

**Tompkins County Youth Services Department**

2017 GRANT APPLICATION PACKAGE

**THIS PACKAGE INCLUDES:**

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* Appendix C: Additional Pertinent Information

# An electronic version of this application is available online at

# www.tompkinscountyny.gov/youth

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#### Tompkins County Youth Services Department

**2017 Grant Funding Guidelines**

# Introduction

# The Tompkins County Youth Services Department is requesting proposals for funding to support programs for Tompkins County youth under the age of 24 that provide services, opportunities and supports designed to improve youth outcomes in the community goals set forth in the Achieving Youth Results (AYR) Framework. AYR is based on Touchstone Goals developed by the New York State Council on Children and Families, goals are organized by major life areas: Economic Security; Physical & Emotional Health; Education; Engagement; Family; and Community. Each goal area has a set of indicators and objectives that cut across all service systems and allows organizations with diverse missions to come together to improve conditions for children and families. Outlined in Appendix A of this RFP are the AYR Goals, Objectives, and Indicators that have been prioritized in the Tompkins County Child & Family Services Plan for funding and the Services, Opportunities, Supports and Office of Children and Family Services (OCFS) Outcome Measures associated with them. This opportunity is for funding beginning January 1, 2017 which will be renewable based on performance and available funding through 2019, with an option to extend an additional 2 years. Total funding available for all awards provided is approximately $350,000.

# Mission

The mission of the Tompkins County Youth Services Department is to invest time, resources, and funding in communities to enable all youth to thrive in school, work and life.

# Eligible Applicants

Domestic public and private nonprofit entities (as determined by the IRS) providing services in Tompkins County to youth in the targeted age group (0-24).

Eligible programs must provide community-level services designed to promote positive youth development as outlined in the *Features of Positive Youth Development Settings* and which respond to locally identified youth needs in Tompkins County. Eligible programs must provide a Service, Opportunity or Support related to one of the Achieving Youth Results Goal areas prioritized in **Appendix A** and track at least one (1) of the OCFS Outcome Measures for each category (How Much; How Well; Better Off). Eligible programs must be Outcome Based and provide quantifiable and verifiable indicators by which program performance will be measured.

# Review Process

1. All interested organizations MUST complete a pre-proposal application and submit it by April 15, 2016. Pre-proposals will be reviewed and evaluated by the Tompkins County Youth Services Board Resource Allocation Committee and the Youth Services staff for impact, understanding of youth development strategies and cost effectiveness. Only those applicants who receive notification of successful completion of the pre-application will be eligible to submit a full proposal.
2. All full proposals will be reviewed and evaluated by the Tompkins County Youth Services Advisory Board Resource Allocation Committee and the Youth Services staff for cost effectiveness, impact, measurable outcomes and completed checklist.
3. **All questions related to this RFP must be submitted in writing** to the Tompkins County Youth Services Department via email to Amie Hendrix (ahendrix@tompkins-co.org). Pre-proposal questions must be submitted by 3:30pm on April 1, 2016 and full proposal questions are due by April 29, 2016. Responses will be posted on the Tompkins County Youth Services Department website as they are completed, all pre-proposal responses will be posted by 3:30 pm on April 8, 2016and full proposal responses will be posted by May 6, 2016 at 3:30 pm.
4. By submitting an application, your organization asserts that the Pre-Proposal Application and Request for Proposals document has been reviewed in its entirety and all information is correct. Incorrect or incomplete information in a submission is a liability and not the responsibility of the Youth Services Department to correct or amend. Proposals hand delivered to the Youth Services Department must be dropped off at the **Security Window**. It’s recommended that agencies call ahead to ensure proper delivery to a Youth Services Staff member (607-274-5310). **Incomplete, lost or late proposals will not be accepted.**
5. Recommendations and appropriations of the Tompkins County Youth Services Department and Board are subject to final approval by the Tompkins County Legislature and are contingent on the availability of funding.

# Formatting Requirements

Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each, and numbered. Please adhere to page limits noted in the program narrative sections and use charts/formatting as provided. In the budget section utilize the provided formatting for creating your budget.

**Key Dates & Notification of Funding**

**April 1** All questions for pre-proposal must be submitted in writing to Amie Hendrix (ahendrix@tompkins-co.org) by 3:30 PM. Questions will be posted as they come in.

**April 8** All responses to questions will be posted on the Tompkins County Youth Services website by 3:30 PM

**April 15** Pre-Proposal Application due to the Tompkins County Youth Services Department by 3:30 PM

**April 22** Notice will be given to organizations that have successfully completed the pre-approval process therefore making them eligible to submit a full proposal

**April 29** Full proposal questions must be submitted in writing to Amie Hendrix (ahendrix@tompkins-co.org) by 3:30pm. Questions will be posted as they come in, please check website on a continual basis.

**May 6** All responses to questions will be posted on the Tompkins County Youth Services website.

**May 20** Full proposals due to the Tompkins County Youth Services Department by 3:30 PM

**Funding Categories**

Due to the limited amount of funding available, all funding will be focused on areas that aim to achieve outcomes based on the following Achieving Youth Results Goal Areas.

* 1. Economic Security
	2. Physical and Emotional Health
	3. Family
	4. Engagement
	5. Community
	6. Education

Priority will be given to those programs that provide many of the following:

* Services for a diverse youth population including supporting:
	+ Racial and Ethnic Diversity
	+ Diverse Abilities
	+ Geographic Diversity (Rural and Urban)
	+ Social and Emotional Diversity
	+ Socioeconomic Diversity
* Inclusive & Diverse Programming
* College and Career Exploration
* Family Engagement
* Youth Leadership/Empowerment
* Community Service
* Dropout Prevention
* Mentoring
* Youth Involvement in Program Development

### Award Requirements

Please note that a contract from the Tompkins County Youth Services Department will bind a contracted agency to the program specified in the submitted proposal. The contract will also bind a contracted agency to:

* Submit an Annual Assessment and Outcomes based “Performance Measurement Form” (approved by the Tompkins County Youth Services Department). These forms will be required on February 9, 2018.
* Submit required financial reports and Results Based Accountability (RBA) performance measurements quarterly, including backup expenditure information upon request.
* Be monitored during the course of the program to ensure safety and programmatic/fiscal accountability.
* Strive to maintain program quality through utilization of the *Features of Positive Youth Development Settings* based on the 2002 National Research Council and Institutes of Medicine’s “Community Programs to Promote Youth Development.” (attached)
* Attend specified trainings provided by the Tompkins County Youth Services Department.
* Be required to complete and submit New York State Quality Youth Development System (QYDS) and Budget forms.
* Agree to procure and maintain in force, for the duration of any contract, such insurance as is deemed appropriate by the Tompkins County Youth Services Department in types and in such amounts as are specified in the Tompkins County Standard Insurance Certificate which shall be completed and signed by the Contractor’s insurance company prior to contract execution. Said certificate need not be submitted with the RFP but will be required prior to contract execution and payment for program services.
* Agencies must provide a 50% cash match. Reimbursement will occur at 50% of actual expenses (i.e. a claim submitted for $2000 will result in a reimbursement of $1000).
	+ Agencies seeking funds for runaway and homeless programs have different match requirements and additional programming requirements. These requirements along with additional questions (worth 5 points) can be found in **Appendix B**.
* Failure to adequately document the provision of services and outcome attainment could result in the loss of funding.
* **Appendix C** includes additional resources which may be helpful when preparing your proposal.

