

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

6007762 Admin  
 6007763 Counsel

Subgrantee Name Madison County of Supervisors aop

Subgrant No. \_\_\_\_\_

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	Not Applicable	Sending Separately	Unable To Furnish
1. Certification of Subgrant Compliance	✓			
2. Final Reporting Worksheet		✓		
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 Subgrant No. \_\_\_\_\_ by the amount of the unexpended balance as shown.

Signature, MDHS Program Reviewer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Signature, MDHS Authorized Official \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Mississippi Department of Human Services  
CERTIFICATION OF SUBGRANT COMPLIANCE**

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Subgrantee Name Madison County Board of Supervisors Subgrant No. \_\_\_\_\_

**A. RELEASE**

Pursuant to the terms of said subgrant and in consideration of the sum of

\$102,471.95

(Total Amount Paid & Payable by MDHS - Total Authorized Expenditures)

which has been or is to be paid to the Subgrantee or to its assignees, if any, the Subgrantee, upon payment of the said sum does remise, release, and discharge MDHS, its officers, agents, and employees, of and from all liabilities, obligations, claims, and demands whatsoever under or arising from the said subgrant, except:

1. Specified claims in stated amount or in estimated amounts where the amounts are not susceptible to exact statement by the Subgrantee, as follows:

\$           -0-

(If none, please state)

2. Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Subgrantee to third parties arising out of the performance of the said subgrant, which are not known to the Subgrantee on the date of execution of this release and of which the Subgrantee gives notice in writing to the MDHS Funding Division Director within the period specified in the said subgrant.
3. Claims, after closeout, for costs which result from the liability to pay Unemployment Insurance costs under a reimbursement system or to settle Workers' Compensation claims.

**B. ASSIGNMENT OF REFUNDS, REBATES AND CREDITS**

Pursuant to the terms of said subgrant and in consideration of the reimbursement of costs and payments of fees as provided in the said subgrant and any assignment thereunder, the Subgrantee does hereby:

1. Assign, transfer, set over and release to MDHS all rights, titles, and interests to all refunds, rebates, credits or other amounts (including any interest thereon) arising or which may hereafter accrue thereunder.
2. Agree to take whatever action may be necessary to effect prompt collection of all such refunds, rebates, credits or other amounts (including interest thereon due or which may become due) and to forward promptly to MDHS any proceeds so collected. The reasonable costs of any such collection action shall constitute allowable costs when approved by the MDHS Funding Division Director as stated in the said subgrant and may be applied to reduce any amounts otherwise payable to MDHS under the terms hereof.
3. Agree to cooperate fully with MDHS on any claim and/or suit in connection with such refunds, rebates, credits or other amounts due (including any interest thereon); to execute any protest, pleading, application, power of attorney or other papers in connection therewith; and to permit MDHS, the State Attorney General's Office or the Federal Grantor Agency to represent it at any hearing, trial or other proceeding arising out of such claim and/or suit.

**C. INVENTORY CERTIFICATION (Select as Applicable)**

The Subgrantee further certifies that all terms and conditions of said subgrant have been met. IN WITNESS THEREOF, this Certification of Subgrant Compliance has been executed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Madison County Board of Suoervisors

NAME OF SUBGRANTEE

WITNESSED BY:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

BY SIGNATORY OFFICIAL

Board President

TITLE

**D. CERTIFICATION OF CASH BALANCE**

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The Subgrantee hereby certifies that the cash balance applicable to Subgrant No. \_\_\_\_\_ as of the date of the execution of this document is:

1. Total MDHS funds requested and received:	1)	\$ <u>86,261.92</u>
2. Less final MDHS cumulative cost reported:	2)	\$ <u>102,471.95</u>
3. Equals (=) unexpected balance:	3)	\$ <u>(16,210.03)</u>
4. (a) Plus (+) balance = unexpended funds (Refund due to MDHS)*	*4 a)	\$ _____
(b) Minus (-) balance = funds due subgrantee  (Subgrantee submits Request for Cash)	4 b)	\$ <u>16,210.03</u>
5. Balance must equal Zero	5)	\$ _____ -0- _____
*Refund check must include:		
(a) Unexpended funds amount	4 a)	\$ _____
(b) Outstanding claimants amount (as applicable)		\$ _____
(c) Total amount refunded (check no. _____)		\$ _____

**E. GENERAL STATEMENT OF COMPLIANCE**

The Subgrantee further certifies that all terms and conditions of said subgrant have been met. IN WITNESS THEREOF, this Certification of Subgrant Compliance has been executed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Madison County Board of Supervisors

WITNESSED BY:

1. \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_  
 NAME OF SUBGRANTEE

\_\_\_\_\_  
 BY SIGNATORY OFFICIAL

Mississippi Department of Human Services  
 OUTSTANDING CLAIMANT LIST

6007762  
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Subgrantee Madison County Board of Supervisors

Subgrant Number \_\_\_\_\_

Claimants' Name Address Telephone Number E-Mail Address	Check #	Amount	Date	Pay Period Hours & Rate	Other Contact Name Address Telephone Number E-Mail Address
1. Fleetcor (See Attached)	ACH	17.78	6/27/2015		
2.					
3.					
4.					
5.					
6.					
7.					
8.					

GLMCLM01 ACCTCY CASH DISBURSEMENTS DATA ENTRY GLWCLM97/R4  
 Fund 192 ADOLESCENT OPPORTUNITY PROGRAM Trans 167611 Amount 17.78  
 Claim 80 Claim Date 6 29 2016 Release Date 7 1 2016 Status P (NOVDHP)  
 Bank 100 Check Date 7 5 2016 Check 9070516 Cash Acct 000 001 Source CD  
 Voided Reason  
 Vendor No 11981 Payee FLEETCOR TECHNOLOGIES  
 CLEARED Addr1 P.O. BOX 105080 Add 20160629 CGLEASON  
 7 6 2016 Addr2 Chg 20160629 CGLEASON  
 Page No 1 City ATLANTA GA 30348 5080 1099 Form M Type 1  
 For Investments CD No Maturity Date Rate  
 Account Description Invoice InvoiceDate Amount  
 192163671 GASOLINE 47752785 6 27 2016 17.78

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 F13-MODE F14-PAPERLINK  
 F3-Next\_Claim,PAGE-UP\_for\_Prev\_Claim F4-Prev\_Detail F5-Next\_Detail F13-Mode