**OCFS-5004** (10/2014)

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**REQUEST FOR AMENDMENT (OCFS 5004) INSTRUCTIONS**

**AMENDMENT OF APPROVED PROGRAM: Use this section when requesting a change in funding from one program to another program currently receiving state aid.**

**County:**Enter name of county requesting amendment.

**Fiscal year :**Enter fiscal year for which amendment is requested.

**Justification:** Enter a short explanation for amendment or for requesting the addition of a new program using unallocated County funds.

**YDP and/or RHYA:**

**Use this section to request redistribution of YDP and/or RHYA funding from one program to another.**

* **QYDS ID #:**  Enter number assigned to the program by QYDS that will have a reduction in funding.
* **Total allocated before amendment:** Enter amount of original allocation.
* **Amount of Decrease:** Enter amount program funding will decrease.
* **New/Amended total State Aid:** Subtract amount decreased from original allocation and enter updated total.
* **YDP funds and RHYA funds may not be interchanged**.
* **QYDS ID#:**  Enter number assigned to the program by QYDS that will have an increase in funding.
* **Total allocated before amendment:** Enter amount of original allocation.
* **Amount of Increase:** Enter amount program funding will increase.
* **New/Amended total State Aid:** Add amount of increase to the original allocation and enter the updated total.

**ADDITION OF NEW PROGRAM(S) USING UNALLOCATED COUNTY FUNDS:**

**Use this section when requesting the use of unallocated county funding to establish a new program(s). When adding a new program, data entry will be required in QYDS.**

* **Program Name:** Enter name of Program to be funded.
* **OCFS Funds Requested:**Enter amount of unallocated County funds being used to fund the requested program.
* **Funding Type:**Enter type of funds being used for the Program (YDP or RHYA).
* **Remaining County Balance:** Subtract amount used to fund program for current County balance and enter that amount.

**CERTIFICATION:**

**The Request for Amendment form must be signed and dated by the authorized signee of the county requesting the amendment before forwarding to the Youth Development Coordinator/Specialist assigned to that county.**

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NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

**REQUEST FOR AMENDMENT**

*TO COUNTY RESOURCE ALLOCATION PLAN*

|  |
| --- |
| *Amendment to approved program(s) receiving State Aid for fiscal year*      *in County of* |
| Justification Amendment: |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR YDP and/or RHYA** | |  | | | | | |
| **QYDS ID#** | **Total Allocated Before Amendment** | **Amount of Decrease** | **New/Amended Total State Aid** | **QYDS #** | **Total Allocated Before Amendment** | **Amount of Increase** | **New/Amended Total State Aid** |
|  |  | -$ | $ |  |  | +$ | $ |
|  |  | -$ | $ |  |  | +$ | $ |
|  |  | -$ | $ |  |  | +$ | $ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR YDP and/or RHYA** | |  | | | | | |
| **QYDS ID#** | **Total Allocated Before Amendment** | **Amount of Decrease** | **New/Amended Total State Aid** | **QYDS #** | **Total Allocated Before Amendment** | **Amount of Increase** | **New/Amended Total State Aid** |
|  |  | -$ | $ |  |  | +$ | $ |
|  |  | -$ | $ |  |  | +$ | $ |
|  |  | -$ | $ |  |  | +$ | $ |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FOR YDP and/or RHYA** | |  | | | | | |
| **QYDS ID#** | **Total Allocated Before Amendment** | **Amount of Decrease** | **New/Amended Total State Aid** | **QYDS #** | **Total Allocated Before Amendment** | **Amount of Increase** | **New/Amended Total State Aid** |
|  |  | -$ | $ |  |  | +$ | $ |
|  |  | -$ | $ |  |  | +$ | $ |
|  |  | -$ | $ |  |  | +$ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Name (\*Data entry in QYDS required)** | **OCFS Funds Requested** | **Funding Type** | **Remaining County Balance** |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized Signature** | | **Title** | **Date** |
| County |  |  |  |
| OCFS |  | Youth Development Coordinator/ Specialist |  |
| OCFS |  | Financial Operations |  |