



Office of Children  
and Family Services

ANDREW M. CUOMO  
Governor

SHEILA J. POOLE  
Acting Commissioner

July 23, 2019

Dear Chief Executive Officer,

Thank you for submitting Delaware County's Supervision and Treatment Services for Juveniles Program (STSJP) plan for Program Year (PY) 2018-19. Your plan has been reviewed by the Office of Children and Family Services (OCFS) and I am pleased to inform you that your entire STSJP plan, including the amounts listed for PY 2018-19 STSJP-RTA, has been **approved**.

Delaware County is eligible to receive 62% State reimbursement for STSJP expenditures up to the capped STSJP allocation amount. Your municipality will continue to receive 49% State reimbursement for eligible detention services expenditures up to the capped allocation amount. If your municipality shifts a portion of its detention allocation into its STSJP plan, your municipality will receive 62% State reimbursement if such shifted funds are spent on STSJP eligible expenditures. A municipality may make a detention allocation shift at the time of the STSJP plan submission or at any time during the program year. If Delaware County plans to shift its detention allocation for STSJP eligible expenses, please submit a request on official letterhead to John Johnson and email it to [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) outlining the amount that will be shifted and the type of programming or services the re-purposed detention funds will be used for under STSJP. An amended STSJP plan will also need to be submitted.

As a reminder, to access RTA reimbursement that a municipality may be eligible for, the expenditures must be specifically included in a locality's comprehensive RTA plan. Plan approval for 100% reimbursement will be determined on a case-by-case basis by the Office of Children and Family Services, the Department of Criminal Justice Services and the Division of Budget.

All STSJP claims must be submitted electronically via the Juvenile Detention Automated System (JDAS) for the service period of October 1, 2018 to September 30, 2019. Questions on all aspects of the claiming process should be directed to Daniel Hulihan at (518) 473-4511 or at [Daniel.Hulihan@ocfs.ny.gov](mailto:Daniel.Hulihan@ocfs.ny.gov).

Thank you for your continued partnership as we reform the juvenile justice practices in New York State by safely engaging youth and their families through innovative alternative to placement and detention programs.

If you have any questions, please email us at [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov) and write "STSJP Plan Questions" in the subject line so that we may best assist you in a timely manner. You can direct STSJP inquiries to Lynn Tubbs at (518) 473-9116/[Lynn.Tubbs@ocfs.ny.gov](mailto:Lynn.Tubbs@ocfs.ny.gov) or Geneva Hilliard at (518) 486-1819/[Geneva.Hilliard@ocfs.ny.gov](mailto:Geneva.Hilliard@ocfs.ny.gov)

Sincerely,

Nina Aledort, Ph.D., LMSW  
Deputy Commissioner  
Division of Youth Development and Partnerships for Success

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**SUPERVISION AND TREATMENT SERVICES FOR JUVENILE PROGRAM (STSJP)  
ANNUAL PLAN  
FOR PROGRAM YEAR OCTOBER 1, 2018 - SEPTEMBER 30, 2019**

STSJP Plans are due to the Office of Children and Family Services (OCFS) by / /

Plans should be submitted to: [stsjp@ocfs.ny.gov](mailto:stsjp@ocfs.ny.gov)

Please be sure that the title "Supervision and Treatment Services for Juveniles Plan - 2018 - 2019 Annual plan" and your municipality's name are in the subject field to facilitate the timely review of your STSJP Plan.

Note: Program Year (PY) refers to the performance period for STSJP funded programs.

Please direct any STSJP plan questions to:

John E. Johnson: Ph. 518-486-4665

MUNICIPALITY INFORMATION	
NAME OF APPLICANT COUNTY, COUNTIES OR JURISDICTION: Delaware County	
LEAD AGENCY FOR STSJP SUBMISSION: Probation	NAME OF CONTACT PERSON: Scott Glueckert
CONTACT PERSON'S PHONE NUMBER: 607-832-5500	CONTACT PERSON'S EMAIL ADDRESS: <a href="mailto:scott.glueckert@co.delaware.ny.us">scott.glueckert@co.delaware.ny.us</a>

