



**DIVISION OF PUBLIC SAFETY PLANNING**  
**SUBGRANTEE'S CLOSEOUT CHECKLIST**



SUBGRANTEE: Madison County SUBGRANT NO.: 14DC1451

In compliance with the requirements of DPSP Subgrant Closeout Procedures and the terms and conditions of the subgrant, the following closeout documents are enclosed: (Check the appropriate box concerning each of the enclosed 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 Worksheet				
3. Copy of Workers' Compensation or				
4. Copy of Cancellation/Adjustment				
5. Outstanding Claimants List				
6. Refund Check				
7. Other (specify)				

Explanations/Comments: \_\_\_\_\_

\_\_\_\_\_  
 Signature Title Date

Board President

For use by DPSP only.  
 Not to be completed by  
 Subgrantee.

**DE-OBLIGATION AUTHORIZATION**

Federal

Match

**Grant Award**

\_\_\_\_\_

**Authorized Expenditures**

\_\_\_\_\_

**Unexpended Balance**

\_\_\_\_\_

This is to certify and authorize decreasing the obligation for Subgrant No. \_\_\_\_\_ by the amount of the unexpended balance as shown.

\_\_\_\_\_  
 Name Title Date

IS THIS AN ADMINISTRATIVE CLOSEOUT? YES \_\_\_ NO \_\_\_





**DIVISION OF PUBLIC SAFETY PLANNING  
CERTIFICATION OF SUBGRANT  
COMPLIANCE**



SUBGRANTEE Madison County SUBGRANT NO 14DC1451

**A. RELEASE**

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

\$ 64,290.57  
Total Amount Paid and Payable by DPSP

which has been or is to be repaid to the Subgrantee or its assignees, if any, the Subgrantee, upon payment of the said sum does remise, releases, and discharges DPSP, its officers, agents and employees, of and from all liabilities, obligations, claims, and demands whatsoever under and arising from the said subcontract, except the following:

1. Specific claims in stated amounts or in estimated amounts where the said amounts are not susceptible to exact statements by the Subgrantee, as follows:

\_\_\_\_\_  
(If none, so state)

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

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

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

1. Assign, transfer, set over, and release to DPSP all rights, titles, and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising or which may hereafter thereunder.
2. Agree to take whatever action may be necessary to effect the 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 DPSP) for any proceeds so collected.
3. Agree to cooperate fully with DPSP as to any claims 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 DPSP, the State Attorney General's Office or the Federal Grantor Agency to represent it at a hearing, trial, or other proceedings arising from such claim or suit.

**C. INVENTORY CERTIFICATION (select one)**

- 1. \_\_\_\_\_ The Subgrantee hereby certifies that all items or materials and equipment purchased, furnished, or transferred of said or to said Subgrantee were done in accordance with the terms and conditions of said subgrant.
- 2.  The Subgrantee hereby certifies that no equipment was furnished or acquired under the terms and conditions of said grant.

**D. CERTIFICATION OF CASH BALANCE**

The Subgrantee hereby certifies that the cash balance applicable to said subgrant as of the date of execution of this document as follows:

- 1. Total DPSP funds received 1) 92,050.24
- 2. Less final DPSP cumulative cost reported 2) 64,290.57
- 3. Equals (=) unexpended balance 3) 27,789.67
- 4. (a) Plus (+) balance = unexpended funds  
(Refund due to DPSP) \*4a) 27,789.67
- (b) Minus (-) balance = funds due Subgrantee  
(Subgrantee submit requests) 4b) \_\_\_\_\_
- 5. Balance must equal zero 5) \_\_\_\_\_

\*Refund check must include the following

- (a) Unexpended funds amount 4a) \_\_\_\_\_
- (b) Outstanding claimants amount (as applicable) \_\_\_\_\_
- (c) Total amount refunded \_\_\_\_\_

Enter Check Number \_\_\_\_\_

**E. GENERAL STATE OF COMPLIANCE**

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

Madison County  
SUBGRANTEE

\_\_\_\_\_  
BY SIGNATORY OFFICIAL  
Board President  
TITLE

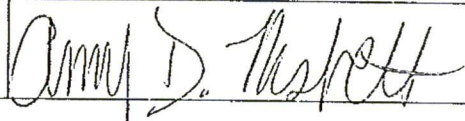
WITNESSED BY:

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

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



# Cost Reimbursement Request

<b>Project Title:</b>		Juvenile Drug Court				
<b>Sub-grant Name:</b>		Madison Co.				
<b>Agreement Number</b>		6006169				
<b>Sub-grant Number:</b>		14DC1451				
<b>Dates of Expenditures:</b>		December 2015			Final: Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Signature of Authorized Signing Official</b>					Date Submitted	
LINE ITEMS		Contract Amount	Cumulative Amount	Current Cost	Cumulative Cost to Date	
Personnel	Federal	66,600.00	40,125.06	4,058.34	44,183.40	
	Match					
Fringe	Federal	19,876.89	16,218.06	1,570.45	17,788.51	
	Match					
Travel	Federal	2,900.00	912.53	250.13	1162.66	
	Match					
Operating Expense	Federal	2,273.35	607.00	549.00	1156.00	
	Match					
Contractual	Federal	400.00	0.00	0.00	0.00	
	Match					
<b>TOTAL EXPENDITURES</b>	Federal	92,050.24	57,862.65	6,427.92	64,290.57	
	Match					

PROGRAM REVIEW \_\_\_\_\_

DATE \_\_\_\_\_