

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. Claim Support Form(s) and Supplemental Form(s) (Final Claim(s))			
3. Subgrantee Supporting Worksheet			
4. Revenue and Expenditure Report			
5. Outstanding Claimant List			
6. Refund Check(s)			
7. Equipment Retention Request Letter			
8. Inventory Control List			
9. Other Documents (please identify documents)			

Explanation/Comments _____

Signature of Authorized Subgrantee Official Title Date

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

	DEOBLIGATION AUTHORIZATION		
	Federal	State	Other
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.

Program Authorized Official Date

Final Review

Subgrant Claims Date