

Erie County Youth Bureau MISSION

"To serve youth and families through positive youth development, advocacy, delinquency prevention and intervention programs that strengthen families and communities."



Meet the Staff

Paul Kubala, Deputy Commissioner – Youth Services

TBD, Sr. Youth Bureau Director

Wanda Hillman, Youth Services Planning Coordinator

John Kordrupel, Youth Services Planning Coordinator

Ruby Jain, Supervisor of Claims Administration

Jennifer Longo, Principal Clerk

What is Primetime?

- Summer Primetime grants are designed to:
 - Promote (FREE) positive youth development programs during the summer months
 - * Fees may be charged but evidence of a scholarship or similar structure must be in place; no youth may be turned away due to an inability to pay
 - Expose youth to positive activities in a healthy and safe setting with caring adults during out-of-school time and high-delinquency hours
- * The maximum funding request is \$15,000
 - * Programs requesting more than \$10,000 will be expected to provide services beyond the scope of the required criteria

Primetime Format

- All Summer Primetime grants must target 'at risk' youth under 21 years of age
- Agencies must provide a program for at least six (6) weeks, 4-5 days a week
- Services provided June 26th through September 1st, 2023 (10-week period)
- Preference is for programs which run for a full day
- All programs must be free or have a documented system in place to provide opportunity to families with demonstrated financial need

Key Dates

RFP Released: Wednesday, January 11th, 2023

RFP Informational Meeting: Wednesday, January 25th, 2023 @ 10:30am

Proposals Due: Wednesday February 8th, 2023

*Must be uploaded as Appendix A, Appendix B, & Appendix C to link in RFP. If unable to upload, a printed submission may be submitted to:

Erie County Department of Social Services, Attn: Carrie Godfrey 95 Franklin Street Room 804 Buffalo, NY 14202*

Only one application per agency may be submitted for review & consideration

Applicant Interviews: N/A

Notification of Funding:

June 2023 pending approval by the Erie County Legislature

Checklist

- 1. Each proposal shall be prepared simply and economically avoiding the use of elaborate promotional materials beyond what is sufficient to provide a complete, accurate and reliable presentation.
- 2. Your proposal must be comprised of 3 sections:

Appendix A

- Proposal to Provide Service
- Signed Schedule A
- References and data from similar work (For agencies not contracted with ECDSS to provide Summer Primetime Programming in 2022)

Appendix B

- Signed Fiscal Form
- Budget Forms

Appendix C

- Most recent Audit report prepared by an independent CPA
- Most recent Management Letter
- · Listing of Officers and Board of Directors
- 3. Proposals MUST be signed using the attached Schedule A: Proposer Certification. Unsigned proposals will be rejected.
- 4. Submission of the proposals shall be uploaded as three separate documents (Appendix A, B and C) to: OnBase Unity Form.
- 5. If unable to upload the proposal, a printed submission may be submitted to: Erie County Department of Social Services, Attn: Carrie Godfrey, 95 Franklin Street Room 804, Buffalo, NY 14202.
 All proposals must be submitted on or before February 8, 2023 at 4:00 p.m. Proposals received after the above date and time will not be considered. The County is under no obligation to return proposals.

Proposal format

Proposals MUST be signed using the attached Schedule A: Proposer Certification (pg. 30).

Unsigned proposals will be not be accepted.

Proposal Format

Program Information

- Start of Operations
- Program Summary

Target Population Served & Goals

- Description of Target Population and Service Area
- Special Populations
- Capacity
- Experience

Program Plan

- Narrative
- History
- Availability
- Location
- Process
- Safety
- Staffing
- Collaboration
- Difference

Performance Measurement

- Touchstones
- Quality Improvement
- Data Collection

Trauma Informed Care

Budget

Staffing

Professional Development





- * Eligible applicants must be current 501(c)(3) not-for-profit organizations (as determined by the IRS) or a Municipal Youth Bureau located in Erie County providing services to at-risk youth in the targeted age group.
- * Organizations must have their own 501(c)(3) status; use of another organization's 501 (c)(3) status as a "pass-through" is not permitted. Charter schools may not apply directly for Primetime funding; however, they may partner with a qualified community applicant not already receiving funding.

