## **BUREAU OF LABOR STATISTICS**

## **U.S. DEPARTMENT OF LABOR**



## TRANSMITTAL AND CERTIFICATION FORM

## FOR OSHS 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 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 BLS\_PRA\_Public@bls.gov. You are not required to respond to the collection of information unless it displays a currently valid OMB control number

OMB No. 1220-0149 Approval Expires 06Ë0ËŒĞ

number.						
State Grant Agency (SGA):						
Check, or write in, the appr	opriate boxes:					
SOII	CFOI		Other			
CA#:		CA Period From:		To:		
The following documents a		e closeout of the co	operative a	greement indicated abo	ve.	
(Check the appropriate box	Partial Closeout	Final Closeout	Parts) BLS-OSH Property	nt Name nancial Reconciliation W HS2 Quarterly Financial Listing (if applicable) Decify)	Report	
"I certify, to the best of my that accompany and constiknowledge and belief, that	tute the cooperative agre	eement closeout pa	ckage are c	orrect and complete. Fi	nally, I certify,	to the best of my
SGA Representative: (type/print)			_ Title:			
Authorized Signature: Date:						
FOR THE BLS USE ONLY						
Date Received in RO:			Rece	ived by:		
Date Received in OFO:			Rece	vived by:		
Date Received in DFM:						
Approved by (Analyst, BGF	·M):				Date:	
Remarks:						