

# 2025 Broome County Youth Bureau Grant Application Form

## NYS OFFICE OF CHILDREN & FAMILY SERVICES YOUTH BUREAU FUNDING APPLICATION

Name of Program \_\_\_\_\_ Sponsoring Agency \_\_\_\_\_

Requested/Participant Amount: \_\_\_\_\_ Program/ Participant Amount: \_\_\_\_\_

Will you accept less than the requested amount ? Yes/ No

Explain why or why not:

### Application Instructions

Please fill out the following questions in the application, program coversheet and appropriate OCFS (Office of Children & Family Services) 5001, 5002, and 5003 forms.

### Program Core Features

**What kinds of services, opportunities, and/or supports will you be providing?**

Your Answer:

### NEED STATEMENT

**What community needs will be addressed through your program's services, opportunities and/or supports?**

**Please include relevant data and research to document these community needs.**

Your Answer:

**What are your expected outcomes and proposed success measures? (e.g. increased number of participants, planned outreach to the community, success story from prior year grant)**

Your Answer:

**Service Coordination**

**Please identify what organizations your program collaborates with. In addition, please list all other funding sources for this program.**

Your Answer:

**ORGANIZATIONAL QUALIFICATIONS**

**What are the qualifications of your agency and staff to address these programs?**

Your Answer:

**EFFORTS TO OBTAIN FUNDS FROM ALTERNATIVE SOURCES**

**How will this program be sustained on a long-term basis if government funds are reduced or eliminated?**

Your Answer:

**Is there a charge for your program? If so, justify the reason for charging fees for your program.**

Your Answer:

**Application Deadline and Submittal Instructions**

The deadline for this application is Monday, July 15, 2024, 4:00 p.m. No exceptions will be made.  
Mailing Address: Broome County Youth Bureau 60 Hawley Street. Binghamton, NY 13902.

Please submit the forms below with your application (ONE Hard Copy and ONE Electronic):

- *Program Fillable Coversheet*
- *Program Budget Summary*
- *Universal Application for Youth Funding (only if applying for YTS or YSEF)*
- *OCFS 5001*
- *OCFS 5002*
- *OCFS 5003*
- *New Applicants- W9 Form & Proof of 501c3 Status*

*Please keep each response to 350 words unless otherwise noted.* I certify that all the information above is correct and not misleading.

Sign \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_