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

PROGRAM NAME:

INSTRUCTIONS TO THE PROGRAM DIRECTOR: 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 Executive Director or designated authority of your agency sign the certification located at the bottom, and then return the completed form (with the required attachments) to your Volunteer Florida Program Manager.

CLOSEOUT TASKS REQUIRED FOR ALL AMERICORPS PROGRAMS ENDING THE 2015-2016 CONTRACT YEAR:

- Mid-year Member Evaluation Forms, End-of-year Member Evaluation Forms, and Member Exit Forms have been completed for each member and each have been filed in the appropriate member's file.
- \_\_\_\_\_ All Members have been exited on the AmeriCorps Portal with up-to-date contact information (name, email, phone/cell number).
- \_\_\_\_\_ All Member issues, including those related to an approved national on-line reporting system, have been satisfactorily resolved.
- All Members have been provided information on obtaining their educational award including the number and website to the Trust office.
- All Member timesheets have been audited to ensure accuracy and document that the AmeriCorps Member met all requirements to earn post service benefits.
- \_\_\_\_\_ All Progress Reports (including final data) has been completed utilizing an approved Volunteer Florida form.
- The organization's final report of the 2015-2016 Performance Measures is accurate. Performance Measurement documentation and records are already on file. The organization agrees to ensure the adequate maintenance and proper retention of the same, as required for audit purposes (retained for a period of six years).
- The organization has completed the online 2015-2016 AmeriCorps Program Annual Survey, accurately reporting additional program impact.
- Final Invoice has been reviewed for compliance with the contractually agreed to match requirements <u>and</u> subsequently has been approved and submitted on an approved Volunteer Florida form. <u>NOTE:</u> If match requirements were <u>NOT</u> satisfied, the final reimbursement amount may be reduced accordingly.
- Final expenses, as reported on the Final Invoice, 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 stored according to OMB requirements.
- All equipment or supplies having an aggregate value of \$500 or greater, that were purchased with grant funds have been properly reported to Volunteer Florida. Please use VF Property Inventory Listing.

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

PROGRAM NAME:

<u>ADDITIONAL</u> 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.

<u>NOTE</u>: 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 <u>THREE</u> 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: \_\_\_\_\_

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

PROGRAM NAME:

## **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

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

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

Date Signed

Date Signed