2013-14 INTERNAL CONTROL CERTIFICATION

Dormitory Authority of the State of New York
Authority Name

Paul T. Williams, Jr.
President

515 Broadway 518-257-3000
Authority Address Telephone Number

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

[Signature]
Paul T. Williams, Jr., President

[Date]
06/12/14