Plan Submission Instructions
<p>Instructions for submitting an STSJP plan for OCFS review.</p> <ol style="list-style-type: none"> <li>Once you have opened this form on your computer, please immediately use the "Save As" function in Microsoft Word to save a copy;</li> <li>Save your application using the following name "PY 2018 - 2019 STSJP Plan – (Name of municipality)";</li> <li>Work from the "saved" application document, using it to record all of your municipality's information;</li> <li>Once you have completed entering the required data, save the document;</li> <li>Prior to submission, review calculation in section eight for accuracy. Complete the "Approval and Certification" section before submission to OCFS;</li> </ol> <p>Send the completed application to OCFS via the STSJP email address at: <a href="mailto:stsjp@ocfs.ny.gov">stsjp@ocfs.ny.gov</a></p>

SECTION ONE - List of programs to be funded			
In this section, list the exact name of each program and Indirect Service that will be funded with STSJP funds, along with the projected amount of Program Expense, State Share and County Share to be used for each. (Program List and Detail Sheet must match)			
Program Name	Total Program Expense (100 percent)	State Share (62 percent)	County Share (38 percent)
STSJP Program 1 Electronic Monitoring	\$ 3000	\$ 1860	\$ 1140
STSJP Program 2 Mentoring	\$ 15241.33	\$ 9449	\$ 5792.33
STSJP Program 3	\$	\$	\$
STSJP Program 4	\$	\$	\$
STSJP Program 5	\$	\$	\$
STSJP Program 6	\$	\$	\$
STSJP Program 7	\$	\$	\$

STSJP Program 8	\$	\$	\$
STSJP Program 9	\$	\$	\$
STSJP Program 10	\$	\$	\$
STSJP Program 11	\$	\$	\$
STSJP Program 12	\$	\$	\$
<b>TOTAL</b>	<b>\$ 18241.33</b>	<b>\$ 11309</b>	<b>\$ 6932.33</b>
STSJP RTA Program (for expenditures eligible for 100% state reimbursement) STSJP/RTA (Mentoring)	\$ 9,449.00		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
STSJP RTA Program (for expenditures eligible for 100% state reimbursement)	\$		
<b>TOTAL</b>	<b>\$ 9,449.00</b>	<b>\$</b>	<b>\$</b>

**SECTION TWO – Overall analysis of communities**

Discuss and identify the neighborhoods or communities by zip codes or areas from which the highest number of youth offenders (YO), adolescent offenders (AO), and persons in need of supervision (PINS) enter the juvenile justice system and the factors that may be contributing to this.

**(500 words or less)** The areas of Delaware County that have the highest needs are the villages of Walton, Sidney, Hancock, and Delhi. These localities are all served by village police departments and are more likely to issue juvenile delinquency appearance tickets than less populated areas. The higher concentration of people and the ability to associate with peers due to that concentration is often a factor in leading to criminal involvement or PINS behavior. Furthermore, the number of single parent households has increased noticeably in recent years which may be an issue that can be addressed with proper programming.

**SECTION THREE – Overall analysis of disparity**

Please provide information indicating whether the use of detention or residential placement in your service area exhibits disparate outcomes for one racial/ethnic group as compared to outcomes for another racial/ethnic group. (Please consult with the Detention and Placement data provided by OCFS and the County Profile data provided by DCJS as part of your STSJP plan support documentation).

**(250 words or less)** There is no indication that racial or ethnic groups are represented with placement orders at a higher rate than other groups.

If such disparity exists, describe how the service/program addresses issues described above.  
**(250 words or less)** N/A

**SECTION FOUR – Performance outcomes**

For current program year, provide the projected performance outcomes for all of your proposed services and programs, being sure to include: An estimate of the anticipated reductions in detention utilization and residential placements. **(250 word or less)** The intent of this program is to an alternative to placement for at-risk youth. the Electronic Monitoring component will be utilized by the Family Court as a graduated sanction for youth in order to prevent further court action that may result in placement or detention. The Court may also elect to utilize the program for youth who are pending adjudication in Family Court in lieu of pre-trial detention. Mentoring would be expected to provide positive pro-social program to at-risk youth. Mentoring is a well established evidence based program with very good outcomes.

