



**Mayor's Office of  
Contract Services**

**Michael R. Bloomberg**  
Mayor

**Andrea Glick**  
City Chief Procurement Officer and Director of Contract Services

**253 Broadway, 9th Floor**  
**New York, NY 10007**

**212 788 0001** tel  
**212 788 0049** fax

**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.**

