

KATHY HOCHUL Governor

Signature of Authority Head

ALFONSO L. CARNEY, JR. Chair

REUBEN R. MCDANIEL, III President & CEO

Date

## **Internal Control Certification**

| Authority Name: Dormitory Authority (DASNY)   |
|---|
| Authority Head: Reuben R. McDaniel, III, President and Chief Executive Officer  |
| Authority Address: 515 Broadway, Albany NY  |
| Telephone Number: 518-257-3000  |
| Name of Internal Control Officer: Karen Ehlinger  |
| Email of Internal Control Officer: kehlinge@dasny.org   |
| Telephone Number: 518-257-3331  |
| Form Completed By: Karen Ehlinger   |
| Email (if different from ICO): N/A  |
| With the New York State Governmental Accountability, Audit and Internal Control Act, I hereby certify the Authority is:   |
| <ul> <li>         ⊠ Fully Compliant (Full compliance with all provisions)         <ul> <li>□ Partially Compliant (Partial compliance with some provisions)</li> <li>□ Not Compliant (Noncompliance with all provisions)</li> </ul> </li> </ul>      |
| 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 subsequent Internal Control Act Requirements Form. |
| Real McDail 6/8/2022  |