Dormitory Authority of the State of New York

Paul T. Williams, Jr.
President

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Authority Address Telephone Number

Karen E. Ehlinger 518-257-3331
Name of Internal Control Officer Telephone Number

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Email Address of Internal Control Officer

I hereby certify the authority is:

☐ Fully Compliant (Full compliance with all provisions)
☐ Partially Compliant (Partial compliance with some or all provisions)
☐ Not Compliant (Noncompliance with all provisions)

With the New York State Governmental Accountability, Audit and Internal Control Act.

This certification is supported with detailed justification of actions taken and/or outlines specific actions needed to address areas of partial compliance or noncompliance as described in the preceding Internal Control Summary.

Paul T. Williams, Jr., President

6/10/13 Date