



**OFFICE OF THE MAYOR  
OFFICE OF CONTRACT SERVICES**

253 Broadway - 9th  
Floor New York, New  
York 10007  
(212) 788-0001

**Training Attendance Certification**

*A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION, AND/OR THE FAILURE TO CONDUCT APPROPRIATE DUE DILIGENCE IN VERIFYING THE INFORMATION THAT IS THE SUBJECT MATTER OF THIS CERTIFICATION, MAY RESULT IN RENDERING THE VENDOR NON-RESPONSIBLE FOR THE PURPOSE OF CONTRACT AWARD, AND A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS CERTIFICATION MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.*

**DIRECTIONS:**

Please complete the statement below and return this certification to the City Contracting Agency, in lieu of a copy of the City of New York Capacity Building Training Certificate of Completion. If the attendee has their Certificate of Completion, a copy of that Certificate must be submitted to the City Contracting Agency and this form is not necessary.

I certify that the senior manager or board member listed below completed a Capacity Building Training for Council-Funded Community Partners on \_\_\_\_/\_\_\_\_/\_\_\_\_. Furthermore, I certify that \_\_\_\_\_ continues to serve as an employee or a board member.

\_\_\_\_\_  
Attendee's Name

\_\_\_\_\_  
Attendee's Title

\_\_\_\_\_  
Phone Number of Training Attendee

\_\_\_\_\_  
Email Address of Training Attendee

\_\_\_\_\_  
Legal Name of Vendor

\_\_\_\_\_  
Vendor's EIN

\_\_\_\_\_  
Vendor's Address

\_\_\_\_\_  
Signature of Authorized Official/ Date

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Print Name/ Title of Signer

**Submit signed certification to the City Agency that requested it.**

