



MDHS-DOM-001
Revised 04/23/21

REQUEST TO DISPOSE OF RECORDS

1. Subrecipient Name _____
2. Address _____
3. Contact Name _____ 4. Phone Number (_____) _____
5. Agreement Number(s) _____ 6. Effective Dates _____ to _____
7. Program Title(s) _____ 8. C.F.D.A. Number(s) _____
9. Financial records, supporting documentation, statistical records and all other records pertinent to the subgrant shall be retained for a period of three (3) years from the date of the final Claim Support Form. Has the three (3) year record retention period passed? _____
10. Was any litigation, claim, financial management review, monitoring review, or audit started before the end of the three (3) year period? _____ If yes, have all litigation, claims, monitoring or audit findings involving the records been resolved and has final action been taken? _____
11. Was any real property or equipment purchased under this subgrant? _____ If yes, have all records related to the real property or equipment been retained for at least three (3) years after the date of disposition, replacement, or transfer of the real property or equipment? _____
12. Any indirect cost rate computations or proposals, cost allocation plans, or any similar accounting computations of the rate at which a particular group of costs is chargeable (such as composite fringe benefit rates) must be retained for three (3) years from either the date the proposal, plan, or other computation is submitted to the federal government for negotiation of the rate, or the record retention period begins at the end of the fiscal year (or other accounting period) covered by the proposal, plan or other computation. If any indirect cost rate computations or proposals, cost allocation plans, or any similar accounting computations were used by the subrecipient, has the three (3) year record retention period passed? _____
13. What method of disposal do you plan on using and who/what company or organization will be handling the disposal of the records? _____ Will the records be transported off site for disposal? _____ If yes, how will you ensure the records are secure? _____
14. The information presented above is true and correct to the best of my knowledge:

Name and Title of Authorized Subrecipient Official	Signature	Date

Name of the President of the Governing Board	Signature	Date

THIS SECTION TO BE COMPLETED BY THE MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Based on information presented above and certified correct as evidence by the signatures of the Authorized Subrecipient Official, the President of the Subrecipient's Governing Board, and the MDHS funding division official, the Division of Monitoring and the Office of Inspector General hereby authorize the subrecipient to dispose of any financial records, supporting documentation, statistical records and all other records pertinent to the subgrant, except for the following;

Name and Title of Funding Division Official	Signature	Date

Name and Title of Division of Monitoring Official	Signature	Date

Name and Title of OIG Official	Signature	Date

**INSTRUCTIONS FOR COMPLETING
REQUEST TO DISPOSE OF RECORDS FORM**

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH SUBGRANT.

1. Indicate the complete name of the subrecipient organization and any other names the organization has used from the beginning of the subgrant period to present.
2. Indicate the mailing address of the subrecipient and street address, if different.
3. Indicate the name of the subrecipient contact person.
4. Indicate the area code and telephone number of the contact person.
5. Indicate the subgrant number assigned to the subgrant by MDHS as shown on the subgrant signature sheet.
6. Indicate the beginning and ending dates of the subgrant.
7. Indicate the complete program title of the program used to fund the subgrant. If more than one program was combined to fund the subgrant, indicate each program title. If no federal programs were used, indicate the source of the non-federal funds.
8. Indicate the Catalog of Federal Domestic Assistance CFDA number of the program(s) used to fund the subgrant. If no federal funds were used, indicate that the CFDA number is not applicable.
9. Indicate whether the three (3) year record retention period has passed.
10. Indicate whether any litigation, claim, financial management review, or audit was started before the end of the three (3) year period; and if so, whether such litigation, claims, or audit findings have been resolved and final action has been taken.
11. Indicate whether any real property or equipment was purchased under the subgrant; and if so, whether all records related to the real property or equipment have been retained for at least three (3) years after the date of disposition or replacement or transfer of the real property or equipment.
12. Indicate whether the three (3) year record retention period applicable to any indirect cost rate computations or proposals, cost allocation plans, or similar accounting computations has passed.
13. Describe in detail your process for disposing of the records. This description should include whether or not the records will be transported to another location, how they will be transported, the physical process of disposal, and the contact information for who or what company/organization will be handling the disposal.
14. Indicate that the information presented above is true and correct as evidenced by signatures of the Authorized Subrecipient Official and the President of the Subrecipient's Board of Directors or other governing board; Type or print the name and title of the Authorized Subrecipient Official and the President of the of the Board of Directors or other governing board, sign and date.

SUBMIT THE COMPLETED AND SIGNED FORM TO:

**MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIRECTOR, DIVISION OF MONITORING
200 SOUTH LAMAR STREET
JACKSON, MS 39201**