

BUDGET POLICY AND REPORTING MANUAL

<i>date</i> 3/12/12	<i>subject</i> GOVERNMENTAL INTERNAL CONTROL AND INTERNAL AUDIT REQUIREMENTS	<i>item</i> B-350
<i>supersedes</i> 3/1/11		<i>page</i> 1

**Attachment D**

**INTERNAL CONTROL CERTIFICATION**

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Agency Name

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Agency Head

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Agency Address

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Telephone Number

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Name of Internal Control Officer

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Telephone Number

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Email Address of Internal Control Officer

I hereby certify the agency 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.

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Signature/Agency Head

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Date