

**~ASSOCIATION OF NEW YORK STATE YOUTH BUREAUS~
Training Committee**

DIRECTORY QUESTIONNAIRE

***ALL Youth Bureaus must return this information.**
Submission deadline: May 9, 2008.

Name of Youth Bureau: _____ Phone #: _____ Fax #: _____

Address: _____

E-mail: _____

Website/Homepage: _____

Annual Youth Budget (2008): \$ _____

Annual Youth Budget (2007): \$ _____

Local Contribution (2007): \$ _____

Other Outside Revenue (2007): \$ _____

Name of Executive Director: _____

Full-time: Yes__ No __ If not full-time, what % of full-time _____

Number of years with the Youth Bureau: _____

Number of Professional full-time staff: _____ Number of Professional part-time staff: _____

Are you a: County Youth Bureau _____ Municipal Youth Bureau _____

County or Municipal 2000 Census population (total): _____ Youth Population 2000 Census (0-21): _____

Short Description of County/Municipality (geographic, demographics, special characteristics – please feel to attach an existing description):

Have you applied for any federal government money to support youth programs in your County/Municipality? Yes__ No__

If yes, have you been successful in receiving these funds? Yes__ No__ If you have received funds please list source and type of program funded below:

Federal Funding Source

Program Focus

Have you applied for any Foundation Grants to support youth funding in your County/Municipality? Yes__ No__

Foundation Funding Source

Program Focus

Do you have a formal partnership with local public school system? Yes__ No__ If yes what type of program:

Do you have any special skills or areas of expertise that you would be willing to share with your colleagues?

If yes, please specify the area:

If yes, please provide information for a primary contact person:

Has your Youth Bureau provided Technical Assistance on Outcome Based Funding to other departments, agencies, etc.?

If so, please explain:

Does your Youth Bureau have a computer? Yes___ No___ Do you have Internet access? Yes___ No___

If you do not have e-mail, what barrier(s) are keeping you from using e-mail?

What information would you like to be able to receive electronically from the Association, or from OCFS or other State Agencies, if it were possible?

Please return copy of survey to each of the following:

ANYSYB Training Committee Co-Chair
Jennifer Petteys, Montgomery County
Email: jpetteys@co.montgomery.ny.us
Fax: 518-853-8299

ANYSYB Training Committee Co-Chair
Beth Saxton, Broome County
BSaxton@co.broome.ny.us
Fax: 607-778-3788

ANYSYB Office
Carol Crowley
nassocia@nycap.rr.com
Fax: 518-869-0780