*This and additional information will be available in the Policies and Procedures Guide that will be mailed to funded agencies with their 2017 contracts.*

**Tompkins County Youth Services Department**

# 2017 Pre-Proposal Application

In order to assist in our planning processes please complete this form if you intend to request funding from the Tompkins County Youth Services Department. Due to the highly competitive nature of funding for 2017, **this information will be used by the Resource Allocation Committee to determine whether additional proposal information will be requested.** Please submit any questions in writing to Amie Hendrix at ahendrix@tompkins-co.org with the subject line of “2017 Funding Application Questions.”

**Submit 10** *(original plus 9 copies)* **copies by Friday, April 15, 2016** to the Tompkins County Youth Services Department, 320 W. State/MLK Jr. Street, Ithaca NY 14850.

Applicants who are eligible to complete a full proposal will be contacted by April 22, 2016 by the Resource Allocation Committee.

**Tompkins County Youth Services Department**

**2017 Program Pre-Proposal Cover Page**

Name of Agency:

Program Name:

Address:

City/State/Zip:

Phone:       Fax:

Contact Person:

Contact Email:

Website:

Name of Executive Director:

**Approximate** amount of funding to be requested:

**Tompkins County Youth Services Department**

**2017 Pre-Proposal Application**

Please briefly describe the program you will be requesting funding for in 500 words or less. (Please include program purpose, target population, plan of service, geographic location of programming and total number of youth to be served)

For each of the identified Features of Positive Youth Development Settings please describe how the program for which you are requesting funding will address the feature in 100 words or less per category (the box will extend to fit your narrative).

|  |  |
| --- | --- |
| **Youth Development Settings** | **How will the program for which you are requesting funding address this feature?** |
| **Physical & Psychological Safety**Safe and health-promoting facilities, practices that increase safe peer group interaction and decreases unsafe or confrontational peer interactions.  |  |
| **Appropriate Structure**Limit setting; clear and consistent rules; firm enough control; continuity and predictability; clear boundaries and age appropriate monitoring.  |  |
| **Supportive Relationships**Warmth; closeness; connectedness; good communication; caring; support; guidance; secure attachment and responsiveness |  |
| **Opportunities to Belong**Opportunities for meaningful inclusion, regardless of one’s gender, ethnicity, sexual orientation, race or disabilities; social inclusion, social engagement, and integration; opportunities for social cultural identity formation; and support for cultural and bicultural competence.  |  |
| **Positive Social Norms**Rules of behavior, expectations, injunctions, ways of doing things, values and morals; obligations for community 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 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.  |  |
| **Integration of Family, School & Community Efforts**Concordance; coordination and synergy among family, school and community |  |

Utilizing the Youth Services Continuum of Care pyramid below please identify the **ONE** tier which the majority of your programming fits in and how you believe your program operates within this tier in 250 words or less.



Using the map below please shade the areas of Tompkins County you will be serving through this program using the following key (you will need to print and color in the map by hand):

 A Majority of youth served are from this area

 50% or more of the youth served are from this area

 Less than 50% of the youth served are from this area

 No youth will be served in this area



**Tompkins County Youth Services Department**

**Checklist for Complete Proposal**

# After approval of the pre-proposal application those that will be considered for funding by the Tompkins County Youth Services Department/Board, agencies must include the following, in this order:

* Program Proposal Cover Page
* Program Narrative (Maximum of 8 pages)
* Outcomes Based Performance Measurement form (or other measurement tool)
* Program Budget
* Budget Narrative
* Organizational Qualifications
* Board of Directors Roster
* Most recent agency balance sheet
* Most recent audit – 1 copy only
* 1 original plus 9 copies of entire package (10 total)
* 1 electronic copy of the complete proposal emailed to Theresa Albert at talbert@tompkins-co.org

**Deadline:** The original plus nine copies (10 total) must be submitted to the Tompkins County Youth Services Department by **3:30 PM on Friday, May 20, 2016**. **Applications received after 3:30 PM will NOT be accepted.** Please submit any questions in writing to Amie Hendrix at ahendrix@tompkins-co.org with the subject line of “2017 Funding Application Questions.”

**Tompkins County Youth Services Department**

**Attn: 2017 Grant Proposal**

**320 West State/MLK Jr. Street**

**Ithaca NY 14850**

#### Tompkins County Youth Services Department

# 2017 Program Complete Proposal Cover Page

#### Name of Agency:

Program Name:

Address:

City/State/Zip:

Phone:       Fax:

Contact Person:

Contact Email:

Website:

Total Program Budget: $

Total Amount Requesting From TCYSD: $

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Executive Director

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

**-------------------------------------------- Office Use Only ----------------------------------------**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Stamp:

* **Submitted by May 20, 2016**
* **All required documentation attached**
* **Missing required information:**

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**Tompkins County Youth Services Department**

**Program Narrative Instructions**

**Please note:** The following outline MUST be followed, and every subsection included in the narrative in the order listed below. Please include headings for each section. Proposals will be read and evaluated by the youth and adult community members of the Tompkins County Youth Services Department Resource Allocation Committee, so please make them as clear and concise as possible. More is not always better!

Exclusive of required attachments, please limit the narrative to no more than 8 pages.

The maximum number of points proposals can receive is 50 (55 for RHY programs): Narrative = 37, Budget = 8, and Other Additional Information = 5. The maximum number of points for each item is shown next to the item number.

**At the top of the narrative page, please include:**

**• Agency Name**

**• Agency Address**

**• Program Name**

1. **Organization Mission: (*Page Limit: .5 page, 2 points)*** Please provide a brief description of your organization’s mission and how this mission is achieved through your program offerings.
2. **Target Population**: **(*Page Limit: 1 page, 5 points)*** Please include a summary of the

items below:

* Number of young people to be served. *Please be specific to this program, not as an overall agency.*
* Ages of and demographic information of youth to be served.
* Towns and Villages to be served through program offerings. Estimate of total % of youth to be served in each town/village.
* Describe a typical youth to be served by your program.
* Why have you selected this population? Estimate the number of youth in need of these services.
* For programs which are currently operating - Based on the previous year’s program, please give the annual retention rate of your youth participants.
* Describe what strategies the proposed program will use to attract and retain the expected number of participants.
* Describe how attendance will be tracked.
* Describe the experience your organization has serving this population.
1. **Achieving Youth Results Goal Areas**: **(*Page Limit: 2 pages, 10 points) Using Appendx A of this document*** please note which of the following AYR Goal areas your program will target. While many programs may target multiple goals please select only **one** goal area which is your prime target. ***Note***: For Physical & Emotional Health, while “Recreation Activities” (both summer and year round) can be considered a component to a program, it must be a component, not an entire program.

