

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

WAIVER OF STATE AID ELIGIBILITY OR STATE AID REIMBURSEMENT

As Chief Executive of the _____
Identify County, City, Town, Village, School District or Indian Reservation

Located in _____ County, I request the following waiver of State Aid Eligibility State Aid

Reimbursement for _____ Project Code

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 Program Number

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Recreation – Youth Services – Youth

I authorize the _____ To claim State aid on our behalf.
Name of Municipality

1. If joint project, list participating municipalities:

2. Name of Disbursing Municipality: _____

3. State Aid: \$ _____

AUTHORIZED SIGNATURE:

Signature

Title

Date