BUREAU OF LABOR STATISTICS		U.S. DEPARTMENT OF LABOR	
TRANSMITTAL AND CERTIFICATION FORM			
FOR OSHS COOPERATIVE AGREEMENT CLOSEOUT DOCUMENTS			
	leting and reviewing the information. Yo estimates or any other aspect of this for	our response is required to obtain or retain benefits under 29 rm, including suggestions for reducing this burden, send	OMB No. 1220-0149 Approval Expires ¢¢Ë¢¢Ë€GÏ
State Grant Agency (SGA):			-
Check, or write in, the appropriate boxes	:		
soii	CFOI	Other	
CA#:	CA Period From:	То:	
The following documents are being subn (Check the appropriate boxes.)	Partial Final <u>Closeout</u> Closeout	Doperative agreement indicated above. Document Name OSHS Financial Reconciliation Worksheet (2 Parts) 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: (type/print)		_ Title:	
Authorized Signature:		Date:	
FOR THE BLS USE ONLY			
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 2023)