

NEW YORK STATE EXECUTIVE DEPARTMENT
OFFICE OF CHILDREN & FAMILY SERVICES

WAIVER OF STATE AID ELIGIBILITY OR STATE AID REIMBURSEMENT

As Chief Executive of the _____
Identify County. City. Town, Village, or Indian Reservation
Located in _____ County, I request the following waiver of ☐ State Aid Eligibility of ☐ State Aid
Reimbursement for _____ Project Code Program Number
Recreation-Youth Service-Youth Initiative

I authorize the _____ to claim State aid on our behalf.

1. Indicate ☐ Joint Project ☐ Comprehensive Plan

2, Participating Municipalities (if joint) _____

3. Name of Disbursing Municipality:

4. State Aid Requested: \$ _____

AUTHORIZED SIGNATURES:

Signature Title Date

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