Revised Attachment B

NEW YORK STATE DEPARTMENT OF LABOR

LWIA/WtW Program Administrator's Release of the FFY 1998 Welfare to Work (WtW) Block Grant Program

LWIA/WtW Program Administrator's Name: _____

Address: _____

_____

Pursuant to the terms of the Welfare-to-Work (WtW) Block grant for Federal Funding Year 1998 and in consideration of the expended and accrued sum of $_____, for WtW eligible services of which $_____ is the amount paid and $_____ is the amount to be paid under the said grant; _____ hereinafter called the sub-grantee or to its assignees, if any, the sub-grantee upon payment of said _____ sum by the New York State Department of Labor, hereinafter called the awarding entity does remise, release and discharge the federal and State governments, the awarding entity and its officers, agents and employees, of and from all liabilities, obligations, claims and demands whatsoever under or arising from the said FFY 1998 WtW grant except:

1. Unpaid bills in stated amounts, or in estimated amounts where exact amounts are not available by the sub-grantee, 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 incurred under the FFY 1998 WtW program prior to September 15, 2003 will not be paid after November 14, 2003, including unemployment costs and worker's compensation claims. Costs incurred after September 15, 2003 are not allowable against the FFY 1998 WtW grant. This release has been executed this _____ day of _____ 2003.

_____
(Please Type Name and Title)

_____
(Signature)

CERTIFICATE
(Applicable to Non-Political Organizations)

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

_____ _____
(Signature) *(Date)*