

2017 New York State SYEP Contact Information

SYEP Program Administrator			
<input type="checkbox"/> District or <input type="checkbox"/> WDB (Check one)			
Program Contact and Title			
Agency Name and Address			
(For WDB Only)	Statewide Financial System	Vendor Identification Number	
		Vendor Location ID	
		Vendor Address Sequence	
Phone			Fax
E-Mail			
Fiscal Contact and Title (if different than above)			
Address			
Phone			Fax
E-Mail			

SYEP Program Operator(s)	
County & Agency Name	
Contact, Title	
Phone & Email Address	

County & Agency Name	
Contact, Title	
Phone & Email Address	

County & Agency Name	
Contact, Title	
Phone & Email Address	

Send completed form to:
 Melissa Alexander
 Office of Temporary and Disability Assistance
 Employment and Income Support Programs
 40 North Pearl Street – 11D
 Albany, NY 12243-0001
 (518) 486-7650 (FAX)
Melissa.Alexander@otda.ny.gov