

Subrecipient N	ame:			
Address:				
City, State, ZIP:				
Contract Numb	per:			
TAX ID Number	n:			
Funding Source	e:			
Period of Perfo	rmance:			
CLOSEOUT STA	TUS OF CASH/ MATCHING FUNDS REPORTING			
	Total Allocation/ Contract Amount	Matching In-Kind Target		
	Total Expenditures	Matching Actuals		
	Unexpended balance to be de-obligated	Matching Final balance		
Subrecipient na	ne terms of this contract and in consideration of the sur amed herein or to its assignees, if any, the Subrecipien tnership, its officers, agents and employees, of and fr	t, upon payment of the sum by the Workfor	rce Partnership, does	remise, release and discharge the
1. Specified cla	ims in stated amounts or in estimated amounts where	the amounts are not susceptible of exact sta	atement by the Contr	actor. (If none, so state.)
contract, which	ther with reasonable expenses incidental thereto, bas n are not known to the Contractor on the date of the he period specified in the said contract. (If none, so sta	e execution of this release and of which the		•
ASSIGNMENT (OF REFUNDS. REBATES AND CREDITS			

According to the terms of this contract and in consideration of the reimbursement of costs and payment of fees, as provided in the contract and any assignment, the Subrecipient does hereby:

- 1. Assign, transfer, set over and release to the Workforce Partnership or its agents, all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the contract, together with all the right of action accrued or which may from this time accrue thereunder.
- 2. Agree to take whatever action may be necessary to effect prompt collection of all such refunds, rebates, credits or other amounts (including any interest) due or which may become due, and to forward promptly and made payable to the Workforce Partnership or its agents, for any proceeds collected. The reasonable costs of any such action to effect collection will constitute allowable costs when approved by the Contracting Officer as stated in the contract and may be applied to reduce any amounts otherwise payable to the Workforce Partnership or its agents.

TAX CERTIFICATION

In the performance of this contract, Subrecipient certifies that it has complied with requirements of the law the Workforce Innovation and Opportunity Act (WIOA) and the Welfare-to-Work Act rules and regulations as amended regarding the obtaining of employer identification/account numbers; collection, payment, deposit and reporting of federal, state and local taxes; and the provision of W-2 forms to employees/enrollees who are not now my employees. For present employees/enrollees (formerly employed under the contract) W-2 forms will be furnished as specified in Circular E.

INVENTORY CERTIFICATION

The Subrecipient does hereby certify that the attached inventory schedules are complete and correctly listed and describe all items of materials and equipment furnished to the Subrecipient, or forwhich the Subrecipient has been or will be reimbursed by the Workforce Partnership. This inventory, foruse in the performance of this contract which as of this date has not been consumed on performance of this contract, and that it will immediately notify the Workforce Partnership of any change affecting theseinventory schedules at any time prior to final disposition of the inventory. If the Subrecipient certifies that no property was purchased or acquired with the Workforce Partnership funds under the terms and conditions of this contract. (if none, so state.)

INSTRUCTIONS:	erty (if different from Subrecipient's address			***************************************	and WALDS to the Control of the Cont					
*Type of Propen	Type of Property: Computer, Equipment, Fixtures, Furniture **Disposition: Keep (K)/ Return (R) inventory									
	PROPERTY INFORMATION									
Date Acquired	Description/ Make/ Model	*Type of Property	Serial # (if applicable)	SDWP Asset ID Number	Full Cost	Cost charged to this contract	**Disposition K/ R			

Subrecipient Authorized Signature, Date

I certify that the information herein is accurate and properly classified in accordance with the terms and conditions of the contract and financial records of this agency.

CERTIFICATION

Subrecipient Authorized Representative, Title