

**2024-2025 New York State Youth Employment Program (YEP)
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 2024-2025 New York State Youth Employment Program (YEP) 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 2024-2025 New York State YEP will be used in accordance with program and fiscal guidelines established by OTDA. For districts opting to assign all or a portion of their 2024-2025 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 YEP allocation or where funds are due from the LWDB.

A. 2024-2025 YEP Allocation \$ _____

B. Amount Assigned to District \$ _____

C. Amount Assigned to LWDB \$ _____
(optional)

Completed by: _____

Date: _____

Commissioner's Signature