The Governor’s Office of Volunteer Services

**Program Closeout Checklist**

**Program Name:** Click or tap here to enter text.

**Program Year:** Click or tap here to enter text.

**Instructions:** Please initial beside each applicable line item once the task has been completed, indicate “N/A” for any line item that is not applicable, have the AmeriCorps Program Director or designated authority of your agency sign the certification located at the end of this document, and then return the completed form (with the required attachments) to the Governor’s Office of Volunteer Services by email to [Cesily.Means@ServeAlabama.gov](mailto:Cesily.Means@ServeAlabama.gov).

**Closeout Tasks required for all AmeriCorps Programs ending their** enter current program year **year:**

\_\_\_\_  Mid-year Member Evaluation Forms, End-of-year Member Evaluation Forms, and Member Exit Forms, Exit Interview have been completed for each member **and** each has been filed in the appropriate member’s file. All documents were completed within the allotted time frame.

\_\_\_\_    All Members have been exited from the AmeriCorps Portal and OnCorps with up-to-date contact information (name, email, phone/cell number).

\_\_\_\_    All Member issues, including those related to the approved national online reporting system, have been satisfactorily resolved.

\_\_\_\_  All Members have been provided information on obtaining their educational award including the phone number and website to the Trust office. *The Commission does not manage the education award.*

\_\_\_\_ All Member service logs/timesheets have been audited to ensure accuracy and document that the AmeriCorps Member met all requirements to earn post service benefits. Hours in OnCorps and the eGrants Portal must align.

\_\_\_\_ All follow-up from site visit reports has been submitted and closed out per AL State Service Commission Staff.

\_\_\_\_  All Progress Reports (including final data) have been accurately and thoroughly completed utilizing OnCorps.

\_\_\_\_  Final Federal Financial Report (FFR) and Periodic Expense Report (PER) have been reviewed for compliance with the contractually agreed to match requirements **and** subsequently have been approved.

**Note:** If match requirements were NOT satisfied, the final reimbursement amount will be reduced accordingly.

\_\_\_\_ Final expenses, as reported on the Final FFR and PER, agree with and have been accurately captured on the Program’s general ledger and accounting system.

\_\_\_\_  All asset and liability accounts applicable to the Program have been properly adjusted to reflect a $0 balance.

\_\_\_\_ All staff member time charged to the grant (including in-kind) is documented and appropriately maintained according to OMB requirements.

\_\_\_\_    All equipment or supplies having an aggregate value of $5000 or greater, that were purchased with grant funds have been properly reported to the AL State Service Commission.

\_\_\_\_ Final program report covering the life of the grant (1-2 pages).

**Do Not Complete This Section If Your Program Is Continuing Past This Year**

**ADDITIONAL CLOSEOUT TASKS ONLY REQUIRED FOR THOSE PROGRAMS / SITES NOT CONTINUING BEYOND THIS CONTRACT YEAR.**

\_\_\_\_  All equipment and supplies that were purchased with grant funds have been distributed in accordance with the instructions provided by the AL State Service Commission.

\_\_\_\_ All individual accounts (deposit, accounting, or otherwise), established or maintained with grant funds, have been closed.

\_\_\_\_    All agreements, equipment rental contracts, program specific insurance policies, etc., that were established or maintained with grant funds have been canceled, effective no later than the program’s subgrant agreement expiration date.

\_\_\_\_    A listing of the individuals designated as the primary contacts for any future AL State Service Commission communication related to the program has been attached to this checklist.

**Note:** As a requirement of the program closeout, the AL State Service Commission requires each program to attach a list of names that include titles and current contact information for at least **three** individuals who are appropriately positioned to serve as future primary contacts should additional program information be required. *(Examples: Chair of Board, Executive Director, and Finance Officer).*

\_\_\_\_    Adequate provisions have been made to ensure the satisfactory maintenance and proper retention of all Program records\*\* for the required period of 5 years, beginning with either the contracted expiration date or the final resolution date of all audit findings, whichever is later.

\*\*Location of records: Click or tap here to enter text.

\*\*Contact Person for records: Click or tap here to enter text.

**PROGRAM DIRECTOR OR DESIGNATED AUTHORITY CERTIFICATION:**

*I certify that* Enter name of legal organization *has, to the best of my knowledge:*

* + *satisfied each of the applicable requirements indicated by my initials above,*
  + *verified that all required documents and records, including those inferred by the applicable requirements noted herein are* ***already on file***, *and*
  + *agrees to ensure the adequate maintenance and proper retention of the same, as required for audit purposes.*

*I understand that failure to produce required documentation may result in payback of federal funds.*

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**Signature of Director or Designated Official                Date Signed**

***For the use of AL State Service Commission Staff:***

Approval for disbursement of final reimbursement is hereby granted by the Program Officer; the program file is complete and no further information is needed.

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| --- | --- | --- |
|  |  |  |
| *Program Officer Signature* |  | *Date* |

Approval for disbursement of final reimbursement is hereby granted by the Fiscal Office; the fiscal file is complete and no further information is needed.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Accountant Signature* |  | *Date* |