



New York City Council Discretionary  
Fiscal Year 2018

**CERTIFICATION OF AUTHORIZATION TO SUBMIT AND APPLICATION COMPLETENESS**

*I certify that:*

- *I am authorized by the organization seeking funding to complete and submit this request for funding on behalf of the organization;*
- *I took reasonable steps to make sure that the information on this form is complete, true and accurate.*

*I understand that it is a crime to knowingly submit a request for funding that contains or may contain false information. I understand that violators are subject to prosecution.*

\_\_\_\_\_  
Authorized Official: Signature Date

\_\_\_\_\_  
Authorized Official: Print Name Title

\_\_\_\_\_  
Legal Name of Organization

\_\_\_\_\_  
Federal Employee Identification Number (FEIN/EIN)

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public