

2009 TANF Summer Youth Employment Program

Local 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 to disburse our 2009 TANF Summer Youth Employment Program 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 2009 TANF Summer Youth Employment Program will be used in accordance with program and fiscal guidelines.

Local District _____

TANF SYEP Allocation \$ _____

Amount of Transfer to FFSS (optional) \$ _____ (must not exceed 8.5% of Allocation)

Amount Dedicated to 2009 TANF SYEP \$ _____ (must be at least 91.5% of Allocation)

Amount Assigned to WIB (optional) \$ _____

Completed by: _____
Commissioner's Signature

Date: _____