## **ORGANIZATION CERTIFICATION**

City of New York Department of Cultural Affairs Fiscal 2024 Public Service Award

	FISCAI 2024 Public Service Award
Organization Name:	
Address:	
Telephone No.:	ext:
Taxpayer Identification No.:	
1. For the past five years, unles paid all applicable federal, state	ss otherwise exempt, the organization has filed all required tax returns and or New York City taxes.
on taxes owed to, or fines or pe	Igment, injunction or lien has been issued against the organization based nalties assessed by, any governmental agency or elected official and there varrant or unsatisfied tax lien against the organization as reflected in the
3. In the past seven years, no be initiated by or against the organ	bankruptcy proceedings, either voluntary or involuntary, have been ization.
4. The organization has not bee five years, or (b) of any felony of	en convicted, after trial or a plea, (a) of any misdemeanor during the past luring the last ten years.
	ganization has not been put on notice that it was being investigated by cuting or investigative agency including, but not limited to, federal, state
6. Within the past three years, substantially all of its assets.	the organization has not petitioned a court to transfer or sell all or
lease terminated for cause by ar	ne organization has not had any permit, license, concession, franchise or ny government agency; nor has the organization been declared in default ebarred from obtaining contracts, by any government agency.
8. During the past five years, th government agency.	ne organization has not been found to be not responsible by any
<ol> <li>The names of the organization</li> <li>Chief Executive Officer:</li> <li>Chief Financial Officer:</li> </ol>	on's chief executive officer and chief financial officer are as follow:
	e either a new chief executive officer or a new chief financial officer during e notify DCLA immediately and have the new officer complete and return provided by DCLA.
<b>Note:</b> If any of the above state explanation on a separate sheet	ments are $\underline{not}$ true, please specify the relevant statement and provide an .
Statement Nos a	re not true.
that, to the best of his or her k as indicated above. A materia the organization's Fiscal 2024	he or she is an authorized signatory of the applicant organization and mowledge, the statements listed in this certification are true, except lly false statement made in submitting this certification may result in Public Service Award being withdrawn, and, in addition, may subject erson making the false statement to criminal charges under the New
Signature	

Date

Title