State of California

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT

CSBG CONTRACT

**CLOSE‐OUT PACKAGE**

CSD 715 SERIES (Rev. 1/17)

|  |  |
| --- | --- |
| Contractor: | Contract Amount: |
| Contract Number: | Contract Term: |

The CSBG Contract Close‐out package must be submitted to CSD within ninety (90) calendar days after the expiration date of the Contract Term. Any funds due to CSD must be submitted with the Close‐out Package Series. The CSD 715 (rev. 1/17) Close‐out Package Series consist of the Close‐out Checklist (CSD 715) Form, the Interest Earned/Program Income Expenditure Report (CSD 715C) Form and the Equipment Inventory Schedule (CSD 715D) Form.

Check the appropriate boxes.

1. CSBG Close‐out Fiscal Data ‐ Adjustments (Use Expenditure Activity Reporting System (EARS) and attach a listing of the months adjusted, and amounts). All expenditure adjustments must be must be made in the report period in which they occurred and submitted into the Expenditure Activity Reporting System.

☐All adjustment reports entered into the EARS system are included with this package

☐Not Applicable

2. CSBG Close‐out Interest Earned/Program Income Expenditure Report CSD 715C Form

☐Completed form

3. Refund Interest Earned Check Amount $ (This amount should match the amount entered on the Close‐out

Interest Earned /Program Income Report CSD 715C Form, Section 1b.

☐Not Applicable

*\*Note: All checks should be made payable to the Department of Health and Human Services and mailed to HHS Program Support Center, P.O. Box 530231, Atlanta, GA 30353-0231.*

4. Refund Program Income Check Amount $ \_\_\_\_ (This amount should match the amount entered on the Close-out Interest Earned/Program Income Report CSD 715C Form, Section 2d.

☐Not Applicable

*\*Note: All checks should be made payable to the Department of Community Services and Development and mailed to the Department of Community Services and Development 2389 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833*

5. CSBG Close‐out Equipment Inventory Schedule CSD 715D Form

☐Completed form

Comments:

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| **CERTIFICATION****THE SIGNATURE BELOW CERTIFIES THAT THE INFORMATION SUBMITTED IN THE CSBG CLOSE‐OUT PACKAGE SERIES IS ACCURATE, COMPLETE, REVIEWED AND APPROVED BY THE AGENCY’S AUTHORIZED AGENT.** |
| Name (print) and Title: | Telephone Number:( ) |
| Signature: | Date: |

State of California

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT CSBG CONTRACT

**CLOSE‐OUT INTEREST EARNED/PROGRAM INCOME EXPENDITURE REPORT**

CSD 715C (Rev. 1/17)

Complete Sections 1 and 2 only if you received Interest Earned and/or Program Income. If no Interest Earned or Program Income was received place a mark in the box titled “Not Applicable” below and skip Sections 1 and 2, print name, date and provide a telephone number.

**[ ]  Not Applicable**

|  |  |
| --- | --- |
| **SECTION 1: INTEREST EARNED**Per 45 CFR 75.305 – Interest earned in amounts up to $500 per year may be retained by the Provider for administrative expense. Any additional interest earned on Federal advance payments deposited in interest-bearing accounts must be remitted annually to the Department of Health and Human Services. See instructions for remittance address. 1. Total Interest Earned during the contract term:
2. Amount of Interest Earned in excess of $500 during the contract term:

*\*Note: this amount must be returned to HHS. See instructions for remittance address.*  | $\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 2: PROGRAM INCOME**Per 45 CFR 75.307 – Non-federal agencies are encouraged to earn income to defray program costs where appropriate. Program income shall be used to support administrative and program costs. See 45 CFR Part 75 for additional information on Program Income. 1. Total Amount of Program Income during the contract term:

Indicate how the total amount of program income was utilized in Admin or Program costs below. (\**Note: This section is only identifying Program Income and does not include the CSBG allocation).*  a. Administrative Costs b. Program Costs c. Total Expenditures Incurred Against Program Income  d. Remaining Balance *(1 (c) minus 1)* \**Note: remaining balance must be returned to the Department of Community*  *Services and Development. See instructions for remittance address.*  | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Comments: |
| Preparer’s Name & Title (Please Print): | Date: | Telephone number:( ) |

