

## YDP FUNDING ELIGIBILITY

YDP-funded programs must provide a variety of developmental opportunities to youth under 21 years of age. YDP-funded programs are designed to promote positive youth development by advancing the well-being of youth.

OCFS encourages Youth Bureaus to fund a wide variety of youth development programs including, but not limited to, the following:

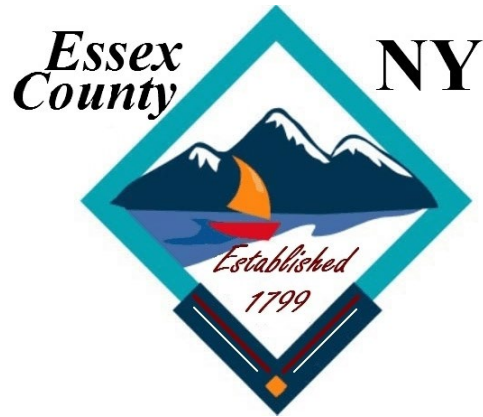
- Citizenship & Civic Engagement (youth leadership, cultural competency, race equity, etc.)
- Community (youth activism, mentoring, community service, etc.)
- Economic Security (career development, life skills, etc.)
- Physical and Emotional Health (seasonal activities like summer camp, opportunities for creative expression, etc.)
- Education (“out-of-school time” programming to support educational engagement like drop-out prevention services, etc.)
- Family (conflict resolution supports like restorative practices, etc.)

All programs funded with YDP must embed the principles of positive youth development, and promote the well-being of youth, by fostering the following<sup>2</sup>:

- Physical and psychological safety.
- Appropriate structure.
- Supportive relationships.
- Opportunities to belong.
- Positive social norms.
- Support for efficacy.
- Opportunities for skill-building.
- Integration of family, school, and community efforts.

Programs eligible for funding must meet the criteria below:

- Serve youth under 21 years of age.
- Provide community-level services, opportunities, and supports designed to promote positive youth development.
- Have a non-discrimination policy and not deny youth services based on ethnicity/race, political affiliation, religion, sexual orientation, gender, gender identity, physical or other disability, national origin, or any protected characteristic under local, state, and/or federal law.
- Collect data, including participant demographic information, as required by OCFS in a manner that allows for accurate reporting of anonymized aggregate data.
- Demonstrate competency in the areas of governance, monitoring and evaluation, partnership, and financial stewardship.



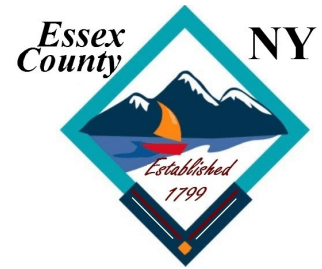
# REQUEST FOR PROPOSAL

## YOUTH DEVELOPMENT PROGRAM FUNDING (YDP)

1. NAME OF ORGANIZATION: \_\_\_\_\_
2. NAME OF PERSON(S) APPLYING: \_\_\_\_\_
3. ADDRESS OF ORGANIZATION: \_\_\_\_\_
4. CONTACT TELEPHONE #: \_\_\_\_\_
5. CONTACT E-MAIL: \_\_\_\_\_
6. CONTACT FAX #: \_\_\_\_\_

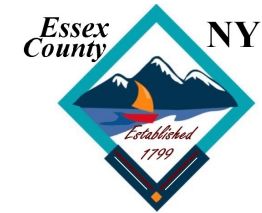
7. PROJECT DESCRIPTION:

*ALL APPLICATIONS MUST HAVE A NARRATIVE THAT ADDRESS THE FOLLOWING COMPONENTS: PROBLEM IDENTIFICATION, PROPOSED SOLUTION, OPERATION PLAN (INCLUDING GOALS & OBJECTIVES), AND AN EVALUATION PLAN – (PLEASE SEE ATTACHED INSTRUCTIONS)*



## BUDGET SUMMARY

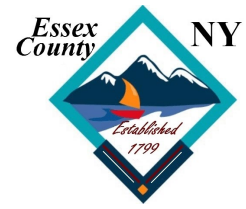
| BUDGET SUMMARY                       | ESSEX COUNTY | ORGANIZATION MATCH |
|--------------------------------------|--------------|--------------------|
| PERSONNEL SERVICES: JOB TITLE (S)    |              |                    |
|                                      | \$           | \$                 |
|                                      |              |                    |
|                                      |              |                    |
| TOTAL PERSONNEL SERVICES:            | \$           | \$                 |
| OTHER THAN PERSONNEL SERVICES:       |              |                    |
| SUPPLIES & EQUIPMENT                 | \$           | \$                 |
| TRAVEL & TRAININGS                   | \$           | \$                 |
| CONTRACTS                            | \$           | \$                 |
| OTHER EXPENSES                       | \$           | \$                 |
|                                      | \$           | \$                 |
| TOTAL OTHER THAN PERSONNEL SERVICES: |              |                    |
| GRAND TOTAL:                         | \$           | \$                 |



