**Agency Information**

EIN: __________________________________________

Agency Name: _______________________________________  

Address: __________________________________________

________________________________________________

**ANTI-TERRORISM COMPLIANCE MEASURES**

In compliance with the UNITED STATES PATRIOT ACT and other counterterrorism laws, the regulations governing the New York SEFA Council requires that each agency annually certify the following:

“I hereby certify on behalf of:

(INSERT AGENCY NAME)

that all SEFA funds and donations will be used in compliance with all applicable Anti-terrorist financing and asset control laws, statutes, and executive orders.”

**Please type or print in ink. All fields are required to process your application.**

**President/ CEO/ Executive Director or Board Officer**

Print Name: ___________________________ Title: _______________________________

Signature: ___________________________ Date: _______________________________

Email Address: ___________________________

*Please upload this form with your New Agency Application or Agency Recertification.

NY SEFA Council, c/o United Way of Central New York, 980 James Street, Syracuse, NY 13203