

Subrecipient Closeout Checklist

Subrecipient:

Project Number:

Project Title:

Award Start Date:

Project Description:

Award End Date:

Completed by:

Programmatic Closeout

1. Were all quarterly and monthly performance reports submitted correctly? Yes No NA

Comment:

2. Was the final narrative report submitted correctly? Yes No NA

Comment:

3. Equipment Purchased? Yes No NA

If yes, has it been properly documented and inventoried? (Ensure all documentation is in file)

Yes No NA

Comment:

4. Consultant/professional services purchased? Yes No NA

If yes, is there proper documentation in place? Yes No NA

Comment:

5. Special conditions met? Yes No NA

Comment:

6. Were there changes to scope of work? Yes No NA

Comment:

7. Was a site visit performed? Yes No NA Date:

Follow up to monitoring site visit report submitted correctly? Yes No NA

Follow up to all correspondence completed? Yes No NA

Comment:

Financial Closeout

1. Were all quarterly reports submitted correctly? Yes No NA

Comment:

2. Was the final financial report submitted correctly? (if applicable) Yes No NA

Comment:

3. Have funds been expended according to the approved budget? Yes No NA

Comment:

4. Final invoice submitted and payment status monitored? Yes No NA

Comment:

5. If there was program income, has it been closed? Yes No NA

Comment:

6. Are there any funds that need to be returned to the funding agency? Yes No NA

Comment:

7. If there were cost sharing/match requirements, were they met? Yes No NA

Comment:

8. Were there any budget revisions? Yes No NA (attach budget mods)

Comment:

9. Final budget verified with corrections in the state accounting system (CORE or other)?

Yes No NA

Comment:

Capital Expenditures (if applicable)

1. Were there capital expenditures? Yes No NA (**No** or **NA**, skip this section)

2. Are expenditures over \$10,000,000? Yes No NA

a. If yes, has the subrecipient provided the required labor reporting and certifications?

Yes No NA

3. Are there capital expenditure projects on state funded properties? Yes No NA

Comment:

If yes, has the Office of the State Architect (OSA) requirements been met? Yes No NA

Comment:

Complete final budget on next page.

Final Approved Budget

Original Award Amount:

Category	Approved Grant Budget	Final Expenses	Balance
			\$
			\$
			\$
			\$
			\$
			\$
Total	\$	\$	\$

Match (if applicable):

Program Income (if applicable):

Grant closed? Yes No

Comments:

Program Manager Signature

Date

Financial Manager Signature

Date