



**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