

NEW YORK STATE DEPARTMENT OF LABOR

Local Workforce Development Area (LWDA) Transmittal of Closeout Documents

TO:

NYS Department of Labor
Div. of Employment and Workforce Solutions
Office of Workforce Investments
State Office Campus, Building 12, Room 436
Albany, New York 12240

FROM:

Name:
Telephone:
LWDA's Name & Address:

As required by NYS Workforce Development System Technical Advisory #17-4, dated May 16, 2017, I have performed the necessary actions related to the closeout of the following sub-grants listed below and I am enclosing the required documents.

PROGRAM NAME (SUB-GRANT)	PROGRAM YEAR

CERTIFICATION

I certify that the information contained on this page 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 any of the program(s) listed above.

(Name)

(Title)

(Signature)

(Date)