BUREAU OF LABOR STATISTICS

U.S. DEPARTMENT OF LABOR

TRANSMITTAL AND CERTIFICATION FORM

FOR OSHS COOPERATIVE AGREEMENT CLOSEOUT DOCUMENTS

State Grant
Agency (SGA): _____

Check, or write in, the appropriate boxes:

SOII ☐   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.)

Partial Closeout	Final Closeout	Document Name
☐	☐	OSHS Financial Reconciliation Worksheet (2 Parts)
☐	☐	SF-425 Federal Financial Report [Item 10 (lines d – k) and item 11 (lines a – f)]
☐	☐	BLS-OSHS2 Quarterly Financial Report
☐	☐	Property Listing (if applicable)
☐	☐	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: _____   Title: _____
(type/print)

Authorized Signature: _____   Date: _____

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Date Received in RO: _____   Received by: _____

Date Received in OFO: _____   Received by: _____

Date Received in DFM: _____   Received by: _____

Approved by (Analyst, BGFM): _____   Date: _____

Remarks: _____

BLS OSHS TCF (*Revised June 2021*)