

**2010 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 2010 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 2010 TANF Summer Youth Employment Program will be used in accordance with program and fiscal guidelines.

Local District _____

TANF SYEP Allocation \$ _____

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

Amount Dedicated to 2010 \$ _____
TANF SYEP (must be at least 91.5% of Allocation)

Amount Assigned to WIB \$ _____
(optional)

Completed by: _____

Date: _____

Commissioner's Signature

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