



TRANSMITTAL AND CERTIFICATION FORM FOR LMI 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 [unclear]

OMB No. 1220-0079 Approval Expires xx-xx-xxxx

State Workforce Agency (SWA): _____ CA#: _____ CA Period From: _____ To: _____

The following documents are being submitted for the closeout of the cooperative agreement indicated above. (Check the appropriate boxes under the column heading of either Partial Closeout or Final Closeout.)

Table with columns: Partial Closeout, Final Closeout, Document Name. Rows include: LMI Financial Reconciliation Worksheet (2 Parts), Financial Reports, 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."

SWA Representative: _____ 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, BGFMM): _____ Date: _____

Remarks: [Empty box]