

## NYC Means Business: Training for Your Employees Program Affirmation

Please Read Carefully and Sign

<b>Business Name:</b>	
<b>Business Address:</b>	

In order to participate in the NYC Means Business: Training for Your Employees (“Program”) the New York City (“City”) Department of Small Business Services (“SBS”), and its affiliate agency the Workforce Development Corporation (“WDC”) requires that you (“Business”) certify under penalty of perjury **all** of the following:

- My business is a for-profit business and has been in operation for at least six (6) months; and
- I have at least one employee, working a minimum of eight (8) hours per week; and
- Any employee that participates in this program will be paid during training; and
- Neither my business nor any of its principal officers or directors are in arrears to the City upon debt, contract or taxes and neither are in default, as surety or otherwise, upon obligations to the City, and neither have been declared not responsible, or disqualified, by any agency of the City, nor is there any proceeding pending relating to the responsibility or qualification of my business or any of its principal officers or directors to receive public contracts.

A knowingly false statement made in connection with this Affirmation may result in rendering the submitting company ineligible with respect to the Program, and, in addition, may subject the person making the false statement to criminal charges.

Notwithstanding any other rights of the City under other sections of this Affirmation or applicable law, if any representation or warranty made by the Recipient in this Affirmation or in any document or application submitted in connection with this Affirmation or the Program shall prove false or misleading, or if, in the sole judgment of the City, the conduct of the Recipient is such that the interests of the City have been or are likely to be impaired or prejudiced, the City shall thereupon have the right to:

Terminate any agreement or approval of participation under the Program and/or block the continuation of participation of this program. Any such action by the City shall not give rise to any cause of action for damages against the City.

1) I (name of business owner) \_\_\_\_\_

hereby certify to SBS and WDC as of the date of this affidavit that I am the owner of (business name)

\_\_\_\_\_ operating at this address

(business address) \_\_\_\_\_.

2) I certify that my business has \_\_\_\_\_ employees.

- 3) I certify that my 2019 revenue was \$\_\_\_\_\_ and my **expected** revenue for 2020 is \$\_\_\_\_\_.
- 4) I understand that the business must comply with all laws and rules applicable to the program, including City, State and Federal laws. This certification shall be deemed executed in the City and State of New York and shall be governed and construed in accordance with the laws of the State of New York and the laws of the United States.
- 5) I am authorized to complete and submit this certification on behalf of the Business. I verify that the statements contained herein are true and correct and that the Business has not misrepresented its eligibility for the Program.
- 6) I understand that knowingly submitting a materially false statement in connection with this certification may result in the Business being ineligible for the Program and may subject the Business or the person making false statements to criminal charges.

By signing below, I certify under penalty of perjury that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me from benefits.

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Date