

EXHIBIT 1 – SUBRECIPIENT CHECKLIST OF CLOSEOUT DOCUMENTS

Subrecipient's Name: _____

Address: _____

City, State, Zip: _____

Contract #: _____ Funding Source: _____

Period of Performance _____, 20____ - _____, 20_____

Instructions:

The checklist below provides a list of required forms and procedures necessary to closeout a contract.

- Items 1 – 6 are **REQUIRED**. If item does not apply write N/A. Regardless, you must sign and submit signed items 1-6; this indicates that the information you are providing is correct.
- Items 7 – 9, are only required if applicable. If they are not applicable, write N/A.

Enclosed are the following closeout documents to be received by the San Diego Workforce Partnership (the Workforce Partnership) on or before 30 days from the date of the period of performance contract end date.

- Item 1 _____ Exhibit 1 – Subrecipient's Checklist of Closeout Documents
- Item 2 _____ Exhibit 2 – Subrecipient's Letter of Closeout Documents
- Item 3 _____ Exhibit 3 – Closeout of Fixed Assets
- Item 4 _____ Exhibit 4 – Closeout Status of Cash
- Item 5 _____ Exhibit 5 – In-Kind/Stand-In Matching Funds Report
- Item 6 _____ Final Invoice
- Item 7 _____ Fidelity Bond – Cancellation/Adjustment
- Item 8 _____ Worker's Compensation and Other Insurance – Cancellation/Adjustment
- Item 9 _____ Refund Check (with breakdown) to include:
- a) Unexpected cash advanced
 - b) Unclaimed wages
 - c) List of claimants for unclaimed wages

Subrecipient's Signature

Date

Title (please print)

EXHIBIT 2 – SUBRECIPIENT’S LETTER OF CLOSEOUT DOCUMENTS

Subrecipient’s Name _____
Contract # _____ Funding Source _____

Instructions for Release:

- Enter the contract to date total of allowable costs incurred through the expiration date of the contract. The amount shown must agree with the “Total Invoice Amount” under the “New Contract to Date” column reported on the final invoice.
- For number 1 and 2, list the total amount of any claims that were not included in total expenditures reported on the final invoice and were not included in total “consideration”. Give complete details of each claim on a separate sheet, including claimant’s name, address, and amount due.

Release

According to the terms of this contract and in consideration of the sum of (total expenditures) \$ _____ has been or is to be paid to _____ (Subrecipient’s Name) or to its assignees, if any, the Subrecipient, upon payment of the sum by the Workforce Partnership, does remise, release and discharge the Workforce Partnership, its officers, agents and employees, of and from all liabilities, obligations, claims and demand whatsoever under or arising from the contract, except:

1. Specified claims in stated amounts or in estimated amounts where the amounts are not susceptible of exact statement by the Subrecipient as follows (if none, indicate “None”):

2. Claims, together with reasonable expenses incidental thereto, based upon the liabilities of the Subrecipient to third parties arising out of the performance of the contract, which are not known to the Subrecipient on the date of the execution of this release and of which the Subrecipient gives notice in writing to the Contracting Officer within the period specified in the said contract (if none, indicate “None”):

Assignment of Refunds, Rebates, and Credits

According to the terms of this contract and in consideration of the reimbursement of costs and payment of fees, as provided in the contract and any assignment, the Subrecipient does hereby:

1. Assign, transfer, set over and release to the Workforce Partnership or its agents, all right, title and interest to all refunds, rebates, credits or other amounts (including any interest thereon) arising out of the performance of the contract, together with all the right of action accrued or which may from this time accrue thereunder.
2. Agree to take whatever action may be necessary to effect prompt collection of all such refunds,

rebates, credits or other amounts (including any interest) due or which may become due, and to forward promptly and made payable to the Workforce Partnership or its agents, for any proceeds collected. The reasonable costs of any such action to effect collection will constitute allowable costs when approved by the Contracting Officer as stated in the contract and may be applied to reduce any amounts otherwise payable to the Workforce Partnership or its agents.

Instructions for Inventory Certificate:

- **Check A**, if Subrecipient has purchased equipment or inventory during the contract, submit a property inventory summary by completing **Exhibit 3 – Closeout of Fixed Assets**. Include technology equipment with a unit cost of \$100 and above (reference the **San Diego Workforce Partnership Operations Manual Chapter 3**), items with a per unit cost of \$1,000 or greater, and aggregate supplies with a fair market value of \$5,000 or more (See 29 CFR, Part 95.35 and 29 CFR, Part 97.33).
- **Check B**, if Subrecipient has not purchased equipment or inventory.

