

EMPLOYER WORKFORCE TRAINING FUNDS GRANT RELEASE FORM

Subgrantee Name _____

Grant Number _____ Grant Period _____ to _____

Pursuant to the terms of this Grant and in consideration of Total Accrued Expenditures equaling \$ _____ which have been paid or will be paid to Subgrantee under this grant, Subgrantee, upon payment of any remaining balance by the (name of WRT Fiscal Agent) – does remise, release, and discharge the (name of WRT Fiscal Agent), and their officers, agents and employees of and from all liabilities, obligations, claims and demands whatsoever under or arising from the performance of this grant.

I understand the Total Accrued Expenditures certified on this release form will become the final total obligated amount of this grant.

Attested

This date of _____

Signature of Authorized Official