



TRANSMITTAL AND CERTIFICATION FORM

FOR OSHS COOPERATIVE AGREEMENT CLOSEOUT DOCUMENTS

We estimate that it will take an average of 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 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 the Bureau of Labor Statistics, Division of Financial Management (1220-0149), 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. 1220-0149
Approval Expires: xx-xx-20xx

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.)

Table with 3 columns: Partial Closeout, Final Closeout, Document Name. Rows include OSHS Financial Reconciliation Worksheet (2 Parts), SF-425 Federal Financial Report, BLS-OSHS2 Quarterly Financial Report, Property Listing, and 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: _____

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, BGF M): _____ Date: _____

Remarks: []