

PROGRAM NAME:

**VOLUNTEER FLORIDA'S ANNUAL
AMERICORPS PROGRAM/CONTRACT CLOSEOUT CHECKLIST
2015-2016 CONTRACT YEAR**

PROGRAM NAME: _____

ADDITIONAL CLOSEOUT TASKS REQUIRED FOR ONLY 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 Volunteer Florida.
- _____ 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 contracted expiration date.
- _____ A listing of the individuals designated as the primary contacts for any future Volunteer Florida communication related to the Program has been attached to this checklist.

NOTE: As a requirement of program closeout, Volunteer Florida requires each Program to attach a list including the names, titles and current contact information for at least THREE individuals who are appropriately positioned to serve as future primary contacts should Volunteer Florida require additional Program information. (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: _____

**Contact Person for records: _____



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EXECUTIVE DIRECTOR CERTIFICATION:

I certify that (name of agency) _____ 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.

Signature of Executive Director or Designated Official

Date Signed

For the Exclusive Use of Volunteer Florida Staff:

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

Signature of applicable Program Manager

Date Signed

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

Signature of authorized Finance Staff

Date Signed