**SECTION FIVE – Collaboration**

As per STSJP legislation, collaboration is required please describe your municipality's activities in developing this year's STSJP plan in collaboration with local agencies responsible for probation, law enforcement, detention, diversion, and social services, as well as, with courts, service provider, schools, and youth development programs. **(250 words or less)** The Probation Department works closely in concert with the LDSS, the Sheriff's Office and the Family Court to review and assess the needed programs in the community. The Family Court has had particular input in the development of an EM program for youth in the community.

**SECTION SIX – Cooperative applications submitted jointly by two or more counties**  
**(Complete this section only if this is a joint application)**

Two or more eligible local jurisdictions (counties) may join together to establish, operate, and maintain supervision and treatment services for juveniles' programs and may make and perform agreements in connection therewith. Counties submitting such applications must provide the following information:

Describe the provisions for the proportionate cost to be borne by each county:

Describe the manner of employment of personnel across and between counties in the cooperative:

Identify whether a single fiscal officer shall be the custodian of the funds made available for STSJP:

**PLEASE DO NOT INCLUDE ANY RTA PROGRAM FUNDING IN SECTION SEVEN (section directly below)**

**SECTION SEVEN- Plan amounts**

<b>Expenses</b>		
1. Total Program expenses		\$ 18241.33
2. State reimbursement (Program expenses*.62)		\$ 11309
3. State share amount (Program expenses*.38)		\$ 6932.33
<b>Add in Reimbursements for the plan (fill out all that are applicable)</b>		
4. STSJP allocation	\$ 40000	
5. STSJP approved		\$ 11309
6. JDAI allocation	\$	
7. JDAI approved		\$
8. Detention approved amount shifted to STSJP		\$
9. PY rollover approved		\$
10. Total approved amounts for state reimbursement		\$ 11309
11. Total amount of approved STSJP-RTA 100% state reimbursement		\$ 9,449.00

**Program detail inserts**

List the **name of each service and program** who you expect will received STSJP funds, along with the **projected amount of STSJP funds** to be used for each: As a Guide to providing the information needed to properly review your

plan, please provide programmatic information in the format listed below; Provide the Name of the Provider of the Service/Program. Please note there are now 6 types of programming to choose from.

<b>Program one name:</b>	Electronic Monitoring	<b>Type of program:</b>	ATP
<b>Program operating agency:</b>	Probation Department		
Program mailing address 280 Pheobe Lane			
Address line 2 Suite 2			
City Delhi		State NY	Zip code 13753
Contact person for program Scott Glueckert			
Title Probation Director		Phone number (607) 832-5500	Ext.
Email scott.glueckert@co.delaware.ny.us			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 1140			
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Youth who may be at risk of placement or flight risk may be fitted with an electronic monitoring device. This provides the court with a graduated sanction for adjudicated youth. For pre-adjudicated youth the program would assist them in ensuring their appearance in court and to monitor them pending the outcome of the court process.			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number) 5-10			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			
<b>Program two name:</b>	Mentoring	<b>Type of program:</b>	Prevention
<b>Program operating agency:</b>	Catholic Charities		
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ( )	Ext.
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			

3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)
4. What is the projected number of youth who will receive service from this program? (4-character number)
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
6. What projected outcomes were met and how were they met? (100 word or less)
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program three name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program four name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			

Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
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7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)		
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)		

<b>Program five name:</b>	<b>Type of program:</b>
<b>Program operating agency:</b>	
Program mailing address	
Address line 2	
City	State Zip code
Contact person for program	
Title	Phone number ( ) Ext.
Email	
<b>Program service detailed information</b>	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
1. Please indicate the specific zip codes this program will target? Zip Codes	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number)	
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>	
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.	
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9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)	
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)	
<b>Program six name:</b>	<b>Type of program:</b>

<b>Program operating agency:</b>		
Program mailing address		
Address line 2		
City	State	Zip code
Contact person for program		
Title	Phone number ( )	Ext.
Email		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$		
1. Please indicate the specific zip codes this program will target? Zip Codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)		
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number)		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
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<b>Program seven name:</b>	<b>Type of program:</b>
<b>Program operating agency:</b>	
Program mailing address	
Address line 2	
City	State Zip code
Contact person for program	
Title	Phone number ( ) Ext
Email	
<b>Program service detailed information</b>	
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$	
1. Please indicate the specific zip codes this program will target? Zip Codes	
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)	
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)	
4. What is the projected number of youth who will receive service from this program? (4-character number)	
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>	
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7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)	