 **INSTRUCTIONS**

**CLOSE-OUT INTEREST EARNED/PROGRAM INCOME EXPENDITURE REPORT**

**CSD 715C**

|  |  |
| --- | --- |
| **Contractor Information** | Enter the Contractor Name, Contract Number, and Contract Term. |
| **Not Applicable** | If there is no Interest Earned/Program Income to report, please follow the instructions listed below:* Check the box entitled “Not Applicable”
* Skip Sections 1 and 2
* Print Preparer’s Name and Title, Date, Telephone Number
 |
| **Interest Earned During the Contract Term (Section 1)** | Enter the total amount of interest earned during the contract period on line “a” and the interest earned amount in excess of $500 on line “b”. Any amount exceeding $500 during the contract term must be returned to HHS.All checks should be made payable to:*Department of Health and Human Services* Mail checks to:*HHS Program Support Center**P.O. Box 530231**Atlanta, GA 30353-0231* |
| **Expenditures Incurred Against Program Income (Section 2)** | Enter the Program Income on line “1”. Program Income may be used to support administrative and programmatic costs. Enter Administrative expenditures on line “a”. Enter Program costs on line “b”. Enter the total expenditures incurred against the program income on line “c”. Enter any remaining balance on line “d”. Any remaining balance identified on line “d” must be returned to CSD. All checks should be made payable to:*Department of Community Services and Development*Mail Checks to: *Department of Community Services and Development**Attn: Financial Services Unit**2389 Gateway Oaks Drive, Suite 100**Sacramento, CA 95833* |
| **Comments and Preparer Information** | Provide any comments in the comment box. Print the preparer’s Name & Title, Date the form was completed and the Contact Number. |
| **Definitions** | **Program Income:**Per 45 CFR 75.307, Program Income includes, but is not limited to, income from fees for services performed, the use or rental of real or personal property acquired under federally-funded projects, the sale of commodities or items fabricated under an award, license fees and royalties on patents and copyrights, and interest on loans made with award funds. Donations made by clients should be considered unrestricted and not reported as Program Income to CSD. Unrestricted donations are those funds that are received from the client but are not required to be paid by the client in order for services to be received.**Interest Earned:**Income generated as a result of depositing Federal Funds in an interest bearing account.(i.e. Savings Account, etc.) |

State of California

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT CSBG CONTRACT

**CLOSE‐OUT EQUIPMENT INVENTORY SCHEDULE**

CSD 715D (Rev. 1/17)

Complete this form if equipment was purchased with current or prior CSBG funds which cost $5,000 or more per unit. If no equipment was purchased with CSBG funds, place a check mark () in the box “Not Applicable “below. Preparer must complete the Contractor Name, Contract Term, Contract Number, preparer’s Name, Title, Date, and Contact Number.

[ ]  Not Applicable

**List all Equipment Inventory items purchased with CSBG funds which cost $5,000 or more per unit.**

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| --- | --- | --- | --- | --- | --- | --- |
| **\*Item Name *(e.g., freezer, laptop, pick‐up, van, etc.)*** | **Serial Number** (1234567) | **Vehicle License Plate Number (if applicable)**(ABCD2568) | **Vehicle Identification Number # (if applicable)** (17‐digit VIN#) | **Purchase****Date**(2/15/16) | **Purchase****Price**($5,528.00) | **Condition**G=Good F=FairP=Poor I=InoperativeN=No Longer Needed |
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***\*****Note: Invoice and proof of payment must be submitted for all Vehicle Purchases during the contract term.*

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| --- |
| Comments:  |
| Preparer’s Name & Title (Please Print): | Date: | Telephone number: ( ) |

State of California

DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT CSBG CONTRACT

**CLOSE‐OUT EQUIPMENT INVENTORY SCHEDULE**

CSD 715D (Rev. 1/17)

**CLOSE-OUT EQUIPMENT INVENTORY INSTRUCTIONS**

|  |  |
| --- | --- |
| **Contractor Information** | Enter Contractor Name, Contract Term and Contract Number. |
| **Not Applicable** | If there is no Equipment Inventory items purchased with current or prior CSBG funds, please follow the instructions listed below:* Check the box “Not Applicable”
* Skip list of Equipment Inventory
* Print preparer’s Name, Date and provide the Contract Number
 |
| **Item Name** | List all Equipment (see note below) Inventory items purchased with CSBG funds which have a useful life of more than one year and an acquisition cost of $5,000 or more per unit. Provide a brief Name of Item *(e.g., freezer, laptop, pickup, van, etc.).**\*Note: All Vehicle Purchases must be submitted with the invoice and proof of payment for all vehicle* *purchases during the Contract Term.* |
| **Serial Number** | Enter the Equipment Serial Number. **Do Not enter the Vehicle Identification Number (VIN #).** |
| **Vehicle License****Plate Number** | If applicable, enter the Vehicle License Plate Number**. Do Not enter the Vehicle Identification****Number (VIN #).** |
| **Vehicle Identification Number** | Enter the 17-digit Vehicle Identification Number (VIN #). |
| **Purchase Date** | Enter the Date the Equipment was purchased. |
| **Purchase Price** | Enter the Price for the Equipment purchased. |
| **Condition** | State the condition of the items purchased using the following categories:**G** = Good  **P** = Poor  **N** = No longer Needed **F** = Fair **I** = Inoperative  |
| **Definition** | 45 CFR 75.2 – Equipment – Tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or $5,000.  |