

## ALABAMA WORKFORCE INVESTMENT SYSTEM

Office of Workforce Development  
401 Adams Avenue  
P.O. Box 5690  
Montgomery, Alabama 36103-5690

July 29, 2005

### GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2005-05

**SUBJECT: U.S. Department of Labor Workforce Investment Act (WIA)  
Grant Closeouts**

1. **Purpose.** This Directive provides information, instructions, and procedures for Local Workforce Investment Area (LWIA) Grant Recipients to close out WIA Formula Grants for each program year.
  
2. **Discussion.** The U.S. Department of Labor (USDOL) and OMB Circular A-102 Common Rule require that State WIA Grant Recipients routinely close out Program Year Grants when all grant funds have been spent or the federal grant ends. The Program Year 2002 grant ended on June 30, 2005. The Office of Workforce Development (OWD) and the Alabama Department of Economic and Community Affairs (ADECA) recently received notification that the Closeout Package for this grant must be submitted no later than ninety (90) days from the expiration date of June 30, 2005; therefore, LWIA Grant Recipients are being asked to submit closeout documents for this grant. The following documents are to be used for closeout.
  - A. Final Financial Status Report (Attachment 1)
  - B. Grantee's Release Form (Attachment 2)
  - C. Government Property Closeout Certification Form (Attachment 3) along with a list of property purchased, having a fair market value of \$5,000 or more that was purchased from the above-referenced program year's grant funds.

When a refund is due the State for any unexpended advance payments, the refund must be returned via a check made payable to the Alabama Department of Economic and Community Affairs (ADECA).

The closeout of a grant does not affect the LWIA grantee's obligation to return any funds due the State as a result of later refunds, corrections, or other transactions.

July 29, 2005

GOVERNOR'S WORKFORCE DEVELOPMENT DIRECTIVE NO. PY2005-05

Page 2

3. **Action.** The closeout documents referenced above must be submitted to the State Office by August 31, 2005 for this grant: **Program Year 2002 grant (PY2002 funds and FY2003 funds).**
4. **Contact.** Questions relating to grant closeout should be directed to Bill Hornsby at 334-242-5847 or Sims Dunlap at 334-242-5260.



---

Steve Walkley, Division Director  
Workforce Development Division

Attachments (3)

## WORKFORCE INVESTMENT ACT GRANT CLOSEOUT FINANCIAL STATUS REPORT

*(Follow instructions below)*

1. State Agency to Which Report is Submitted  Alabama Department of Economic and Community Affairs Workforce Development Division 401 Adams Avenue, P.O. Box 5690 Montgomery, Alabama 36103-5690	2. WIA Grant Agreement Number Number Assigned By State Office		Page  1	of  1   pages
3. Recipient Organization (Name and complete address, including ZIP code)				
4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period ( <i>See Instructions</i> ) From: (Month, Day, Year)    To: (Month, Day, Year)				
9. Transactions:			Cumulative Amounts	
a. Total WIA Outlays			0.00	
b. Total unliquidated WIA obligations			0.00	
c. Total obligations (Add line a and line b)			0.00	
d. Total WIA funds authorized for this funding period			0.00	
e. Unobligated balance of WIA funds			0.00	
10. <b>Certification:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that  all outlays and unliquidated obligations are for the purposed set forth in the award documents.				
Typed or Printed Name and Title			Telephone (Area code, number and extension)	
Signature of Authorized Certifying Official			Date Report Submitted	

**WORKFORCE INVESTMENT ACT GRANT CLOSEOUT  
FINANCIAL STATUS REPORT  
INSTRUCTIONS**

For this report only, combine all WIA outlays, unliquidated obligations, total obligations, and unobligated balances of funds for the grant that is being closed. Include all WIA programs including Incentive Awards, LWIA Administrative Funds, Youth, Adult, Dislocated Worker Funds, etc. The total funds authorized for this funding period on line 9d must agree with the total funds awarded in your grant agreement.

<u>Item</u>	<u>Entry</u>
1, 2 and 3.	Self-explanatory.
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.
5.	Space reserved for an account number or other identifying number assigned by the recipient.
6.	No entry necessary-already marked "Yes".
7.	No entry necessary-already marked "Accrual".
8.	Enter the beginning and ending dates of your WIA grant agreement
9a--9e.	Enter the cumulative amounts for each appropriate line for this grant.
10.	Self-explanatory.

ALABAMA DEPARTMENT OF ECONOMIC AND COMMUNITY AFFAIRS WORKFORCE DEVELOPMENT DIVISION	Instructions to Grantee Submit original (with original signature)
--	---

**GRANTEE'S RELEASE**

Pursuant to the terms of Grant Number \_\_\_\_\_ and in consideration of the sum of \_\_\_\_\_

Total of amounts paid and payable

which has been paid under the said grant to \_\_\_\_\_,  
 \_\_\_\_\_  
 Grantee's name and address

\_\_\_\_\_ herein called the Grantee or to its assignees, if any, the Grantee, upon payment of the said sum by the Alabama Department of Economic and Community Affairs herein called the State, does remise, release, and discharge the State, it's officers, agents, and employees of and from all liabilities, obligations, claims, and demands whatsoever under or arising from said grant.

1. Specified claims in stated amount(s) or unpaid liabilities not susceptible of exact statement by the the Grantee, as follows: \_\_\_\_\_  
 (IF NONE, SO STATE)

2. Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Grantee to third parties arising out of the performance of the said grant, which are not known to the grantee on the date of the execution of this release and of which the Grantee gives notice in writing to the State within the period specified in the said grant.

3. Claims after closeout, for cost, which result from the liability to pay Unemployment insurance costs under a reimbursement system or to settle Workmen's Compensation claims.

This release has been excuted this \_\_\_\_\_ day of \_\_\_\_\_.

Grantee or Corporation Name _____ _____ _____	BY _____  TITLE _____
--	-----------------------------

**CERTIFICATE**  
 (Applicable to non-profit organizations)

I, \_\_\_\_\_, certify that I am the \_\_\_\_\_  
 Official Title

of the corporation named as Grantee in the foregoing Release: that \_\_\_\_\_

who signed said release on behalf of the Grantee was then \_\_\_\_\_  
 Official Title

of said corporation; that said release was duly signed for and on behalf of said corporation by authority of it's governing body and is within the scope of its corporate powers.

(CORPORATE SEAL) \_\_\_\_\_