Please Include (***from Appendix A)***

* + AYR Goal (select one)
	+ Goal Objective (select one)
	+ Discussion of how your work will contribute to positively influencing one of the two corresponding indicators identified in each Goal Area.
	+ Services, Opportunities, and Supports (select one)
	+ RBA Performance Measure (select one per category – How Much, How Well, Is Anyone Better Off)
	+ Any research or data that identifies your AYR Goal Area(s) as a need in your community.
1. **Program Description & Details**: **(*Page Limit: 3.5 pages, 15 points)*** Please provide a detailed description of your proposed program, keeping in mind the Goal Area you have selected. This description should include the details below. Please list them in the order requested.
* Create a detailed narrative program description that provides an effective positive youth development program.
* Program location(s)/address.
* Exact days and hours of operation of the program and how they meet the needs of youth in your community.
* Exact length of time (months) youth will participate. Please note if this program will continue during the summer months, or if you use another program model.
* Please note if this is a pilot program.
* Describe collaborators and community participation. How do these add value to your program?
* What is the direct staff/participant ratio?
* List direct staff by title and name (or title only if position is vacant); describe their qualifications and years working with youth. Include an organizational chart.
* Describe relevant community services, which exist in the targeted geographic area and how your program will coordinate with them. Describe any collaboration planned and the specific roles and responsibilities of each organization. Please include documentation, such as a Memorandum of Understanding, as evidence of this collaboration.
* How will your program help children and youth to understand and respect people who are different from them? Include in your description how your program will actively and deliberately work to create an environment for children and youth that is free from prejudice and discrimination based on sex, race, age, creed, color, sexual orientation, national origin, class, religion or disability.
* If your program works with volunteers describe what the process is or will be for recruiting, accepting, training and supervising volunteers.
* Describe the impact to youth and/or their families if this program does not receive funding.
1. **Performance Accountability: (*Page Limit: 1 page, 5 points)*** It is important to quantifiably measure and report upon the performance/results of your program to review whether or not the program is being successful in achieving the outcomes desired. Doing so will allow those responsible for program design to determine if the program is effective, or if it needs to be modified in order to have a better opportunity for success.

This section asks for measures which track your progress towards proposed outcomes that you are helping the young people in your program to achieve.

***Information for New Programs***

If this is a new program please provide a plan for how you will collect data to demonstrate population-level change. Identify data that will be collected to provide regular feedback to the program to determine if the goals of the program are being met. The evaluation should include both process and outcome requirements.

***Information for Programs that are currently operating but do not currently receive Tompkins County Youth Services funding***

If you are not a program currently funded by TCYSD but have been in operation for the past year (2015) please provide information on how you currently collect data to demonstrate population-level change. Identify data that has been collected to provide regular feedback to the program to determine if the goals of the program are being met. The evaluation should include both process and outcome requirements.

***Information for Programs that are currently operating and currently receive Tompkins County Youth Services funding:***

If you are a currently operating program that has been previously been funded by Tompkins County Youth Services please provide your current Results Based Accountability performance measurements. If there are additional measurements you would like to include in the future please include those as well.

***Runaway and Homeless Youth Programs please remember to see Appendix B on page 43 for additional questions.***

**ORGANIZATIONAL QUALIFICATIONS (5 points)**

Please respond on this sheet and include it with your application materials. If you answer "no" to any of the statements, please clarify your responses on a separate sheet.

**1. Board of Directors or Advisory Board**

The agency has an active Board which provides ongoing leadership

and direction to the agency. (YES/NO)

Number of times the Board met so far during 2015\_\_\_\_\_\_\_\_\_\_

Average number of board members attending meetings \_\_\_\_\_\_\_\_

The Board is comprised of a diverse group of individuals

 (I.e., gender, ethnicity, age, socioeconomic, geographic, etc.) (YES/NO)

 Minutes are kept and available for public review. (YES/NO)

 Board has a program committee or other advisory committee

that oversees the program for which funding is sought? (YES/NO)

 How often does it meet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of auditor or person who conducts annual review of finances:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Staffing**

 All positions in the program have written job descriptions that accurately

 describe the duties, qualifications and responsibilities. (YES/NO)

 There is a clear structure of supervision and support for all programs

 staff members and volunteers. (YES/NO)

 There is a plan for staff training. (YES/NO)

 Staff performance is reviewed annually. (YES/NO)

The performance review results in a written appraisal and future plan. (YES/NO)

In the past few years, the agency has retained most staff for average

 of 1 year or more. (YES/NO)

**Additional Forms**

* Board of Directors: Provide a list of your Board of Directors including Name, Board Position, Home Address and Phone Number, Employer’s Name, Employer’s Address and Phone Number, and any relevant Professional or Community Affiliations. In addition, please identify any youth members (under age 21).
* Balance Sheet: The most recent you have available (must be from 2015 or later).
* Most Recent Audit: Only one copy.

**Tompkins County Youth Services Department**

**2017 Year Round Grant Funding**

**Budget Section Guidelines**

**(8 points)**

# Introduction

1. The following budget sections relate only to the program for which you are requesting funding. Do not list the agency’s total budget lines unless indicated to do so.
2. The Youth Services Department must have a full financial picture for the program for which you are requesting funding. As you complete this budget section, keep in mind that you must list ALL costs associated with the program, even if you are not requesting reimbursement for those items.
3. All programs are asked to show a cash match of 50% except Runaway and Homeless Youth programs. See **Appendix B** for more information for programs seeking RHY funding.
4. In-kind budget lines should be noted as ‘In-kind’ under the Budget Items column and a dollar amount attributed with the in-kind service must be noted in the Total Program Budget Line. Note: In-Kind costs do not count towards the required 50% cash match.
5. Please complete each section of the budget on the form provided below. For items that are not applicable to your program, list ‘0’ in the Total Program Budget Line.
6. Program costs incurred and/or paid before January 1, 2017 may not be included in this budget. Expenses must be incurred during the program duration timeframe of January 1, 2017 – December 31, 2017.
7. Be sure to complete the Budget Narrative Questions at the end of this section.
8. Use the formatting of the charts provided. You may add additional rows as needed but DO NOT add additional columns.

