OFFICE OF THE MAYOR
OFFICE OF CONTRACT SERVICES
253 Broadway - 9th Floor
New York, New York 10007
(212) 788-0010 Fax (212) 788-0049

MARLA G. SIMPSON
Director

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.

_____	_____
Name of Nonprofit Organization (Vendor)	Signature of Authorized Officer
_____	_____
Vendor's Address	Print Name/Title of Authorized Officer
_____	_____
City / State / Zip Code	Vendor's EIN
_____	_____
Attendee's Name	Attendee's Title
_____	_____
Phone Number of Training Attendee	Email Address of Training Attendee

Printed on paper containing 30% post-consumer material