

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
SUBGRANTEE CLOSEOUT CHECKLIST**

Subgrantee Name _____ Agreement No(s). _____

In compliance with the MDHS Subgrantee Closeout Procedures and the terms and conditions of the subgrant, the following closeout documents are enclosed: (Check the appropriate boxes concerning each of the closeout documents. Explain fully any item not submitted or any item to be sent separately. Use separate sheet, if necessary.)

Type of Document	Enclosed	Sending Separately	Unable to Furnish
1. Certification of Subgrant Compliance			
2. Final Claim Support Sheet			
3. Copy of Workers' Compensation or other Audit			
4. Copy of Cancellation Adjustment Fidelity Bond			
5. Outstanding Claimants List			
6. Refund Check			
7. Equipment Retention Request Letter			
8. Other (specify)			

Explanation/Comments _____

Signature of Authorized Subgrantee Official Title Date

For use of MDHS only. Not to be completed by subgrantee.

DEOBLIGATION AUTHORIZATION

	<u>Federal</u>	<u>State</u>	<u>Other</u>
Grant Award	\$ _____	\$ _____	\$ _____
Authorized Expenditures	\$ _____	\$ _____	\$ _____
Unexpended Balance	\$ _____	\$ _____	\$ _____

Comments _____

This is to certify and authorize decreasing the obligation for Agreement No (s). _____ by the amount of the unexpended balance as shown.

Signature, MDHS Program Reviewer Title Date

Signature, MDHS Authorized Official Title Date