New York City Council Discretionary
Fiscal Year 2017

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)

_____

Reference Number (from your completed application)

Sworn to before me this _____ day of _____, 20____

_____

Notary Public