

# NEW YORK STATE DEPARTMENT OF LABOR

**Local Workforce Investment Area Transmittal  
of PY00 Statewide Activities – Local Skills  
Assessment (Phase I) 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 Subgrant and am enclosing the required documents as follows:

**Section I** This closeout covers PY 00 Statewide Activities – Local Skills Assessment (Phase I) Program funds.

### 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 this PY00 WIA Grant.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)