

**2024 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 2024 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 2024 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 2024 allocation to their Local Workforce Development Board (LWDB), 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 LWDB.

A. 2024 SYEP Allocation \$ _____

B. Amount of Transfer to FFFS \$ _____
(optional) (must not exceed 9% of allocation, round down)

C. Amount Dedicated to SYEP \$ _____
(must be at least 91% of allocation)

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

Completed by: _____

Date: _____

Commissioner's Signature