Primetime Format – NYS Touchstones

Applicants must choose from the following list the Life Area(s) that best correlate(s) with the primary objectives of their program:

1ES Economic Security

2PEH Physical and Emotional Health

• 3ED Education

4CVC Citizenship/Civic Engagement

5FAM Family

6COM Community

- Please refer to the instructions in the RFP for how to complete the Performance Measurement section of the proposal.
- Please refer to the NYS Touchstones Coding Document within RFP or on our website for assistance in selecting appropriate Life Areas and SOS's.

Eligible Service Categories

10 Service Categories as defined by OCFS are eligible for 2023 Primetime Funding

- 1. Work Readiness Supports
- 2. Life Skill Supports
- 3. Career Development Supports
- 4. Year/Round Seasonal Activities
- 5. Healthy Lifestyles
- 6. Academic Support Services
- 7. Alcohol and Substance Abuse Prevention
- 8. Youth Leadership/Empowerment Opportunities
- 9. Mentoring Supports
- 10. Juvenile Delinquency Prevention Services

Types of Programs Funded

Programs typically include elements of the types of services listed below:

- Academic Enrichment/Remediation
- Health & Wellness/Physical Activity
- Arts and Cultural Education
- Mentoring Programs
- Juvenile Diversion Programs/Substance Abuse Prevention
- Workforce Development/College & Career Readiness
- Field Trips

Review Process

- * All proposals will be reviewed and evaluated by the Erie County Youth Board (a 21-member, voluntary citizen advisory board).
- * Applicants will NOT participate in interviews with Youth Board evaluators.
- Recommendations are subject to final approval by the County Executive and the Erie County Legislature.
- * Award notifications will be issued to applicants awarded 2023 Primetime funding as soon as possible but not before June 2023.

Award Requirements

- * COPS Report (if applicable), Summer Primetime Program Report, & all applicable fiscal expenditure reports will be due after the completion of Primetime programming, no later than Friday September 15th, 2023
- * Provide documentation of all expenses
- * Applicants must maintain in-force appropriate insurance (General Liability, Workers Comp, Auto) as required by ECYB
- Programs must show evidence of a tiered or scholarship system for low-income youth if any fees are associated with participation
 - *No youth may be turned away for lack of ability to pay

Award Requirements, cont.

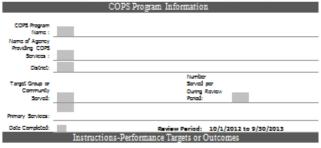
- Funded agencies must conduct background checks and sex offender checks for all staff (paid/unpaid) who will be unsupervised with youth at any time
 - * NYS Sex Offender Registry Search:

https://www.criminaljustice.ny.gov/nsor/800info_cdsubmit.htm

COPS Report, if applicable

Attachment B

Community Optional Preventive Services Program Report



COPS funding is aimed at supporting community services that work with youth and families before a serious problem develops with the long-term goal of reducing the risk of feater core and offering a less costly alternative to placement.

In this section, describe the program's performance. Largeds or extreme areas, currently required by the LDSS in accordance with DFPCCFS-LCM-12, and give evidence of the CDFS program's achievement(s) for the review ported, in actual data format, when possible.

Outcomes on the desired bonefits or ordispated changes for the target population after their involvement, with the program. Performance targets are the quantifiable and verifiable improvements in the condition or behavior of the target population resulting from the provision of services that indicate programs related to an outcome that the program intends to services they the and of the confused ported.

This template gives space to describe three top performance targets or outcomes, but it is not necessary to complete all three sections. If more space is needed, please use the same formation a separate sheet.

1st Outcome, Performance Target, and Strategy

Description of Outcome:

Evidence of Achievement in Performance Target:

Strategy or Strategies Used:

Attachment B

2nd Outcome, Performance Target, and Strategy

Description of Outcome:

Evidence of Achievement in Performance Target:

Strategy or Strategies Used:

3rd Outcome, Performance Target, and Strategy

Description of Outcome:

Evidence of Achievement in Performance Target:

Strategy or Strategies Used:

Please complete and submit this form by October 15, 2013 to:

Robert Dick, Jr. NYS Office of Children and Family Services Strategic Planning and Policy Development 52 Washington Street, Room 322 N. Rensselaer, NY 12144

