

# 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			
<b>(For WDB Only)</b> 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](mailto:Melissa.Alexander@otda.ny.gov)