#### Tompkins County Youth Services Department

**2017 Year Round Program Budget**

**Agency Name:**

**Fiscal Contact Name:**

**Position Title:**

**Email Address:**

**Phone Number:       Fax Number:**

**PROGRAM BUDGET SUMMARY**

**Program Duration: January 1, 2017 to December 31, 2017**

*Awards will be renewable for 3 years with an additional optional 2 year extension*

*pending available funding and performance.*

| **SUMMARY OF****BUDGET LINES:** | **TOTAL PROGRAM COST:** | **TOMPKINS COUNTY FUNDS REQUESTED:** |
| --- | --- | --- |
| Salaries & Wages  |  | Please only show the total funding requested from Tompkins County |
| Fringe Benefits  |  |
| Contracted Services  |  |
| Materials & Supplies  |  |
| Travel & Training  |  |
| Facilities  |  |
| Other Expenses  |  |
| **FUNDING TOTAL** |  |  |

**Salaries & Wages -** budgets should reflect 100% of staff time associated with the contracted program and if staff is not 100% devoted to the contracted program, you must include the level of effort. Provide employee(s) (including names for each identified position) of the applicant/recipient organization, including in-kind costs for those positions whose work is tied to the grant project. For employees that are not yet hired please list name as TBD.

| **Position** | **Name** | **Annual Salary/Rate** | **Level of Effort** | **Cost** |
| --- | --- | --- | --- | --- |
| *Example:* *Project Director*  | *Jane Doe* | *$32,500* | *10%* | *$3,250* |
|  |  |  |  |  |
|  |  |  |  |  |
| **Salaries & Wages Sub-Total** |  |

**Fringe Benefits**- Please include position title, benefit amount X level of effort for this program. Each agency is required to list FICA, Worker Compensation, Disability Insurance and agency portion only of Health Insurance (if applicable) for each employee listed under the Salaries & Wages section.

| **Position** | **Annual Fringe Benefit Costs** | **Level of Effort** | **Cost** |
| --- | --- | --- | --- |
| *Example: Project Director* | $500 (FICA 2%, WC 10%, DI 1%) | 10% | $50 |
|  |  |  |  |
|  |  |  |  |
| **Fringe Benefits Sub-Total** |  |

**Contracted Services** - A contractual arrangement to carry out a portion of the programmatic effort or for the acquisition of routine goods or services. Such arrangements may be in the form of consortium agreements or contracts. A consultant is an individual retained to provide professional advice or services for a fee. The applicant must establish written procurement policies and procedures that are consistently applied. All procurement transactions shall be conducted in a manner to provide to the maximum extent practical, open and free competition.

|  **Name** | **Service** | **Rate** | **Other** | **Cost** |
| --- | --- | --- | --- | --- |
| *Example: Law Enforcement* | *Training* | *$30/hr x 100 hrs x 3* | *300 Hours* | *$9,000* |
|  |  |  |  |  |
|  |  |  |  |  |
| **Contracted Services Sub-Total** |  |

**Materials & Supplies-** Please includeall program supply costs whether reimbursement is requested or not i.e. consumable and non consumable items, office supplies, maintenance supplies, academic and recreational supplies, other program supplies, etc.

| **Item(s)** | **Description** | **Cost** |
| --- | --- | --- |
| *Example: Printing* | *Office copies/Meeting Materials etc.*  | *$800* |
| *Example: Postage* | *Office Mailings, newsletters* | *$500* |
|  |  |  |
| **Materials and Supplies Sub-Total** |  |

**Travel & Training -** Please include means of transportation if renting buses, cost per ticket, etc. If you are claiming costs associated with a vehicle owned by the organization and/or mileage costs incurred by employees, you must list the percentage of time the vehicle or employee is charged to this program. Note- Estimates are appropriate for this budget, but sufficient backup will be required when submitting expenditure reports.

| **Purpose of Travel or Training** | **Location** | **Item** | **Rate** | **Cost** |
| --- | --- | --- | --- | --- |
| *(Example 1) State Prevention Conference*  | *City, State* | *Enrollment Fee* | *$200/per person x 2 persons* | *$400* |
|  |  | *Travel to and From Conference* | *300 Miles @ $0.54* | *$162* |
| *(Example 2) Local travel* |  | *Mileage* | *3,000 miles@.54/mile* | *$1,620* |
|  |  |  |  |  |
|  |  |  |  |  |
| **Travel & Training Sub-Total** |  |

**Facilities & Utilities** - Please include who you pay the expense to and for what purpose, i.e. facility rent, utilities and/or maintenance costs, insurance, telephone. Be certain to request only reimbursement for months you are actually operating this program and for the percentage this program uses such expense (i.e. an After School Program would charge only 10 months since no program runs in July and August). Note- Estimates are appropriate for this budget, but sufficient backup will be required when submitting expenditure reports.

| **Facilities Operation Expense** | **Total Monthly Cost** | **% Charged to Program** | **Annual Cost** |
| --- | --- | --- | --- |
| *Example – NYSEG* | *$400 (x12 =$4,800)* | *50%* | *$2,400* |
|  |  |  |  |
|  |  |  |  |
| **Facilities Sub-Total** |  |

**Other Expenses**- Please itemize “other expenses” and provide enough information for a clear picture of how funds contribute to the program.

| **Item** | **Description** | **Cost** |
| --- | --- | --- |
| *Example: Membership to National RHY Assoc.* | *12 months @ $500, executive director* | *$500* |
| *Example: Auditor Costs* | *Yearly audit total $4,000 for agency, 10%* | *$400* |
|  |  |  |
| **Other Expenses Sub-total** |  |

In the chart below, list all other funding sources for this program only, not the entire agency to be received during 2017. Other funding sources may include, but are not limited to foundations, public/government agencies, corporations, individual donations, earned income, agency fundraising events, etc.

| **Other Funding Sources** | **Funding Cycle** | **Amount of funds requested** | **Funds Received** |
| --- | --- | --- | --- |
| *Example: Federal SAMSHA Grant* | *3 year (October ‘15 – October ‘18)* | *$100,000 per year* | *$100,000* |
|  |  |  |  |
| **Other Funding Sub-Total** |  |

##### PROGRAM BUDGET NARRATIVE

**(Limit to one (1) page or less)**

Please answer the following questions:

1. Does this program charge any fees to program participants? If so how does this program work with youth and families who may not be able to pay fees? If a sliding scale is utilized please include the tool utilized.
2. What percentage of this funding request is considered direct costs associated with the program?
3. What is the agency’s cost per student for this program? (the total cost of the program divided by the number of program participants)
4. Please describe your agency’s funding history with the Tompkins County Youth Services Department in the past three (3) years. Include the amount of the award and the years for which this funding was received.

**Appendix A: Achieving Youth Results Goals Areas, Objectives, Indicators, & Services, Opportunities, and Supports**

**GOAL AREA - 1ES: ECONOMIC SECURITY**

**Goal:**

Children and youth will live in an economically secure community

**Indicators: (http://tompkinscountyny.gov/youth/economicsecurity)**

**1)** Children and Youth in Tompkins County living below poverty level

**2)** Rate of families participating in free or reduced lunch in Tompkins County

**Objectives:**

**111 Objective:** Youth will have skills, attitudes and competencies to enter college, the work force or other meaningful activities.

