

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

Subgrantee Name Madison County Board of Supervisors

Subgrant No. 641WL11A

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	X			
2. Final Reporting Worksheet	X			
3. Copy of Workers' Compensation or other Audit				
4. Copy of Cancellation Adjustment Fidelity Bond				
5. Outstanding Claimants List		X		
6. Refund Check	X			
7. Equipment Retention Request Letter		X		
8. Other (specify)				

Explanation/Comments This is an amended closeout to address subgrantee accounting corrections

 \_\_\_\_\_ Director \_\_\_\_\_ 30 APR 13 \_\_\_\_\_  
 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 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**

Subgrantee Name Madison County Board of Supervisors Subgrant No. 641WL11A

**A. RELEASE**

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

\$ 161 684.73

(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:

\$ NONE

(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)**

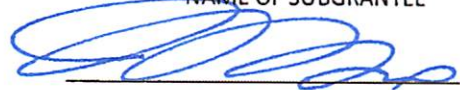
The Subgrantee further certifies that all terms and conditions of said subgrant have been met. IN WITNESS THEREOF, this Certification of Subgrant Compliance has been executed this 30 day of APRIL 2013.

WITNESSED BY:

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

Madison County Board of Supervisors

NAME OF SUBGRANTEE



BY SIGNATORY OFFICIAL

Director

TITLE

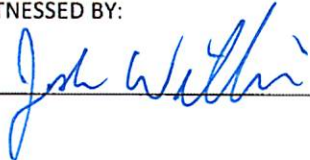
D. CERTIFICATION OF CASH BALANCE


The Subgrantee hereby certifies that the cash balance applicable to Subgrant No. 641WL11A  
as of the date of the execution of this document is:

1. Total MDHS funds requested and received:	1)	\$ <u>163 428.16</u>
2. Less final MDHS cumulative cost reported:	2)	\$ <u>161 684.73</u>
3. Equals (=) unexpected balance:	3)	\$ <u>-0-</u>
4. (a) Plus (+) balance = unexpended funds (Refund due to MDHS)*	* 4 a)	\$ <u>1743.43</u>
(b) Minus (-) balance = funds due subgrantee (Subgrantee submits Request for Cash)	4 b)	\$ <u>-0-</u>
5. Balance must equal Zero	5)	\$ <u>-0-</u>
*Refund check must include:		
(a) Unexpended funds amount	4 a)	\$ <u>1743.43</u>
(b) Outstanding claimants amount (as applicable)		\$ <u>-0-</u>
(c) Total amount refunded (check no. <u>TBD</u> )		\$ <u>1743.43</u>

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 30 day of APRIL  
20 13.

WITNESSED BY:  
1.   
2. \_\_\_\_\_

Madison County Board of Supervisors  
\_\_\_\_\_  
NAME OF SUBGRANTEE  
  
BY SIGNATORY OFFICIAL  
Director \_\_\_\_\_

Mississippi Department of Human Services  
 OUTSTANDING CLAIMANT LIST

Subgrantee Madison County Board of Supervisors

Subgrant Number 642WL11A

1. Claimants' Name Address Telephone Number E-Mail Address	Check #	Amount	Date	Pay Period Hours & Rate	Other Contact Name Address Telephone Number E-Mail Address
2.					
3.					
4.					
5.					
6.					
7.					
8.					

**\*\*AMENDED\*\***

RUN DATE : 07/26/12  
 REPORT ID: SG01

\*\* STATE OF MISSISSIPPI \*\*  
 SUB-GRANTEE REPORTING WORKSHEET  
 FOR PERIOD ENDING ~~06/30/12~~

PAGE: 1

DEPARTMENT : 651 HUMAN SERVICES 06/30/12  
 ORGANIZATION: 2210 YOUTH SERVICES DIRECTOR & STAF

FINAL : ~~07/17~~  
 COST PERIOD : ~~XXXX~~  
 06 12

VENDOR NUM : V0000074350  
 CONTRACT NUM: 641WL11A  
 CONTRACT PRD: FROM 07/01/2011 TO 06/30/2012

VENDOR NAME : MADISON CTY BD OF SUPERVISORS  
 ADDRESS : P O BOX 608  
 : CANTON MS 39046

LINE TYPE CODE	DESCRIPTION	AMOUNT BUDGETED	CUMUL THRU LAST REPORT	CURRENT PERIOD COSTS	CUMULATIVE COST TO DATE
ACTIVITY : H305 COUNSELING SERVICES					
S	A2 SALARIES	117,000.00	114,782.02	<763.35>	114 018.67
S	A3 FRINGES	41,685.00	39 466.30	<980.08>	38 486.32
S	A4 TRAVEL	910.00	320.56	-0-	320.56
S	A5 CONTRAC SERV	2,500.00	250.00	-0-	250.00
S	A6 COMMODITIES	6,759.00	5,966.33	-0-	5966.33
ACTIVITY TOTAL:		168,854.00	160 785.31	<1743.43>	159 041.88
R	WL11 100% FED TAN	168,854.00	160 785.31	<1743.43>	159 041.88
TOTAL:		168,854.00	160 785.31	<1743.43>	159 041.88
ACTIVITY : H501 ADMINISTRATION-SUBGRANTEES					
S	A5 CONTRAC SERV	14,800.00	2432.39	-0-	2432.39
S	A6 COMMODITIES	1,800.00	210.46	-0-	210.46
ACTIVITY TOTAL:		16,600.00	2642.85	-0-	2642.85
R	WL11 100% FED TAN	16,600.00	2642.85	-0-	2642.85
TOTAL:		16,600.00	2642.85	-0-	2642.85
L	CONTRACT TOTAL:	185,454.00	163 428.16	<1743.43>	161 684.73

\*\*AMENDED\*\*

RUN DATE : 07/26/12  
REPORT ID: SG01

\*\* STATE OF MISSISSIPPI \*\*  
SUB-GRANTEE REPORTING WORKSHEET  
FOR PERIOD ENDING ~~07/31/12~~

PAGE: 2

DEPARTMENT : 651 HUMAN SERVICES	06/30/12	FINAL :	_____
CONTRACT NUM: 641WL11A			
WL11 100% FED TAN	185,454.00	163 428.16	<1743.43> 161 684.73
	-----	-----	-----
GRAND TOTAL:	185,454.00	163 428.16	<1743.43> 161 684.73
LAST REPORT COST PERIOD:	06 12		

~~(CASH PAYMENT)~~ + ~~(ACCRUAL ESTIMATES)~~ + ~~(INKIND/OTHER)~~ = ~~(CUMULATIVE COST)~~

FINAL AUDIT OF THIS PROJECT WILL INCLUDE VERIFICATION OF ABOVE CLAIMED COST FROM PROJECT DIRECTOR'S SOURCE RECORDS

  
SIGNATURE OF AUTHORIZED OFFICIAL

30 APR 13  
DATE

PROGRAMS REVIEW