**OCFS-5004** (Rev. 12/2024)

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, YSEF, YTS, and/or RHYA:**

Use this section to request redistribution funding from one program to another.

* **Funding Type:** Enter type of funds being used for the program (YDP, YSEF, YTS, and/or RHYA).
* **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.
* **QYDS #: *YDP, YSEF, YTS, and RHYA funds may not be interchanged.***
* **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.

**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***

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

|  |  |
| --- | --- |
| **FOR YDP, YSEF, YTS and/or RHYA** | ***NOTE:*** *Please make sure you are moving funds within the same funding type.* |
| **Funding****Type** | **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** |
|       |       |       | -$       | $       |       |       | +$       | $       |
|       |       |       | -$       | $       |       |       | +$       | $       |
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| --- | --- | --- | --- |
|  | **Authorized Signature** | **Title** | **Date** |
| County      |  |       |    /    /      |
| OCFS      |  | Youth Development Coordinator/ Specialist |    /    /      |
| OCFS      |  | Financial Operations |    /    /      |