

2013-14 INTERNAL CONTROL CERTIFICATION

Dormitory Authority of the State of New York
Authority Name

Paul T. Williams, Jr.
President

515 Broadway
Authority Address

518-257-3000
Telephone Number

Karen E. Ehlinger
Name of Internal Control Officer

518-257-3331
Telephone Number

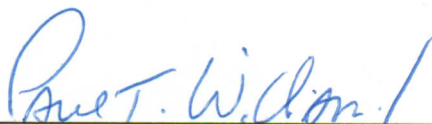
kehlinge@dasny.org
Email Address of Internal Control Officer

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

06/12/14
Date