

Broome County Municipal Allocation Waiver Form

TO: BROOME COUNTY YOUTH BUREAU

FROM: Village/Town of _____

RE: NYS Office of Children & Family Services _____ Municipal Allocations
year

The Village / Town of _____ will not be requesting the following
municipal allocation for the _____ program year:
year

Youth Service \$ _____

Youth Recreation \$ _____

Date

Town Supervisor / Mayor Signature
(need original signature here)

MUNICIPAL FISCAL OFFICER

DESIGNATION FORM

The individual designated as the fiscal officer is the only name that will be accepted for signature on a municipal voucher (claim for reimbursement). If the fiscal officer changes during the year please notify the Youth Bureau at 778-2415 immediately.

Name:

Title:

Mailing Address:

Email Address:

Signature: _____

Date: