**OCFS-4836** (01/2016)

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

# REQUEST FOR A RUNAWAY AND HOMELESS YOUTH PROGRAM

# OR TRANSITIONAL INDEPENDENT LIVING PROGRAM

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| AGENCY: | |
| PROGRAM: | COUNTY: |
| RUNAWAY PROGRAM APPLICATION CHECKLIST | |
| To be an Approved Runaway and Homeless Youth (RHY) or Transitional Independent Living Support Program (TILP) pursuant to the Runaway and Homeless Youth Act (RHYA) and Regulations, proposed agencies must be submitted by the County Youth Bureau as part of its County Child and Family Service Plan, and operate in compliance with all provisions of the RHYA statutes and regulations.  The following information and documentation is required to be considered for approval. Final decision on each application shall be made by the Office of Children and Family Services (OCFS). Approved Runaway and Homeless Youth (RHY) or Transitional Independent Living Support Programs (TILP) status does not guarantee funding.  **Directions:** The County RHY Coordinator should utilize this checklist to collect the documents noted from the program. Upon review, the County RHY Coordinator sends the signed checklist and documents to the assigned OCFS Regional RHY coordinator. | |

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| SECTION A – Agency Information | | |
| Name of Agency: | | |
| County: | | |
| Location of Program: | | |
| Requested Action:  Approval of Incorporation OR  Operating Certificate | | |
| New Program:  Yes  No | | |
| Program Type:  Approved Runaway Program: Emergency Shelter Under the age of 18  16-21 years old | | |
| Approved Runaway Program: Interim Family Under the age of 18  16-21 years old | | |
| Transitional Independent Living Support Program: Group *(6-20 youths; 24/7 onsite supervision)*  16-21 years old | | |
| Transitional Independent Living Support Program: Supported *(1-5 youths; 3 hours min. daily supervision)*  16-21 years old | | |
| **Proposed Number of Youth to be served:** |  |  |
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| SECTION B – Program Description and Purpose *(Please provide the following in a narrative or with an attachment).* | | | |
| Item | Program | County RHY Coordinator | Regional Office |
| 1.) Information establishing public need |  |  |  |
| 2.) Data establishing public need |  |  |  |
| 3.) Program operating budget |  |  |  |

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| SECTION C – Background of Agency *(Please provide the following in a narrative or with an attachment).* | | | |
| Item | Program | County RHY Coordinator | Regional Office |
| 1.) Organizational history |  |  |  |
| 2.) Copy of most recent annual report |  |  |  |
| 3.) Financial Information: |  |  |  |
| ● Existing Corporation |  |  |  |
| 1. Copy of most current Certified Public Account (CPA) fiscal audit report |  |  |  |
| 1. Evidence any deficiencies noted in audit report have been corrected (if applicable) |  |  |  |
| c.) A balance sheet |  |  |  |
| d.) A revenue and expense statement |  |  |  |
| e.) Changes in fund balance |  |  |  |
| f.) A plan to liquidate the deficit if there is  one in the fund balance |  |  |  |
| ● New Corporation Only |  |  |  |
| 1. A budget of projected fundraising |  |  |  |
| b.) Total funds to be raised to establish the  corporation |  |  |  |
| 1. Demonstration proposed program will be   self-sustaining for 5 years |  |  |  |

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| SECTION D – Program Director Qualifications *(Please attach the following items).* | | | |
| Item | Program | County RHY Coordinator | Regional Office |
| 1.) Program Director experience with operatingYouth Service Program:- Documentation AND/OR- Resume |  |  |  |

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| SECTION E – Current charities Registration *(Please provide the following in a narrative or with an attachment).* | | | |
| Item | Program | County RHY Coordinator | Regional Office |
| 1.) Filing receipt from Charities Registration Bureau  **OR** |  |  |  |
| 2.) Letter on agency letterhead stating agency is exempt as a religious organization |  |  |  |
| 3.) Charities Registration Number:  <http://charitiesnys.com> to find agencies registration number |  |  |  |

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| SECTION F – Board of Directors *(Please provide the following in a narrative or with an attachment).* | | | |
| Item | Program | County RHY Coordinator | Regional Office |
| 1.) List of the Board of Directors |  |  |  |
| 2.) Board of Directors Qualifications: experience  **and/or** training in the legal, fiscal and service aspects of youth programs. Can be demonstrated through: ● Resume ● Degrees ● Affiliations |  |  |  |
| 3.) Notarized statement, signed by the chief executive officer of a municipality or president of the Board of Directors stating: *"to the best of my knowledge, no member of the Board or its advisory bodies is directly or indirectly engaged in any business which conflicts with the discharge of his/her duties as a member of the Board."* |  |  |  |

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| SECTION G – County Approval *(Please provide the following with an attachment).* | | | |
| Item | Program | County RHY Coordinator | Regional Office |
| 1.)Program is part of the County Child and Family  Service Plan **OR** Addendum |  |  |  |

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| SECTION H – Articles of Incorporation *(Please provide the following information with an attachment).* | | | |
| Item | Program | County RHY Coordinator | Regional Office |
| 1. Copy of articles of incorporation and all amendments |  |  |  |
| 1. For residential programs, articles containing a corporate purpose clause empowering the agency *"To care for destitute, delinquent, abandoned, abused, neglected or dependent children.”* |  |  |  |
| 3.) Proof that corporate papers have been filed  with the Department of State |  |  |  |

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| SECTION I – Signatures |

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| Submitted by Program Director | SIGNATURE: | Date: |
| Reviewed and submittedBy County RHY Coordinator | SIGNATURE: | Date: |
| Reviewed and Approved byOCFS Regional Staff | SIGNATURE: | Date: |