*New York City Council Discretionary*

*Fiscal Year 2019*

**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

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Federal Employee Identification Number (FEIN/EIN)

Sworn to before me this day of , 20

Notary Public