NYS OFFICE OF CHILDREN & FAMILY SERVICES
YOUTH BUREAU FUNDING APPLICATION

COVER / SIGNATURE PAGE

(this page must include an original signature and be submitted by mail)

Name of Program: _____

Sponsoring Agency: _____

Agency Address: _____

Contact Person /Title: _____

Telephone Number: _____

Requested Amount: **Youth Development** [ ]

Will you accept less than your request for this project? _____Yes _____No

If you won't accept less than your request, please explain why. If you will accept less than requested, please describe specifically how your project would be modified and at what point you would be unable to administer the program due to inadequate funding.

I certify that the information presented in this proposal is true and correct and that all projected costs are reasonable and necessary for the operation of the proposed services and not a duplication of funds already available or which will be available from other funds.

_____

Signature of the Chief Executive Officer Date