

NEW YORK STATE OFFICE
OF CHILDREN AND FAMILY SERVICES
UNIVERSAL APPLICATION FOR YOUTH SPORTS FUNDING

Instructions for applicants: Complete this form and submit it, along with all required attachments, to the applicable municipal youth bureau by the local deadline. Programs may receive one or more awards dependent on the information provided in this application. Each award may be for no more than \$50,000. Please contact your municipal youth bureau for more information. Municipal youth bureau contact information can be found at <https://ocfs.ny.gov/programs/youth/ya-services/youth-bureaus.php>.

Program name

Agency that operates program, if applicable: _____

Phone number for program: () - _____

Email for program: _____

Program/agency website: _____

Contact person for application

Name: _____

Phone number: () - _____

Email: _____

Title/role/relation to program: _____

What sport, physical recreation, or athletic instruction does this program offer youth?**Describe the population of youth the program is designed to serve:**

- Number of youth to be served:
- Ages of youth to be served (Select one.):
 - ☐ Youth under age 18
 - ☐ Youth between the ages of and .
- Gender(s), check all that apply:
 - ☐ Girls (including transgender girls)
 - ☐ Boys (including transgender boys)
 - ☐ Non-binary
- Youth with the following disabling condition(s):
- Geographic area(s) served by program (town/city, county, etc.):
- Other, please define:

Describe the traditionally underserved or disadvantaged youth population(s) to be supported by this program and how the program will outreach to these population(s). Consider youth of all genders, youth with disabilities, youth in "opportunity deserts," youth living in traditionally under-resourced communities, etc.

How will these funds be used? Complete each field as applicable. Each selection will be considered, and potentially awarded, separately.

Purpose of request	Amount Requested
Permits/fees, including access to fields, courts, etc.	\$
Infrastructure improvement (repave courts/reseed fields, new nets, storage for equipment, etc.)	\$
Purchase of gear, uniforms, or equipment for youth	\$
Scholarships/offset cost of youth registration	\$
Personnel costs (coaching, education/instruction of youth, overhead/admin, etc.)	\$
Consumable supplies for youth participants (first-aid supplies, snacks, etc.)	\$
Costs associated with adaptability/making the activity accessible for youth with disabilities	\$
Other, please describe:	\$
Total amount:	\$

Please describe how one or more of the following will be incorporated into the program:*

1. Educational connection and achievement – More youth attending and completing school with increased attainment, including programs that have collegiate placement success.
2. Physical health and well-being – Increasing physical activity and positive relationship to one's body.
3. Mental health and well-being – Improving outcomes related to youth mental health and social and emotional skills development and connectedness.
4. Employment – Increasing qualifications and skills, such as collective problem solving, teamwork, and dispute resolution, which help prepare youth for suitable employment.
5. Community cohesion – Breaking down barriers to reduce discrimination, crime, and violence in communities, and help young leaders emerge.

Please describe the efforts to be taken by the program to ensure the physical and psychological safety of youth participants. Consider policies, procedures, trainings, and activities conducted by the program that will prevent child abuse and enhance interpersonal safety of youth participants. *

**Please refer to <https://ocfs.ny.gov/programs/youth/ya-services/> for a list of suggested resources.*

Please check each box below to indicate that the required documents are included in this application:

- ☐ A copy of your program's child protection policy/procedure.
- ☐ A copy of your program's budget.
- ☐ A proposed line-item budget for these funds, should this award be granted.
- ☐ Proof of non-profit status, as applicable.

I attest that the information included in this application is accurate to the best of my knowledge. I agree to provide the municipal youth bureau additional information upon request should award(s) be granted from this application.

SIGNATURE

PRINTED NAME

DATE

To be completed by the municipal youth bureau only:

Date application was received: Click or tap to enter a date.

Application was: ☐ *approved in full* ☐ *approved in part* ☐ *denied*

Program will be funded using: ☐ *YSEF* ☐ *YSEF infrastructure allocation \$* ☐ *YTS*

Applicant was notified on (date): Click or tap to enter a date.