2025 Broome County Youth Bureau Grant Application Form

NYS OFFICE OF CHILDREN & FAMILY SERVICES YOUTH BUREAU FUNDING APPLICATION

Name of Program	Sponsoring Agen	Sponsoring Agency				
Requested Amount:	Funding Request:	YDP	RHY	YSEF	YTS	
Will you accept less than the requested am	nount ? Yes/ No					
Explain why or why not:						
APPLICATION INSTRUCTIONS						
Please fill out the following questions in the Children & Family Services) 5001, 5002, and PROGRAM CORE FEATURES What kinds of services, opportunities, and	d 5003 forms.		ropriate OC	FS (Office o	f	
Your Answer:	,,					
NEEDS STATEMENT						
What community needs will be addressed			ınities and/	or supports	;?	
Please include relevant data and research Your Answer:	to document these community	/ needs.				

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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:				
	ganizations your program collaborates with. In addition, please list all other funding			
ources for this progr	n.			
Your Answer:				
DRGANIZATIONAL (IALIFICATIONS			
	ions of your agency and staff to address these programs?			
Your Answer:				

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	EFFORTS TO OBTAIN FUNDS 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 cha	rge for your program? If so, justify the reason for charging fees for your progra	am.				
APPLICATIO	N DEADLINE AND SUBMITTAL INSTRUCTIONS					
	for this application is Monday, July 14, 2025, 3:00 p.m. No exceptions vess: Broome County Youth Bureau 60 Hawley Street. Binghamton, NY 13					
ProgUnivOCFSOCFSNew	it the forms below with your application (ONE Hard Copy and ONE Elect ram Budget Summary ersal Application for Youth Funding (only if applying for YTS or YSEF) 5 5001 5 5002 6 5003 Applicants- W9 Form & Proof of 501c3 Status	ronic):				
Sign	Title	Date				