# BUDGET JUSTIFICATION

## *PERSONNEL SERVICES*

| TITLE            | NAME | HOURLY<br>WAGE | HOURS DEDICATED<br>TO PROJECT | TOTAL PERSONNEL |
|------------------|------|----------------|-------------------------------|-----------------|
|                  |      |                |                               |                 |
|                  |      |                |                               |                 |
|                  |      |                |                               |                 |
|                  |      |                |                               |                 |
|                  |      |                |                               |                 |
|                  |      |                |                               |                 |
|                  |      |                |                               |                 |
|                  |      |                |                               |                 |
| TOTAL PERSONNEL: |      |                |                               |                 |



## BUDGET JUSTIFICATION

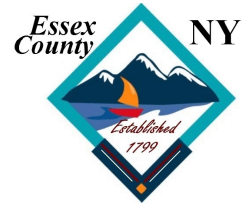
## *SUPPLIES & EQUIPMENT*

[illegible]

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### CONDITIONS:

- IF APPROVED, THE APPLICANT AGENCY WILL ENTER INTO A CONTRACT WITH ESSEX COUNTY TO PROVIDE THE SERVICES IDENTIFIED IN THE APPLICATION.
- ANY MONEY WHICH IS UP FRONTED AND NOT SPENT MUST BE RETURNED TO ESSEX COUNTY.
- ANY AMENDMENTS TO THE BUDGET MUST BE APPROVED BY ESSEX COUNTY.
- ALL EXPENSES INCURRED MUST BE MADE AVAILABLE TO ESSEX COUNTY PERSONNEL FOR AUDITING PURPOSES.

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PRINTED NAME & TITLE

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SIGNATURE

---

DATE

### PLEASE RETURN ALL APPLICATIONS TO:

BY MAIL:

**ESSEX COUNTY YOUTH BUREAU**

PO Box 217

7551 COURT ST.

ELIZABETHTOWN, NY 12932

BY EMAIL:

**Brandy.Olcott@essexcountyny.gov**

## **QUICK REFERENCE GUIDE TO WRITING A PROPOSAL**

USE THIS GUIDE WHEN WRITING YOUR PROPOSAL TO DEVELOP A BETTER APPLICATION. APPLICATIONS WILL BE REVIEWED BASED ON COMPLETENESS, POTENTIAL IMPACT, BUDGET REQUEST AND THE PAST PERFORMANCE OF THE APPLICANT. ALL PROPOSALS MUST ADDRESS A NEED AND ON CONTRIBUTE TO THE GOALS OF ESSEX COUNTY.

### **PROBLEM IDENTIFICATION**

|                |                                                                                |
|----------------|--------------------------------------------------------------------------------|
| <b>WHO →</b>   | WHO IS AFFECTED?                                                               |
| <b>WHAT →</b>  | WHAT IS THE PROBLEM?                                                           |
| <b>WHERE →</b> | WHERE DOES YOUR PROBLEM OCCUR? WHEN APPROPRIATE, PROVIDE SPECIFIC LOCATIONS.   |
| <b>WHY →</b>   | WHY DOES THIS PROBLEM EXIST? WHAT ARE THE CONTRIBUTING FACTORS?                |
| <b>WHEN →</b>  | WHEN DOES THE PROBLEM OCCUR?                                                   |
| <b>DATA →</b>  | PROVIDE DATA THAT IDENTIFIES YOUR PROBLEM AND SUPPORTS YOUR PROPOSED SOLUTION. |

### **PROPOSED SOLUTION**

#### **WHAT DO YOU INTEND TO ACCOMPLISH?**

INCLUDE SPECIFIC AND MEASURABLE ACTION STATEMENTS.

#### **GOAL, OBJECTIVES AND PERFORMANCE MEASURES**

WHAT DO YOU HOPE TO ACHIEVE? HOW DO YOU PLAN TO ACHIEVE IT? HOW WILL YOU MEASURE YOUR PROGRESS?

#### **OPERATIONAL PLAN (WORK PLAN)**

THIS PLAN DESCRIBES WHAT YOU WILL DO DURING THE PROJECT PERIOD. IT SHOULD INCLUDE SUMMARY OF TASKS, THEIR TIMEFRAMES AND WHO WILL BE INVOLVED IN COMPLETING THEM. FOR EXAMPLE, YOU SHOULD DESCRIBE THE ACTIVITIES YOU WILL SPONSOR, WHO WILL PARTICIPATE IN THEM AND WHEN WILL THEY BE HELD. YOU SHOULD INCLUDE MILESTONES, A CHRONOLOGICAL LIST OF SPECIFIC MAJOR ACTIVITIES OR EVENTS THAT WILL TAKE PLACE DURING THE PROJECT PERIOD.

#### **EVALUATION (IMPACT MEASUREMENT)**

HOW WILL YOU MEASURE WHAT YOU SET OUT TO DO? DESCRIBE HOW YOU WILL DETERMINE WHETHER YOUR PROJECT HAS HAD THE INTENDED OUTCOME. (EXAMPLES: NUMBER OF PRESENTATIONS, NUMBER PARTICIPATED, SURVEY RESULTS).