



Office of the New York City Comptroller
ANNUAL DESIGNATED FUND CERTIFICATION AND REPRESENTATION

Date: _____

Division Chief, Financial Reporting
Office of the New York City Comptroller
One Centre Street – Room 200 South
New York, NY 10007

Dear Division Chief, Financial Reporting:

We confirm that the internal controls of the Designated Fund listed below have been evaluated on the basis of the checklist provided in the Office of the New York City Comptroller’s *Directive #1 – Principles of Internal Control*. We (have/ have not] identified any material weaknesses in these controls.*

We also verify that the Fund remains active, will be used for its original purpose, and the balance remaining for the current fiscal year is correct and will be required in its entirety in the foreseeable future.**

Designated Fund Name: _____

Fund (e.g. 7 or 6 + Agency Code): _____ Sub-Fund: _____

**Fund Balance at Close of Fiscal Year: \$ _____ Fiscal Year: _____

Name: _____ Title: _____

Agency Code: _____ Agency Name: _____

Telephone: _____ Fax: _____ E-Mail: _____

If the Fund has a zero balance, please provide justification for the Fund to remain active:

Note: For multiple Funds attach an Excel spreadsheet, including Designated Fund Name(s), Fund, Sub-Fund, and the Fund Balance at Close of Fiscal Year.

Signature

Send this form via email to: DesignatedFunds@comptroller.nyc.gov *For any material weaknesses identified, in an attachment to this Certification, provide all relevant details, including what actions are being taken to rectify the situation.

**The Fund Balance reported should be as of the end of the current fiscal year.