

2015 New York State Summer Youth Employment Program**District Designation Form**

On behalf of the _____ County Department of Social Services, I,

_____, as Commissioner of the _____ Department of Social Services, hereby instruct the Office of Temporary and Disability Assistance (OTDA) to disburse our 2015 New York State Summer Youth Employment Program (SYEP) allocation as detailed below. I certify that I have the legal authority to authorize the assignment of these funds. The funds dedicated to the operation of the 2015 New York State SYEP will be used in accordance with program and fiscal guidelines established by OTDA. For districts opting to assign all or a portion of their 2015 allocation to WIBs, districts will be held liable for funds not used in a manner consistent with the requirements of the New York State SYEP allocation or where funds are due from the WIB.

A. 2015 SYEP Allocation \$ _____

B. Amount of Transfer to FFFS \$ _____
(optional) (must not exceed 8.5% of allocation)

C. Amount Dedicated to SYEP \$ _____
(must be at least 91.5% of allocation)

D. Amount Assigned to WIB \$ _____
(optional) (district must coordinate SYEP services with WIB)

Completed by: _____

Date: _____

Commissioner's Signature