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| --- | --- |
|  | RFP APPENDIX B: Fiscal Department of Social Services  RFP#2022-029VF |

**Financial Information**

|  |  |
| --- | --- |
| Payee Name of Agency (if different than Legal Name) | |
|  | |
| Financial Contact Person Name/Title | |
|  | |
| Street Address/City/State/Zip | |
|  | |
| Financial Contact Person Phone Number | Financial Contact Person Email |
|  |  |
| Agency's Fiscal Year (Start date - End date) | |
|  | |
| Amount of Funding Request to ECDSS for this proposed contract | |
|  | |
| FY of Request (Start date - End date) | |
|  | |

**Supplementary Application Information**

All applicants must provide one copy of the most current information as noted below. If not available, the latest tax return may be submitted in lieu of the audit report and/or management letter. These materials cannot be returned.

* + Most recent Audit report prepared by an independent CPA
  + Most recent Management Letter
  + Listing of Officers and Board of Directors

**V. Certification**

The undersigned certifies that he or she is a principal officer of the applicant agency and has knowledge of, and certifies that the information contained herein is complete and accurate.

Furthermore, the undersigned certifies that the applicant sponsored programs, services and activities are available to the general public, advertised as such, and not subject to discrimination based on sex, race, creed, religion or national heritage.

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**Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name/Title**

|  |
| --- |
| Listing of Officers and Board of Directors |
|  |
| Budget Narrative  List other confirmed sources of funding for this program (foundation grants, public/government funding, earned income, contributions, etc.) |
|  |
| List other pending funding sources to which you are applying for this program. |
|  |
| Program’s cost per participant. |
|  |
| Describe any fees charged to program participants. If fees are charged, describe the cost, purpose, and total anticipated income under other revenue sources. Please also include and explain the process to accept youth whose family cannot afford to pay the fee(s). *Note: Documentation of a tiered payment/scholarship system for families experiencing economic hardship or who qualify for public assistance is required if fees are charged. This documentation should be included in your application.* |
|  |
| Percentage of grant request that will go toward direct programming. |
|  |
| Completed [OCFS-5005](https://ocfs.ny.gov/main/Forms/youth/OCFS-5005.dot) budget form included. |

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