

SECTION 3 -WtW AGREEMENT CLOSEOUT

The SDAs must prepare, if applicable, a WtW transition closeout package no later than October 31, 2000. Included in the package should be the following documents for each program:

- Final Transition Transmittal Sheet (Exhibit D)
- Financial Reconciliation Worksheet (Exhibit E)
- Awardee's Release (Exhibit F)
- Assignment of Refunds, Rebates and Credits (Exhibit G)
- Property Inventory Certification (Exhibit H)
- Tax Certification (Exhibit I)
- Request of Transfer of Funds (Exhibit J)

NEW YORK STATE DEPARTMENT OF LABOR

**Service Delivery Area Transmittal
Program Transition Documents**

**Final Transition Closeout
Welfare to Work**

TO:
NYS Department of Labor
Workforce Development & Training
Division of Employment Services
Attn: Office of Contract Review and
Expenditure Control
State Campus, Building #12, Room 425
Albany, New York 12240

FROM:
Name:
Telephone #:
SDA's Name & Address:

As required in SDA Technical Advisory # _____ dated _____, I have taken action related to the transition of the subject WtW Subgrants and am enclosing the required documents as follows:

Section I Check each Program operated by your SDA that is covered by this transition. Include both Federal Years 1998 and 1999.

WtW Formula _____ WtW Governor's Discretionary _____

Certification

I certify that the information contained on this and accompanying pages as well as my final reports per the Welfare-to-Work Bulletin Board System are true and complete to the best of my knowledge. I further understand that this is a final closeout and that no additional costs may be charged against these WtW Grants.

(Name)

(Title)

(Signature)

(Date)

FINANCIAL RECONCILIATION WORKSHEET - WtW

Instructions: Complete one Financial Reconciliation Worksheet for **each** funding source included in this closeout package.

“Cash Received (Federal)” – Enter total amount of Federal funds received.

“Reportable Expenditures (Federal)” – Determine the total expended Federal funds by cost category. Add the total cost categories and enter the sum in the “Total” column.

“Cash on Hand (Federal)” – Subtract Reportable Expenditures from Cash received. If cash received is greater than Reportable Expenditures, the balance of cash must be returned when submitting this report.

“Cash Received (State)” – Enter total amount of State funds received.

“Reportable Expenditures (State)” – Determine the total expended State Funds and enter in the “Total” column.

“Cash on Hand (State)” – Subtract Reportable Expenditures (State) from Cash Received (State). If cash received is greater than Reportable Expenditures (State), the balance of cash must be returned when submitting this report.

“Local Match Cash” – Determine the total Local Cash Funds expended as matching costs.

“Local Match In-Kind” – Determine the Local In-Kind expenditures reported as matching costs.

“Obligational Authority (Federal)” – Enter total available Federal obligational authority as authorized on your current NOA.

“Unused Obligational Authority (Federal)” – Subtract the total Reportable Expenditures (Federal) from the Obligational Authority (Federal). This represents the balance of unexpended funds, which will be transferred to the new entity.

“Obligational Authority (State)” – Enter total available State obligational authority as authorized on your current NOA.

“Unused Obligational Authority (State)” - Subtract the total Reportable Expenditures (State) from the Obligational Authority (State). This represents the balance of unexpended funds, which will be transferred to the new entity.

WtW FINANCIAL RECONCILIATION WORKSHEET

FEDERAL YEAR _____

Title _____

<u>WELFARE TO WORK</u>	<u>AMOUNT</u>
Cash Received (Federal)	
Reportable Expenditures (Federal)	
Cash on Hand (Federal) ¹	
Cash Received (State)	
Reportable Expenditures (State)	
Cash on Hand (State)	
Local Match Cash	
Local Match In-Kind	
Obligational Authority (Federal)	
Unused Obligational Authority (Federal)	
Obligational Authority (State)	
Unused Obligational Authority (State)	

¹ This amount must be returned to NYSDOL along with this transition package.

AWARDEE’S RELEASE-WtW PROGRAM

Pursuant to the terms of the Agreement, and in consideration of the expended and accrued sum of \$ _____, of which \$ _____ is the amount paid and \$ _____ is the amount to be paid under the said agreement hereinafter called the awardees or to its assignees, if any, the awardees upon payment of the said _____ sum by _____ hereinafter called the awarding entity does release and discharge the awarding entity its officer, agents, and employees, of and from all liabilities, obligations, claims and demands whatsoever under or arising from the said agreement except:

1. Unpaid bills in state amounts, or in estimated amounts where the exact amounts are not available, by the awardee, as follows:

Invoice Date (If Known)	Vendor	Invoice Or PO #	Funding Source	Cost Category	Amount	Expected Date of Payment

2. Claims after closeout for costs which result from liabilities under the WtW program will not be paid after 31 December 2000, including unemployment insurance costs and workers’ compensation claims.

