**ATTESTATION**

**CYBER SECURITY TRAINING PROGRAM**

**FISCAL YEAR 2025-2026**

**Instructions: • All fields are required**

**• This form is due to CSC on:**

|  |  |
| --- | --- |
| **Existing Organizations** | **December 15, 2025.** |
| **Organizations contracting with CSC for the first time** | **January 15, 2026.** |

**• Submit your signed form to:** [**compliance@cscpbc.org**](mailto:compliance@cscpbc.org)

PLEASE DO NOT SUBMIT BEFORE 10/01/2025

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Chief Executive Officer/Executive Director certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Provider Agency Name) has implemented a cyber- security training program for all employees that serve Palm Beach County. Our security awareness training includes:

1. A testing component that tests all employees serving Palm Beach County regardless of funding source for the position at regular intervals throughout the year **(minimum quarterly)**.
2. A tracking component so that Provider or the Council can verify employee compliance.

Total number of employees serving Palm Beach County regardless of funding: \_\_\_\_\_\*

Total number of employees participating in the cyber security training program: \_\_\_\_\_\*

**\*Note: These 2 numbers must match.**

Testing frequency: Please select one option below.

Weekly

Twice per month

Monthly

Every other month

Quarterly

Attention: If this is the first time you are receiving CSC funding, please complete this section.

The training program was implemented on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date