

## Directions for Serve Wisconsin Closeout Form

### Attachment C

- 1 Enter Grant #
- 2 Enter Grantee Name
- 3 Enter Program Name
  
- 4 Check Appropriate Box
- 5 Check Appropriate Box
- 6 Check Appropriate Box
  
- 7 Enter Title Holder (funding source that supported the purchase of the Equipment)
- 8 Enter Description of Equipment
- 9 Enter Equipment Serial #
- 10 Enter the Location or Site Where Equipment Is Kept & The Condition of The Equipment
- 11 Enter Acquisition Date & Cost of Equipment
- 12 Enter Estimated Value of Equipment in Present Condition
- 13 Leave Disposition Date **Blank** (the Corporation will determine the date)

### Attachment D

- 1 Check Appropriate Box
- 2 Check Appropriate Box
- 3 Check Appropriate Box
  
- 4 Enter Description of Supplies
- 5 Enter the Location of where the Supplies are kept
- 6 Enter Fair Market Value of Supplies
- 7 Disposition Date **Leave Blank** (the Corporation will determine)

### Attachment E

- 1 Certifying Officials Signature and Enter Title
- 2 Enter Certifying Officials Name and Date

Send completed and signed form to your Serve Wisconsin Program Officer

### Serve Wisconsin Closeout Form

There are three closeout certifications listed below; signing this document certifies that the subgrantee has met all the closeout requirements and has reported all the equipment and inventory on hand according to the policies below.

Program Year: 2006-07

Grant #: \_\_\_\_\_  
 Grantee Name: \_\_\_\_\_  
 Program Name: \_\_\_\_\_

#### ATTACHMENT C

#### EQUIPMENT INVENTORY

Items of Equipment with a Current Fair Market Value of \$5,000 or More and Purchased with Federal Grant Funds

Is this program continuing beyond the expiration date of the CNCS grant?  YES  NO  
 If the above answer is YES, does the grantee request to continue use of all or part of the equipment?  YES  NO  
 (If yes, identify all such equipment below by marking it with a double\*\*)  
 Does the grantee request the use of the equipment on other federally supported activities?  YES  NO

Title Holder/ Funding Source (Grantee/ CNCS)	Item Description	Equipment Serial #	Location/Site and Condition*	Acquisition Date/Cost	Estimated Current Fair Market Value	Disposition Date

\* E-Excellent    VG-Very Good    G-Good    F-Fair    P-Poor

If grantee does not request continued use of items of equipment, the Corporation will issue disposition instructions upon receipt of the inventory.

#### ATTACHMENT D

#### INVENTORY OF RESIDUAL SUPPLIES

Residual Supplies Purchased with Federal Grant Funds

Is this program continuing beyond the expiration date of the CNCS grant?  YES  NO  
 If YES above, does the grantee request to continue use of all or part of the supplies?  YES  NO  
 (If yes, identify all residual supplies below by marking it with a double\*\*)  
 Does the grantee request the use of the supplies on other federally supported activities?  YES  NO

#### Unused/Residual Supplies Purchased with Federal Funds

Items Description	Location/Site	Current Fair Market Value	Final Authorized Disposition/ Date
		\$0	
		\$0	
		\$0	
		\$0	
		\$0	
		\$0	
<b>*Total</b>		<b>\$0</b>	

If grantee does not request continued use of supplies items, the Corporation will issue disposition instructions upon receipt of the inventory.

#### ATTACHMENT E

#### CERTIFICATION OF SUB GRANT CLOSEOUT

I certify that our agency has completed all closeout actions; accomplished all program and financial requirements; secured all reports; and reconciled all funding with respect to subgrants we have awarded under the above referenced grant.

\_\_\_\_\_  
**Signature**  
 \_\_\_\_\_  
**Typed Name**

\_\_\_\_\_  
**Title**  
 \_\_\_\_\_  
**Date**