This release has been executed this _____ day of _____, 2000.

Signature of Authorized Official

Name: _____

Title: _____

ASSIGNMENT OF REFUNDS, REBATES, AND CREDITS

Instructions:

Total Allotment

Amount expended under terms of the grant agreement.

Execution Date

The date on which the form is being signed.

Authorized Signature

Must be the individual who entered into the agreement on behalf of the awardee.

ASSIGNMENT OF REFUNDS, REBATES, AND CREDITS – WtW PROGRAM

Subrecipient’s Name: _____

Street Address: _____

City, State, Zip: _____

.....
Pursuant to the terms of the Welfare to Work grants for Federal Year _____ and for the total allotment of _____ and in consideration of the reimbursement of costs and payment of fee, as provided in the said grant(s) and any assignment thereunder, the _____ (hereby called by the sub-grantee), does hereby:

1. Assign, transfer, set over, and release to the State of New York (hereinafter called the State) all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the said grant, together with all rights of action accrued or which may hereafter accrue thereunder.
2. Agree to take whatever action may be necessary to effect prompt collection of all such refunds, rebates, credits or other amounts (including interest thereon) due or which may become due, and to forward promptly to the New York State Department of Labor, Workforce Development and Training, Office of Contract Review and Expenditure Control, Building #12, Room 425, State Campus, Albany, New York 12240 checks (made payable to the New York State Department of Labor) for any proceeds so collected.
3. Agree to cooperate fully with the State as to any claim or suit in connection with such refunds, rebates, credits or other amounts due (including any interest thereon) to execute any protest, pleading, application, power of attorney or other papers in connection therewith and to permit the state to represent it at any hearing, trial or other proceeding arising out of such claim or suit.

This assignment has been executed this _____ day of _____.

(Type Name and Title)

(Signature)

CERTIFICATE

(Applicable to non-political organizations)

I, _____, **certify that I am the** _____
(Official Title)
of the corporation (PIC) named as Sub-Grantee in the foregoing assignment, that
_____ who signed said assignment on behalf of the Sub-Grantee
was then _____ of said corporation, that said assignment was
duly signed on behalf _____ of said corporation
(Official Title)
by authority of its governing body, and is within the scope of its corporate powers.

(Signature)

FINAL PROPERTY INVENTORY CERTIFICATION
(WtW Acquired Property Only)

From:
Name: _____

Date: _____

Telephone: _____

SDA's Name & Address:

A. Agreement Without Property

____ I hereby certify that no grantee property was furnished or acquired by the terms and conditions of this agreement.

B. Agreement With Property

_____ I hereby certify that the attached inventory listing is complete, and that it correctly describes all items of materials and equipment furnished or purchased under the terms and conditions of this award.

C. A New Agreement Has Been Approved

_____ The property on the attached inventory listing will be retained/transferred to the Local Workforce Investment Board to be used for Welfare-to-Work eligible participants and services.

D. A New Agreement Has Not Been Approved

_____ The attached inventory listing of materials and equipment furnished or purchased under the terms and conditions of this award, will be returned within ninety (90) days of the release date of this agreement.

(Signature)

(Official Title)

TAX CERTIFICATION – WtW PROGRAM

In the performance of the Welfare to Work Grants, I certify that I have complied with the requirements of the law and the State Administration, State of New York, regarding the obtaining of employer identification/account numbers, collection, payment, deposit, and reporting of Federal, State and local taxes and the provision of W-2 forms to employees/enrollees who are not now my employees. For present employees/enrollees, formerly employed under this grant agreement, W-2 forms will be furnished as specified in Circular E, Employers' Tax Guide.

Name of Grantee: _____

Address: _____

Employer's State Identification Number: _____

TRANSFER OF AVAILABLE WtW FUNDS TO NEW ENTITY

Available funds from WtW which are not spent for closeout activities must be transferred to the new Grant Recipient. These funds must be identified by Funding Source and Federal Year. The following worksheet has been provided to identify the transferred funding. Once the closeout process has been completed, new NOA's will be issued transferring the funds.

Federal Year 1998

Available Funds (Federal)	_____	
Total Expenditures (Federal)	_____	
Funds Available for Transfer		_____
Available Funds (State)	_____	
Total Expenditures (State)	_____	
Funds Available for Transfer		_____
Transfer to new Grant Recipient		_____

Federal Year 1999

Available Funds (Federal)	_____	
Total Expenditures (Federal)	_____	
Funds Available for Transfer		_____
Available Funds (State)	_____	
Total Expenditures (State)	_____	
Funds Available for Transfer		_____
Transfer to new Grant Recipient		_____