



TRANSMITTAL AND CERTIFICATION FORM
FOR OSHS COOPERATIVE AGREEMENT CLOSEOUT DOCUMENTS

We estimate that it will take an average of 5-10 minutes to complete this form including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Your response is required to obtain or retain benefits under 29 USC 673. If you have any comments regarding these estimates or any other aspect of this form, including suggestions for reducing this burden, send them to the Bureau of Labor Statistics, Division of Financial Planning and Management (1220-0149), 2 Massachusetts Avenue, NE, Room 4135, Washington, DC 20212-0001. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

Form Approved
OMB No. 1220-0149
Approval Expires: xx-xx-xxxx

State Grant
Agency (SGA): _____

Check, or write in, the appropriate boxes:

SOI

CFOI

Other

CA#: _____ CA Period From: _____ To: _____

The following documents are being submitted for the closeout of the cooperative agreement indicated above.
(Check the appropriate boxes.)

Document Name _____

OSHS Financial Reconciliation Worksheet

SF-425 Federal Financial Report

BLS-OSHS Quarterly Financial Report

Property Listing (if applicable)

Health and Human Services Payment Management
System (HHS-PMS) FCO Report

Other (Specify) _____

"I certify, to the best of my knowledge and belief, that all information on this form is correct and complete. Further, all information on all documents that accompany and constitute the cooperative agreement closeout package are correct and complete. Finally, I certify, to the best of my knowledge and belief, that all program objectives, as delineated in the cooperative agreement work statement(s), have been met."

SGA Representative: _____
(type/print)

Title: _____

Authorized Signature: _____

Date: _____

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Date Received in RO: _____

Received by: _____

Date Received in OFO: _____

Received by: _____

Date Received in DFPM: _____

Received by: _____

Approved by (Analyst, BGFM): _____

Date: _____

Remarks:
