



## Nevada Volunteers AmeriCorps Program Closeout Checklist and Certification

**Instructions:** The following closeout documents are due to Nevada Volunteers no later than 60 days following the expiration of the project period. Nevada Volunteers will be unable to issue funds to sub-grantees if the closeout process has not been completed by the deadline.

1. **Closeout Tasks Checklist**
2. **AFR/FFR:** All programs must twice-a-year submit an Aggregate Financial Report (AFR) through the OnCorps system as instructed in the sub-grant agreement. In addition, at the end of a 3-year project period, a final Federal Financial Report (FFR) **MUST** be submitted to Nevada Volunteers and should be cumulative for the entire project period (typically 3-years). The report must also reflect the required percentage of matching funds that you have agreed to contribute under the terms of the grant.
3. **Equipment Inventory Form:** This form catalogues items purchased with Federal grant funds with a current per unit fair market value of \$5,000 or more, or a written statement that there are no such items.
4. **Inventory of Unused or Residual Supplies:** This form catalogues supplies purchased with Federal grant funds which in the aggregate exceed \$5,000, or a written statement that such supplies (if any) do not exceed \$5,000.
5. **Subgrantee Certification:** Document should be signed by Executive Director or designated authority.

**Unexpended Funds:** If a program has drawn funds under the grant but has not expended them, the program will need to return the funds by check to Nevada Volunteers made payable to the Department of Health and Human Services.

**Copyrighted or Patented Material:** If the agency secured a copyright or patent on any material or device paid for with funds awarded under this grant, the program must provide the Commission with a written confirmation describing the specific nature of the copyright or patent obtained.

**Disposition of Equipment:** When original or replacement equipment acquired under a sub grant is no longer needed for the original project or program or for other activities currently or previously supported by a Federal agency, the disposition of the equipment will be made as follows:

1. Items of equipment with a current per-unit fair market value of less than \$5,000 may be retained, sold or otherwise disposed of with no further obligation to the awarding agency.
2. Items of equipment with a current per unit fair market value in excess of \$5,000 may be retained or sold and the awarding agency shall have a right to an amount calculated by multiplying the current market value or proceeds from sale by the awarding agency's share of the equipment.
3. In the case where a sub grantee fails to take appropriate disposition actions, the awarding agency may direct the sub grantee to take excess and disposition actions.

**Final Notice of Close-Out:** After review, Nevada Volunteers will forward the required documents to AmeriCorps and when approved will receive written notification that the grant award has been closed. At that time Nevada Volunteers will provide notification to the sub-grantee of the final closeout. The closeout of a grant does not affect:

1. The requirement to retain records pursuant to the grant provisions.
2. The requirement and right for audit pursuant to the grant provisions.
3. The right of AmeriCorps to disallow costs and recover funds on the basis of an A-133, A-128 or other audit or other review.
4. The obligation of the grantee to return any funds due Nevada Volunteers or AmeriCorps as a result of later refunds, corrections, cost disallowance or other actions.

## Closeout Tasks Checklist

**Instructions:** Please initial next to each item that the task has been completed and sign the checklist to certify completion. Indicate "N/A" for any item that is not applicable and note why it does not apply at the bottom.

Initial	Category	Task
	<b>1. Evaluations</b>	Mid-year member evaluation <u>AND</u> end-of-year member evaluation forms have been completed for each member and filed in the member file.
	<b>2. Exit</b>	All members have been exited in the MyAmeriCorps Portal
	<b>3. Service Logs</b>	All member service logs have been audited to ensure accuracy and document that the requirements have been met to earn post service benefits.
	<b>4. Progress Report</b>	The final programmatic progress report has been submitted and any requested follow-up has been completed.
	<b>5. Final Invoice</b>	Final invoice for draw-down of funds has been submitted and includes required accompanying documentation and concurs with internal records related to expenditures and match.
	<b>6. Federal Financial Reports</b>	Total federal expenditures recorded on the final Federal Financial Report are accurate and match the amount of funds requested from Nevada Volunteers.
	<b>7. Accounting</b>	All asset and liability accounts applicable to the program have been properly adjusted to reflect a \$0 balance
	<b>8. Staff Time</b>	All staff member time charged to the grant is documented and appropriately retained according to OMB requirements.
	<b>9. In-Kind</b>	All in-kind resources reported for the entire program period have been documented appropriately and retained according to OMB requirements.

If you noted that any item was not applicable above please provide a brief explanation below:

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**Checklist completed by:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Equipment Inventory

**Instructions:** Please provide a listing of all equipment with a current fair market value of \$5,000 or more that were purchased with federal grant funds awarded by AmeriCorps. If no equipment exists that meets this criteria please check the appropriate box below and sign the form.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Grant Number: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Signature: \_\_\_\_\_

Does your program have any existing equipment that meets the above criteria? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the program continuing beyond the expiration date of this AmeriCorps grant? Yes \_\_\_\_\_ No \_\_\_\_\_

**If YES please mark the appropriate box below for equipment you are requesting to continue to use.**

Do you request use of the equipment on other federally supported activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Title Holder/Funding Source (e.g. Grantee/AmeriCorps)	Item Description	Equipment Serial Number	Location	Condition E-Excellent VG-Very Good G-Good F-Fair P-Poor	Acquisition Date	Original Cost	Estimated Current Fair Market Value	Disposition Date	Requesting Continued Use?

**If the grantee does not request continued use of equipment noted above, AmeriCorps will issue disposition instructions upon receipt of the inventory.**

## Inventory of Residual Supplies

**Instructions:** Please provide a listing of all unused or residual supplies purchased with federal grant funds from AmeriCorps with an aggregate fair market value of \$5,000 or more. If the total aggregate value of residual supplies is less than \$5,000 please check the appropriate box below and sign the form.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Grant Number: \_\_\_\_\_ Date of Submission: \_\_\_\_\_

Signature: \_\_\_\_\_

Does your program have any residual supplies that meets the above criteria? Yes \_\_\_\_\_ No \_\_\_\_\_

**If NO, the title rests with the grantee and no inventory is necessary.**

Is the program continuing beyond the expiration date of this AmeriCorps grant? Yes \_\_\_\_\_ No \_\_\_\_\_

**If YES please mark the appropriate box below for equipment you are requesting to continue to use.**

Do you request use of the supplies on other federally supported activities? Yes \_\_\_\_\_ No \_\_\_\_\_

Item Description	Location	Current Fair Market Value	Final Authorized Disposition/Date	Requesting Continued Use?
<b>Total</b>				

**If the grantee does not request continued use of the supplies noted above, AmeriCorps will issue disposition instructions upon receipt of the inventory.**

## Certification of Sub-grant Closeout

**Instructions:** This form should be signed by the Executive Director or designated agency authority only.

Grantee Name: \_\_\_\_\_

AmeriCorps Grant Number: \_\_\_\_\_

I certify that our agency has completed all closeout actions listed above; accomplished all program and financial requirements; secured all reports; and reconciled all funding with respect to sub-grants we have awarded under the above-referenced grant.

Printed Name: \_\_\_\_\_  
Executive Director or designated agency authority

Signature: \_\_\_\_\_  
Executive Director or designated agency authority

Date: \_\_\_\_\_