NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

# Application FOR OCFS APPROVAL OF CERTIFICATE OF INCORPORATION

# TO PROVIDE RESIDENTIAL RUNAWAY AND HOMELESS YOUTH SERVICES

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| This application is required for any agency interested in obtaining or amending its certificate of incorporation (COI) to become authorized to provide residential services to *only* runaway and homeless youth and/or young adults (RHY) in New York State. Applicants must submit this form, along with the documents listed in Section B, to their OCFS regional office. Additional instructions are found on page 2. Agencies interested in obtaining or amending its COI to become authorized to serve broader youth populations should refer to <https://ocfs.ny.gov/main/fostercare/CongregateCare/CongregateCare.asp>) | | | | | |
| SECTION A – Agency Information | | | | | |
| Current agency name: | | | | | |
| Agency doing business as (DBA), if applicable: | | | | | |
| Proposed agency name, if applicable: | | | | | |
| Name(s) under which the agency has operated in the past, if applicable:      ;      ;      ;      ; | | | | | |
| Corporate address: | | | | | |
| Apt./Unit #: | | | | | |
| City, State, Zip: | | | | | |
| Agency’s contact name: | | | | | |
| Agency contact’s title: | | | | | |
| Agency contact’s phone number: (     )      - | | Agency contact’s email: | | | |
| Does the agency currently operate any certified residential programs serving the RHY population in New York State? | | | | Yes No | |
| If yes, please list the nameand OCFS-issued operatingcertificate number of eachprogram here. | Program name | | OCFS-issued operating certificate number | | |
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| Application for:  Certificate of Incorporation  Certificate of Amendment  Certificate of Merger Agency Name ChangeRestatement of Certificate of Incorporation | | | | | |
| SECTION B ─ Supporting Documents Checklist | | | | |  |
| 1. All current and proposed corporate authority documents (certified copies only) | | | | |  |
| 1. Copy of most current certified public accountant (CPA) fiscal audit report or IT-990 *(not required for agency name change)* | | | | |  |
| * 1. Evidence that any deficiencies noted in audit report have been corrected (if applicable) | | | | |  |
| 1. Verification of registration status, including charity’s registration number, from Charities Bureau **OR** proof of the claimed exemption stating that the agency is exempt as a religious organization | | | | |  |

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| SECTION C – Signatures |

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| Submitted by Agency’s Chief Executive Officer | By signing below, I attest that this application is complete and accurate to the best of my knowledge. | |
| PLEASE PRINT NAME: | Date:        /       / |
| SIGNATURE: | |

# INSTRUCTIONS

# HOW TO COMPLETE THE *Application FOR OCFS APPROVAL OF CERTIFICATE OF INCORPORATION TO PROVIDE RESIDENTIAL RUNAWAY AND HOMELESS YOUTH SERVICES* (OCFS-4836a)

* This document is intended *only* for agencies seeking to become authorized to operate certified residential runaway and homeless youth (RHY) programs. Guidance on this process can be found in the OCFS technical assistance document *Becoming an “Authorized Agency” – How to Obtain the Necessary Corporate Authority to Operate a Residential Runaway and Homeless Youth (RHY) Program* <https://ocfs.ny.gov/main/youth/rhy/starting-a-program.asp>
* Agencies thatalso provide or seek to provide other residential youth services (for example, foster care) should not use this form; rather, they should refer to <https://ocfs.ny.gov/main/fostercare/CongregateCare/CongregateCare.asp> or contact their regional office for additional information.

**Section A: Agency Information**

* + Current agency name: Legal name of the agency as it is currently registered with the NYS Department of State (DOS)
  + Agency doing business as (DBA): Enter the name under which the agency does business, if different than the current agency name
  + Proposed agency name: Name the agency seeks to register with the NYS DOS; applies only to newly formed agencies and agencies seeking a name change
  + Name(s) under which the agency has operated in the past: List any and all names the agency has operated under and/or registered with NYS DOS in the past
  + Corporate address: Indicate the corporate address where business is conducted, including unit number, if applicable. *The address provided in this section is where official correspondence from OCFS will be mailed.*
  + Agency’s contact name: Name of the person to whom all correspondence related to this application will be directed (typically the agency’s chief executive officer)
  + Agency’s contact title: The title, position, or role of the person listed as the agency’s contact
  + Agency contact’s phone number: The *direct* number where the agency’s contact can be reached
  + Agency contact’s email: The email address of the agency’s contact (do *not* use a shared or generic email account)
  + Does the agency currently operate any residential programs serving the RHY population in New York State? Indicate yes or no. For agencies that currently operate OCFS-certified residential programs, list the name and operating certificate number for each program below. This information can be found on the original operating certificate.
  + Application for: Please indicate each corporate change(s) for which the agency is applying

**Section B: Supporting Documents Checklist**

* + - The applying agency must check next to each item to indicate it has been included in the application.
    - All current and proposed corporate authority documents: The application must include a certified copy of **all** documents that comprise an agency’s certificate of incorporation (COI), including all current and proposed articles of incorporation.
      * + Before submission, please confirm that the purpose clause includes language as described in the OCFS technical assistance document *Becoming an “Authorized Agency” – How to Obtain the Necessary Corporate Authority to Operate a Residential Runaway and Homeless Youth (RHY) Program* [*https://ocfs.ny.gov/main/youth/rhy/starting-a-program.asp*](https://ocfs.ny.gov/main/youth/rhy/starting-a-program.asp) *.*
    - The application must include a copy of the most current certified public accountant (CPA) fiscal audit report or IT-990. If any deficiencies are noted in the audit report, evidence that the deficiencies have been corrected must also be submitted.
    - Verification of registration status, including charity’s registration number, from Charities Bureau **OR** proof of the claimed exemption stating that the agency is exempt as a religious organization: An agency’s charity’s registration number can be found at [www.charitiesnys.com](http://www.charitiesnys.com).
* **Section C: Signatures:** The form must be signed and dated by a person granted the authority to make corporate changes to said agency, typically the chief executive officer. The date provided by the agency in this section is the date of the application.