

2025 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 2025 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 2025
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 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 SYEP allocation or
where funds are due from the LWDB.

Note: Please use whole dollar amounts when completing this form.

- A. 2025 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 9% of allocation)
- D. Amount Assigned to LWDB \$ _____
(optional) (district must coordinate SYEP services with LWDB)

Completed by: _____

Date: _____

Commissioner's Signature