



**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.