**112 Objective:** Young adults who can work will have opportunities for employment.

**113 Objective:** Youth seeking summer jobs will have employment opportunities.

**Services, Opportunities, and Supports**

**0119**. **Employment Opportunities** – A program which provides **paid** on-the-job training with opportunities that enable youth to master practical and/or technical skills required to maintain meaningful and gainful employment in the current job market. Programs may be short term, long term, internship or an apprenticeship which seek to address strategies for addressing youth employment and training needs.

**RBA Performance Measures for SOS 0119**

 **How Much**

* **0119A.1** # of youth in the program (unduplicated)

**How Well**

* **0119B.1** % of employers retained from the previous year
* **0119B.2** % of staff with training and/or certification in employment services
* **0119B.3** % of teens that report being supported by staff

**Better Off**

* **0119C.1** #/% of youth remaining in the job after completing the work program
* **0119C.2** #/% of youth receiving a positive evaluation in the following areas: promptness, quality or work, attitude, attire
* **0119C.3** #/% of youth with improved work skills (based on commencement from NYS Education Dept).

**Services, Opportunities, and Supports**

**0120. Work Readiness Supports:** A program which develops a youth’s capacity to move toward employment. Includes but is not limited to assisting youth with creating resumes, job seeking, interviewing, understanding employer and workplace expectations, positive work habits, job shadowing/unpaid internships, and understanding behaviors, attitudes, and skills necessary to compete in the labor market.

**RBA Performance Measures for SOS 0120**

**How Much**

* **0120A.1**  # of youth enrolled in the program (unduplicated)

**How Well**

* **0120B.1** #/% of staff with training and/or certification in teaching work readiness skills

**Better Off**

* **0120C.1** #/% of youth obtaining a job
* **0120C.2** #/% of youth with improved workplace readiness skills

**Services, Opportunities, and Supports**

**0121. Career Development Supports:** A program to assist youth in making occupational or career decisions which includes, but is not limited to, evaluation of youth’s abilities and interests, provision of information career/occupational materials or career fairs, establishment of career goals, and planning practical development activities geared towards attaining youth’s career and occupational goals.

**RBA Performance Measures for SOS 0121**

**How Much**

* **0121A.1**  # of youth enrolled in the program (unduplicated)

**How Well**

* **0121B.1** % of youth who completed the program
* **0121B.2**  % of youth reporting satisfaction with the program

**Better Off**

* **0121C.1** #/% of youth with increased understanding of career interests
* **0121C.2** #/% of youth with defined career occupational objectives
* **0121C.3** #/% of youth who can name one skill they learned in the program

**Services, Opportunities, and Supports**

**0122. College Exploration Opportunities:** Program with activities and strategies for assisting youth in making informed decisions when selecting a college and/or technical school that connects youth to academic preparation and future aspirations. Activities and strategies include, but are not limited to, college/technical school identification, test strategy development, application assistance, essay support, and interview preparation.

**RBA Performance Measures for SOS 0122**

**How Much**

* **0122A.1**  # of youth enrolled in the program (unduplicated)

**How Well**

* **0122B.1** #/% of youth reporting satisfaction with the program

**Better Off**

* **0122C.1** #/% of youth that have selected a college, technical school or career path
* **0122C.2** #/% of youth with increased skills in college interviewing and test taking

**Services, Opportunities, and Supports**

**0123. Life Skills Supports:** Programs which seek to enhance the skills of youth in areas of self-care, daily living, personal finance and budgeting, managing interpersonal relationships, information technology, and any other topics that develops the skill set of youth to reach independence.

**RBA Performance Measures for 0123**

**How Much**

* **0123A.1**  # of youth enrolled in the program (unduplicated)

**How Well**

* **0123B.1** #/% of youth utilizing a life skills assessment tool
* **0123B.2** #/% of youth attending all sessions of the program

**Better Off**

* **0123C.1** #/% of youth demonstrating an increase in life skills

**GOAL AREA - 2PEH: PHYSICAL AND EMOTIONAL HEALTH**

**Goal:**

Children and youth will have optimal physical and emotional health.

**Indicators: (http://tompkinscountyny.gov/youth-0#overlay-context=youth/healthindicators)**

**1)** High school students who self-report that they feel sad/depressed most days

**2)** Tompkins County childhood obesity rates

**Objectives:**

**211 Objective:** Children and youth will be physically fit.

**212 Objective:** Children and youth will be emotionally healthy.

**213 Objective:** Children and youth will be free from health risk behaviors (e.g., smoking, drinking, substance abuse, unsafe sexual activity).

**214 Objective:** Children and youth with service needs due to mental illness, developmental disabilities and/or substance abuse problems will have access to timely and appropriate services.

**Services, Opportunities, and Supports**

**0231. Alcohol and Substance Abuse Prevention Services:** School or community based programs that include events and strategies for aiding youth in making educated decisions concerning health risks. Programs might include alcohol/substance abuse prevention activities, smoking prevention/cessation workshops, or alcohol/substance abuse treatment.

**RBA Performance Measures for SOS 0231**

 **How Much**

* **0231A.1** # of youth participating (unduplicated)

**How Well**

* **0231B.1** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
* **0231B.2** % of youth completing the program

**Better Off**

* **0231C.1** #/% of youth free of alcohol or substance abuse for 6 months (for programs having a duration of longer than 1 session)
* **0231C.2** #/% of youth without repeated Juvenile Justice contact for 6 months after the program (for youth with current involvement with the Juvenile Justice system (PINS, Etc.)
* **0231C.3** #/% of youth with reduced numbers of school disciplinary incidents for substance use (for youth with school disciplinary incidents for substance abuse)

**Services, Opportunities, and Supports**

**0233. Healthy Lifestyles:** Programs that promote a healthy lifestyle leading to fitness, energy, and a reduced risk for disease. Programs may include those relating to nutrition and obesity prevention such as a community gardens, or programs regarding health education, sex education, and STD transmission prevention.

