

NEW YORK STATE DEPARTMENT OF LABOR

**Local Workforce Investment Area Transmittal
of PY00 Closeout Documents**

**Program Year 2000
WIA Title IB**

TO:
NYS Department of Labor
Workforce Development & Training Division
Financial Oversight & Technical Assistance Unit
State Office Campus, Building 12, Room 425
Albany, New York 12240

FROM:
Name: _____
Telephone No. _____
LWIA's Name & Address:

As required in LWIA Technical Advisory # _____ dated _____ I have taken action related to the closeout of the subject PY00 WIA Subgrants and am enclosing the required documents as follows (check the appropriate items):

Section I Check each PY00 Program Operated by your LWIA that is covered by this closeout.

- Adult**
- Youth**
- Dislocated Worker**
- Administration**
- Statewide Activities**
- Local Skills Assessment**

Certification

I certify that the information contained on this and accompanying pages as well as my final report is 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 PY00 WIA Grants.

(Name)

(Title)

(Signature)

(Date)