

**NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES
SUPER STORM SANDY SOCIAL SERVICES BLOCK GRANT
STATISTICAL INFORMATION INPUT FORM**

Contact and Purchase Order Information	
1) Lead State Agency:	
2) Lead State Agency Contact:	
3) Vendor Name:	
4) Contract Number:	
5) SSBG Purchase Order Number:	
6) Funding Opportunity:	
7) Dates of Service From:	To:

For OCFS Use Only	
Document Number	
PO/GL Number	
Tracking Number	

*Note: Statistics for individuals/facilities served should be unduplicated counts. Enter statistics for only new individuals/facilities not previously reported.

8) Location Where Service Was Provided	
Address:	
City, State, Zip Code:	

9) Service Category					
Service Provided	Service Supported with SSBG Expenditures	Number of Children - Up to Age 18 Years	Number of Adults - Age 18 to 59 Years	Number of Adults - Age 60 Years and Older	Number of Adults - Unknown Age
	01 - Adoption Services				
	02 - Case Management				
	03 - Congregate Meals				
	04 - Counseling Services				
	05 - Day Care--Adults				
	06 - Day Care--Children				
	07 - Education and Training Services				
	08 - Employment Services				
	09 - Family Planning Service				
	10 - Foster Care Services - Adults				
	11 - Foster Care Services - Children				
	12 - Health-Related Services				
	13 - Home-Based Services				
	14 - Home-Delivered Meals				
	15 - Housing Services				
	16 - Independent/Transitional Living Services				
	17 - Information & Referral				
	18 - Legal Services				
	19 - Pregnancy & Parenting				
	20 - Prevention & Intervention				
	21 - Protective Services--Adults				
	22 - Protective Services--Children				
	23 - Recreation Services				
	24 - Residential Treatment				
	25 - Special Services--Disabled				
	26 - Special Services--Youth at Risk				
	27 - Substance Abuse Services				
	28 - Transportation				
	29 - Other Services (Describe in Comments)				
	31 - Administrative Services Costs				
	33 - Health Care Services				
	34 - Mental Health Services				
Service Codes with Facility Count Only		Number of Health Care Facilities	Number of Child Care Facilities	Number of Mental Health Facilities	Number of Other Facilities
	35 - Renovation Services				
	36 - Repair Services				
	37 - Rebuilding Services				

10) Comments:

11) Authorized Name (Printed):

12) Authorized Name (Signature):	Date:
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Super Storm Sandy Statistical Information Input Form Instructions

General Information

1. A properly completed Super Storm Sandy Statistical Input Form ***should*** accompany the submission of the Super Storm Sandy Contract Package, Request for Purchase Order Form, Claim Form, General Ledger Transmittal Form and OTDA D-SNAP Direct County Payment Form.
2. When submitting with the contract package – choose the service category(s) that reflect the scope of the contract and if exact totals are not known, project the numbers to be served for the contract period. When submitting with the other documents - Statistics for individuals/facilities served should be for the period reflected in the Dates of Service and not be duplicated. Enter statistics for only new individuals/facilities not already reported.
3. This form should be completed by the individual(s) responsible for the services provided. This could be a grant recipient or state agency staff.

Filling out the Form

Line 1: Lead State Agency: Enter the state agency that you are working with to complete the award process.

Line 2: Lead State Agency Contact: Enter the name of your contact person at the Lead State Agency.

Line 3: Vendor Name: Enter the legal business name of the agency receiving an award, or your name, if applicable.

Line 4: Contract Number: Enter the contract number, if known.

Line 5: SSBG Purchase Order Number: Enter the purchase order number, if known.

Line 6: Funding Opportunity: Enter the Funding Opportunity that the statistics refer to. Individual statistics forms are required for each funding opportunity awarded. Refer to your award letter to determine the funding opportunity.

Line 7: Dates of Service: Enter the beginning and end dates of services or work performed in 'From' and 'To' sections, respectively. The dates of service can also reflect first and last invoice/receipt dates for claims related to reimbursements of expenditures.

Line 8: Location Where Service Was Provided: ***Only one*** location where service was provided can be submitted for each Super Storm Sandy Purchase Order Form, Claim Form, General Ledger Transmittal Form or OTDA D-SNAP Direct County Payment Form. Services or work provided at multiple sites must be reported on multiple forms.

Line 9: Service Category: Check as many categories of services provided (# 1-37) that apply, and provide requested information. The 'Social Services Block Grant Uniform Definition of Services' is provided in Appendix A. Also, please note:

- a. Statistics for different age categories of individuals served must be provided for services 1 through 34.
- b. Statistics for the number and type of facilities must be provided for services 35 through 37
- c. Statistics of individuals/facilities must be unique counts; no individuals/facilities should be counted more than once if more than one Super Storm Sandy Statistical Input Form is submitted. Any additional statistical input forms submitted after the first one should report only incremental changes in the numbers served
- d. Choose #29 – "Other" for services that do not fit in one of the categories provided. Please describe the nature of the Other Services in the Comments block on Line 10.

Line 10: Comments: Please provide any additional information in this block, **including the services reported as #29, Other.**

Line 11: Authorized Name (Printed): Print the name of the individual who completed the form.

Line 12: Authorized Name (Signature) and Date: Sign and Date the completed form.

For Grant Recipients- Submitting the Form

The Super Storm Sandy Statistical Input Form should be sent to your Lead State Agency Contract Manager by e-mail or U.S. mail:

For State Agencies - Submitting the Form

The Super Storm Sandy Statistical Input Form should be sent to OCFS by e-mail (preferred method) or US mail:

- a. The OCFS e-mail address is Superstorm.SandyPO@ocfs.ny.gov
- b. The OCFS mailing address is 52 Washington St., Room 202-South, Rensselaer, New York 12144-2834 ATTN: BCM-Super Storm Sandy Team