Attachment B

2025 New York State Summer Youth Employment Program

District Designation Form

On behalf of the <u>Albany</u> County Department of Social Services, I, <u>Erin M. Stachewicz</u>, as Commissioner of the <u>Albany County</u> 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	\$_774,578
B.	Amount of Transfer to FFFS (optional)	\$ (must not exceed 9% of allocation, <u>round down</u>)
C.	Amount Dedicated to SYEP	\$(must be at least 9% of allocation)
D.	Amount Assigned to LWDB (optional)	\$719,578* (district must coordinate SYEP services with LWDB)
Comp	leted by: <u>Ehfhuhuy</u> Commissioner's Signature	Date: 05/27/2025

*Please Note: Albany County will retain \$55,000 and reduce the amount assigned to WDB by this amount.