

NEW YORK STATE DEPARTMENT OF LABOR
FFY 1998 WtW Local Workforce Investment Area/WtW Program Administrator Transmittal

Welfare to Work (WtW) Block Grant program
Federal Funding Year (FFY) 1998

TO:

Ms. Robin Holmes
 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/WtW Program Administrator's Name &
 Address:

As required in LWIA Technical Advisory # _____ dated _____, I have taken action related to the closeout of the subject FFY 1998 WtW sub-grant and am enclosing the required documents as follows:

Section I. Please check the FFY 1998 WtW Program that is covered by this closeout:

Formula

Discretionary

Note: A separate closeout package is required if a local area/WtW Program Administrator received both a FFY 1998 Formula and FFY 1998 Discretionary award.

Section II. Required forms for complete closeout package (check each form included in this closeout package):

- FFY 1998 WtW Final Closeout Transmittal Sheet (Attachment A)
- FFY 1998 WtW LWIA/WtW Program Administrator's Release (Attachment B)
- FFY 1998 WtW Assignment of Refunds, Rebates and Credits (Attachment C)
- FFY 1998 WtW Property Inventory Certification (Attachment D)
- FFY 1998 WtW Grant Closeout Tax Certification Statement (Attachment E)
- FFY 1998 Final Cumulative WtW Financial and Participant Summary Report (Attachment F)
- FFY 1998 Final Cumulative List of Individual Data of all Participants Served (Attachment G)
- FFY 1998 Financial Reconciliation Worksheet, as necessary (Attachment H)

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 FFY 1998 WtW Grants or the corresponding State and local matching funds.

 (Name)

 (Title)

 (Signature)

 (Date)