

**Tulare County Workforce Investment Board, Inc.**  
**Closeout**  
**Service Provider's Release**

**Instructions:**

1. Unpaid bills in stated amounts, or in estimated amounts where the exact amounts are not available, by the Service Provider, as follows:

(List allowable costs which have resulted from the operation of the program.)

**“Execution Date”**

The date on which the form is being signed.

**“Authorized Signature”**

Must be the individual who entered into the contract on behalf of the Service Provider.

## Service Provider's Release

Pursuant to the terms of Contract # \_\_\_\_\_, and in consideration of the expended and accrued sum of \_\_\_\_\_ dollars (\$ \_\_\_\_\_) which has been paid or is to be paid under the said contract to \_\_\_\_\_ hereinafter called the Service Provider or to its assignees, if any, the Service Provider upon payment of the said sum by the Tulare County Workforce Investment Board, Inc. hereinafter called the Awarding Entity does remise, release, and discharge the Awarding Entity, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said contract **except:**

1. Specified claims in stated amount(s) or unpaid liabilities not susceptible of exact statement by the Service Provider, as follows:

Invoice Date (if known)	Vendor	Invoice or P.O. #	Line Item	Cost Category	Amount	Expected Payment Date

2. Claims after closeout for costs which result from liabilities under the JTPA program will not be paid after November 30, 2000, including unemployment insurance costs and workers' compensation claims.

This release has been executed this \_\_\_\_\_ day of \_\_\_\_\_ 2000.

\_\_\_\_\_  
Signature of Authorized Official

Title \_\_\_\_\_

## **Assignment of Refunds, Rebates, and Credits**

### **Instructions:**

<b>“Total Award”</b>	Amount expended under terms of the contract
<b>“Execution Date”</b>	The date on which the form is being signed
<b>“Authorized Signature”</b>	Must be the individual who entered into the contract on behalf of the Service Provider.

**Assignment of Refunds, Rebates, and Credits**

Service Provider's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Contract \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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Pursuant to the terms of Contract No. \_\_\_\_\_ and for the total award of \$ \_\_\_\_\_ and in consideration of the reimbursement of costs and payment of fee, as provided in the said contract and any assignment thereunder, the \_\_\_\_\_ (hereby called by the Service Provider), does hereby:

(Service Provider's Name)

1. Assign, transfer, set over, and release to the Tulare County Workforce Investment Board, Inc. all right, title, and interest thereon, arising out of the performance of the said contract together with all the rights of action accrued or which hereafter accrue thereunder.

Agree to take whatever action may be necessary to effect prompt collection of all such refunds, rates, credits, or other amounts (including interest thereon), due or which become due, and to forward promptly checks (made payable to the Tulare County Workforce Investment Board, Inc.

Agree to cooperate fully with the Tulare County Workforce Investment Board, Inc. as to any claims or suit in connection with such refunds, rebates, credits, or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney, or other papers in connection therewith; and to permit the County to represent it at any hearing, trial, or other proceeding arising out of such claim or suit.

**IN WITNESS WHEREOF**, this assignment has been executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Service Provider

By \_\_\_\_\_

Title \_\_\_\_\_

## **Final Property Inventory Certification**

**Instructions:**

Enter the complete entity name, contract number, and date in the spaces provided at the top of the form.

Check appropriate box to indicate funds negotiated were to be used for the acquisition of property.

**“Item A”**      If no funds negotiated were used for the acquisition of property, no further information is required.

**“Item B”**      If funds negotiated were for the acquisition of property, for each item acquired, enter the following information:

**ID #**            Enter an identification number such as the stock number, manufacturer’s serial number, property tag number, or other identifying number.

**Location**      If different from the address stated above, enter the location of the property.

## Final Property Inventory Certification

Service Provider: \_\_\_\_\_ Contract#: \_\_\_\_\_ Date: \_\_\_\_\_

A. Contract Without Property

- I hereby certify that no property was furnished or acquired by the terms and conditions of this contract.

B. Contract With Property

- I hereby certify that the below inventory listing is complete, and that it correctly describes all items of materials and equipment furnished or purchased under the terms and conditions of this award.

<u>Item</u>	<u>ID #</u>	<u>Location</u>	<u>Acquisition Date</u>	<u>Acquisition Cost</u>	<u>Condition</u>
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C. A New Contract Has Been Approved

9 The above or attached listing of property will be retained for the period as specified in Contract # \_\_\_\_\_

D. A New Contract Has Not Been Approved

9 The above or attached listing property will be returned within ninety (90) days of the release date of this contract.

## **Tax Certification**

### **Instructions:**

**“Name of Awardee”**

The agency who has received TCWIB funds for the operation of a TCWIB program

**“Address”**

The physical location of the agency

**“Employer’s State  
Identification Number”**

The numerical identification issued by the State which is used to recognize the agency for tax liability

**Tax Certification**

In the performance of contract # \_\_\_\_\_, I certify that I have complied with requirements of the law, the Tulare County Workforce Investment Board, Inc., and the State of California, 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 award, W-2 forms will be furnished as specified in Circular E, Employers' Tax Guide.

Name of the Awardee: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer's State Identification Number: \_\_\_\_\_

Signature of Authorized Official:

Name: \_\_\_\_\_

Title: \_\_\_\_\_