

Training Provider

Terms and Conditions for Training Grant Payment

Dear Training Provider:

The NYC Department of Small Business Services ("SBS") uses a contractor ("Pay Agent") to process training grant payments on behalf of SBS.

The sole responsibility of the Pay Agent to training providers is to process payment of training grants invoices based solely on authorization from SBS. The Pay Agent will correct any payment errors, underpayments, and overpayments, in accordance with instructions received from SBS. Neither this letter nor this payment arrangement will make you or your organization an employee, contractor, or subcontractor of the Pay Agent, or of SBS.

SBS' training grant policies and procedures are developed, issued and enforced by SBS, and the Pay Agent is not authorized to make changes or exceptions to SBS policy. The Pay Agent cannot respond to questions or disputes of payments made to training providers. All communications involving policies and procedures, including questions and payment disputes, should be submitted directly to SBS via e-mail at validation@sbs.nyc.gov.

Please indicate your understanding and acceptance of these terms by completing the form below and returning it to SBS. You may make a photocopy of the form for your records. If you have questions, please direct them via e-mail to validation@sbs.nyc.gov.

Before you can be paid by the Pay Agent you must return this letter with the information requested below, plus the Federal W-9 and the Pay Agent Direct Deposit Authorization forms, to the address below.

Mail the completed form to: Outcome Validation Unit
NYC Department of Small Business Services
110 William Street, 8th Floor
New York, NY 10038

ANY TRAINING CONTRACTOR/PROVIDER WHO KNOWINGLY COMMITS FRAUD AND/OR FALSIFIES ANY DOCUMENTS RELATED TO THIS PROGRAM WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

EIN Number: _____ SBS Training Provider
Organization ID Number: _____

Training Provider Organization Name: _____

Address:

Street

City

State

Zip

Authorized Representative: _____

Title of Authorized Representative: _____

Signature: _____ Date: _____