Or email a copy to Robert Dick@ocfs.state.sey.us

Summer Primetime Program Report

Office of Children and Family Services - Program Annual Report

This form replaces the Program Annual Assessment (OCFS 5007). Every Program that receives Youth Development Program (YDP) or Runaway and Homeless Youth (RHY) funding must submit a Program Annual Report at the end of the program year.

| Year: | | | | |
|----------------------|----------|-------------------|-------|-------|
| County: | QYDS ID: | FUNDING SOURCE: | YDP 🗌 | RHY 🗌 |
| Implementing Agency: | | Program Name: | | |
| Contact Person: | | Telephone Number: | | _ |
| E-Mail: | | | | |

| Gender | Projected | Actual |
|--------|-----------|--------|
| Male | | |
| Female | | |
| Total | 0 | 0 |

| Ethnicity | Projected | Actual |
|---------------------|-----------|--------|
| White | | |
| Black or African | | |
| American | | |
| Hispanic or Latino | | |
| American Indian | | |
| or Alaskan Native | | |
| Asian | | |
| Native Hawaiian | | |
| or Pacific Islander | | |
| 2+ Races | | |
| Total | 0 | 0 |

| Age | Projected | Actual |
|-------|-----------|--------|
| 0-4 | | |
| 5-9 | | |
| 10-14 | | |
| 15-17 | | |
| 18-20 | | |
| 21+ | | |
| Total | 0 | 0 |

Summer Primetime Program Report, Cont.

| Life Area: Community | |
|---|-------------------|
| SOS: Mentoring Supports | |
| Common Performance Measures: | |
| HOW MUCH: | Number |
| 0628A.1 Number of youth participating in the mentoring program (unduplicated) | |
| | <u> </u> |
| | |
| HOWWELL. | Bt |
| HOW WELL: | Percentage |
| | |
| | |
| | |
| BETTER OFF: | Number/Percentage |
| | |
| | |
| | |
| | · |
| Problems or Obstacles Identified during this funding period: | |
| | |
| | |
| | |
| Plan of action for resolving problem(s)/Obstacles: | |
| | |
| | |
| | |
| Additional Comments/Technical Assistance needed: | |
| | |
| <u> </u> | |

Fiscal Process

- Once you submit your full contract package to the ECDSS Office of Counsel, mail or email us an invoice for your full award amount. For Primetime, it is our goal to pay invoices as close to the start of programming as possible.
- Invoices cannot be paid until your contract is fully executed.
- At the end of the summer, you will submit expenditure reports with backup documentation. Those reports are due by September 15th, 2023 (OCFS 3125 through 3129 all on website).
- Summary form (OCFS 3125) must be completed; otherwise, please only complete the forms (3126-3129) that are relevant to what you are claiming you spent the awarded money on.
- Please ensure that you provide ALL back-up reporting:
 i.e., Payroll records, registers, cancelled checks, etc.

 - Rećeipts
 - Bank statements & credit card statements
- Please submit one set of hard copies to Jenn Longo, jennifer.longo@erie.gov

Budget Instructions

- * Funding period June 26th September 1st
- * Budget is program-specific
- * Budget must be completed in its entirety
- * Other funding sources for your program must be reported on the form