**RBA Performance Measures for SOS 233**

**How Much**

* **0233A.1** # of youth participating (unduplicated)

**How Well**

* **0233B.1** Staff turnover rate
* **0233B.2** % of youth participating in program 3 times per week or more
* **0233B.3** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

**Better Off**

* **0233C.1** #/% of youth who increased physical fitness and activity
* **0233C.2** #/% of youth who increased knowledge or reproductive health
* **0233C.3** #/% of youth with increased knowledge of nutrition and exercise

**Services, Opportunities, and Supports**

**0234. Mental Health Supports:** Programs that provideindividual counseling and group drop-in sessions and scheduled opportunities to support and reinforce emotional and mental health. Programs typically range from 1 on 1 counseling to treatment and support groups which assist the youth and the family, such as: resiliency building, crisis intervention, and self-esteem workshops, or case management

**RBA Performance Measures for SOS 0234**

 **How Much**

* **0234A.1** # of youth participating (unduplicated)

**How Well**

* **0234B.1** % of staff trained in Trauma Informed Care
* **0234B.2** % of youth and families satisfied with the program

**Better Off**

* **0234C.1** #/% of youth who successfully attain one or more treatment goals
* **0234C.2** #/% of youth who report an improvement in emotional and mental health

**Services, Opportunities, and Supports**

**0235. Disability Supports:** Programs which assist parents and children to meaningfully access services which promote independent or supported living in the community. Programs in this category may provide direct advocacy and/or information and support to allow children and parents to navigate available services including direct services and support groups.

**RBA Performance Measures for SOS 0235**

 **How Much**

* **0235A.1** # of youth participating (unduplicated)

**How Well**

* **0235B.1** % of parents highly satisfied
* **0235B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
* **0235B.3** % of staff trained in Youth Development and Developmental Disabilities

**Better Off**

* **0235C.1** #/% of youth with improved physical health
* **0235C.2** #/% of youth with increased social skills
* **0235C.3** #/% of youth experiencing full inclusion in community programs

**GOAL AREA - 3ED: EDUCATION**

**Goal:**

Children will leave school prepared to live, learn and work in their community

**Indicators: (http://tompkinscountyny.gov/youth/education)**

**1)** Tompkins students high school graduation rates in cohort groups

**2)** Percentage of Tompkins County 3rd grade students scoring 3 or 4 on NYS ELA Exams

**Objectives:**

**311 Objective:** Students will meet or exceed high standards for academic performance and demonstrate knowledge and skills required for lifelong learning and self-sufficiency in a dynamic world.

**312 Objective:** Students will stay in school until successful completion.

**Services, Opportunities, and Supports**

**0311. Academic Support Services:** Programs or services which provide resources to support a youth’s optimal academic performance.  These may include but are not limited to assisting youth with subject areas, science, technology, engineering, and mathematics (STEM), homework help, basic literacy, and other academic supports.

**RBA Performance Measures for SOS 0311**

 **How Much**

* **0311A.1** # of youth participating (unduplicated)

**How Well**

* **0311B.1** # of resources/supports available for each subject area
* **0311B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

**Better Off**

* **0311C.1** #/% of youth with improved academic performance
* **0311C.2** #/% of youth with improved skills or knowledge in the subject area listed

**Services, Opportunities, and Supports**

**0312. Dropout Prevention Services:** A program or service designed to support the retention of all students, and the prevention of dropouts by the most at-risk youth.  These may include but are not limited to learning disabilities, bilingual education, alternative education, and other programs or services geared toward retention.

**RBA Performance Measures for SOS 0312**

 **How Much**

* **0312A.1** # of youth participating (unduplicated)

**How Well**

* **0312B.1** % of staff with positive youth development training and/or with a higher education
* **0312B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

**Better Off**

* **0312C.1** #/% of youth remaining in school
* **0312C.2** #/% of youth with formal graduation plans that reflect projected completion of academic requirements
* **0312C.3**  #/% of youth with improved academic performance
* **0312.C.4** #/% of youth with improved school attendance

**Services, Opportunities, and Supports**

**0313. TASC (formerly GED) Services:** A program or service that provides preparation for the Test Assessing Secondary Completion (TASC) that measures proficiency in core content areas such as science, mathematics, history, reading, and writing.

**RBA Performance Measures for SOS 0313**

 **How Much**

* **0313A.1** # of youth participating (unduplicated)

**How Well**

* **0313B.1** % of youth completing the program
* **0313B.2** % of youth satisfied with the program
* **0313B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher

**Better Off**

* **0313C.1** #/% of youth who pass the TASC or return to school
* **0313C.2** #/% of youth passing the TASC predictor test

**GOAL AREA 4CVC: ENGAGEMENT**

**Goal:**

Children and youth will demonstrate commitment to their community as contributing members of their families, schools and neighborhood

**Indicators: (http://tompkinscountyny.gov/youth/engagement)**

**1)** Tompkins County juvenile and young adult arrest rates for property crimes

**2)** Percentage of students grades 7-12 who self-report that they have participated 10 or more times in school or community clubs, organizations, or activities in the past year.

**Objectives:**

**411 Objective:** Children and youth will assume personal responsibility for their behavior.

**412 Objective:** Youth will demonstrate ethical behavior and civic values.

**413 Objective:** Children and youth will understand and respect people who are different from themselves.

**414 Objective:** Children and youth will participate in family and community activities.

**415 Objective:** Children and youth will have positive peer interactions.

**416 Objective:** Children and youth will make constructive use of leisure time.

**417 Objective:** Youth will delay becoming parents until adulthood.

**418 Objective:** Children and youth will refrain from violence and other illegal behaviors.

**Services, Opportunities, and Supports**

**0420. YOUTH LEADERSHIP/EMPOWERMENT OPPORTUNITIES:** Programs that provide character education, leadership skills development and/or community/civic activities.

**RBA Performance Measures for SOS 0420**

 **How Much**

* **0420A.1** # of youth participating (unduplicated)
* **0420A.2** # of community projects completed

**How Well**

* **0420B.1** % of participants returning to program the following year (if applicable)
* **0420B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

**Better Off**

* **0420C.1** #/% of youth who continue on to an additional community engagement project beyond the program
* **0420C.2** #/% of youth with increased leadership skills (as measured on a pre/post test of leadership skills) or skills empowering them in community engagement.

**Services, Opportunities, and Supports**

**0421. Juvenile Delinquency Prevention Services:** Such programs provide youth court, juvenile justice diversion services, juvenile aid bureau/officer, gang & violence prevention/intervention.

**RBA Performance Measures for SOS 0421**

 **How Much**

* **0421A.1** # of youth participating (unduplicated)

**How Well**

* **0421B.1** % of youth completing mandated requirements
* **0421B.2** % of youth participating in non-mandated requirements
* **0421B.3** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)

**Better Off**

* **0421C.1** #/% of youth who do not return to the Juvenile Justice System within 1 year
* **0421C.2** #/% of youth with reduced high risk behaviors
* **0421C.3** #/% of youth reporting increased knowledge of better choices (pertaining to laws).

**Services, Opportunities, and Supports**

**0422. Teen Pregnancy Prevention Supports:** Such programs provide information regarding supportive relationships, adolescent sexuality education, and pregnancy prevention.

