



New York City Council Discretionary

Fiscal Year 2016

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