NYS 5005 Budget Form

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
PROGRAM BUDGET

| | | APPENDI | | |
|--|---|--------------------------------|---|--|
| | | | QYDS ID: | |
| | | | FISCAL YEAR | E |
| AGENCY/MUNICIPALITY: | | | | |
| PROGRAM TITLE: | | | FUN | ND TYPE: |
| FISCAL CONTACT INFORMATION: Include Name, Phone Number, E-mail | l address: | | | |
| PERSONAL SERVICES: | | | | |
| POSITION TITLE | RATE OF PAY | BASIS (H, W, BW, SM) | TOTAL OCFS PROGRAM AMOUNT (1) | TOTAL OCFS FUNDS REQUESTE FOR THIS PROGRAM |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | | CO AND WACES | \$ | \$ |
| | TOTAL SALARII | | _ | - |
| | TOTAL FR | INGE BENEFITS | \$ | \$ |
| TOTAL PERSONAL SERVICES | TOTAL FR | | \$ | \$ |
| | TOTAL FR | INGE BENEFITS | | * |
| TOTAL PERSONAL SERVICES CONTRACTED SERVICES AND TYPE OF SERVICE OR CONSULTANT T | TOTAL FR (1) STIPENDS | | | * |
| CONTRACTED SERVICES AND | TOTAL FR (1) STIPENDS | BASE | \$ | * |
| CONTRACTED SERVICES AND | TOTAL FR (1) STIPENDS TILE RATE OF PAY | BASE | \$ TOTAL OCFS PROGRAM AMOUNT (1) | * |
| CONTRACTED SERVICES AND | TOTAL FR (1) STIPENDS TILE RATE OF PAY \$ | BASE | \$ TOTAL OCFS PROGRAM AMOUNT (1) \$ | * |
| CONTRACTED SERVICES AND TYPE OF SERVICE OR CONSULTANT T | TOTAL FR (1) STIPENDS ITLE RATE OF PAY \$ \$ \$ | BASE | \$ TOTAL OCFS PROGRAM AMOUNT (1) \$ | * |
| TYPE OF SERVICE OR CONSULTANT T | TOTAL FR (1) STIPENDS ITLE RATE OF PAY \$ \$ \$ \$ \$ \$ ES (2) | BASE | TOTAL OCFS PROGRAM AMOUNT (1) \$ \$ | \$ |
| CONTRACTED SERVICES AND TYPE OF SERVICE OR CONSULTANT T | TOTAL FR (1) STIPENDS TILE RATE OF PAY \$ \$ \$ \$ \$ \$ ES (2) RATION (3) | BASE (S.M.HR) | TOTAL OCFS PROGRAM AMOUNT (1) \$ \$ | \$ |
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| TOTAL CONTRACTED SERVICE TOTAL MAINTENANCE & OPER LIST EQUIPMENT TO BE PURC! (UNIT COST OVER \$500 AND LI FACILITY REPAIRS PROGRAM SITE ADDRESS | TOTAL FR (1) STIPENDS TILE RATE OF PAY \$ \$ \$ \$ \$ \$ RATION (3) HASED OR RENTE FE EXPECTANCY | BASE (S.M.HR) ED: OF OVER TWO | TOTAL OCFS PROGRAM AMOUNT (1) \$ \$ \$ \$ \$ YEARS) | \$ |
| TOTAL CONTRACTED SERVICE TOTAL MAINTENANCE & OPER LIST EQUIPMENT TO BE PURC! (UNIT COST OVER \$500 AND LI FACILITY REPAIRS PROGRAM SITE ADDRESS | TOTAL FR (1) STIPENDS TILE RATE OF PAY \$ \$ \$ \$ \$ \$ ES (2) RATION (3) HASED OR RENTE FEE EXPECTANCY | BASE (S.M.HR) ED: OF OVER TWO | TOTAL OCFS PROGRAM AMOUNT (1) \$ \$ \$ \$ YEARS) | \$ \$ \$ |
| TOTAL CONTRACTED SERVICE TOTAL CONTRACTED SERVICE TOTAL MAINTENANCE & OPER LIST EQUIPMENT TO BE PURC! (UNIT COST OVER \$500 AND LI FACILITY REPAIRS PROGRAM SITE ADDRESS TOTAL FACILITY REPAIRS (4) | TOTAL FR (1) STIPENDS TILE RATE OF PAY \$ \$ \$ \$ \$ \$ ES (2) RATION (3) HASED OR RENTE FEE EXPECTANCY | BASE (S.M.HR) ED: OF OVER TWO | TOTAL OCFS PROGRAM AMOUNT (1) \$ \$ \$ \$ YEARS) S AL OCFS FUNDS REQUESTED | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

* USE AN ASTERISK NEXT TO THE FIGURES LISTED TO IDENTIFY THOSE ITEMS FOR WHICH OCFS REIMBURSEMENT IS NOT BEING REQUESTE USE (IK) TO IDENTIFY ONLY IN KIND SERVICES, EQUIPMENT, ETC DONATED TO PROGRAM, WHERE ALLOWED.

Thank you!

- Thank you!
 - Erie County Youth Bureau Staff
 - Erie County Youth Board Members
 - Our Partnering Agencies...
 - For the important work that you do!!!

Questions?