Inventory Certificate:

A. ____ The Subrecipient does hereby certify that the attached inventory schedules are complete and correctly listed and describe all items of materials and equipment furnished to the Subrecipient, or for which the Subrecipient has been or will be reimbursed by the Workforce Partnership. This inventory, for use in the performance of this contract which as of this date has not been consumed on performance of this contract, and that it will immediately notify the Workforce Partnership of any change affecting these inventory schedules at any time prior to final disposition of the inventory.

B. ____ The Subrecipient certifies that no property was purchased or acquired with the Workforce Partnership funds under the terms and conditions of this contract.

Tax Certification:

In the performance of this contract, Subrecipient certifies that it has complied with requirements of the law the Workforce Innovation and Opportunity Act (WIOA) and the Welfare-to-Work Act rules and regulations as amended regarding the obtaining of employer identification/account numbers; collection, payment, deposit and reporting of federal, state and local taxes; and the provision of W-2 forms to employees/enrollees who are not now my employees. For present employees/enrollees (formerly employed under the contract) W-2 forms will be furnished as specified in Circular E, Employer's Tax Guide. Subrecipient's employer identification numbers are:

Federal: _____ State: _____

I, _____ (Name) certify that I am the _____ (Title) of the agency named as Subrecipient in the foregoing Release, Assignment and Certification sections referenced above; that _____ (Name) who signed the contract on behalf of the Subrecipient was then _____ (Title) of the agency; the contract was duly signed, and the release which I am signing on behalf of the agency by its authority of its governing body is in the scope of its powers. The Release, Assignment and Certification sections referenced above have been executed this _____ day of, _____, 20 _____.

Subrecipient's Signature: _____

EXHIBIT 4 – CLOSEOUT STATUS OF CASH

Subrecipient's Name _____

Contract # _____ Funding Source _____

Line by line instructions:

- **Item 1:** The amount reported here should match "Total Invoice Amount" under the "Total Budget" column on the final invoice. This amount is rounded to nearest whole number.
- **Items 2:** The amount reported here should match "Total Invoice Amount" under the "New Contract to Date" column on the final invoice. This amount is rounded to 2 decimals places.
- **Item 3:** The amount reported here should match "Total Invoice Amount" under the "Variance" column on the final invoice. This amount is rounded to 2 decimal places.

1. Total Allocation for this funding source: _____
2. How much cash has been, or will be, reimbursed under this funding source (total expenditures)? _____
3. Unexpended balance to be de-obligated? _____

Subrecipient's Authorized Representative:

Name (please print)

Title (please print)

Subrecipient's Signature

Date

EXHIBIT 3 – CLOSE OUT OF FIXED ASSETS

Property Inventory for this Contract (Covers All Fiscal Years)

Subrecipient's Name		Contract #	
Address			
Location of Property (if different from Subrecipient's address)			

INSTRUCTIONS:

- **Column 2:** P = purchased; T = Transferred from others
 - **Column 6:** F = Furniture, E = Equipment

- **Column 4 (Condition):** G = Good, F = Fair, P = Poor, D = Damaged, or S = Scrap
 - Attach another page if necessary.

Date of Purchase	“P” or “T”	% charged to this contract	Condition	The Workforce Partnership Asset Tag #	“F” or “E”	Description of Item	Manufacturer	Make/Model	Serial #	Unit Cost

SUBRECIPIENT'S PROPERTY CERTIFICATE

I do hereby certify as _____ of _____
(Title) (Name of Subrecipient)

that the attached form(s) for property closeout schedule is complete and correctly list and describe all items of material and equipment which have been purchased, donated or transferred to the Subrecipient, which have not been consumed in the performance of this Contract. I will immediately notify the SDWP of any change affecting these inventory schedules at any time prior to final disposition of the property.

Signature		Date	
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THE WORKFORCE PARTNERSHIP'S ACKNOWLEDGEMENT AND DISPOSITION NOTICE

I do hereby acknowledge that this office has received the property schedule submitted by the above Subrecipient and I have made or shall make the following disposition of the residual property.

Name (please print)	Title	Signature	Date

EXHIBIT 5 – IN-KIND/STAND-IN MATCHING FUNDS REPORT

Subrecipient's Name _____
 Contract # _____ Funding Source _____

Instructions: For the *In-Kind Fund(s)* table below, Subrecipient must identify the non-federal sources of the accrued expenditures. If not applicable check here _____ and proceed to #2.

1. Sources of In-Kind Funds (Attach additional pages if necessary.)

In-Kind Fund(s) (Must be non-federal)			
Description	Yearly		
	Cash	Non-Cash	Total
Totals			

2. Certification

I certify that the information herein is accurate and properly classified in accordance with the terms and conditions of the contract and financial records of this agency.

Name (please print)

Title (please print)

Subrecipient's Signature

Date