**THE STATE OF NEW JERSEY**

**DEPARTMENT OF LAW AND PUBLIC SAFETY**

**OFFICE OF THE ATTORNEY GENERAL**

**FY21 American Rescue Plan Competitive Funds for New Jersey Hospital Based Violence Intervention Program (NJHVIP)**

**Program Certification of Completion of Viewing Mandatory Webinar**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of person signing], a representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of entity applying for the above captioned NOAF] hereby certify that the  New Jersey Hospital Based Violence Intervention Program (NJHVIP) NOAF mandatory webinar has been viewed by  ​\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [name of representative who viewed the webinar] a duly authorized representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_​\_\_\_\_\_ [name of entity] on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date] in its entirety prior to the submission of the above captioned grant application.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ENTITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_