- 8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)
- 9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)
- 10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>Program eight name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number (    )	Ext.	
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
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<b>Program nine name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number (    )	Ext.	
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
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4. What is the projected number of youth who will receive service from this program? (4-character number)
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<b>Program ten name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>Program eleven name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	

Email
<b>Program service detailed information</b>
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$
1. Please indicate the specific zip codes this program will target? Zip Codes
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)
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<b>Program twelve name:</b>		<b>Type of program:</b>	
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
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4. What is the projected number of youth who will receive service from this program? (4-character number)			
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5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.			
6. What projected outcomes were met and how were they met? (100 word or less)			
7. What performance outcomes were not met? What were the barriers to accomplishing the desired outcomes? What changes have been made to achieve desired outcomes this program year? (100 words or less)			
8. What was the Average Length of Stay (ALOS) for youth in this program? (Calculate by days)			
9. Total amount of youth were served by this program during the previous STSJP PY? (4 Characters)			
10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)			

<b>STSJP/RTA Program name:</b>	Mentoring	<b>Type of program:</b>	STSJP-RTA
<b>Program operating agency:</b>	Catholic Charities of Delaware, Otsego, and Schoharie County		

Program mailing address 176 Main Street		
Address line 2		
City Oneonta	State NY	Zip code 13820
Contact person for program Christy Houck		
Title Associate Executive Director	Phone number (607) 432-0061	Ext.
Email chouck@charitiesccdo.org		
<b>Program service detailed information</b>		
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$ 9449.00		
1. Please indicate the specific zip codes this program will target? Zip Codes All zip codes		
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less) Delaware County is a large rural area with little opportunity for youth to engage in pro-social activity. The mentoring relationship encourages self-worth, skill building, and confidence by providing youth with a caring adult committed to being a reliable role model. At-risk youth often come from one parent households and a responsible appropriate role model is important to promote positive outcomes.		
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input checked="" type="checkbox"/> no)		
4. What is the projected number of youth who will receive service from this program? (4-character number) 12		
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>		
5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.		
6. What projected outcomes were met and how were they met? (100 word or less)		
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<b>STSJP/RTA</b>		<b>Type of program:</b>	
<b>Program name:</b>			
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City	State	Zip code	
Contact person for program			
Title	Phone number ( )	Ext.	
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			

5. Did projected performance outcome meet expected outcomes? ( <input type="checkbox"/> yes or <input type="checkbox"/> no) If yes, answer # 6, If no, skip to #7.
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10. What amount of rollover funds in the prior program year will be spent on this program? (8 Characters)

<b>STSJP/RTA</b>		<b>Type of program:</b>	
<b>Program name:</b>			
<b>Program operating agency:</b>			
Program mailing address			
Address line 2			
City		State	Zip code
Contact person for program			
Title		Phone number ( )	Ext.
Email			
<b>Program service detailed information</b>			
The amount of STSJP funds that your jurisdiction will devote to the services from this program? \$			
1. Please indicate the specific zip codes this program will target? Zip Codes			
2. How will the program be utilized to serve targeted youth in your municipality? (100 words or less)			
3. Does your municipality plan to replicate program across multiple locations? ( <input type="checkbox"/> yes or <input type="checkbox"/> no)			
4. What is the projected number of youth who will receive service from this program? (4-character number)			
<b>If the program received STSJP funds in the previous program year 20 - 20 , answer the questions below.</b>			
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<b>SECTION EIGHT – Plan Approval</b>			
<b>Approval of the Chief Executive Officer</b>			
As STSJP Lead for Delaware County		municipality, I certify that the CEO	
Tina Mole		has reviewed and approved the 2018 - 2019 STSJP plan.	
Date: 10 / 26 / 2018		STSJP Lead User ID	
STSJP Lead printed name: Scott Glueckert			
<b>Approval of the OCFS STSJP Program Lead</b>			
As OCFS STSJP reviewer, I certify that I approve of this STSJP plan for		Delaware	
municipality, for 2018- 2019.			
Date: 7/22/19		User ID: JTD911	Printed name Lynn Tibbbs