

Attachment B

**NEW YORK STATE DEPARTMENT OF SOCIAL SERVICES
CONSOLIDATED SERVICES PLAN AMENDMENT REQUEST**

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| COMMUNITY OPTIONAL PREVENTIVE SERVICES |
| FUNDING APPLICATION |
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Please submit an original and one (1) copy of this funding application.
Send to:

James Purcell, Associate Commissioner
Office of Family and Children's Services
Division of Services and Community Development
New York State Department of Social Services
40 North Pearl Street, 11 C
Albany, New York 12243-0001

PART I - Identifying Information

County: _____ Region: _____

Address: _____

State Funds Requested: _____

Local DSS Match Funds: _____ Total Program Cost: _____

Contact Person's Name: _____

Title: _____

Telephone Number: _____

Fax Number: _____

Program Name: _____

Proposed Dates of Operation: _____

PART II - Justification of Need

Briefly explain what needs this program is intended to address. Explain why these needs cannot be met within the current array of services within the community.

PART III - Target Population

Clearly define the target population you intend to serve. Briefly explain how members of this population will be identified and selected for this program. Indicate why members of this target population are likely to benefit from this early intervention. That is, explain how this program will help this target population avoid the development or escalation of the problems that could pose a risk of foster care in the future.

PART IV - Services Provided and Program Approach

Briefly describe what services the program will provide directly and how these services will be delivered, as well as how they will meet the specific needs of the target population. Identify and describe any other services that are integral to the success of this program that will be provided in coordination with other agencies. Also indicate the names of the agencies that will be providing the identified services. For those programs that are part of a larger initiative, identify and describe the services specifically delivered through COPS funding and how these services will be integrated into the larger initiative as a whole. Include letters of support from those agencies involved whose programs provide integral services.

PART V - Linkages to the Community

Briefly describe any overall plans to integrate the program into the community. This may involve linkages for referrals with other agencies, plans to obtain client/community input, participation in networks, creation of advisory boards, etc. Explicitly describe a plan for referring potentially eligible children and their families to mandated preventive services.

PART VI - Program Goals and Objectives

List the key goals and objectives for the program's first year of operation. This section should include the number of clients the program expects to serve in each program component. It must also identify the measurable outcomes which the program expects to achieve.

PART VII - Program Assessment

Briefly describe how you plan to assess the success of the program.

PART VIII - Waiver Request Form

Check the appropriate box to indicate whether you are requesting each of the waivers listed below. For any waiver you are requesting identify any alternative procedures you will implement. In the final section, briefly explain why the waivers you have requested are necessary to the operation of your proposed program.

1. CLIENT ELIGIBILITY REQUESTED: []Yes []No
Alternative Procedure(s):

2. CASE PLANNING AND REVIEW REQUESTED: []Yes []No
Alternative Procedure(s):

3. UCR COMPLETION REQUESTED: []Yes []No
Alternative Procedure(s):

4. CCRS REPORTING REQUESTED: []Yes []No
Alternative Procedure(s):

REASONS FOR REQUESTING WAIVERS:

Attachment 1 - Organizational Narrative

Describe the background experience of the organization(s) that will be operating the program. If the program will be operated directly by the local district, describe where and how the program will be operated within the structure of the local district.

ATTACHMENT 2 - Staffing

COPS STAFFING CHART

INSTRUCTIONS: Indicate the title, % of time on the project, and primary job responsibility for each position funded under the COPS program. In the columns on the right, identify the state and local funds that are included in the COPS Budget for this individual's salary. In the column on the far left, indicate with an "X" if this position is to be filled by a consultant rather than a direct employee. If more than one agency will be receiving COPS funds, the proposal complete a separate staffing chart for each agency.

AGENCY: _____

CONSULTANT (X)	JOB TITLE	% TIME ON COPS	JOB RESPONSIBILITIES WITHIN COPS PROGRAM	STATE	LOCAL

ATTACHMENT 3 - Budget

(A) BUDGET SUMMARY BY OBJECT OF EXPENSES

OBJECT OF EXPENSES	LOCAL SHARE	STATE FUNDS	TOTAL COST
A. PERSONAL SERVICES			
1. Personnel			
2. Fringe Benefits			
3. Total (lines 1+2)			
B. NON-PERSONAL SERVICES			
4. Consultants			
5. Travel Per/Diem			
6. Equipment			
7. Supplies			
8. Contractual Services			
9. Total (Lines 4 thru 8)			
C. OTHER EXPENSES			
D. PROJECT TOTAL (A+B+C)			

(B) BUDGET JUSTIFICATION

INSTRUCTIONS: Indicate below the amount of the local match that will be supplied by local tax levy and the amount that will be supplied as in-kind or indirect services or by non-tax levy (including donated) funds. Identify what equipment will be purchased if the total for this line is greater than \$1,000 or any single equipment purchase is greater than \$500. List any consultants not included in the Staffing Chart. Identify what is included under Other Expenses. Provide an explanation for non-personal service items that are disproportionately high when compared to personal services costs.

LOCAL MATCH SOURCE

AMOUNT

_____	_____
_____	_____
_____	_____

BUDGET JUSTIFICATION/EXPLANATION