**RBA Performance Measures for SOS 0422**

 **How Much**

* **0422A.1** # of youth participating (unduplicated)

**How Well**

* **0422B.1** % of staff trained in positive youth development and reproductive health
* **0422B.2** % of youth completing the program

**Better Off**

* **0422C.1** #/% of program participants who avoid unplanned pregnancies
* **0422C.2** #/% of program participants with increased knowledge of reproductive health and/or implementing safe practices
* **0422C.3** #/% of program participants with reduced high risk behaviors

**Services, Opportunities, and Supports**

**0423. Cultural Competency/Race Equity Supports:** Such programs provide cultural enrichment/awareness including but not limited to workshops on classism, sexism, racism and sexual orientation.

**RBA Performance Measures for SOS 0423**

 **How Much**

* **0423A.1** # of youth participating (unduplicated)

**How Well**

* **0423B.1** % of youth completing programs
* **0423B.2** % of staff trained in and who have credentials in providing cultural competency and race equity training topics

**Better Off**

* **0423C.1** #/% of program participants with increased knowledge of cultural enrichment and awareness

**Services, Opportunities, and Supports**

**0424. Safe Place Out of School Time Services:** Such programs or services that promote constructive use of leisure time, access to a variety of enrichment activities and foster success in school and life. These programs can broaden a child's or youth's competencies in various GOAL AREAs such as dance, cooking, literacy, technology or any program that may address deficits and/or build various skill sets.

**RBA Performance Measures for SOS 0424**

 **How Much**

* **0424A.1** # of youth participating (unduplicated)

**How Well**

* **0424B.1** % of staff with positive youth development training
* **0424B.2** % of programs or activities assessed using a research-based quality assessment tool (such as NYSPQA; NYSAN; YPQA) and achieving an above average score (such as PQA score of 3.0 or higher)
* **0424B.3** % of youth attending the OST program at least 50% of scheduled days

**Better Off**

* **0424C.1** #/% of youth with improved positive youth development outcomes (i.e. academic, health, social/emotional skills and/or community engagement)

**GOAL AREA 5FAM: FAMILY**

**Goal:**

Children will grow up within safe environments

**Indicators: (http://tompkinscountyny.gov/youth/FamilyIndicator)**

**1)** Percentage of 12th graders who self-report that they have changed homes 5 or more times since kindergarten

**2)** Tompkins County food insecurity of children

**Objectives:**

**511 Objective:** Parent/caregivers will provide children with a stable family relationship.

**512 Objective:** Parent/caregivers will possess and practice adequate child rearing skills.

**513 Objective:** Parent/caregivers will be positively involved in their children's learning.

**514 Objective:** Parent/caregivers will the knowledge and ability to access support services for their children.

**515 Objective:** Parent/caregivers will provide their children with households free from physical and emotional abuse.

**516 Objective:** Parent/caregivers will provide their children with households free from alcohol and other substance abuse.

**0520. Parenting Skills:** Programs which help parents develop skills and knowledge necessary for their children’s well-being. Programs may include parenting skills classes, stress management, and child and adolescent development.

**RBA Performance Measures for SOS 0520**

 **How Much**

* **0520A.1** # of parents served

**How Well**

* **0520B.1** % of staff with relevant training/credentials
* **0520B.2** % of families completing the program

**Better Off**

* **0520C.1** #/% of parents who report improved parenting skills
* **0520C.2**  #/% of families who safely transition from supervised to unsupervised visits

**0521. Family Supports:** Programs which focus on an approach to strengthening families and communities so they can foster the optimal development of children, youth, and adult family members. Programs might address family communication, resiliency, and family or domestic violence.

**RBA Performance Measures for SOS 521**

 **How Much**

* **0521A.1** # of families being supported (unduplicated)

**How Well**

* **0521B.1** % of participants reporting satisfaction with the support provided
* **0521B.2** % of families participating on a regular basis

**Better Off**

* **0521C.1** #/% of families developing informal supports/community networks
* **0521C.2**  #/% of families practicing positive child-rearing skills
* **0521C.3** #/% of families providing children households free from physical and emotional abuse

**0522. Abuse and Neglect Prevention Supports:** Abuse and Neglect Prevention programs educate families on the different types of abuse and provide support services to prevent the abuse and/or neglect. Programs of this type would include intervention and/or treatment services or those programs that support a family in preventing abuse and/or neglect of a child.

**RBA Performance Measures for SOS 0522**

 **How Much**

* **0522A.1** # of families served (unduplicated)

**How Well**

* **0522B.1** % of staff with relevant training
* **0522B.2** % of families highly satisfied with support services provided
* **0522B.3** % of families with monthly face-to-face visits in home

**Better Off**

* **0522C.1** #/% of households free from abuse and neglect
* **0522C.2**  #/% of children without repeat maltreatment (recidivism; where applicable)

**0523. Permanency Services:** Programs which seek to expedite the permanency of a child through reunification with family, adoption, or an alternate planned living arrangement.

**RBA Performance Measures for SOS 0523**

 **How Much**

* **0523A.1** # of youth served (unduplicated)

**How Well**

* **0523B.1** % of staff with relevant training
* **0523B.2** % of youth with 2 or less placements within one year
* **0523B.3** % of youth reporting satisfaction with the placement

**Better Off**

* **0523C.1** #/% of children achieving permanent placements (re-unification, adoption, legal guardianship, independence)
* **0523C.2**  #/% of youth successfully completing goals within their permanency plan
* **0532C.3** #/% of youth without repeat maltreatment

**0524. Anger Management/Conflict Resolution Supports:** Programs which teach youth to identify anger and potential conflicts and give them the skills needed to develop appropriate coping mechanisms. This type of program often includes problem solving strategies and anger management skills, as well as resolution techniques.

**RBA Performance Measures for SOS 0524**

 **How Much**

* **0524A.1** # of youth served (unduplicated)

**How Well**

* **0524B.1** % of staff/volunteers trained and who have credentials in anger management group facilitation/conflict resolution
* **0524B.2** % of youth participating on a regular basis
* **0524B.3** % of youth completing the program

**Better Off**

* **0524C.1** #/% of youth demonstrating an increased knowledge of the relevant topic (anger management or conflict resolution
* **0524C.2**  #/% practicing the skills and techniques taught
* **0532C.3** #/% of youth with decreased behavioral incidents

**GOAL AREA 6COM: COMMUNITY**

**Goal:**

Tompkins County will provide children, youth, and families with healthy, safe, and thriving environments

**Indicators: (http://tompkinscountyny.gov/youth/FamilyIndicator)**

**1)** Students who self report that they feel safe in their neighborhood

**2)** Number of households within Tompkins County who spend >30% of their income on housing (5 year average)

**Objectives:**

**611 Objective:** Adequate housing will be available.

**612 Objective:** Adequate transportation will be available.

**621 Objective:** Communities will make available and accessible formal and informal services (e.g., child care, parent training, recreation, youth services, libraries, museums, parks).

**622 Objective:** Adults in the community will provide youth with good role models and opportunities for positive adult interactions.

**623 Objective:** Communities will provide opportunities for youth to make positive contributions to community life and to practice skill development.

