



**TRANSMITTAL AND CERTIFICATION FORM  
FOR LMI COOPERATIVE AGREEMENT CLOSEOUT DOCUMENTS**

We estimate that it will take an average of 8 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 49L-1. 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 (1220-0079), 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.

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.)*

Partial Closeout	Final Closeout	<u>Document Name</u>
<input type="checkbox"/>	<input type="checkbox"/>	LMI Financial Reconciliation Worksheet (2 Parts)
<input type="checkbox"/>	<input type="checkbox"/>	Financial Reports
<input type="checkbox"/>	<input type="checkbox"/>	Property Listing (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	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: \_\_\_\_\_  
(type/print)  
Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**FOR THE BLS USE ONLY**

Date Received in RO: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Received in OFO: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Received in DFPM: \_\_\_\_\_ Received by: \_\_\_\_\_

Approved by (Analyst, BGFM): \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: