

INSTRUCTIONS FOR COMPLETING THE CLOSEOUT PACKAGE

SUBGRANTEE'S CLOSEOUT CHECKLIST (MDHS-SGCC-1011)

Each item on the form shall be completed and the form shall be signed by an authorized subgrantee signatory official or duly authorized representative. An explanation shall accompany any item that is checked "Sending Separately" or "Unable to Furnish."

Deobligation Authorization. This section is for the use of MDHS only.

1. CERTIFICATION OF SUBGRANT COMPLIANCE (MDHS-SGCC-1012)

A. RELEASE

The purpose of the Subgrantee's Release is to release the unexpended/unobligated balance of the subgrant to MDHS.

The amount entered as the "Total amount paid and payable by MDHS/Total Authorized Expenditures" shall reflect the total actual expenditures allowed (do not round off expenditures) under the subgrant. The amount shown shall agree with the amount of cumulative costs reported on the Final Claim Support Form and MDHS cumulative costs stated in the certification of cash balance section.

Any liability, obligation, claim or demand not released by the subgrantee shall be listed on the Outstanding Claimants List (MDHS-SGOCL-1013).

B. ASSIGNMENT OF REFUNDS, REBATES AND CREDITS

Execution of the assignment requires immediate remittance to MDHS of any subsequent refunds or credits applicable to the subgrant, i.e. telephone and insurance refunds.

C. INVENTORY CERTIFICATION

The purpose of the inventory certification is to account for all items of materials and equipment purchased and/or furnished in accordance with the terms and conditions of the subgrant. Complete the certification as required.

If equipment was purchased, furnished, or acquired with subgrant funds, the Inventory Control List (MDHS-PROP-SE02) must be completed. If no equipment was furnished or acquired, so indicate. (See the Inventory Management section.)

D. CERTIFICATION OF CASH BALANCE

The purpose of the Cash Balance Certification is to provide a statement accounting for the balance of funds on hand applicable to the subgrant. Complete the Cash Balance Certification as required.

NOTE: Only a zero (-0-) cash balance will be accepted. Use the appropriate (+ or -) in the calculation of the Certification of Cash Balance.

E. GENERAL STATEMENT OF COMPLIANCE

The statement of compliance is the subgrantee's attestation that all other terms and conditions of the subgrant have been met. Signatures and dates shall be original in blue ink or electronic signature on the closeout package. The signature of the authorized signatory official shall be witnessed by two individuals.

NOTE: Forms that are not properly completed will be returned.

2. FINAL CLAIM SUPPORT SHEET

Prepare the final Claim Support Form in accordance with established MDHS procedures. The final Claim Support Form shall contain no accruals, and shall be clearly marked FINAL in the appropriate space in the top right corner of the form. Do not round off expenditures. If the final form is submitted prior to the closeout package, attach a copy of the final Claim Support Form when the closeout package is submitted.

3. COPY OF WORKERS' COMPENSATION AUDIT/HEALTH AND ACCIDENT INSURANCE

Most Workers' Compensation policies with commercial companies are based on estimated payroll figures. A payroll audit by the insuring company at the time of closeout may result in a substantial refund or additional premium of the policy. If a final billing has not been received, request an immediate final audit from the insurance company at least 30 days in advance of submission of the closeout package. If an audit cannot be performed immediately, indicate on the checklist, under explanation, that the insurance company has been notified and that an audit will be sent separately. When the audit is performed, either (1) forward the audit and the refund, **made payable to Treasurer, State of Mississippi**, to the appropriate MDHS Funding Division, or (2) send to the appropriate MDHS Funding Division a copy of the audit and request in writing that payment be made directly to the carrier. If Workers' Compensation was not provided, please submit a written statement explaining what type of coverage was used, i.e., health and accident insurance.

4. CANCELLATION/ADJUSTMENT FIDELITY BOND

Upon closeout of the Special Bank or Financial Account, contact the carrier to ensure that the bond applicable to the subgrant is to be canceled, or if the subgrant is covered by a rider to a bond, that the proper adjustment is made. If premium refunds are due, request that they be identified by agreement number and returned to you. Any refunds received shall be included in the aggregate check covering funds transmitted with the closeout package if they are received prior to submission of the package to MDHS. The money shall be identified by amount in the accompanying statement. In any event, any refund due to cancellation of bond shall be forwarded to MDHS immediately upon receipt by subgrantee.

5. OUTSTANDING CLAIMANTS LIST (MDHS-SGOCL-1013)

When unclaimed funds are returned to MDHS, a list of all possible claimants of these funds shall be prepared and attached to the Certification of Subgrant Compliance (MDHSSGCC-1012), as a part of the Subgrantee's Release. To reserve these funds for payments, the list shall include the following pertinent data:

- (1) Claimant's name, last known address, amount of money due, tax or identification number, social security number (if applicant is a training program enrollee) for each individual to whom checks for wages (or other outstanding checks) are due;
- (2) For employee (enrollee) checks, indicate the pay period during which the money was earned including the number of hours, hourly rate of pay, and dates worked;

- (3) Check number, date of issuance, and amount of each uncashed check; and,
- (4) Name, address, and telephone number of any person who may be contacted in connection with any claim which may arise.

6. REFUND CHECK

Indicate the amount of any unused advanced funds plus any outstanding claimants' amounts. The amounts listed shall be refunded by check with the closeout package. Refund checks are to be **made payable to Treasurer, State of Mississippi**. The agreement number(s) shall be included on the check or check stub.

All applicable refunds shall be submitted along with the closeout package to the appropriate MDHS Funding Division or the closeout package will not be processed.

7. EQUIPMENT RETENTION REQUEST LETTER

To continue using MDHS-purchased equipment after the termination of the subgrant period and MDHS funding is discontinued to the subgrantee, a written request shall be submitted by the subgrantee. If equipment retention is not granted, the subgrantee shall arrange for the return of the equipment to the MDHS Funding Division within sixty (60) days from the end of the subgrant.

8. OTHER DOCUMENTS (SPECIFY)

Include any additional documents or other information necessary to conform to the terms and/or conditions of the subgrant with the closeout package.

**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