**Services, Opportunities, and Support**

**0628 Mentoring Supports:** Programs which link youth to positive role models that are sustained over a period of time (generally more than 6 months). Mentoring can occur through traditional mentoring (one adult to one young person); group mentoring (one adult to as many as four young people), and team mentoring (several adults working with small groups of young people, in which the adult to youth ratio is not greater than 1:4.

**RBA Performance Measures for SOS 0628**

 **How Much**

* **0628A.1** # of youth participating in the mentoring program (unduplicated)
* **0628A.2** # of mentors

**How Well**

* **0628B.1** % of mentors trained in positive youth development
* **0628B.2** % of mentor/mentee matches lasting longer than 6 months
* **0628B.3** % of youth expressing satisfaction with the program
* **0628B.4**  average length of time youth wait to be matched with a mentor (in months)

**Better Off**

* **0628C.1** #/% of youth showing improved confidence and caring

**Services, Opportunities, and Supports**

**0630 Runaway and Homeless Interim Family (NYS Certified Programs only):** Private dwelling providing temporary shelter to a maximum of 2 runaway and homeless youth under the age of 21.

**RBA Performance Measures for SOS 0630**

 **How Much**

* **0630A.1** # of youth who entered the program
* **0630A.2** # of certified interim family homes
* **0630A.3** #of host home trainings offered in reporting period
* **0630A.4** # of youth assisted by placement, case management, life skills training provided by the program

**How Well**

* **0630B.1** % of interim families completing mandated trainings
* **0630B.2** % of youth expressing satisfaction with the program

**Better Off**

* **0630C.1** #/% of youth discharged to stable housing
* **0630C.2** #/% of youth reunited with family
* **0630C.3** #/% of youth obtaining other suitable/safe housing

**Services, Opportunities, and Supports**

**0631 Transitional Independent Living Support Services (TILP) (NYS Certified Programs only):** Either a Group Residence (facility for up to 20 youth that encourages the development and practice of Independent Living Skills) or a Supported Residence (facility for up to 5 youth of same gender which provides an environment that approximates actual independent living).

**RBA Performance Measures for SOS 0631**

 **How Much**

* **0631A.1** # of youth enrolled in TILP (unduplicated)
* **0631A.2** # of youth receiving training/instructions to improve their self-sufficiency

**How Well**

* **0631B.1** % of staff trained in positive youth development
* **0631B.2** % of youth completing an approved life skills assessment

**Better Off**

* **0631C.1** #/% of youth with improved life skills
* **0631C.2** #/% of youth successfully completing program and discharged to live independently
* **0631C.3** #/% of youth connected with employment and/or further education

**Services, Opportunities, and Supports**

**0633 Runaway and Homeless Youth Prevention and Support Services:** These services include case management, information dissemination, referral services, counseling, street outreach (such as flyer distribution, events etc.), hotlines, and mediation.

**RBA Performance Measures for SOS 0633**

 **How Much**

* **0633A.1** # of youth receiving services (unduplicated)
* **0633A.2** # of street outreach activities
* **0633A.3** # of hotline calls received

**How Well**

* **0633B.1** % of staff trained in RHY regulations
* **0633.B.2** % of staff trained in positive youth development
* **0633B.3** % of youth expressing satisfaction with services

**Better Off**

* **0633C.1** #/% of youth who access RHY services after contacting the hotline
* **0633C.2** #/% of youth successfully completing case plan without being housed in RHY facility
* **0633C.3** #/% of youth that were connected with school, vocational school, college or the military

**Services, Opportunities, and Supports**

**0634 Community Service/Youth Activism Opportunities:** Programs which link youth to volunteer projects and with opportunities to be civically engaged.

**RBA Performance Measures for SOS 0634**

 **How Much**

* **0634A.1** # of youth participating (unduplicated)

**How Well**

* **0634B.1** # of community projects/opportunities available to youth
* **0634.B.2** % of staff trained in positive youth development

**Better Off**

* **0634C.1** #/% of volunteer hours completed in the community
* **0634C.2** #/% of projects that met community project expectations

**Appendix B: Additional Information for Runaway & Homeless Youth Providers**

# Eligible Applicants

Domestic public and private nonprofit entities (as determined by the IRS) located in Tompkins County providing services to at-risk youth in the targeted age group.

All applicants must provide performance based prevention strategies that demonstrate positive youth development principles as outlined in the *Features of Positive Youth Development Settings* and target the *Touchstones Life Areas, Goals, and Objectives.*

Programs operating Runaway and Homeless Youth programs are subject to unannounced monitoring by the Office of Children and Family Services and the Tompkins County Youth Services Department.

# Matching Requirements

All programs Runaway and Homeless Youth programs are asked to show a cash match of 15%.

In-kind budget lines should be noted as ‘In-kind’ under the Budget Items column and a dollar amount attributed with the in-kind service must be noted in the Total Program Budget Line. Note: In-Kind costs do not count towards the required 15% cash match.

# Additional Questions for Runaway and Homeless Youth Providers (5 points, 1 page limit)

1) Do you currently have an operating certificate on file with the Office of Children and Family Services? If not, what is your plan for obtaining this certificate? Please include a timeline.

2) How does your program ensure that all program staff and/or volunteers working with runaway and homeless youth receive a minimum of 40 hours per year of program related training?

3) How do ensure that no youth are discriminated against in your program?

4) What plans are in place for the prevention and remediation of child abuse and maltreatment that could potentially occur among program participants?

5) For interim family programs how do you ensure that you have daily contact with youth placed in a home?

6) What plans are in place within your program for working with youth who may be sexually exploited? What tool do you use to identify those youth who may be sexually exploited and/or are in danger of becoming exploited?

**Appendix C: Additional Pertinent Information**

It is important to note that when preparing this request the members of the Resource Allocation Team and Youth Services Staff reviewed the information provided in the Tompkins County State of Youth Report, NYS Touchstones, Eight Features of Youth Development, Results Based Accountability and location specific data. Funding will be awarded for proposals that take into consideration the needs of the diverse youth from throughout Tompkins County in rural and urban areas.

For additional information we recommend the following websites:

Achieving Youth Results: [www.tompkinscountyny.gov/youth/AYR](http://www.tompkinscountyny.gov/youth/AYR)

Tompkins County State of Youth Report: www.tompkinscountyny.gov/publications

NYS Touchstones: <http://www.nyskwic.org/about_kwic/touchstones.cfm>

Eight Features of Youth Developmental Settings: <http://www.actforyouth.net/youth_development/development/research/settings.cfm>

Results Based Accountability: [www.raguide.org](http://www.raguide.org)

2015 Community Specific Need Assessment Data:

[www.tompkinscountyny.gov/youth/publications](http://www.tompkinscountyny.gov/youth/publications)

\*\*\* End of RFP \*\*\*