian/Pakistani	Asian/Thai	Asian/Vietnamese	Asian/Not Listed
	Black or African American/Not Specified	Black or African American/Caribbean	Black or African American/Haitian	Black or African American/Native African	Black or African American/Not Listed
	Middle Eastern/ Not Specified	Middle Eastern/ Armenian	Middle Eastern/ Iranian	Middle Eastern/ Iraqi	Middle Eastern/ Israeli
	Middle Eastern/ Lebanese	Middle Eastern/ Jordanian	Middle Eastern/ Palestinian	Middle Eastern/ Saudi	Middle Eastern/ Syrian
	Middle Eastern/ Yemeni	Middle Eastern/ Not Listed	North African/Not Specified	North African/ Algerian	North African/ Egyptian
	North African/ Libyan	North African/ Moroccan	North African/ Sudanese	North African/ Tunisian	North African/ Not Listed
	Pacific Islander/ Not Specified	Pacific Islander/ Guamanian and Chamorro	Pacific Islander/ Native Hawaiian	Pacific Islander/ Samoan	Pacific Islander/ Not Listed
	White	Hispanic or Latino	Two or more Races	Not Reported	Unknown
	Declined	Other (specify):			
PRIMARY LANGUAGES SPOKEN AT HOME	Arabic	Bengali	Chinese	English	French
	Haitian Creole	Italian	Korean	Polish	Russian
	Spanish	Urdu	Yiddish	Other	
AGES	0	5-9	10-14	15-17	18-20	21 +

HOW MANY YOUTH WILL THE PROGRAM SERVE IN EACH OF THE FOLLOWING CATEGORIES?

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 positive 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.
Physical and Psychological Safety Safe and health-promoting facilities; practices that increase safe peer group interaction and decrease unsafe or confrontational peer interactions.	
Appropriate Structure Limit setting; clear and consistent rules and expectations; firm enough control; continuity and predictability; clear boundaries; and age appropriate monitoring.	
Supportive Relationship Warmth; closeness; connectedness; good communication; caring; support; guidance; secure attachment; and responsiveness.	
Opportunities to Belong Opportunities for meaningful inclusion, regardless of one's sex, ethnicity, sexual orientation, or disabilities; social inclusion, social engagement and integration; opportunities for socio-cultural identity formation; and support for cultural and bicultural competence.	

IMPLEMENTING AGENCY:
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Positive Social Norms Rules of behavior; expectations; injunctions; ways of doing things; values and morals; and obligations for service.	
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.	
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.	

IMPLEMENTING AGENCY:
PROGRAM TITLE:

Integration of Family, School & Community Efforts Concordance; coordination and synergy among family, school and community.	
Monitoring & Evaluation Methods	(Please describe in 100 words or less)
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 the process used to monitor your funded programs based on the above definition. Please include the person(s) responsible for monitoring, frequency of monitoring and documentation of monitoring activities.	
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 actually running as originally planned. Describe the process to be used to evaluate the attainment of the objectives. Please include the person(s) who conduct the evaluation, the objectives measured, when the evaluation will be conducted and how the results will be used.	

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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 (using 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 of 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 **OCFS-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 - include the characteristics of the youth to be served; under Geographic Area, include the 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.

Sex, Race/Ethnicity and Ages of Program Participants: Enter basic demographic information on the programs target population. Please use whole numbers, not percentages;. Please note that RHY residential Program 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 documentation can be provided that this particular population is being served by your program. Please refer to the website resources section of this document for further explanation of Disconnected Youth. **Please use whole numbers, not percentages;**

Features of Youth Development Settings: Please describe how the program for which you are requesting funding addresses each of the Features of Positive Developmental 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.