



**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.**